

Clinical Partners in Advocacy: How Can I-HELP?



Editor: Pamela Tames, JD

Contributors: JoseAlberto Betances, MD; Kathleen Conroy, MD; Cristina Dacchille, JD; Tibrine da Fonseca, BA; JoHanna Flacks, JD; Anne Gillespie, JD; George-Marie Jasmin, JD, MPH; Ellen Lawton, JD; Kate Marple, BA; Samantha Morton, JD; Carmen Palacios, BA; Robyn Reisberg, MD; Megan Sandel, MD, MPH; Samuel Senft, JD, MPH; Jeff Wojciechowski, BA

Clinician Advocacy Can Improve Patient Health

Why Clinician Advocacy

“E[ach] day physicians in the United States bear witness to the inequities in health care, housing, education and social services that undermine their patients’ well-being and qualify of life.... [They] see first-hand how current health and social policies adversely affect the day-to-day lives of their patients.”¹

Although many clinicians lament the profound inequities experienced by low-income patients, only some recognize their ability to advocate on behalf of social change. Integrating advocacy into clinical practice enables clinicians to provide high-quality patient care while addressing social determinants of health.²

Why Clinicians Need Attorneys

There are many laws and government agencies designed to provide for an individual’s basic needs. However, inconsistent program implementation coupled with excessively bureaucratic administration too often results in unlawful denial of benefits and services, leading to preventable poor health outcomes.

Clinicians often do not have the specific knowledge or resources to intervene effectively on their own. Although social workers and case managers play a critical role in assessing personal and family stability and in finding appropriate resources, lawyers are trained to identify violations of rights and to take appropriate steps to hold agencies, schools, landlords and others accountable.²

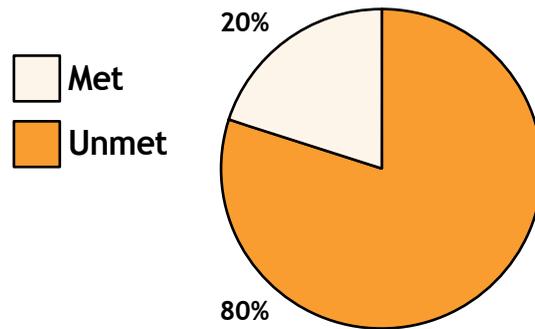
The Medical-Legal Partnership (MLP) model places lawyers on site at hospitals and health centers, where their consultation and referral services can be accessed like other providers.

Why Legal Needs Often Go Unmet

Over 700,000 Massachusetts residents are eligible for free civil legal assistance from a government-supported program in the Commonwealth. Approximately 67% of them experience at least one legal problem each year, but only 20% have all of their problems addressed.³

The need for legal assistance significantly exceeds capacity. The problem is not unique to Massachusetts. In the US, for every client served by an LSC-funded program, at least one eligible person seeking help will be turned down. And only a very small percentage of the civil legal needs experienced by low-income people (less than 1 in 5) are addressed with the help of legal counsel.⁴

Civil Legal Needs of Low-Income Americans



How Clinicians Train As Advocates

Clinicians can learn to integrate advocacy into their clinical practice by participating in accredited MLP education sessions, where they are taught to:

- Name social determinants of health.
- Screen patients for non-medical barriers to health.
- Learn about laws and systems that govern these barriers.
- Diagnose patients in consultation with and/or by referral to a legal partner.
- Treat patients with effective advocacy interventions.⁵



Case Study: Alves Family

The Exceptional Neighborhood Health Center provides accessible, high-quality health care to all who live and work in the neighborhood and surrounding communities, without regard to age, income, insurance status, language, culture, or social circumstances. It serves a largely immigrant and economically struggling population, including Maria Alves, a woman from Cape Verde, and her 3 children, Domingo, Annabella and Grace, ages 17, 8 and 3.

How Clinicians Can Help

SCREEN

Clinicians need a practical method for eliciting a history of social circumstances that focuses on specific domains vital to child health and wellbeing and amenable to direct intervention. Using the mnemonic **I-HELP**, the Medical-Legal Partnership model empowers clinicians to screen for unmet needs and to address issues of income, housing/utilities, education, legal status (immigration), and personal and family stability, each of which has been shown to directly impact child health.

- Income Supports
- Housing and Utilities
- Education
- Legal (immigration) Status
- Personal and Family Stability

This approach can be applied over a series of health care visits or in a more focused manner if one of these issues is identified as a significant contributor or risk factor for poor health.⁶

DIAGNOSE AND TREAT

When patients screen positive for non-medical barriers to health, clinicians allied with lawyers have multiple resources to help diagnose and treat their patients.

- Refer family to social worker for assistance.
- Consult with legal provider about family’s service or benefits eligibility, denial or termination.
- Refer patient to legal clinic for comprehensive intake after consultation with legal provider.

MLP is always available to consult about appropriate resources and referrals.

INCOME SUPPORTS

Helping Patients Make Ends Meet

Budget Trade-Offs and Health

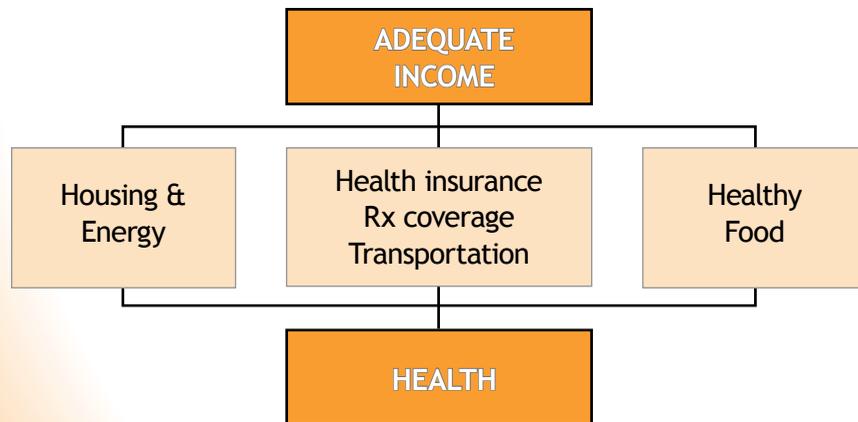
Income inadequacy has stark health consequences. For example, many children in low-income households experience impaired growth during the winter months as their families shift limited budgets away from food to pay for heat. Both food stamps and fuel assistance can help families avoid the health consequences of the “heat or eat” phenomenon.

86% of households eligible for fuel assistance do not receive the benefit.⁷

40% of households eligible for food stamps do not receive them.⁸

Clinicians can play a key role in identifying families who might be eligible for these key income-support programs, and framing these programs as health interventions to policy makers.⁹

Link Between Income & Health



LEARN

- There are a wide range of income supports programs for low-income persons—general, food, housing, utilities, childcare, disability, health insurance.
- Individuals eligible for one type of income support are likely to be eligible for others.
- Many legal immigrants are eligible for income supports.
- Undocumented parents may apply for citizen children.
- Medical evidence is essential for certain income supports.
- Too often, eligibility is wrongfully denied. Consult your legal partner if an individual is experiencing difficulty accessing benefits.



INCOME SUPPORTS	
Type	Benefit
General Income	Transitional Assistance to Families with Dependent Children (TAFDC)
	Earned Income Tax Credit (EITC)
Child Care	Child care subsidies, vouchers
Food and Nutrition	Supplemental Nutrition Assistance Program (SNAP) (a.k.a. Food Stamps)
	Women, Infant and Children nutrition program (WIC)
	School Meals
	Summer Food Service Program (SFSP)
Disability	Supplemental Security Income (SSI)
	Social Security Disability Insurance (SSDI)
	Emergency Aid to Elders, Disabled and Children (EAEDC)
Health Insurance	MassHealth
	Children’s Medical Security Plan (CMSP)
	Medicare
	Commonwealth Care
Utilities	Low-Income Home Energy Assistance Program (LIHEAP)
	Low-Income Discount for utilities (LID)

SCREEN

- Do you have enough money to make ends meet?
- Do you have enough food to feed your family?
- Do you owe any money on your rent or utilities?
- Do you have affordable childcare?
- Do you have health insurance?

How I-HELP the Alves Family

Grace’s weight has dipped below her stable 25th percentile. When her pediatrician inquires about Grace’s eating habits, Maria reports that she is having a hard time paying for food, rent and utilities, and that she periodically relies on local food pantries for help feeding her family. She is afraid to apply for government assistance because of her immigrant status.

The pediatrician pages the legal provider to discuss this immigrant family’s eligibility for benefits. Together, they decide to refer this family to legal clinic.

HOUSING AND UTILITIES

Helping Patients Secure a Healthy Home

Housing, Utilities and Health

Health can be influenced by physical housing conditions, homelessness, unaffordability of adequate housing, neighborhood safety, and environmental conditions. Recognizing that a patient’s substandard home may be the cause of his or her asthma attacks, lead poisoning, or injury is the first step toward bettering that patient’s health. The second step is to help the patient access available resources for improving the home environment.¹⁰



LEARN

Housing Search

- ❏ Affordable housing is very scarce - tens of thousands of people are competing for subsidies that will meet less than half the need.
- ❏ Encourage patients to apply for local and statewide opportunities to maximize the chance of getting to the top of a waitlist sooner.
- ❏ Encourage patients to work with a housing search professional for help in identifying numerous opportunities and applicable priorities and preference statuses.

Conditions

- ❏ Most poor housing conditions violate MA sanitary code.
- ❏ Documenting poor conditions before getting behind in rent can help tenants prevent eviction in the short term.
- ❏ Unhealthy housing conditions that don’t violate the sanitary code may still render persons with disabilities eligible for reasonable accommodation and modification.
- ❏ If a Boston tenant has asthma, you can make an on-line referral to Boston’s Inspectional Services

Department (ISD) through the Breathe Easy at Home program (BEAH).

Eviction

- ❏ Tenants cannot be evicted without proper written notice from landlord and a court proceeding.
- ❏ When eviction or displacement is inevitable, patients can seek state sponsored or private shelter, including secure domestic violence sites.

Utilities

- ❏ Utility service can be kept on for most vulnerable populations, regardless of ability to pay.
- ❏ Utility cost and debt can be reduced (though rarely eliminated), even if a patient cannot pay all of his or her bills.

Medical Evidence

- ❏ Essential to access certain housing priorities, demonstrate health impact of poor conditions, support reasonable accommodation requests, secure utilities-shutoff protection, and access appropriate shelter for patients with chronic illnesses or disabilities.

HOUSING & UTILITIES ASSISTANCE	
Type	Description
Energy efficiency	Free and reduced cost insulation, repairs, and appliance replacement.
Fuel assistance	Low-Income Home Energy Assistance Program (LIHEAP) funds to subsidize home heating bills.
Housing search	Professional assistance finding affordable and/or handicapped accessible housing.
Board of Health Inspection	For all tenants, free home visit and written report documenting sanitary code violations.
Breathe Easy at Home Program	For Boston tenants with asthma, special inspection program by clinician referral to Boston’s ISD.
Reasonable accommodation and modification	Provides equal access to housing and shelter for persons with disabilities by requiring flexibility with policies and adjustments to physical structures and facilities.
Shut-off protection	Temporary protection from gas, electricity, water, and telephone shut-off, based on age, illness, and/or income status of occupants.
Utilities discounts	Up to 20% discount on gas and electricity bills for households receiving means-tested public benefits.
Winter moratorium	Prohibits utilities shut-off to low-income households during winter months. (generally mid-November–early May)

SCREEN

Like many of my patients who are trying to do the best they can for their family,

- ❏ Are you concerned about the safety or stability of your housing?
- ❏ Is it hard to keep rodents, insects or mold away?
- ❏ Have you gotten behind on any rent or utility bills?
- ❏ Do you participate in any programs to reduce utility bills?



How I-HELP the Alves Family

Maria’s asthma has worsened. When the nurse inquires about potential triggers, she learns that the family recently moved into a relative’s one-bedroom subsidized apartment. Although Aunt Duciana is welcoming, her apartment is overcrowded, the carpet is very damp, mice are prevalent, and the heat was just shut off. Even if they could, Maria does not want to return to their old house; she is afraid that Maria’s father will find them.

The nurse informs Maria that, as a tenant, Duciana has the right to have her heat turned back on if the household is low-income and anyone is under care for an illness. Duciana also can request a free inspection from ISD to make the landlord eliminate the chronic dampness and infestation. If Duciana would feel more comfortable making a report based on “Doctor’s Orders”, the nurse can offer to write a letter. If the family is worried that the landlord will try to evict them in retaliation for complaining, the nurse could tell Maria that the landlord will have to go to court and cannot just change the locks. The nurse could refer Maria to SAFELINK (877) 785-2020 for emergency domestic violence shelter placement and offer her social work support. Finally, the nurse should consult with a legal partner with any questions or complications.

EDUCATION

Helping Patients Succeed at School

Links Between Health and Education

Educational attainment and health outcome and status directly impact one another. Education has been found to be a strong predictor of health. Likewise, poor health can influence educational achievement and poor educational attainment can ultimately lead to poor health. Nutritional deficits, substance abuse, inactivity, exposure to violence, depression and suicidal ideation have each been found to effect school performance.¹¹ In addition, children without access to appropriate health care are at risk of having developmental delays go undiagnosed and/or untreated.

School personnel often do not have the resources to recognize health problems; as a result, a child with a disability may be mislabeled as having a behavioral problem or simply being disruptive. Such children are at further risk for school drop out, suspension and expulsion.¹² Finally, educational success is a very significant factor in predicting economic and occupational status in adulthood and health status throughout the entire life cycle.



LEARN

Children have certain legal rights as students.

Enrollment

- To enroll in school regardless of immigrant status or homelessness.

Timely evaluation and services for special needs

- To a full special education evaluation upon request.
- To accept or reject the school's determination and proposed services in full or in part.
- To access a free or reduced-cost independent evaluation.

Medical/reasonable accommodations

- To equal access and participation in school, including tutoring because of extended absence due to medical reasons.

Safety

- To be safe while on school premises, on school transportation, and during school-related activities.

Fair discipline

- To a school hearing when suspension or expulsion is proposed.
- To special protections if on an Individual Education Plan.

EDUCATION PROGRAMS & TERMS

Type	Description
EI / Early Intervention	Evaluation and services for developmentally delayed or at-risk children. (From birth to age 3.)
Special Education	Specially designed instruction and/or related services enabling a child to access the regular education curriculum. (For students ages 3–21.)
Evaluation	Must be conducted by school 30 school days after parent/guardian's signed consent form. A child in EI can be referred for evaluation at age 2.5; all other children at age 3.0.
IEP meeting	Must be conducted by school 45 school days after school receives consent form. If team determines child has disability that impacts learning, then team should find child eligible for special education.
IEP / Individual Education Plan	Upon finding of eligibility and annually thereafter, the team drafts IEP describing child's strengths, deficits, goals, and services to be provided by school.
Reasonable Accommodations	Modification of a facility or program to ensure child with physical or mental condition can full participate in school.
IEE/Independent Educational Evaluation	If family disagrees with evaluation, eligibility, IEP placement or services, s/he can seek IEE. IEE should be paid for by school district.
Disciplinary Hearing	Hearing held when school is planning to suspend or expel a student. Student has right to be heard and to question witnesses.
Safety Plan	Plan prepared by school and family to mitigate bullying and harassment in the school setting.

SCREEN

- Are you concerned about your child's learning, performance, or behavior in school?
- If you have any of these concerns, have you asked school to conduct a special education evaluation? (If no, then request one immediately.)
- If your child has qualified for special education or reasonable accommodations, are you satisfied with the special help or accommodations your child receives?
- If your child has a medical problem, is the school providing necessary support?
- Are you concerned about discipline or safety issues at school?

How I-HELP The Alves Family

Annabella has an IEP that provides speech and language therapy once per week. She is identified at school as an English Language Learner. School recommends that she repeat the 2nd grade because she is "immature" and not on grade level for math or reading.

The pediatrician encourages Maria to request a re-evaluation, and to make the request in writing. She explains to Maria that within one week the school should send her a "Consent for Evaluation" form and that after Maria signs the form the school will re-evaluate Annabella and hold an IEP meeting to discuss services. She also encourages Maria to speak with the school regarding English as a Second Language services, which the school is obligated to provide.

The pediatrician also could refer Annabella to a Pediatric Developmental and Behavioral Specialist for further screening that might help elucidate Annabella's strengths and needs.

LEGAL (IMMIGRATION) STATUS

Helping Immigrant Patients

Immigration and Health

In 2007, immigrants comprised 14.1 percent of the MA population, and 5.3 percent of that group constituted newly-arrived immigrants (present in US for less than 5 years).¹³ One-third of all immigrants living in MA have incomes below 200% of the Federal Poverty Level, as compared to one-fifth of citizens. Many immigrant households are “mixed-status families,” with citizen children and immigrant parents.¹⁴

Immigrants are more likely than citizens to experience negative health consequences for several reasons:

- Immigrant-headed households are less likely to access health insurance, nutrition assistance and other income supports due to language barriers, myths, and stigma, among other access barriers.

- Immigrant communities often distrust health care and government institutions due to fears of detection and removal, and are less likely to access preventive care.
- Immigrants face unique mental health concerns relating to risk of family separation, history of persecution in home country, traumatic migration experiences, and stress relating to navigation of US government systems.



LEARN

Immigration Status. Refer to the Table “Key Immigration Status Classifications” on next page

- Immigrants usually need expert legal assistance to determine their eligibility for legal status; such resources can be expensive and scarce.
- If a patient expresses any concerns about services being provided by his/her immigration attorney, consult your legal partner.
- If a patient is unsure of immigrant status or the progress of a particular immigration application, s/he should NOT contact USCIS (US Citizenship and Immigration Services) before consulting with an experienced immigration attorney.
- Patients should keep copies of all documents sent to and received from immigration and other government agencies.

Public Benefits. Refer to the Table “Immigrant Access to Public Benefits” on next page

- Clinicians should know that there are many myths around immigrant eligibility for public benefits, and encourage patients to seek legal guidance in separating fact from fiction.
- Undocumented parents of US citizen children can apply for benefits on behalf of those eligible children.
- Accessing public benefits does not automatically create a “public charge” problem for immigrants; patients should seek advice if they are hesitating to apply for benefits.
- Patients applying for public benefits have the right to an interpreter provided by the relevant government agency.

IMMIGRANT ACCESS TO PUBLIC BENEFITS	
Benefits that should NOT Create Public Charge Problem for Immigrant Applicants*	Benefits that MIGHT Create Public Charge Problem for Immigrant Applicants
Public health insurance	TAFDC
SNAP (Food Stamps)	SSI
Energy/fuel assistance	SSDI
Low-income utility discounts	EAEDC
Child care subsidies	Long-term institutional care
Head Start	
Housing subsidies	
School meals	
WIC	
*Persons seeking to sponsor relatives for LPR status should consult immigration lawyers before accessing any public benefits themselves.	

KEY IMMIGRATION STATUS CLASSIFICATIONS	
Classification	Definitions And Comments
Citizen	Born in US or abroad to a US citizen parent
Naturalized citizen	Granted citizenship after having been an LPR
LPR/Lawful Permanent Resident	Green card holder; Right to live and work permanently in US; may eventually apply for citizenship
Refugee/Asylee (pathway to LPR status)	Persecuted in home country because of race, religion, nationality, membership in a social group, or political opinion Refugees applied for and granted status while <i>outside</i> US; Asylees applied while <i>inside</i> US
VAWA/Violence against Women’s Act (pathway to LPR status)	Immigration remedy for survivors of domestic violence and their children; must have been married to US citizen or LPR abuser
U Visa Interim Relief	Temporary immigration remedy for survivors of crime (including domestic violence) who report crime to, and cooperate with, prosecuting authorities
Temporary Protected Status (TPS)	Temporary status granted to individuals whose designated home countries are experiencing armed conflict, environmental disaster, or other extraordinary conditions; list of designated countries changes every year
Undocumented immigrant	Entered US without inspection by, or permission from a USCIS official; or once had legal status, but status has expired or been terminated Does <u>not</u> have legal immigration status; cannot lawfully work in US but may be able to access public benefits on behalf of citizen children

SCREEN

- Have you been discouraged from applying for public benefits because of immigrant status?
- Are you concerned about your family’s health and stability for any immigration-related reason?

How I-HELP the Alves Family

Maria consults her physician regarding frequent bouts of dizziness she has been experiencing recently. The physician diagnoses Maria with hypertension, and inquires into Maria’s diet as well as her level of stress. Maria discloses that she is in the country as an undocumented person and lives in constant fear of being deported and separated from her children.

The clinician pages the legal provider to relay Maria’s fears and inquire about her options. The legal provider explains that there are proactive steps Maria can take to minimize her risk of deportation. Maria leaves with a booklet in her native language regarding her rights as an undocumented person, and an appointment to meet with a lawyer for an evaluation of her immigration status.

PERSONAL AND FAMILY STABILITY

Helping Patients Achieve Stability

Stability and Health

- ❏ Custodial arrangements and questions of capacity and competency can impact access to health care.
- ❏ Legal relationships between family members affect eligibility for income supports (including child support) and housing.
- ❏ Legal contingency planning is critical for households headed by medically vulnerable family members.
- ❏ Domestic violence, sexual assault, and elder abuse put adults and children at risk for physical and mental health problems.

LEARN

Birth Certificates and Paternity

- ❏ A family might be unable to access income supports for a child if child's birth certificate is incomplete or inaccurate.
- ❏ If parents are unmarried, father must either acknowledge or be declared by court the "legal father" before child support obligations and custodial rights attach. Father's name on birth certificate is not enough to secure custody or visitation.

Decision-Making Authority and Capacity

- ❏ Caregivers do not always know the custody type they have, or whether a guardianship is temporary or permanent; clarifying custody type is critical to consistent health care access.
- ❏ Physical custody of a child or a vulnerable adult does not mean legal custody; formal steps must be taken to confer decision-making authority.
- ❏ An adult is presumed to have decision-making capacity about his or her care and finances, unless the individual is determined to be "incompetent or incapacitated" by a court of law.

Domestic Violence (DV)

- ❏ Clinicians can play a key role in screening for DV, sexual assault, and elder abuse; seek support around screening and referral strategies at your health care institution.
- ❏ When a patient discloses abuse, listen non-judgmentally and acknowledge the difficulty of disclosure; support the patient in making his or her own decisions.
- ❏ Referring patients for safety planning or other support services can help the survivor and his or her family stay safe while making decisions about the family's future.
- ❏ Restraining order applications, fleeing a relationship, and child support petitions can be unsafe. Patients should consult with a DV counselor or safety planning specialist before taking any of these steps.
- ❏ Eligibility for common income supports and health insurance often requires cooperation with child support enforcement. If there is a history of abuse, encourage patient to consult with a legal advocate for guidance on safe access to benefits.

KEY TERMS	
Term	Description
Custody	Confers an individual with authority to make decisions regarding a child's life.
Legal custody	Authority and responsibility for major decisions regarding a child, including health, education, visitation and residence. May be agreed upon or ordered by court. May be sole or joint (shared).
Physical custody	Limited authority and responsibility; involves day-to-day care for and decisions about the child; sometimes refers to caregiver with whom child lives.
Guardianship	Type of custody by caregiver; includes minors, mentally ill or developmentally challenged adults.
Paternity	Refers to "legal" fatherhood. Biological fatherhood does not automatically grant authority or responsibility for the child.
Child support	Legally required financial support for children; legal parents or guardians have obligation to pay support.
Visitation	Legal rights and obligations regarding contact with child; can be set by agreement or by court order.
Birth Certificate	Record prepared by hospital administrators and submitted to city clerk containing information regarding birth of a child, legal name of the child, and parentage.
Advance Directives	Legal documents that allow persons to convey decisions about end-of-life care ahead of time. Examples include a Living Will and a Durable Power of Attorney.



SCREEN

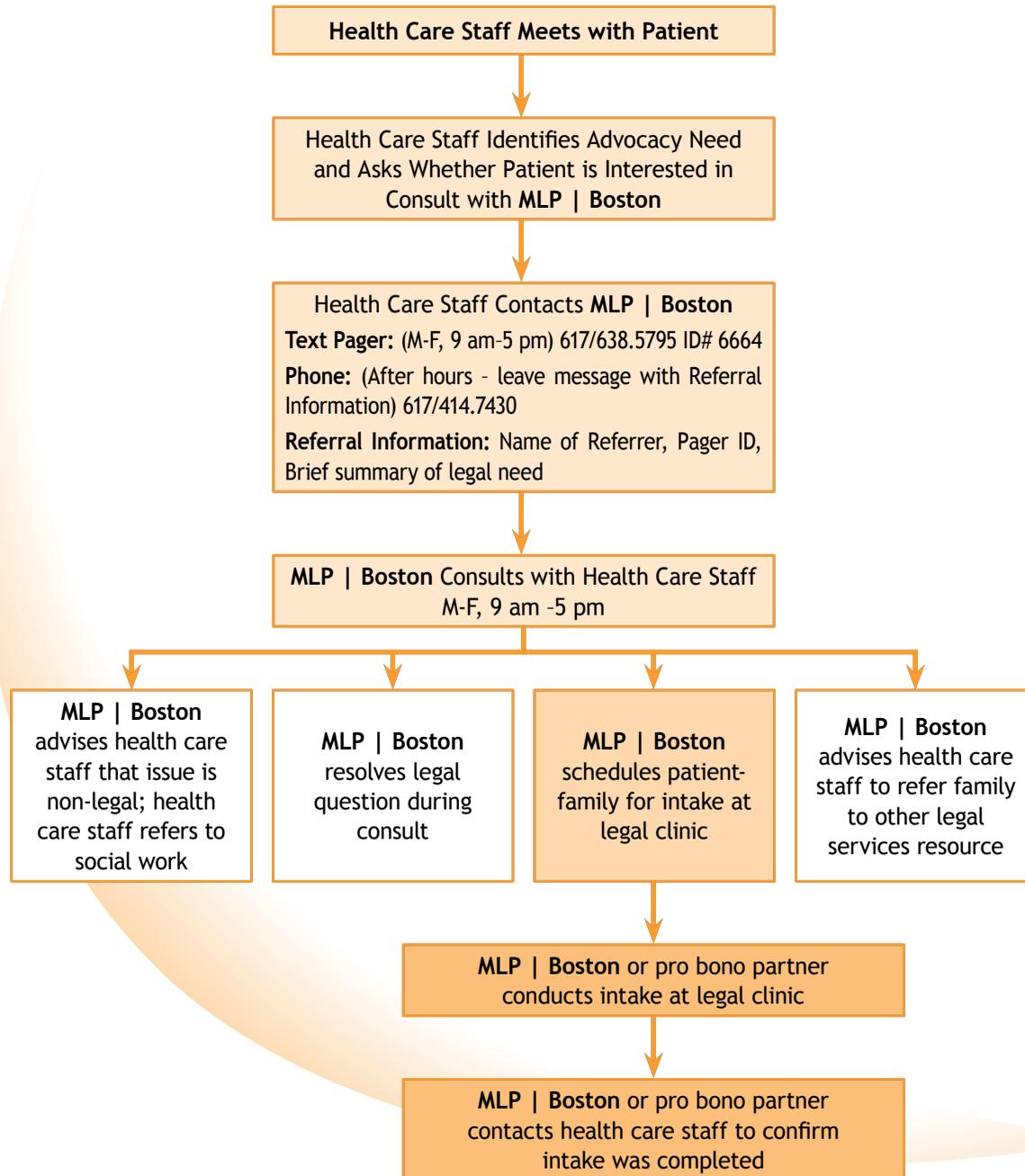
- ❏ Many of my patients have experienced domestic violence or controlling behavior by a family member. Do you ever feel unsafe at home?
- ❏ Have you had difficulty accessing income supports or housing benefits because of birth certificate documentation or custodial status?
- ❏ Are you currently receiving child support?
- ❏ Are you concerned that a family member cannot take care of him- or herself due to illness or disability?
- ❏ Have you identified someone who will make decisions about your health care in the event that you become too ill or hurt to express your wishes?

How I-HELP the Alves Family

Domingo has Down syndrome, and, as a result, frequently struggles to perform basic self-care tasks. At a routine appointment, Maria tells Domingo's physician that she is worried about him turning 18 in a few months. Given his limited capacity, Maria is afraid that Domingo will be unable to apply for his own health insurance, make decisions about his life, or get a job.

The clinician shares Maria's concerns and pages the legal provider. Together, they decide to book the family for legal clinic to explore guardianship options.

MLP | Boston Case Consult Flowchart



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