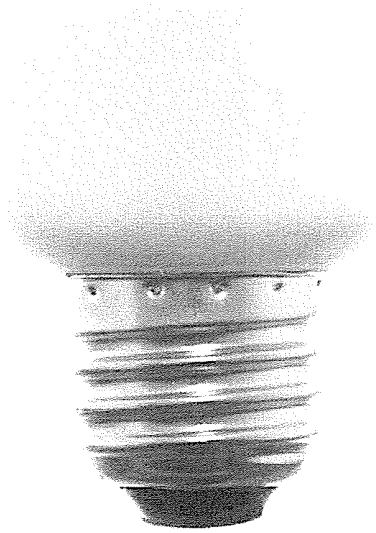
The Medical Legal Partnership for Children

RAISING THE BAR FOR CHILD HEALTH

ENERGY CLINIC

A Toolbox for Helping Families Heat AND Eat

FEBRUARY 2008



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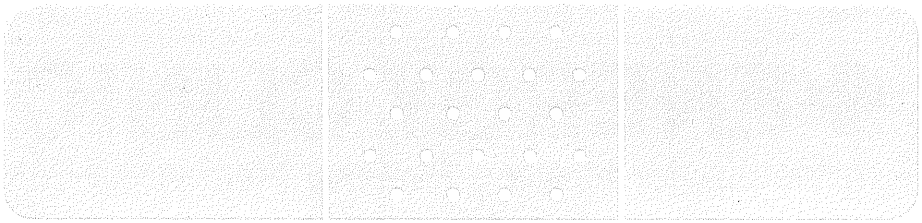

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THE PROBLEM:

Heat or Eat

Food Insecurity

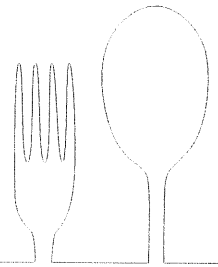
According to the United States Department of Agriculture (USDA), 12.6 million families were "food insecure" in 2006. Food insecurity is defined as being uncertain of, or unable to acquire enough food to meet the needs of all household members because there is a lack of money or other resources for food. Almost eleven percent (10.9%) of households nationwide suffered from food insecurity in 2006.[1] Fifty-seven percent (57%) of food insecure families live in urban areas and 43% live in rural or suburban areas. Households headed by single women (30.4%) and men (17.0%), Black households (21.8%), and Latino households (19.5%) experience food insecurity rates higher than the national average of 10.9%.[2]

Energy Insecurity

Low-income families spend one-fifth of their annual household income on home energy expenses.[3] Since 2003, heating oil costs have risen by 93.6%, natural gas by 50%, propane by 75.2%, and electricity by 21.2%. A current survey of the rising cost of energy estimates that the average American household will spend 15.2% more on energy costs for winter 2007-2008 than it did the previous winter.[4] As energy costs increase, families become more susceptible to accruing utility debt, and therefore disconnection of service.

Heat OR Eat

With energy costs continuously rising, it is difficult for low-income families to prioritize how they spend their meager incomes. The Children's Sentinel Nutrition Assessment Program (C-SNAP) reports that as energy expenditures increase, food expenditures decrease. When faced with the decision to purchase food or maintain a livable temperature in the home, families often forego food purchasing in order to continue heating or cooling their homes. This phenomenon is present in regions of the country with excessive heating and cooling costs and is known as "Heat or Eat."[5]



EXISTING

Government Supports

The Food Stamp Program

The Food Stamp Program (FSP), administered by the USDA, is one of the federal government's first responses to the nation's hunger crisis. Food stamps are now issued using Electronic Benefit Transfer (EBT) cards, similar to debit cards. Food stamp benefits are issued by household units; a household is defined as individuals who share a residential unit and purchase and prepare foods together. Eligibility is based on a number of factors, including household size, income level, and immigration status. In FY 2005, approximately 25.6 million individuals participated in the FSP.

While the medical benefits of food stamp participation for children and families have been well documented, 60% of food stamp-eligible households do not participate in the program. There are articularly low participation rates among the elderly and Latino populations.[6]

Beyond the FSP, the US government provides food supports through the Supplemental Nutrition Program for Women, Infants, and Children (WIC), the School Lunch Program, and several additional programs targeted to specific populations.

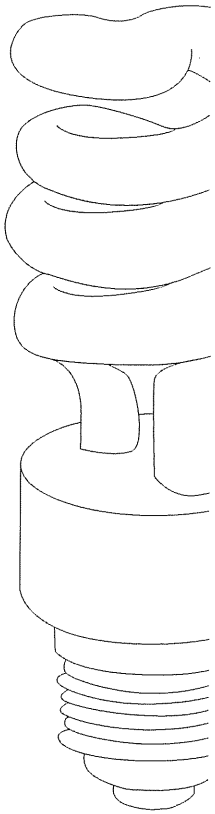
LIHEAP

The Low Income Home Energy Assistance Program (LIHEAP) is a federal program run by the Administration for Children and Families within the U.S. Department of Health and Human Services. LIHEAP is designed to assist low-income families with home energy expenses. Participating households must have income below 150% of the Federal Poverty Level. Families with the greatest need, based on income and energy costs, receive the most assistance. Funds are given directly to the family to help restore utility service, reduce utility debts, or complete home weatherization projects.[7] Local resources exist and vary from state to state.

Barriers to These Supports

Government supports can assist families in need of food and fuel; however, there are significant barriers to obtaining these supports. Immigrant populations often confront, among other challenges, uncertainty about eligibility for existing programs, language barriers, and myths about the consequences of applying for assistance.[8] Food and fuel supports are often are located within offices that are geographically challenging for vulnerable families who face disability, child care, and transportation-related obstacles. Finally, in the utility context, many struggling patient-families encounter hostility and legal obstacles in their interactions with utility companies: including unlawful shut-offs, obstruction during the payment plan negotiation process, and inaccurate information about discount programs and fuel assistance subsidies.

In addition to these barriers, government supports for fuel are shockingly limited. The purchasing power of LIHEAP grants has decreased on a yearly basis; indeed funds for the LIHEAP program have not increased at the same rate as energy costs.[9] This has left low-income households more susceptible to increased debt and terminated service.



THE MLPC'S

Energy Clinic

MLPC

Medical-legal partnerships address the social determinants that negatively impact the health of vulnerable populations. With health care workers well-positioned to screen patients for unmet legal needs through regular contact and a position of trust, and lawyers able to bring a new type of expertise to the health care setting, patients are treated more holistically than in a typical medical exam room and are seen earlier than in a traditional legal services office. The Medical Legal Partnership for Children (MLPC) at Boston Medical Center (BMC) is sited within the department of Pediatrics and unites clinicians and lawyers to promote child health and well being through legal advocacy.

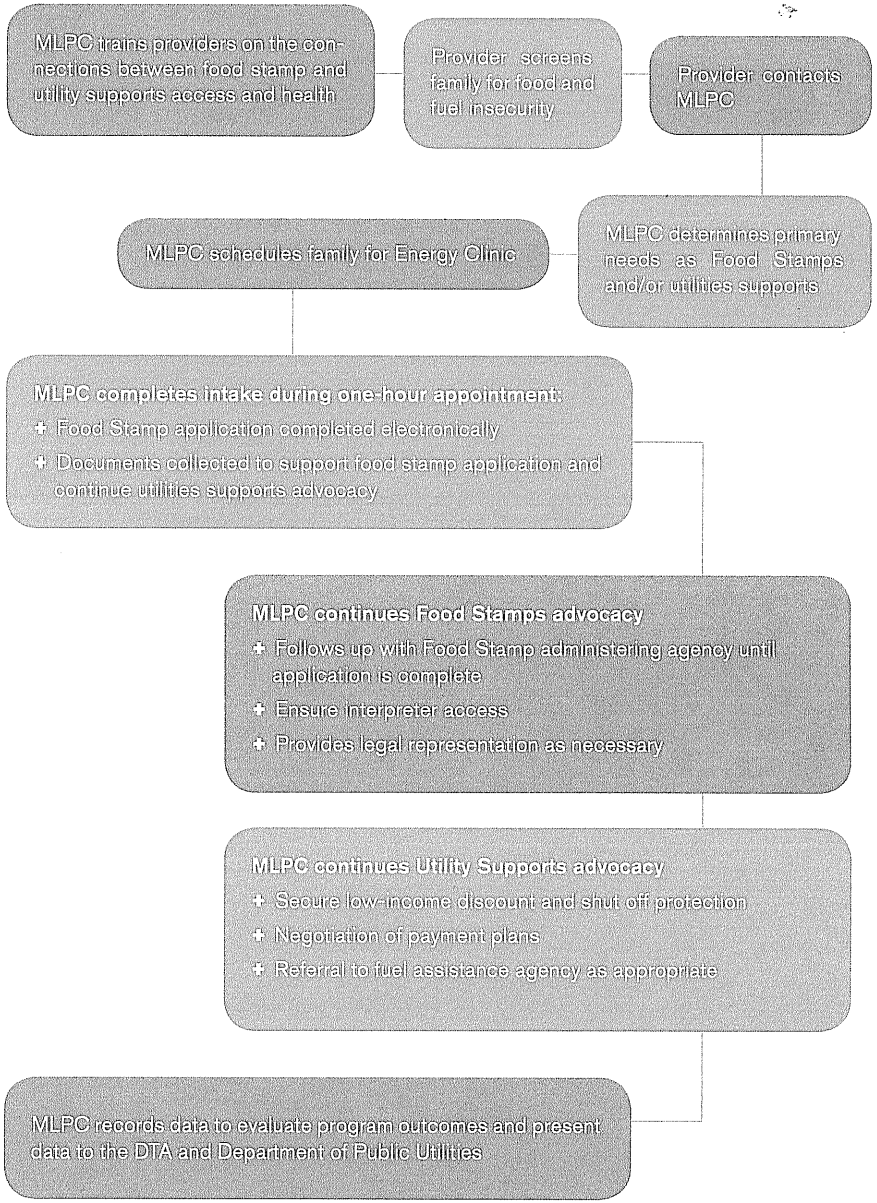
Energy Clinic

In 2003, after BMC established the first hospital-based preventive food pantry in the country, it was discovered that less than 10% of families who were diagnosed as "food insecure" and referred to the pantry were receiving food stamps, despite an estimated 60% eligibility rate. Pediatric clinicians and social workers also highlighted their patients' need for food stamp application assistance. To address this unmet basic need, MLPC took a number of steps, including instituting a weekly Food Stamp Access Clinic on-site at the hospital in 2005, collecting data from families and tracking applications with the Department of Transitional Assistance (DTA), administrator of the FSP in the Commonwealth of Massachusetts.

In September 2006, utilities-related advocacy was integrated into the Food Stamp Access Clinic, and the name of the clinic was changed to the Energy Clinic, referring to both food and fuel as critical energy needs. Patient-families are referred to the Energy Clinic by an array of health care workers. During an intake appointment, Energy Clinic staff and volunteers screen for eligibility for food and fuel supports, and follow-up advocacy is conducted through application resolution. Energy Clinic is staffed by an MLPC staff person and one intern, fellow, or volunteer. To date, Project HEALTH, the law firm of McDermott Will and Emery, and the Bill Emerson National Hunger Fellows Program have provided the volunteer staff needed to make the Energy Clinic a success.

AN ENERGY CLINIC'S

Life Cycle



ADVOCACY EXAMPLE

The Bridge Family

A family of seven (all U.S. citizens) was referred to the Energy clinic by their child's pediatric physician. They presented with $975.00 in gas service debt, $798.81 in electricity service debt, and $967.53 in water service debt. The family was not receiving food stamps and did not intend to apply. The father's full time job was the family's primary source of income; he recently stopped working for two months as a result of medical problems. We screened the family eligible for $375.00 per month in food stamps. After consulting her husband, Mrs. Bridge decided to apply. The family received $530.00 in expedited food stamps within 7 days of their application and $370.00 on a monthly basis thereafter. In addition, the Energy Clinic staff renegotiated a payment plan with the water company and secured low-income discounts with the gas and electric companies.

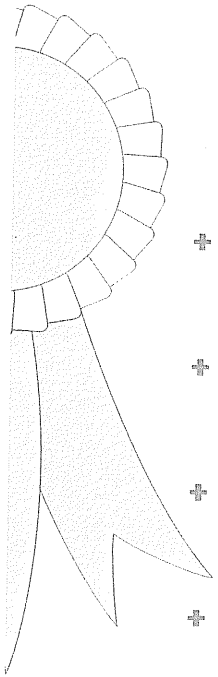
SUCCESSES AT

Boston Medical Center

In 2007, the Energy Clinic helped close to 100 families increase their monthly budgets with food stamps and low-income discounts for their energy bills. In total, families seen in the Energy Clinic received $30,456 in food stamps over the six month certification period and $1,898 in low-income discounts applied to retroactively to their utilities accounts. The MLPC also conducted food stamp and utility advocacy trainings for over 300 front-line clinical staff. The Energy Clinic encouraged significant pro bono participation, served as a catalyst for the publishing of a Child Health Impact Assessment (CHIA) concerning the effect of energy costs on child health, and documented the need for on-site Food Stamp eligibility workers. As of January 2008, the DTA is providing eligibility workers, on a weekly basis, to assist with Food Stamp applications.

THE MLPC'S

Best Practices



- Active clinical "champion" critical to Energy Clinic success
- Involve health care Patient Financial Services Department in planning stages
- Volunteer engagement decreases operation costs and increases clinic productivity
- Build open communication and information sharing with government agencies regulating food and fuel supports
- Collaborate with other basic needs advocacy organizations
- Anticipate synergy between eligibility for food and fuel benefits and additional income supports and related benefits

ACKNOWLEDGEMENTS

The development of this report was made possible by the generosity of the law firm of McDermott Will & Emery.

We would like to thank Rebekah Knapp for her dedication to the Energy Clinic and support in the initial preparation of this report.

We would also like to thank The Children's Sentinel Nutrition Assessment Program for its work around the "heat or eat" phenomenon.

MLPC'S Energy Clinic has been supported by the following generous funders:

Bank of America
Boston Bar Foundation
Mary A. and John M. McCarthy Foundation
Massachusetts Department of Public Health
Paul and Phyllis Fireman Foundation
State Street Foundation

The Medical Legal Partnership is a program of the Department of Pediatrics at Boston Medical Center and the BU School of Medicine.

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CONGRESSIONAL HUNGER CENTER
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The Emerson Hunger Fellowship, an initiative of the Congressional Hunger Center, is a one-year leadership development program for individuals seeking to make a difference in the struggle to end hunger and poverty. Hunger fellows spend six months in the field, working with rural and urban communities engaged in fighting hunger at the local level. Fellows then move to Washington, DC to complete the year with six months at a national organization dedicated to public policy approaches to ending hunger and poverty.

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