

The Family Advocacy Program at Boston Medical Center

Background

The Family Advocacy Program (FAP) was founded by the Boston Medical Center Pediatrics Department in 1993. The FAP, which employs two staff attorneys, provides advocacy and legal services to Boston Medical Center patient families to ensure that each family is healthy. By representing individual families, training BMC staff, and working on policy change, FAP combats the adverse health effects that poverty can cause.

Why is this important?

Social issues can clearly affect child health significantly.

- Children who are allergic to cockroaches and are exposed to them in their housing are 3.4 times more likely to be hospitalized with an asthma attack.
- Children who move frequently are more likely to fail a grade and to have behavioral problems.
- Children who are hungry have stunted growth and cannot learn.
- Homeless children have higher rates of asthma, infections and hunger compared to poor housed kids.
- Children who witness violence, such as domestic violence, can have behavioral problems.

Advocating for the health of children and families: Examples from our case files¹

Healthy Housing:

Ashley, 15, and Ron, 13, are siblings with asthma and frequent hospital admissions. They lived in an apartment filled with roaches and mold, which they were known to be allergic to and at one visit to the doctor a roach crawled out of Ashley's shirt. Their asthma specialist had written numerous letters without effect, but when the FAP lawyer talked with the landlord, the family was moved to a safe clean apartment and their asthma improved.

Work Readiness

Toya was trying to get her nursing assistant degree as part of her welfare to work program, but she had no consistent place to watch her 3 year old daughter during the day and was missing classes. With the help of a FAP lawyer she was able to get a daycare voucher. After 6 months, Toya graduated and is working and supporting herself.

Hunger

Marta was working as a seamstress but could not afford to feed her five children and pay her rent. One of her children was having problems growing from lack of food. She spoke only Spanish and was afraid to apply for any assistance. After talking with a FAP lawyer, she completed and received food stamps. Her children are now growing well.

Safe Families.

Angel, 5, was having trouble sleeping. When his doctor asked about nightmares, he said he dreamt about when his mother was locked in the basement. Angel's mom was referred to FAP for help in obtaining a restraining order and relocating to a battered women's shelter. After staying 3 months, Angel and his mom moved to a new apartment. Angel now sleeps through the night.

Effective Education

Darius was having trouble learning to read in school. He had received an evaluation asking for more specialized reading classes but he had not been assigned yet. After a call from a FAP lawyer, the school was able to assign Darius to a tutor. He is now able to read almost at grade level.

Conclusion:

¹ Names have been changed to protect confidentiality.

Through unique collaboration between doctors and lawyers, the Family Advocacy Program helps families stay violence free, live in safe and healthy housing, receive the nutrition they need, earn sufficient income, have access to health care, and receive appropriate educational services. This model is an easy and effective way to help families across the country stay healthy and be more self sufficient.

Background

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Advocating for...

Healthy Housing. Sub-standard housing that is plagued by poor ventilation, molds, toxic building materials, and insect and rodent infestation causes significant health problems for children and their families. The instability and peril that accompany homelessness can have even more dire consequences for child health. In metropolitan Boston much of the available housing is out-of-date and in poor condition; moreover, there is an affordable housing crisis. The programs in place to help ease the cost of housing—Public Housing “Projects,” Private Subsidized Housing Developments, and the Section 8 voucher program—are decentralized and often very confusing. At FAP we advocate for healthy homes for our clients by forcing landlords to comply with laws regulating housing standards and by helping our clients to navigate the confusing process of applying for and maintaining housing assistance.

Sustainable Income. Poverty—defined by the federal government as an income of less than \$17,650/yr for a family of four—has numerous adverse health effects for children and their families: poor nutrition, slowed mental, physical, and emotional development. Thus FAP aims to achieve a sustainable—and sustaining—income for each of our client families. Physical disability, poor language skills, and domestic violence are just a few of the work impediments that BMC patients experience. By helping clients to access job training programs, disability insurance, and welfare benefits, FAP ensures that its client families can provide for their children. In response to the 1996 Welfare Reform Bill, FAP has started the Welfare to Work Project in order to educate health care providers about the welfare system so as to help long-term welfare receivers transition into work.

Access for Immigrants. Massachusetts has the seventh highest rate of foreign-born population in the country. It has the sixth highest rate of refugees in the nation. These families who have fled from persecution and poverty in their home countries often have difficulties making the transition to the U.S. Language and cultural barriers impede these families’ access to healthcare, housing, income, and nutritional resources. By using interpretive and translation services, and by informing clients about the nature of the American legal system and the rights they have in it, FAP seeks to surmount the barriers that immigrants face.

Safe Families. Domestic and community violence is devastating for children whether they are its target or a witness. Such violence has a significant impact on children’s physical and mental health and development. By helping families access transitional programs, cash assistance, job training, and housing resources, the Family Advocacy Program can help families to extricate themselves from violent environments. By providing legal guidance and representation for these families, the FAP helps families to access child support, establish restraining orders, and/or petition for guardianship or custody. Ultimately FAP’s assistance has a profound effect on child health by helping families to remain intact in violence-free environments.

Effective Education. Children with physical and learning disabilities need extra medical and educational services. Unfortunately, these children’s doctors and teachers often don’t understand the laws pertaining to the

children's needs and can't communicate effectively. FAP attorneys help children to receive and maintain the educational services they need by communicating with their parents, doctors, and teachers.

The Family Advocacy Program at Boston Medical Center's Department of Pediatrics is a model of how medical-legal collaborations can work. To break the cycle of poor health and poverty experienced by so many of its patients, the Department of Pediatrics at BMC developed the Family Advocacy Program to give health care professionals the technical assistance they needed to provide more holistic treatment of their patient's illnesses. Since its inception 8 years ago, FAP advocates have assisted the families of more than 2,400 low-income children who receive their health care at Boston Medical Center and affiliated community health centers. FAP's support includes ensuring access to health insurance and eligibility for appropriate federal and state income supports, improving housing conditions, enabling public housing transfers or placement, and advocating for appropriate education placement, treatment and services. From its location within BMC's pediatric clinic, FAP staff also disseminate critical information to families about their rights to safe housing, food, and state and federal benefits such as food stamps.

Since 1993, FAP has also provided over 100 training sessions to more than 1,000 health care and community providers. Through extensive training and the creation of advocacy tools for health care professionals, FAP has helped doctors learn to ask their patients the hard questions that point to the root of low-income families' health concerns. By empowering doctors and health care professionals to build organizational capacity to address the social, economic and environmental factors that impact health, FAP is working to ameliorate the destructive effects of poverty on children's health and wellness.

The Medeiros Family

Elena Medeiros is 24 years old and has two children, 5 and 2. Elena was referred to FAP by her children's pediatrician because she had no income and was at risk of homelessness because she had not been able to pay her rent in two months. Also, as a result of her lack of income, she had a debt of \$340 to the utilities companies. Elena informed FAP that she had tried to do a job assessment at a career center, but was unable to make it to her appointment because she had become overwhelmed with anxiety and had started to cry and couldn't stop. She had previously told the pediatric social worker that she was terrified of people and afraid to leave her house, but that she had to get a job to take care of her kids.

FAP met with Elena and determined that Elena might be eligible for disability benefits due to mental health problems. We assisted her in completing a disability application for SSI, which would determine if she suffered from depression or an anxiety disorder that would prevent her from working and which would provide her family with continued benefits while she sought treatment for her mental health needs. FAP then connected Elena with her primary care physician, who made an emergency referral for counseling. Elena's physician then worked with FAP to help FAP get her medical records (to be used in applying for her disability benefits) and wrote a letter explaining Elena's condition which would help strengthen Elena's application for disability benefits. FAP will represent Elena in appealing a denial of disability benefits if appropriate.

FAP then looked at ways to maximize Elena's income and help her repay her debts to her landlord and the utility companies. FAP helped Elena apply for and receive "Emergency Assistance", which in Massachusetts can be used to pay for back rent. Next, FAP made calls to Elena's utility companies and, after providing documentation proving that Elena was living below the poverty level, got Elena a discounted rate of utility payment, which was also applied retroactively. That reduced Elena's debts to the utility companies to \$260. Then, FAP helped Elena negotiate a payment plan with the utilities so that her utilities would not be shut off. Finally, FAP helped Elena apply for food stamps so that her family could eat balanced, nutritious meals. Because Elena had two children and no income she was eligible for \$341 in food stamps a month.

A legal resource center for families whose children are served by Boston Medical Center and affiliated neighborhood health centers

WHY DOES A HOSPITAL NEED A FAMILY ADVOCACY PROGRAM?

While caring for the largest population of poor people in Massachusetts, Boston Medical Center (BMC) physicians realized that the health status of their child patients was often negatively impacted by social and environmental conditions that could not be remedied through quality medical care alone.

The health care providers observed that children living in poverty are more often exposed to health and developmental risks than their wealthier counterparts. And, that the children's families lack the financial resources to afford safe housing, healthy food, appropriate childcare and health care coverage; manage high levels of family stress resulting from basic needs going unmet; and encounter unequal access to appropriate public education programs in their urban neighborhoods.

In 1993, the Pediatrics Department established the Family Advocacy Program (FAP) to improve patient health through legal advocacy and policy reform. FAP employs a preventative, multidisciplinary approach to improving child health by ensuring that families' basic needs are met -- safe housing, nutrition, income supports, access to health care, freedom from violence and appropriate education.

WHAT IS THE MISSION OF THE FAMILY ADVOCACY PROGRAM?

FAP is a medical-legal collaborative designed to improve the health and welfare of low-income children and their families through proactive legal assistance provided in a health care setting in their communities.

The Family Advocacy Program fulfills its mission through education and training of health care providers on the laws governing children's basic needs; direct legal assistance and representation of children; and multidisciplinary policy advocacy on behalf of children and their families

EDUCATION AND TRAINING

FAP conducts seminars on advocacy issues for pediatric providers. The seminars are tailored to the needs of the providers and their patients; they employ active learning tools that provide practical information and assistance. Seminar topics include:

- Children's access to basic needs, including nutrition, housing, safe shelter, education, health care and income supports
- Child protection, abuse and neglect laws in Massachusetts
- Immigration issues affecting children
- Techniques for improving advocacy outcomes for children and families

FAP also provides consultation on patient advocacy issues to frontline health care providers, who then are able to more effectively assist their patients.

LEGAL REPRESENTATION

FAP provides comprehensive legal representation to pediatric patients of BMC and affiliated neighborhood health centers in matters affecting children's health, education and welfare. Each year, FAP serves more than 250 children. FAP draws on the clinical and community expertise of the providers to enhance the effectiveness of its legal work.

POLICY ADVOCACY

As a result of its cross-disciplinary work, FAP has identified certain health-related issues that need greater attention from legal staff, and has developed a variety of special projects that focus on policy advocacy. These include:

- WELFARE TO WORK
- The guardian ad litem project works with BMC's Child Witness to Violence Program to pair attorneys with child development experts in custody and visitation cases where domestic violence is an issue.

WHO DOES THE FAMILY ADVOCACY PROGRAM SERVE?

- Children whose health or welfare will be demonstrably improved through legal intervention
- Children for whom medical evidence is crucial to the outcome of their legal problem

WHO IS A TYPICAL FAMILY SERVED BY THE FAMILY ADVOCACY PROGRAM?

Maria, a first grader at a local public school, suffers from a learning disability. During a routine medical visit, Maria's mother spoke with the child's primary care provider about Maria's academic difficulties and the impact it had on her health. The provider referred Maria to BMC's Developmental Assessment Clinic, which evaluated Maria's disability. The Clinic advised the family to request an evaluation from Maria's school so that she could obtain appropriate educational services. After the school delayed Maria's evaluation and services for months, the Clinic referred Maria to FAP.

FAP promptly filed a complaint with the Department of Education, obtained appropriate educational testing and services for Maria, and secured home tutoring during the summer to compensate Maria for the services she was deprived of during school. The Clinic has since identified several additional children whose educational evaluations have been unduly delayed by the school system. While the clinicians, with the support of FAP, will advocate on behalf of these individual children, FAP is evaluating how it can better advocate for these children on a systemic basis.

To break the cycle of poor health and poverty experienced by so many of its patients, the Department of Pediatrics at Boston Medical Center developed the **Family Advocacy Program (FAP)** in 1993 to link lawyers with physicians, health care workers and families so that the broader issues of poor housing, lack of access to benefits, and other social problems that affect the health of low-income children could be addressed effectively. At Boston Medical Center, Family Advocacy Program lawyers see clients directly within the pediatric clinic; all families whose children receive their healthcare at the hospital have access to FAP's free legal services. According to Dr. Barry Zuckerman, Chief of Pediatrics at Boston Medical Center, "The Family Advocacy Program is preventative medicine. It ensures that families have their basic needs of health insurance, food, housing and safety met."

FAP attorneys also provide basic legal training to health care professionals; through extensive training and the creation of advocacy tools, FAP has helped doctors learn to ask their patients the hard questions that point to the root of low-income families' health concerns. This outreach may enable a doctor or community health worker to redress some of the larger social issues affecting their patients' health. For example, the FAP attorneys have helped doctors talk with their patients about the process through which they can use state laws to improve housing conditions or access community food resources. Working together with BMC's front-line physicians, nurses and social workers, FAP advocates have improved the health and well-being of approximately 2,400 disadvantaged families and children in Boston since 1993.

Parents and physicians may be able to *identify* indoor environmental hazards contributing to a child's poor health, but improving housing conditions is outside of the scope of traditional medical care and may be beyond the low income parent's immediate control. *Creating multi-disciplinary collaborations that can address the host of*

complex social, economic and environmental issues that foster a high prevalence of asthma among low-income children is an important and necessary step towards improving child health.

The Family Advocacy Program at Boston Medical Center's Department of Pediatrics is a of how medical-advocacy-community collaborations can work.² As the largest safety net hospital in New England, Boston Medical Center's mission is to serve all patients, regardless of status and ability to pay. The Department of Pediatrics developed FAP in 1993 to link legal advocates with physicians, health care workers and families so that the broader issues of poor housing and other social problems that affect the health of low-income children could be addressed effectively. FAP is dependent on outside grants and funding sources, as its services are not reimbursable by federal or private healthcare programs.

FAP staff reaches out to patients in the pediatric clinic to help them assess external barriers to a healthy home environment. They also provide basic legal training to hospital health care professionals regarding health insurance, housing, childhood disability and special education. This outreach may enable a doctor or community health worker to redress some of the larger environmental issues affecting their patients' health. For example, the FAP staff has helped doctors talk with their patients about the process through which they can use state laws to improve housing conditions or access community food resources. By consulting with BMC's front-line physicians, nurses and social workers, FAP advocates have improved care for approximately 2,400 disadvantaged families and children in Boston since 1993. Of this number, almost half of these children suffered from asthma and other effects of poor housing conditions.³

Ensuring low-income children's health and wellness must begin by harnessing the resources already in the community. Primary care clinics and community health centers are one logical place to target these efforts; focus groups held by the City of Boston have revealed that of all the professionals that interact with low-income families, doctors are among the most trusted. Regular pediatric visits ensure that families have an established and on-going relationship with their health care provider and create frequent opportunities for families to discuss their children's health conditions and health needs. But while doctors are at once perfectly positioned to recognize the effects of poor housing conditions and to treat asthma with medication, they are powerless to *prevent* indoor environmental risks because improving housing conditions is outside of the scope of traditional medical care.

Creating multi-disciplinary collaborations that can address the host of complex social, economic and environmental issues that foster a high prevalence of asthma among low-income urban children is an important and necessary step towards improving child health.

The Family Advocacy Program (FAP) at Boston Medical Center (BMC) is a unique example of how effective multi-disciplinary collaborations can be.⁴ FAP was devised to link legal advocates with physicians, health care workers and families so that the broader issues of poor housing and other social problems that affect the health of low-income children could be addressed effectively. The primary objective of this project is to provide tools and resources that will help other New England agencies provide similar multi-disciplinary services.

FAP will facilitate the development of multidisciplinary collaborations by helping to broaden networks among community health workers, physicians, school administrators and legal advocates. Working collaboratively, these groups can use their expertise to push for improved living conditions with low-income children's health and wellness as the goal.

² FAP is aware of only one other similar program in the nation, the Medical-Legal Partnership Project at Connecticut Children's Medical Center.

³ The remainder had mental health issues, developmental delays, learning disabilities, and a broad range of medical problems.

⁴ We know of only one other similar program in the nation, the Medical Legal Partnership Project at the Connecticut Children's Medical Center. **[talk about measures of effectiveness! data to make case]**

The Family Advocacy Program at Boston Medical Center's Department of Pediatrics is a model of how medical-advocacy-community collaborations can work. Boston Medical Center is the largest safety net hospital in New England. Its mission is to serve all patients, regardless of status and ability to pay. To break the cycle of poor health and poverty experienced by so many of its patients, the Department of Pediatrics developed FAP to give health care professionals the technical assistance they needed to provide more holistic treatment of their patient's illnesses. At Boston Medical Center, Family Advocacy Program staff reach out to patients in the pediatric clinic directly to help them assess external barriers to a healthy home environment. They also provide basic legal training to hospital health care professionals regarding health insurance, housing, childhood disability and special education. This outreach may enable a doctor or community health worker to redress some of the larger environmental issues affecting their patients' health. For example, the FAP staff has helped doctors talk with their patients about the process through which they can use state laws to improve housing conditions or access community food resources. By consulting with BMC's front-line physicians, nurses and social workers, FAP advocates have improved care for disadvantaged families and children.

Since 1993, FAP has provided over 100 training sessions to more than 1,000 health care and community providers. Through extensive training and the creation of tools like the *Advocacy Code Card*,⁵ FAP has helped doctors learn to ask their patients the hard questions that point to the root of low-income families' health concerns. By empowering doctors and health care professionals to build organizational capacity to address the social, economic and environmental factors that impact health, FAP is working to ameliorate the destructive effects of poverty on children's wellness.

FAP's model of collaboration between doctors and advocates has proved to be highly effective in redressing the underlying causes of childhood asthma.⁶ Since its inception 8 years ago, FAP advocates have assisted the families of more than 2,400 low-income children who receive their health care at Boston Medical Center and affiliated community health centers. Of this number, almost half of these children suffered from asthma and other effects of poor housing conditions.⁷ FAP's support includes ensuring access to health insurance and eligibility for appropriate federal and state income supports, improving housing conditions, enabling public housing transfers or placement, and advocating for appropriate education placement, treatment and services. From its location within BMC's pediatric clinic, FAP staff have also disseminated critical information to families about their rights to safe housing, food, and state and federal benefits such as food stamps.

The *Family Advocacy Program* at Boston Medical Center represents families challenged by basic, yet vital, issues such as access to health insurance programs, safe and affordable housing, nutrition and income supports, appropriate education and mental health services, and freedom from domestic violence. With this past year's support from the Boston Bar Foundation, FAP made significant inroads at the grass roots level of the mental health crisis by strengthening its outreach and support to mental health patients, primarily those in crisis, as well as health care providers who interact with this vulnerable population. Moreover, FAP employed and disseminated the knowledge it gained regarding systemic barriers by drafting legislation that seeks, as an essential first step, to assess quantitatively and comprehensively the gaps in mental health service delivery to children.⁸

⁵ The Advocacy Code Card, designed by the Family Advocacy Program in collaboration with residents and doctors at BMC, is a laminated document that easily fits into the pocket of a doctor's coat. On it are listed reference numbers of social service agencies in Boston, a sample letter a doctor could use to advocate for a patient, and many other resources.

⁶ **give examples of how this is true!!!!!!**

⁷ The remainder had mental health issues, developmental delays, learning disabilities, and a broad range of medical problems.

⁸ Local press illustrates the scope and impact of FAP's mental health advocacy:

- Editorial, *Mental Care for Children*, Boston Globe, p. ____, May 15, 2001. [**Rachael, page #?**]
- Demner, A., *Doctors See Crisis in Youth Psychiatry*, Boston Globe, p. B2, May 8, 2001.
- Levenson, M.C., *Mental Health Chief Backs Stuck Kids Commission, Urges Broader Scope*, State House News Service, May 8, 2001.
- Story, State Rep. E., Sharfstein MD, J., *Needed: 'MCAS' for Children's Mental Health Care*, Boston Globe Op Ed p. D7, April 15, 2001
- Demner, A., *Children Languish in Locked Facilities: State Hikes Resources but Problems Growing*, Boston Globe, p. B1, November 1, 2000.

BMC is committed to provide exceptional care without exception to the people in and around Boston. Every day BMC medical staff keeps this promise by routinely extending the nature of the care they provide well beyond the typical boundaries of health care. By thinking and acting “out of the box” BMC medical staff are able to address the complex range of medical, social, economic, cultural, and linguistic factors that affect the health of people throughout Boston’s many communities. Each of BMC’s special programs addresses critical problems for the patients and communities it serves. As a whole, these programs represent an innovative and caring medical community that carries forward the best of its long tradition to understand and attend to the needs of under-served populations.

In 1993, the Pediatrics Department at Boston Medical Center created its own team of lawyers to advocate on behalf of poor children with serious medical conditions and/or disabilities. The *Family Advocacy Program* (FAP) at BMC is comprised of three attorneys and several interns, who represent families challenged by basic, yet vital, issues such as access to health insurance programs, safe and affordable housing, nutrition and income supports, appropriate education and mental health services, and freedom from domestic violence.⁹ Many families served by BMC are either current or former welfare recipients who need assistance navigating a complicated maze of regulations, which are particularly daunting for those families dealing with chronically ill or disabled children. For eight years, FAP has advocated for more than 2,400 families at BMC and its affiliated health centers. Of this number, _____ were low-income children with disabilities or complicated illnesses. Almost half of these children had asthma or mental health problems. The remainder suffered from developmental delays, learning disabilities, or a broad range of medical problems. Support for these children includes advocating for appropriate special education placements, treatment and services, ensuring health insurance access, assisting with Supplemental Security Income (SSI) applications and appeals, addressing housing conditions, ensuring public housing transfers or placement, and addressing work-related barriers related to the burdens of raising a disabled child. FAP attorneys not only provide direct service to patients, but also train health care staff and work on policy issues such as expanding access to health care for children. By providing consultation to BMC frontline physicians, nurses, and social workers, FAP has created a valuable dialogue and synergy between legal and medical professionals. These collaborations have led not only to optimum care for disadvantaged families, youth and children, but also have greatly influenced FAP’s efforts to reduce systemic barriers to child health care in Massachusetts.

I. What We Do

A. Limited Assistance – Patients

1. Quick Phone Calls
2. Patient Consult
3. Referral
 - a. Telephone number to patients
 - b. Use our contacts at GBLS, etc.
4. Attend important meetings with patient/client to help advocate
5. Fill out forms
6. Liaison with a child’s school
7. Case Management/ Prevention of further legal problems
8. Holistic Identification of problems (multiple causes of a situation that can be solved to fix larger problem)

B. Limited Assistance: Non-Patients

1. Prepare letter
2. Food stamp screening
3. *Training *

C. Investigation

⁹ National press lauds the unique and successful FAP model of care and advocacy:

- Goldberg, C., *Boston Medical Center Turns to Lawyers for a Cure*, The New York Times, p. A18, May 16, 2001.
- National Lawyers Weekly [Rachael, please fill in author, article, title, page and date.]
- Martin, C., The American News Service, *Doctors Bring in Lawyers to Help their Patients*, Aug. 10, 2000.

1. More telephone calls
 2. No representation, but a positive result is achieved
- D. Full Representation
1. Committed to final judgement
 2. Panel of pro bono attorneys (send cases to panel for full representation)

II. Outcomes

- A. Improve Health of Children
- B. Improve Employability
- C. Empower Families
- D. Increase the Stability of Families (by solving one problem, thereby halting the domino effect)
- E. Maximization of Income
- F. Client Satisfaction
- G. Less Parent Stress
- H. Increased Maternal Health

Our ultimate goal is: IMPROVING CHILD HEALTH. We need hard data to prove that we do this. Such data would move us to a mainstream, highly credible program. It would give us the credibility and weight to communicate the importance of our mission/program across myriad disciplines.

We see/have

- **A high percentage of people/patients living in poverty**
- **A great deal of departmental support and acceptance**
- **The TRUST of doctors.**
- **A great relationship with the department/hospital.**
- **Core components we approach with flexibility.**

We should document the NEED (of both patients and doctors!) that is otherwise being unmet. There is immense need for programs like FAP, but we need to prove it.

Legal agencies have done a great deal of research on the unmet legal needs in low-income communities. They have found on the average 80+ variations of unmet legal needs in any low-income population. Therefore, we need to prove first how unmet legal needs LEAD TO health problems.

How do our interventions affect outcomes?

Have we empowered families? Have we empowered doctors?

How have we affected systems at the hospital?

We need to structure the results to prove that: What we are doing at FAP is making sure that peoples' BASIC HUMAN RIGHTS are being met and fulfilled; their rights to Food, Shelter, Healthcare, Education, and Freedom. We need to demonstrate that these rights are often unmet in low-income communities and PROVE that FAP can target their fulfillment through legal advocacy.