



THE SOCIAL DETERMINANTS OF HEALTH & HEALTH EQUITY

Focusing on the “Public”
in “Population” Health

2016 Nevada Population Health Conference
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Session Presenters

Dr. Marya Shegog, PhD, MPH

Director of Health Programs

The Lincy Institute

Assistant Professor

School of Community Health Sciences

The Journal of Health Disparities Research and Practice (Editor)

Center for Health Disparities Research



Dr. Joseph Iser, MD, DrPH, MSc

Chief Health Officer

Southern Nevada Health District



Max Gakh, JD, MPH

Assistant Professor

Associate Director, UNLV Health Law Program

UNLV School of Community Health Sciences





HEALTH EQUITY & THE SOCIAL DETERMINANTS OF HEALTH

Dr. Marya Shegog

What is a “Health Disparity”?

Conceptual Issues

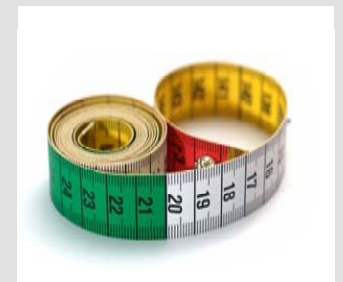
- Inequality
 - Difference in condition, rank
 - Lack of equality as of opportunity, treatment, or status
- Inequity
 - Unfair and unjust
 - **Unnecessary and Avoidable**



“Health Disparity” in Public Health

Inequities (Conceptual) – Disparities (Measurable)

- Quantitative measures: rates, percents, means...
- The Quantity that separates a group from a reference point on a particular measure of health
- Calls attention to differences in health between groups regardless of cause
- Can be measured in absolute or relative terms

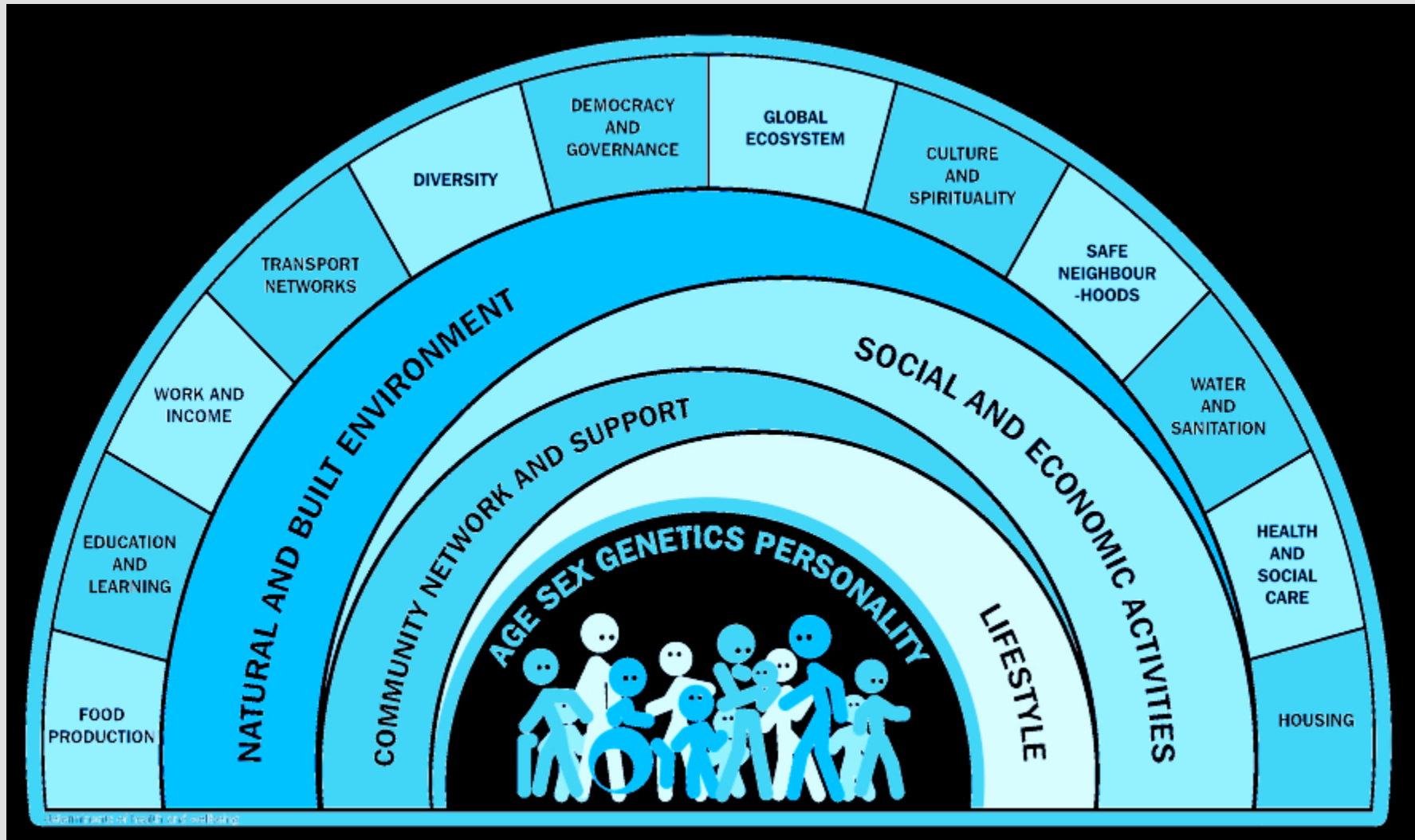


Causes of Health Disparities in the U.S.

- Environmental exposures
 - neighborhoods higher exposure to toxins, more cigarette and fast food ads, less access to healthy food choices
 - exposure to pollution, toxins
 - Less opportunity to determine what comprises your community = time and access
- Biological predisposition/ Genetics
 - The risk a person has due to familial traits
 - Ultimately it has little affect, combination of factors
- Behaviors/Lifestyle
 - eating behavior, level of physical activity, smoking
- Social circumstances
 - poverty, stress, racism, education, crowding, fear
 - Education, Access, knowledge
- Medical care
 - quality, access, limited providers with same ethnic background
 - Knowledge of disease progression is anything other than White males

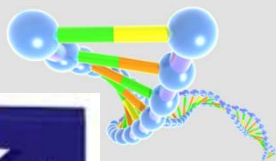


Social Determinants of Health



Social Determinants of Health

Factors



Biology

- Biological influences that contribute to how the body responds to invasion, disease and treatment.
- Examples:
 - Sex
 - Age

Behavior

- How and what a person does that impacts their health across their lifespan
- Examples:
 - Cultural and Ethnic Norms
 - Health Seeking Behaviors
 - Diet

Environmental

- The areas in which a person exists that impacts their health.
- Exposure
- Example:
 - Neighborhood
 - Work Weather

Social Determinants of Health



Social Norms

Culture
Religion
History
Discrimination
/ ISMS



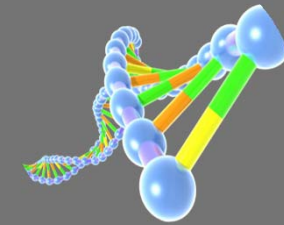
Socio Environmental

Living
Conditions
Quality
Access
Regional
Impact



Socio Economics

Income
Education
Employment



Biological

Genetic
Inheritance
Toxin Exposure



- Social Factors have direct and indirect impacts on health and health outcomes.
- The factors are not discrete- they overlap to create a matrix



HEALTH EQUITY

Joseph P. Iser, MD, DrPH, MSc
Chief Health Officer
Southern Nevada Health District

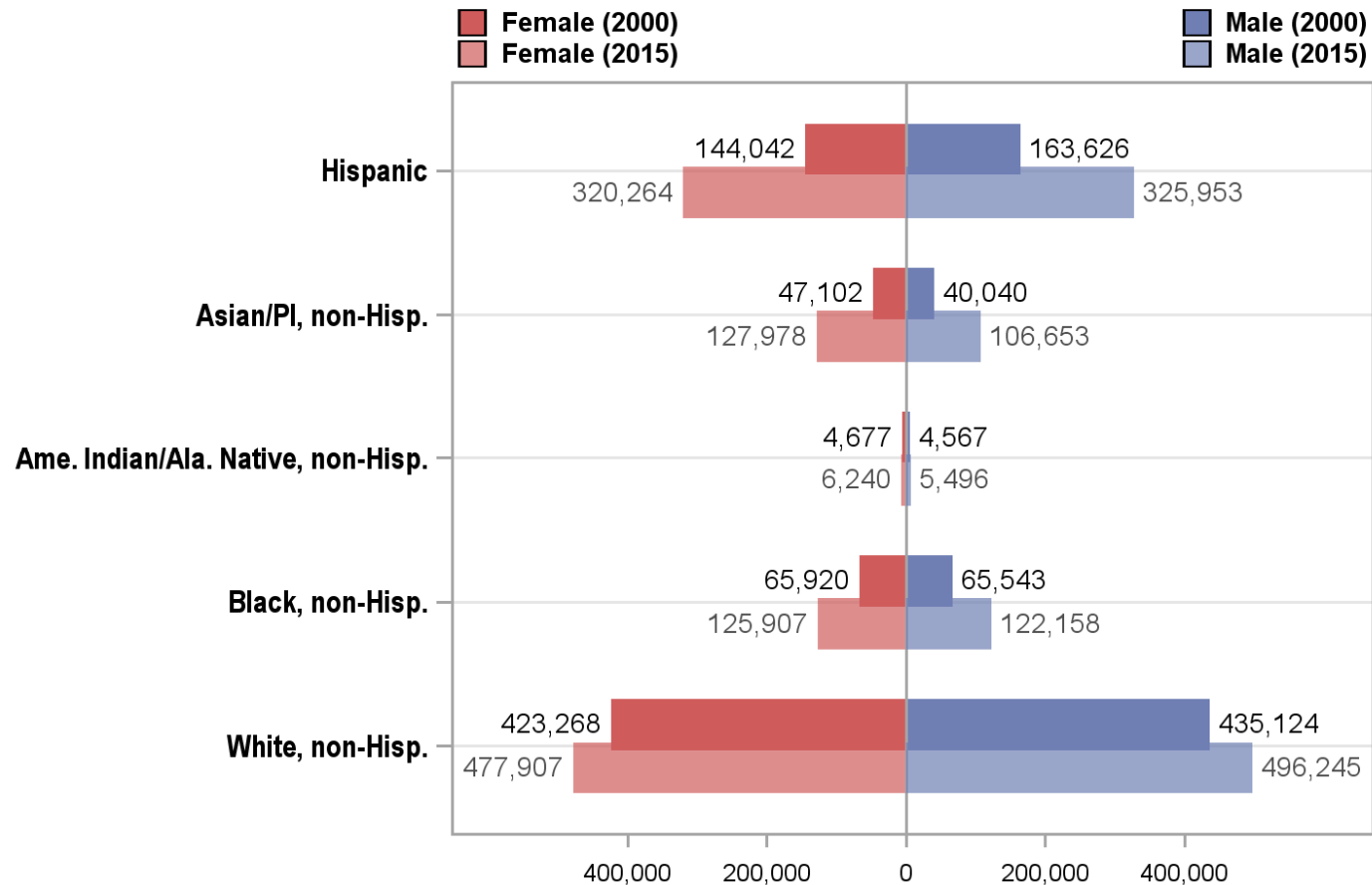
Health Equity

“Health equity” means efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.



Hispanics and Asians/PIs are the fastest-growing segments of the population, accounting for 31% and 11% of Clark County residents in 2015

Population by gender and race/ethnicity, Clark County-NV, July 2000 (intercensal estimates) and July 2015 (vintage 2015 postcensal estimates)



Source: NVSS bridged-race intercensal series and vintage 2015 postcensal estimates.

Hispanics Are Projected To Become The Largest Racial Ethnic Group And Will Account For Nearly Half Of Clark County Residents By 2050

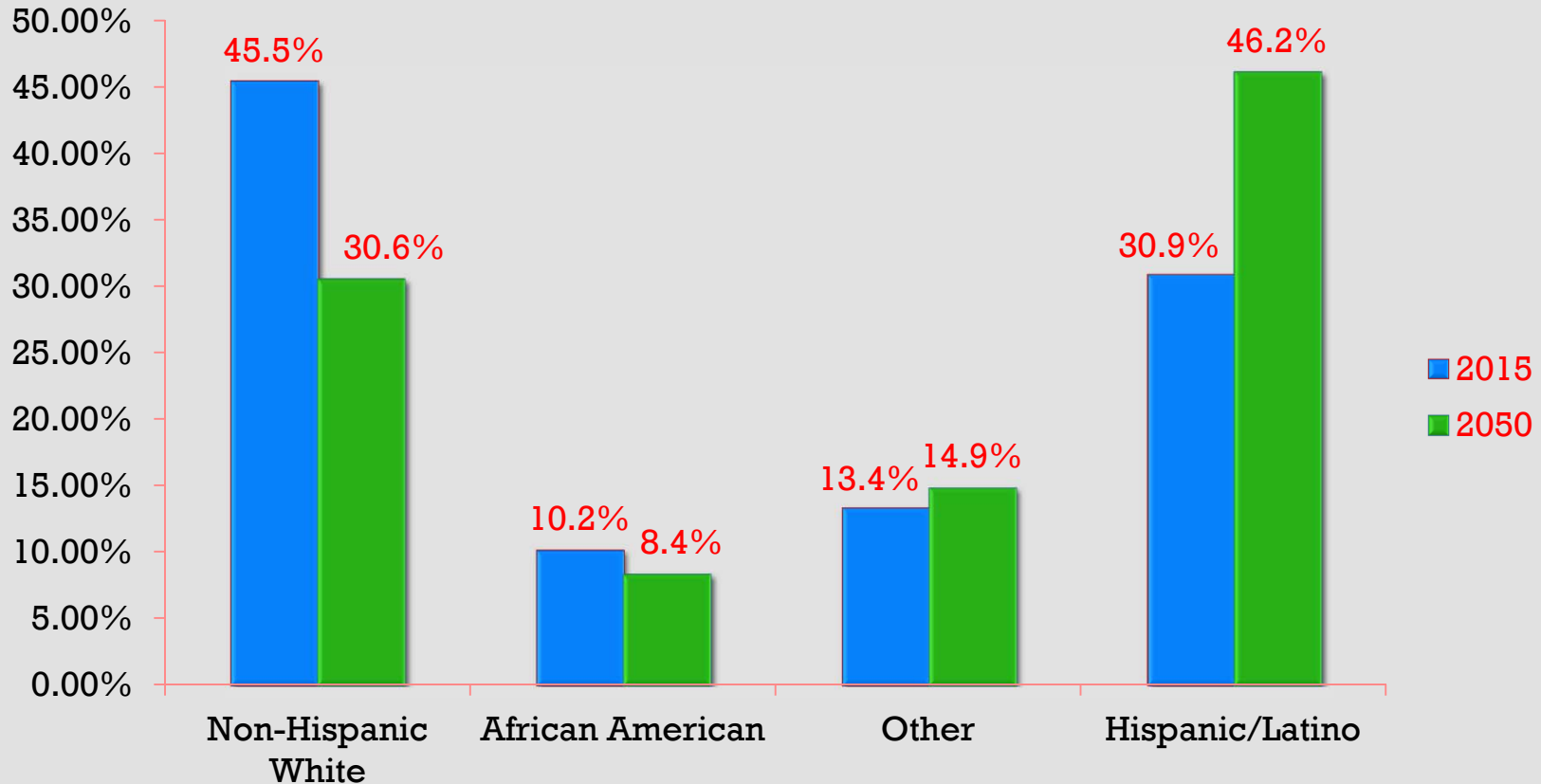
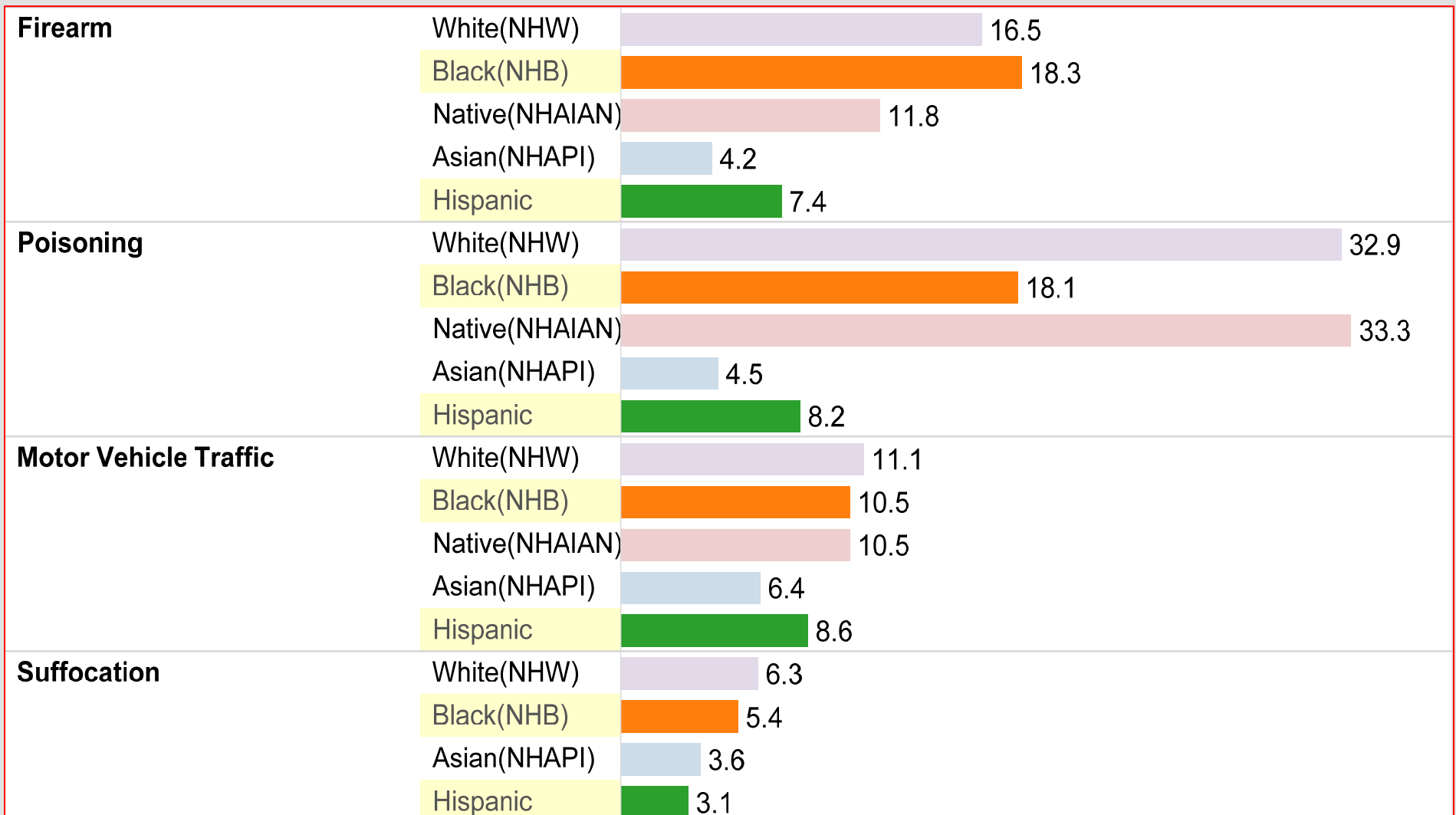


Figure 2 Population Estimate and Forecast by Race/Ethnicity, Clark County, NV 2005 and 2050

Source: Center for Business and Economic Research, University of Nevada, Las Vegas,
http://www.clarkcountynv.gov/comprehensive-planning/demographics/Documents/2015_Population_Forecasts.pdf

Age-adj. death rate (per 100,000) by race/ethnicity for select injury causes, Clark County, average 2007-14



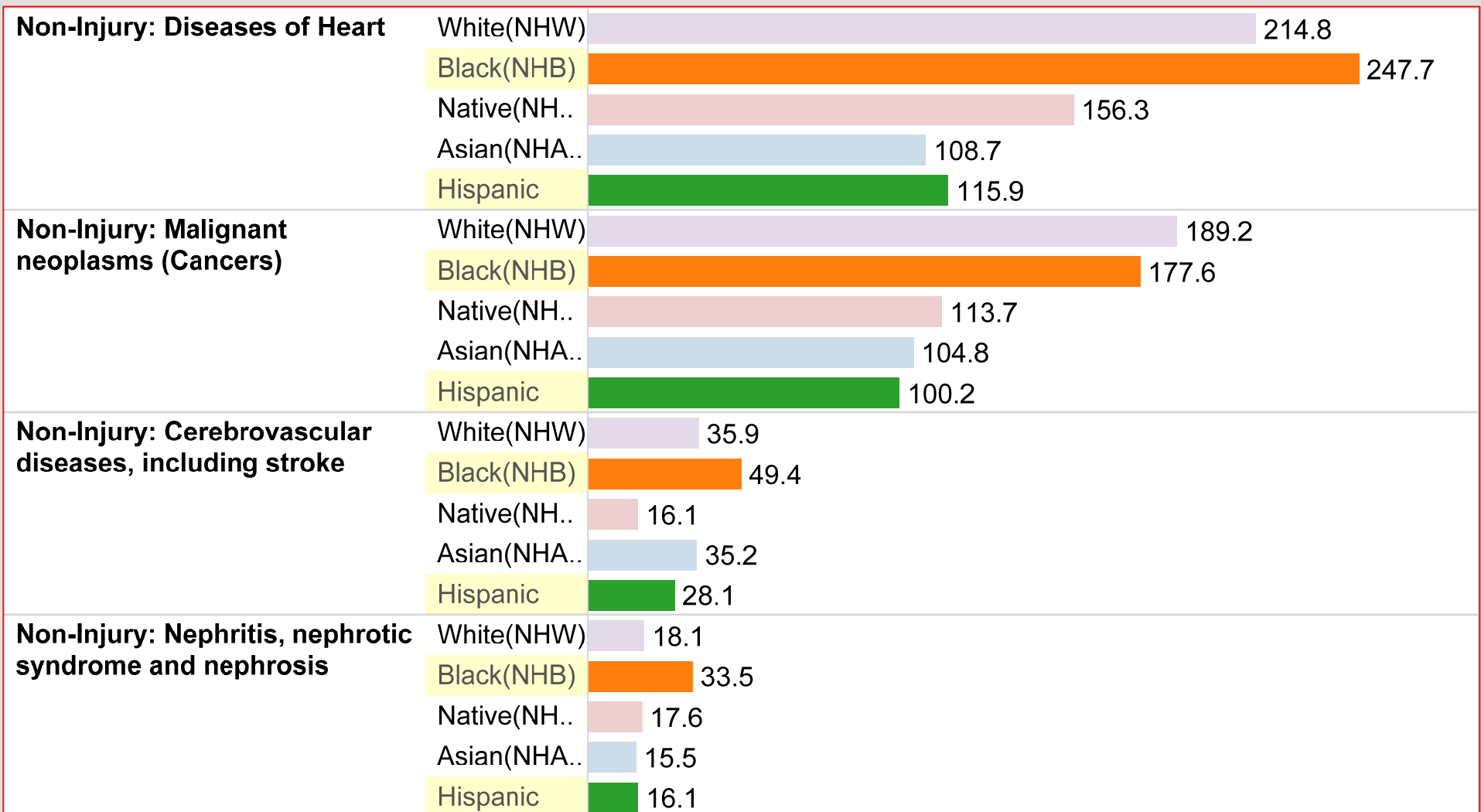
Source: CDC WONDER

Age-adj. death rate (per 100,000) by race/ethnicity for select injury causes, Clark County, average 2007-14 (cont.)

Fall	White(NHW)	8.2
	Black(NHB)	3.8
	Asian(NHAPI)	6.1
	Hispanic	3.4
Cut/Pierce	White(NHW)	1.0
	Black(NHB)	1.9
	Asian(NHAPI)	1.0
	Hispanic	0.9
Drowning	White(NHW)	1.5
	Black(NHB)	1.6
	Hispanic	1.1
Fire/Flame	White(NHW)	0.7
	Black(NHB)	1.5
	Hispanic	0.4

African Americans experienced higher mortality risk from firearm and other injury causes (fire/flame)

Age-adj. death rate (per 100,000) by race/ethnicity for select non-injury causes, Clark County, avg. 2007-14



Age-adj. death rate (per 100,000) by race/ethnicity for select non-injury causes, Clark County, avg. 2007-14 (cont.)

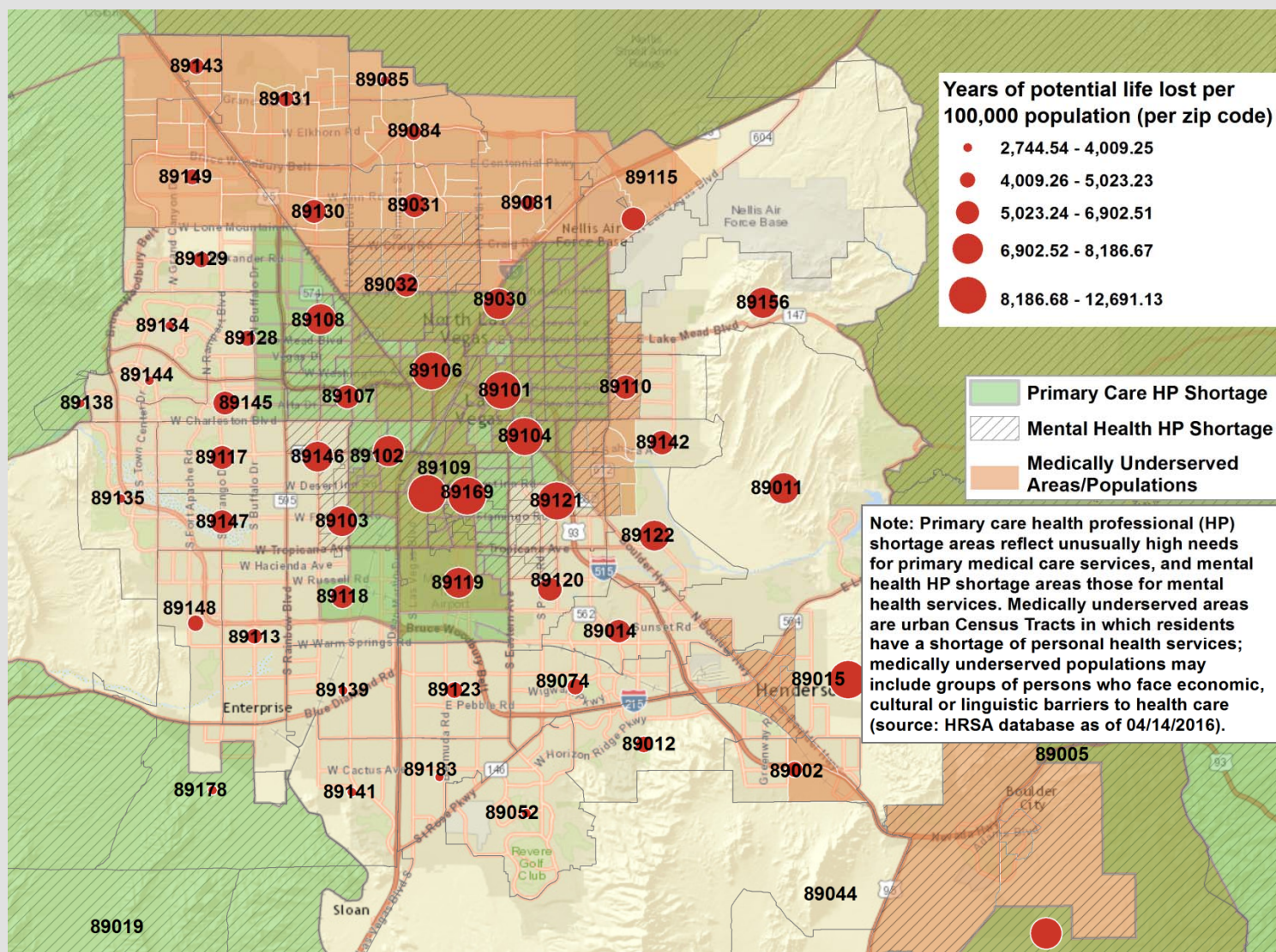
Non-Injury: Influenza & Pneumonia	White(NHW)	22.9
	Black(NHB)	25.8
	Native(NH..)	16.9
	Asian(NHA..)	14.6
	Hispanic	16.3
Non-Injury: Diabetes mellitus	White(NHW)	11.2
	Black(NHB)	19.9
	Asian(NHA..)	7.0
	Hispanic	11.2
Non-Injury: Septicemia	White(NHW)	12.0
	Black(NHB)	17.3
	Asian(NHA..)	9.1
	Hispanic	9.7
Non-Injury: Human immunodeficiency virus (HIV) disease	White(NHW)	2.5
	Black(NHB)	9.3
	Asian(NHA..)	1.0
	Hispanic	2.5

Age-adj. death rate (per 100,000) by race/ethnicity for select non-injury causes, Clark County, avg. 2007-14 (cont.)

Non-Injury: Essential (primary) hypertension and hypertensive renal disease	White(NHW)	4.5
	Black(NHB)	9.1
	Asian(NHA..)	3.5
	Hispanic	2.9
Non-Injury: Certain conditions originating in the perinatal period	White(NHW)	2.9
	Black(NHB)	6.9
	Asian(NHA..)	2.2
	Hispanic	2.7
Non-Injury: Chronic liver disease and cirrhosis	White(NHW)	12.4
	Black(NHB)	6.7
	Native(NH..)	25.3
	Asian(NHA..)	2.6
	Hispanic	10.1

African Americans at higher mortality risk for heart disease, stroke, hypertension, diabetes, kidney disease, influenza/pneumonia, septicemia, HIV/AIDS, and certain perinatal conditions (e.g., preterm birth/LBW)

Life expectancy (as indicated by potential years of life lost) fell short of the overall life expectancy for communities with high poverty rates and poor geographic access to care



Economic Impact of Premature Death

- Health Inequities cause premature death & create economic burdens for the U.S.
- Between 2003 and 2006:
 - *The combined costs of health inequalities and premature death were **\$1.24 trillion.***
 - *Eliminating health disparities for minorities would have reduced direct medical care expenditures by **\$229.4 billion.***

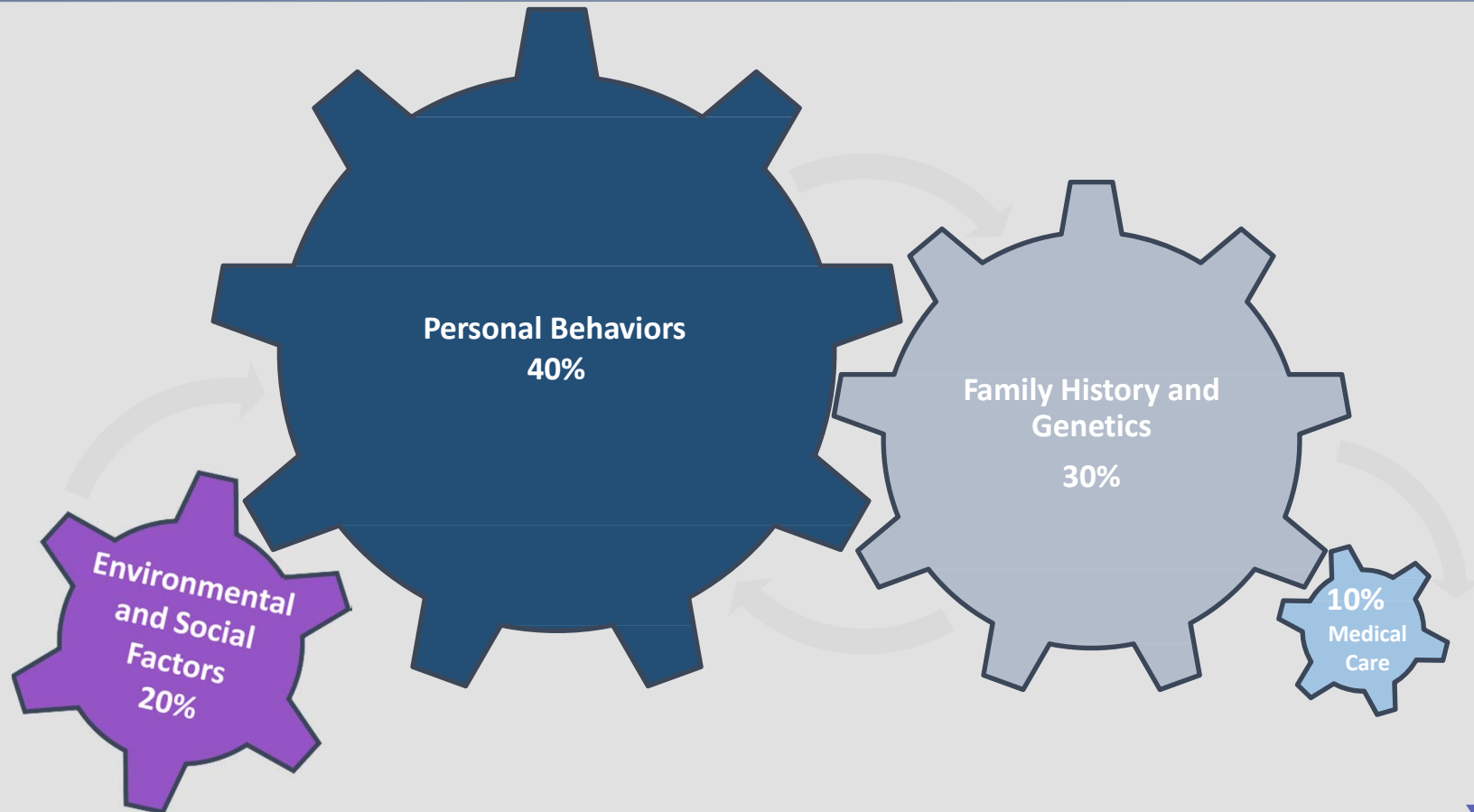
LaVeist, Thomas A. and Gaskin, Darrell J. and Richard, Patrick Joint Center for Political and Economic Studies (2009) *THE ECONOMIC BURDEN OF HEALTH INEQUALITIES IN THE UNITED STATES.*



More Than Access to Care

Health is driven by multiple factors that are intricately linked – of which medical care is one component.

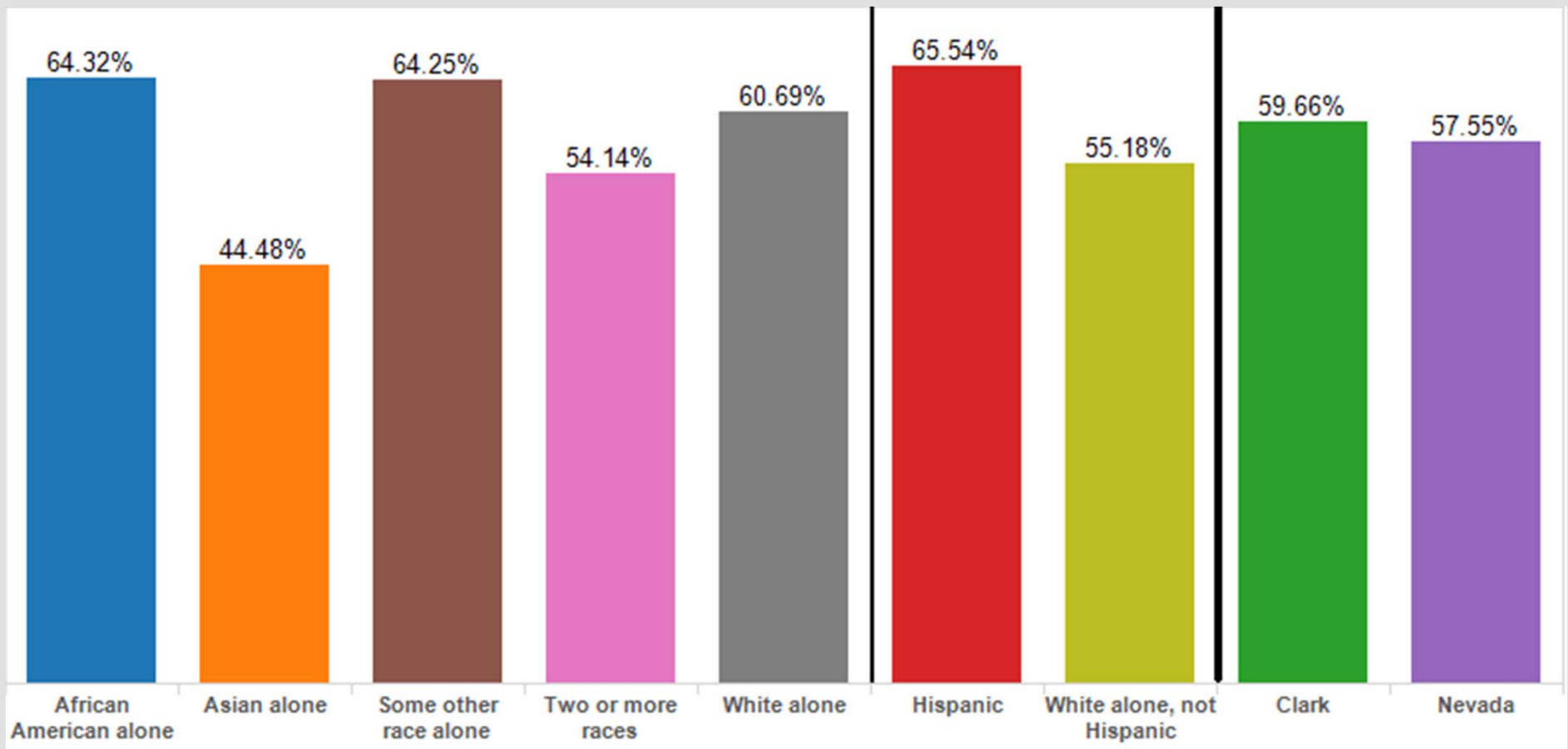
Drivers of Health



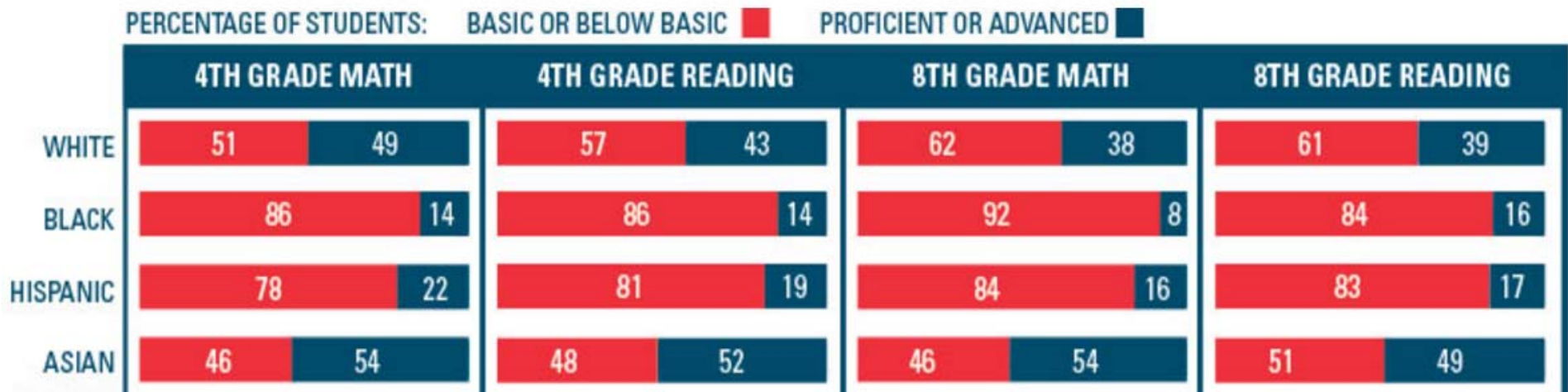
Determinants of Health and Their Contribution to Premature Death. Adapted from McGinnis et al. Copyright 2007



Two-thirds of Hispanic children ages 3 to 4 in Clark County did not attend preschool—percent children ages 3-4 not attending nursery or preschool



There Are Stark Math and Reading Achievement Gaps for African American and Hispanic Students in Nevada.



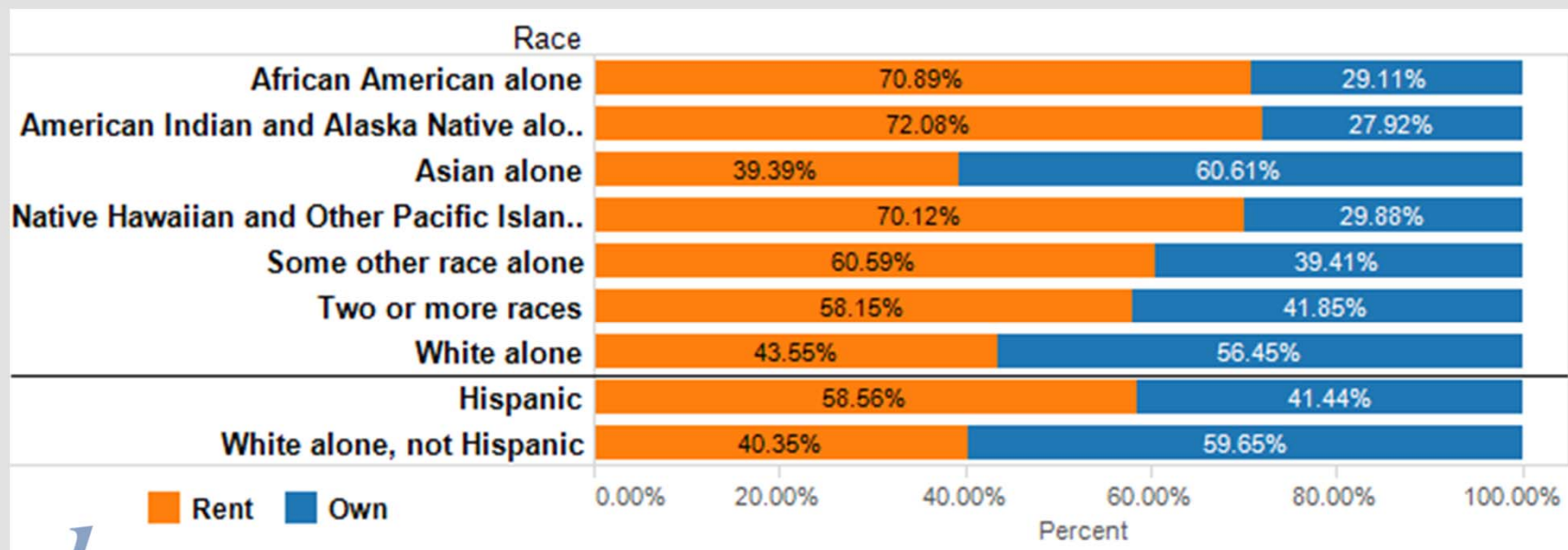
Grade 4 and 8 Math and Reading Proficiency by Race/Ethnicity, Nevada, 2015



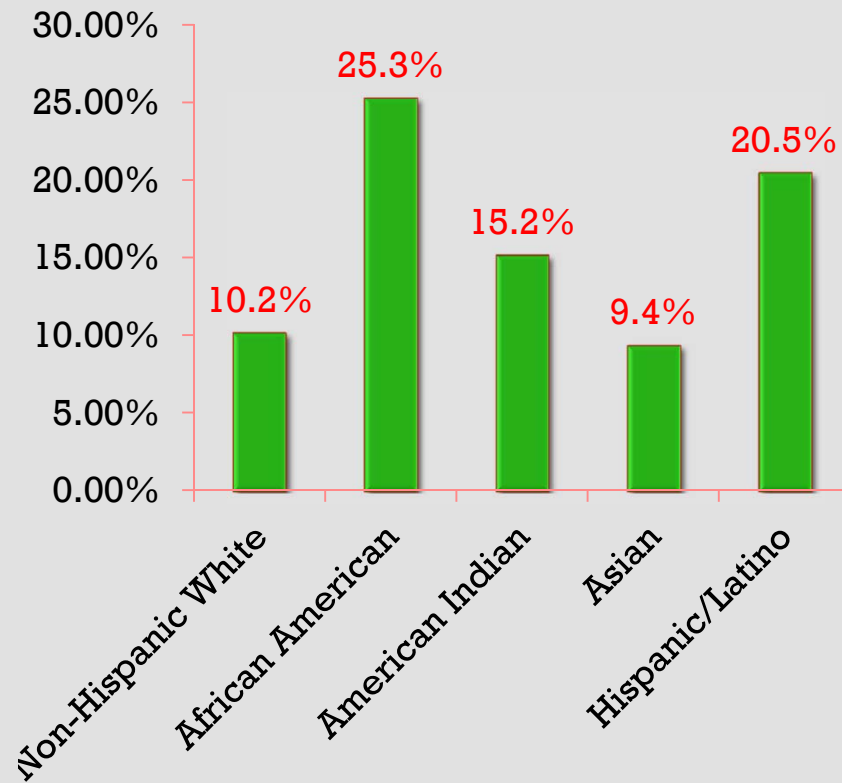
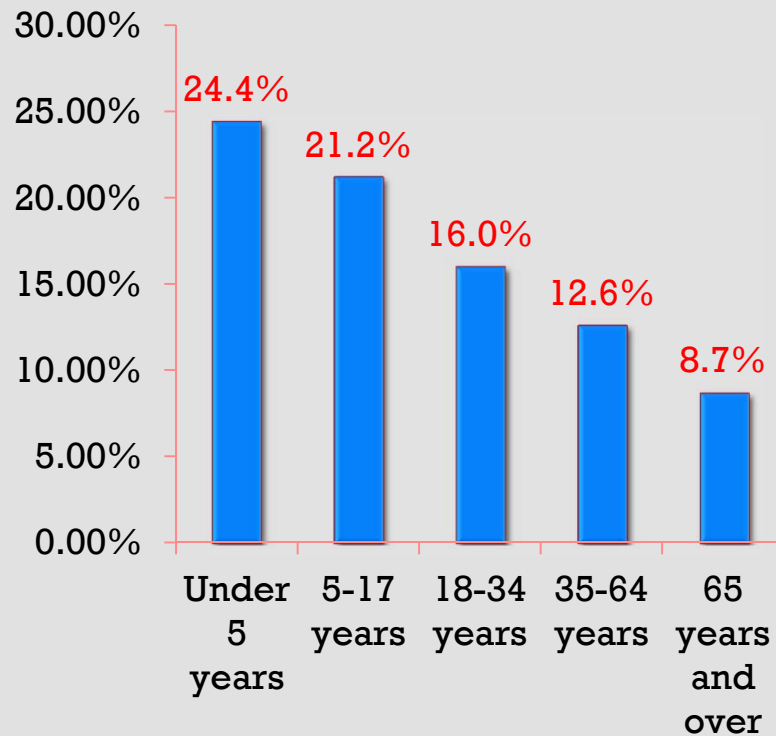
Source: National Assessment of Educational Progress (NAEP), Nevada's 2015 NAEP Scores,
<https://studentsfirst.org/state/nevada/pages/nevadas-2015-naep-scores>

- Disparities in sociodemographic and environmental factors are associated with health equity, affecting ethnic minorities disproportionately
- More African Americans and Hispanics live in low socioeconomic status communities compared to whites
- Per capita income (in 2015 inflation-adjusted \$) averages \$22,134 among African Americans and \$16,368 among Hispanics, compared with \$35,107 among non-Hispanic whites

Housing characteristics by race, 2015 ACS estimates



**1 in 4 Clark County Children Under 5 Years Old Lives in Poverty;
 1 in 4 African American in Clark County Lives in Poverty;
 1 in 5 Hispanic/Latino in Clark County Lives in Poverty.**



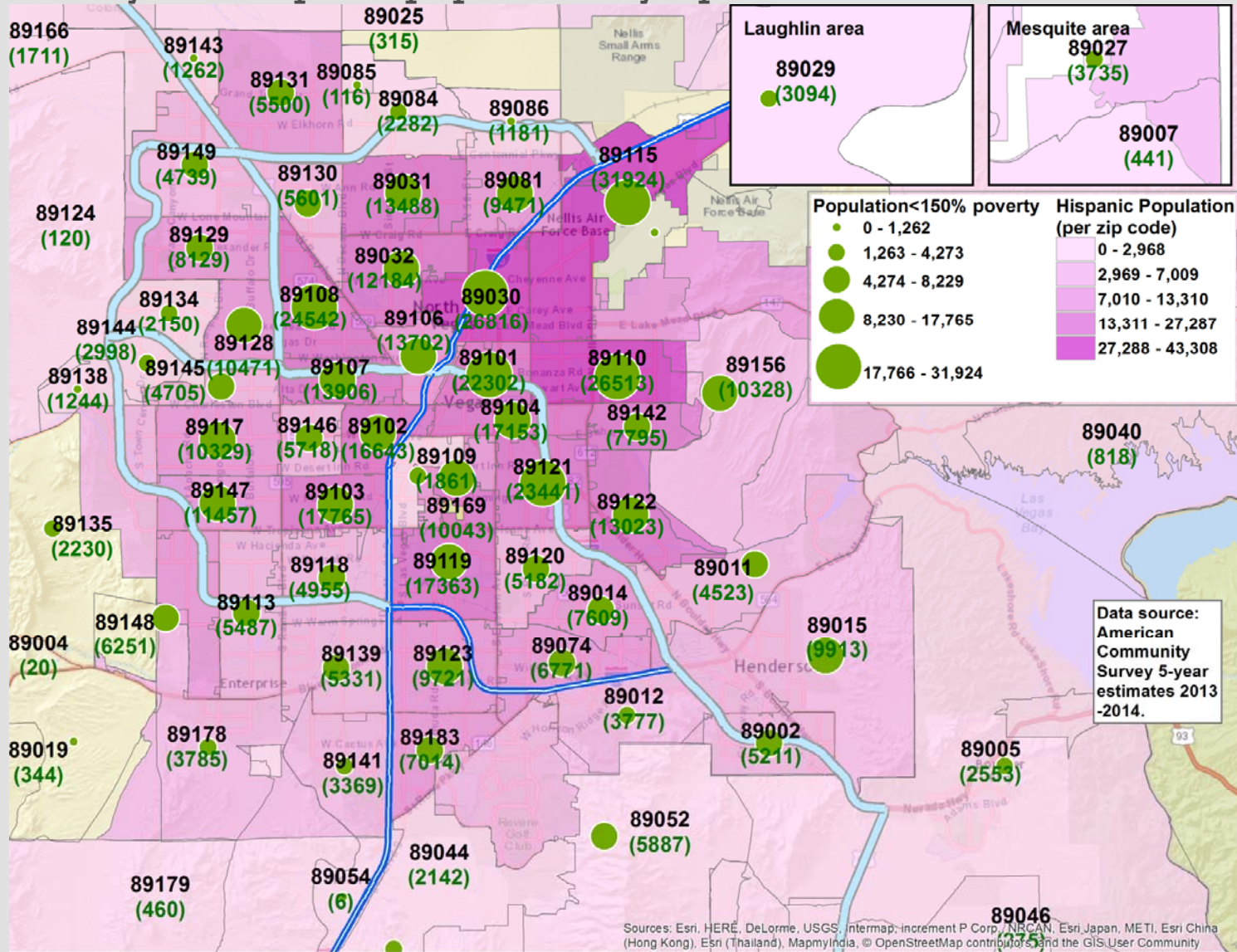
Percent Below Poverty by Age Group (left) and by Race/Ethnicity (right), Clark County, NV, 2015

Source: 2015 American Community Survey 1-Year Estimate

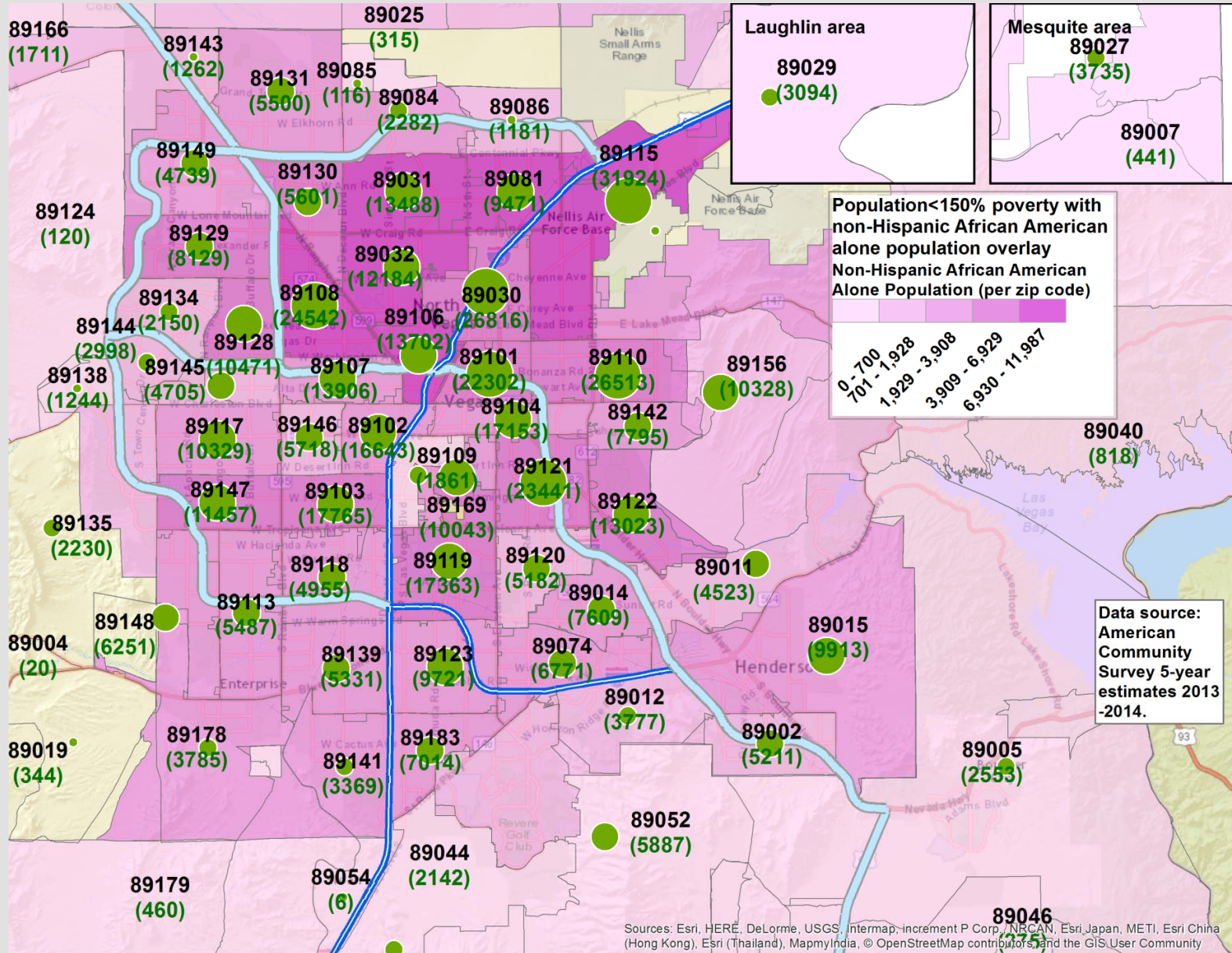


Poverty levels are higher in Hispanic & African American communities

Poverty and Hispanic population by zip code



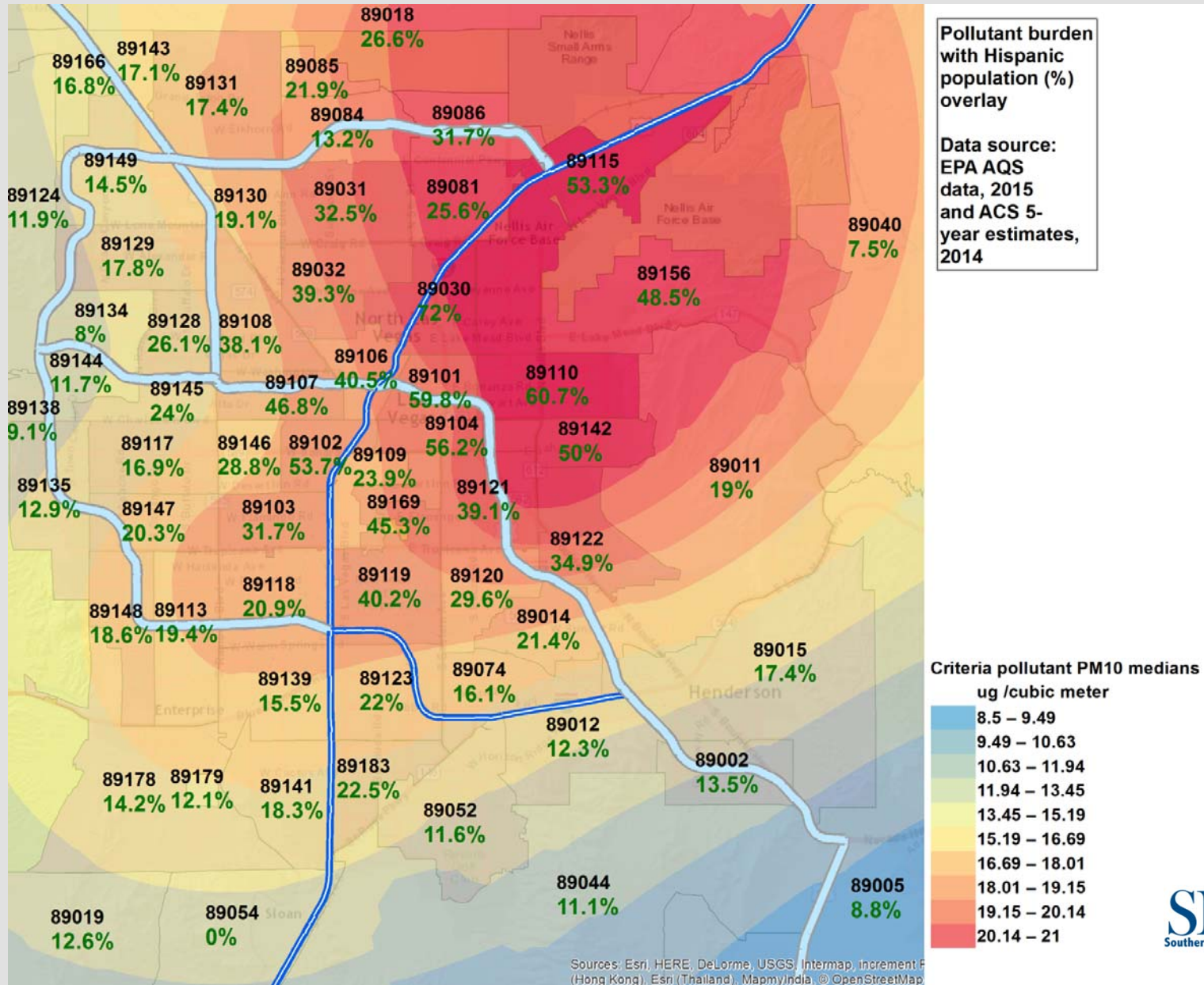
Poverty and African American population by zip code



Sources: Esri, HERE, DeLorme, USGS, Intermap, increment P Corp., NRCAN, Esri, Japan, METI, Esri China (Hong Kong), Esri (Thailand), MapmyIndia, © OpenStreetMap contributors, and the GIS User Community



High concentrations of ethnic minorities in areas of high pollution burden



Neighborhood Safety & Efficacy: Impact of Trauma & Violence on Communities

- Some 3,500 American troops were killed during the eight-year war in Iraq.
- Within the same time period, 3,113 people were killed on the streets of Philadelphia.
- According to FBI data, between 2002 and 2012 Chicago lost more than 5,000 people to homicide—3x the # of Americans killed in action in Afghanistan.
- Little is being done to address the problem!

Saturday, August 30, 2014 | 8:18 PM

Black America's Invisible Crisis

By Lois Beckett

Tweet 66 +1 13 11 Comments



This article is a collaboration between ESSENCE and ProPublica.

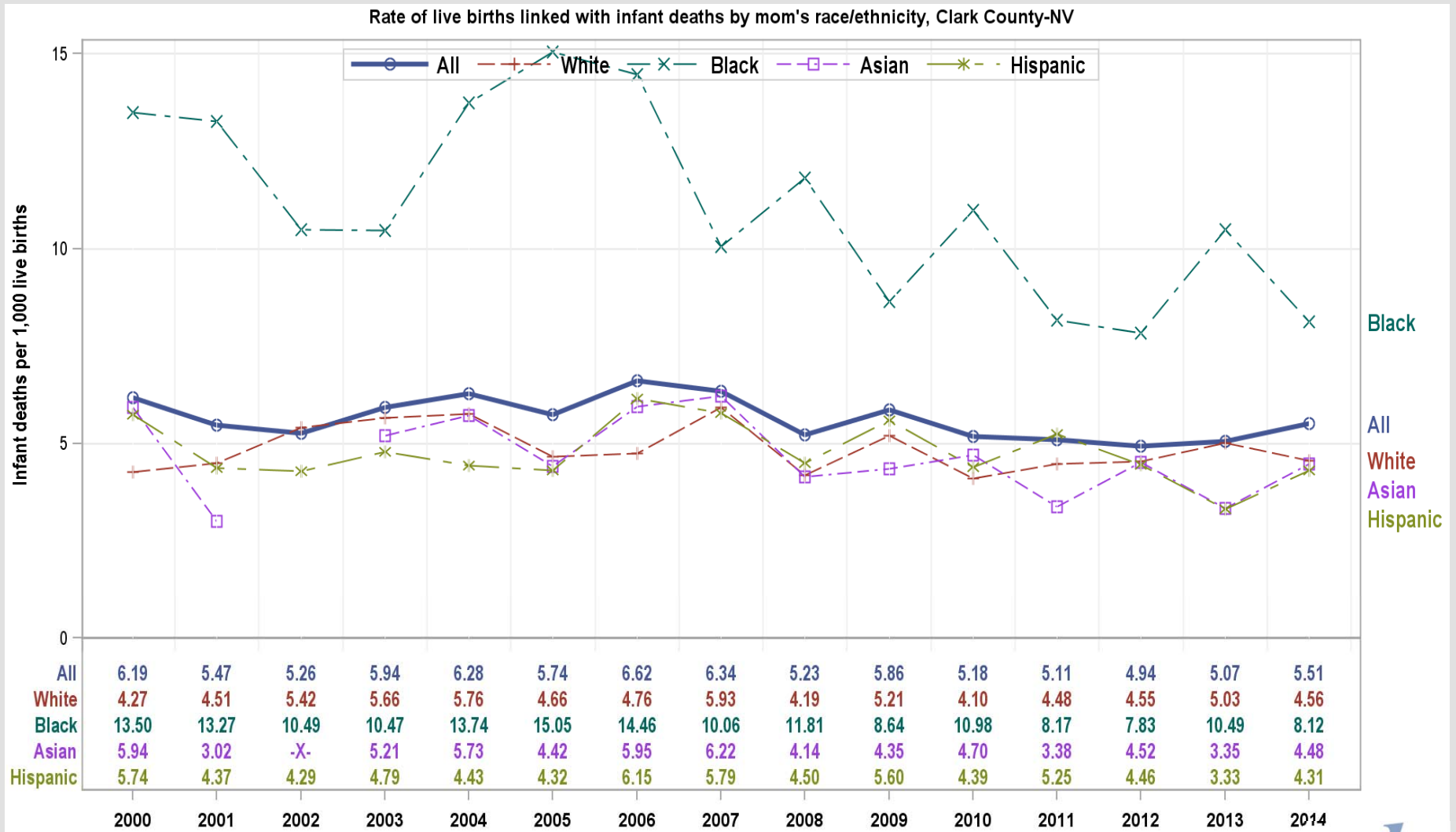
Last October, Aireana* and her boyfriend were driving through Oakland when a man on the street opened fire on their car. Her two children, ages 6 and 1, were in the backseat. Aireana remembers feeling something slam into her jaw and hearing a sound

Source: Beckett L. Black America's invisible crisis. Essence Web Site.

<http://www.essence.com/2014/09/05/propublica-post-traumatic-stress-disorder>

Published August 30, 2014.

Infant mortality rates are almost twice as high in African Americans as in non-Hispanic whites in 2014

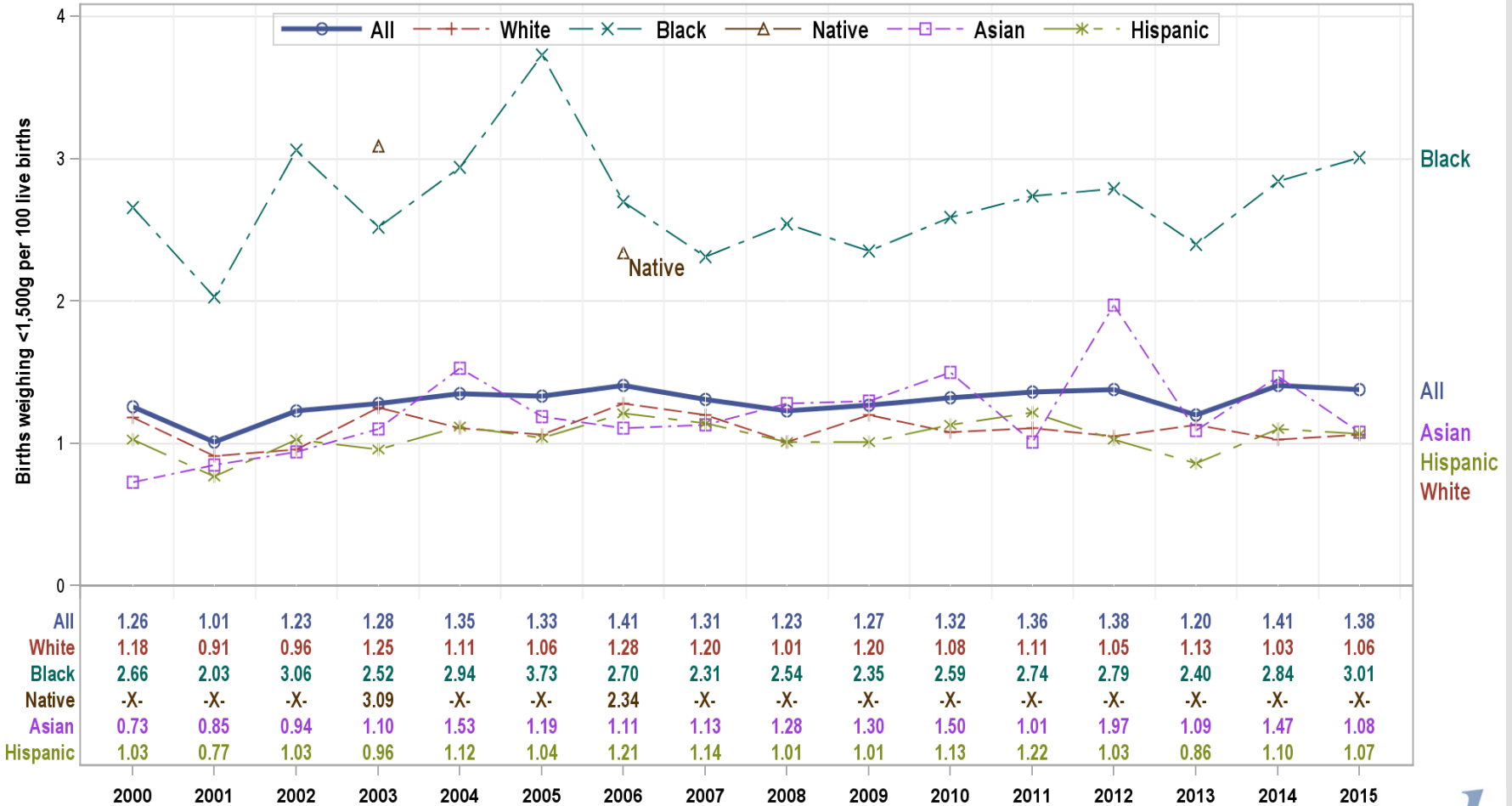


Source: Birth certificate files up to 2014 and death certificate files up to 2015 (preliminary for 2015 onwards) restricted to mothers residing in Clark County.

Note: Based on birth-infant death linked files. Linked deaths may not occur in the same year as birth. Data suppression applied if number of events < 5 (denoted by -X-).

Like infant mortality, very low birth weight (<1500 grams) or extreme prematurity often reflects the social and economic disparities that impact the wellbeing of the woman both prior to and during pregnancy

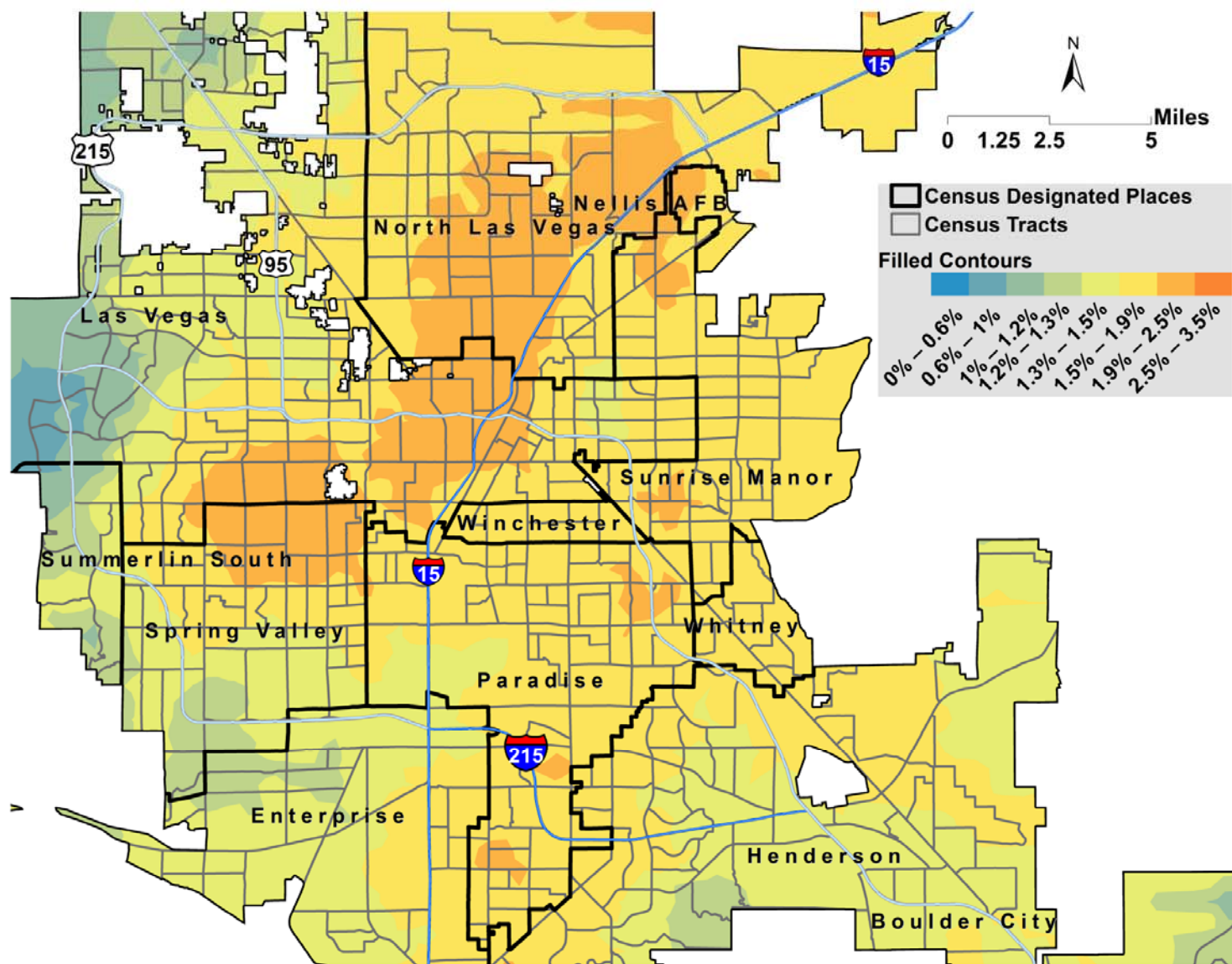
Rate of very low birth weight (VLBW) or <1,500g birth weight among live births by mom's race/ethnicity, Clark County-NV



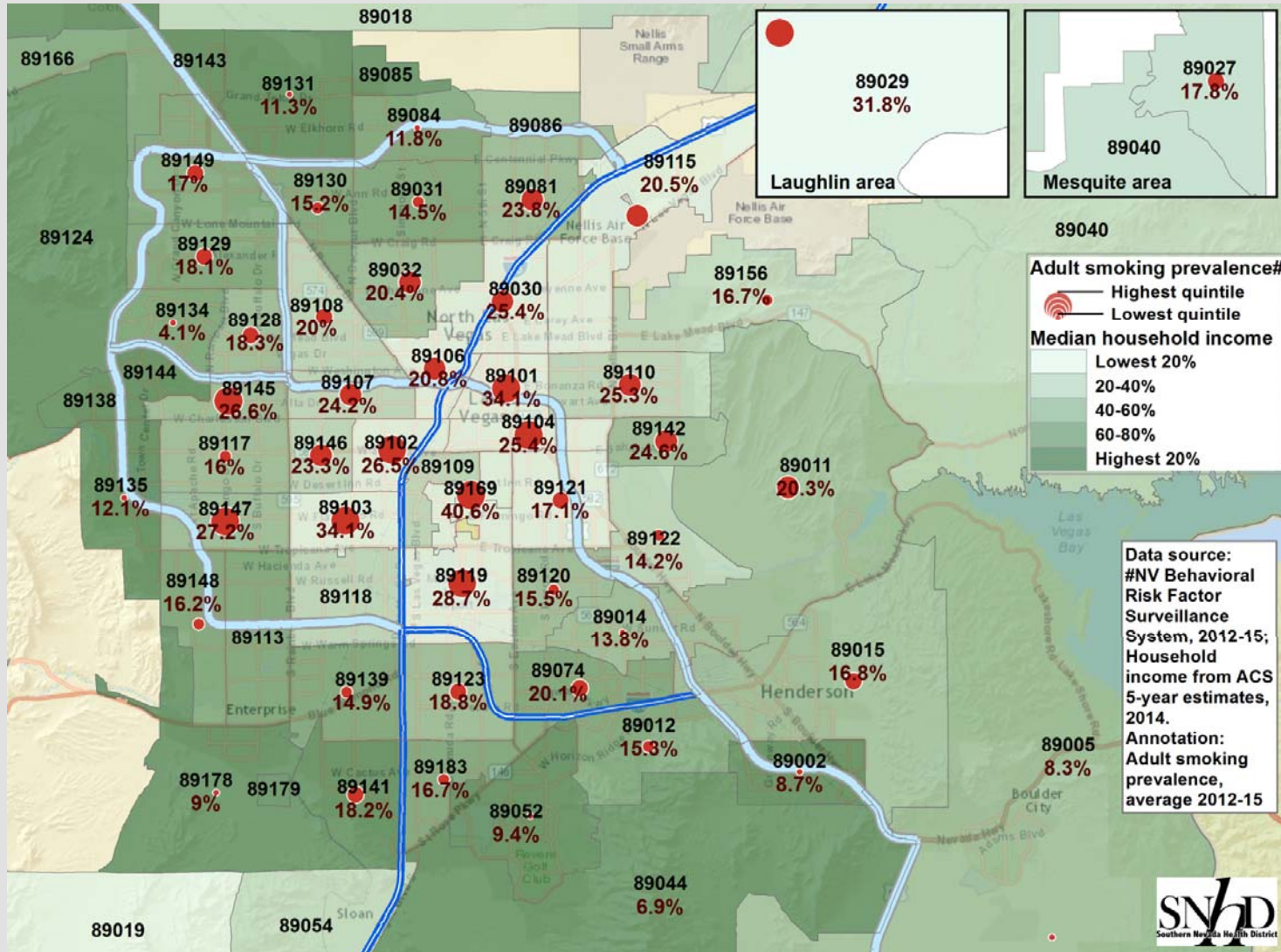
Source: Birth certificate files (preliminary for 2015 onwards) restricted to mothers residing in Clark County.
 Note: Excludes live births with unknown birth weight. Data suppression applied if number of events<5 (denoted by -X-).



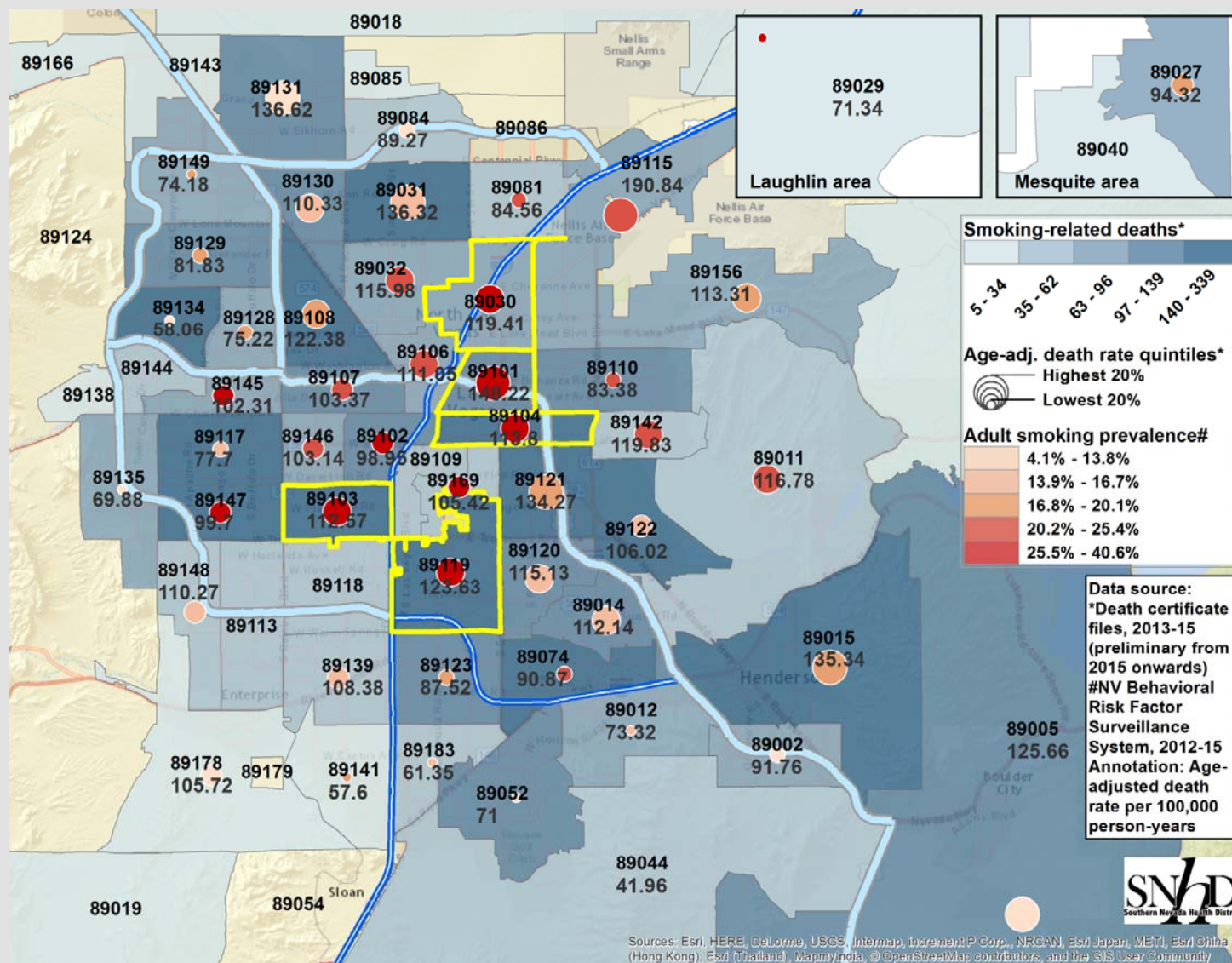
Very Low Birth Weight Distribution, Clark County (Metro Enlargement) Communities



Smoking increases the odds of being small for gestational age and SIDS; low-income neighborhoods are associated with higher exposure to environmental smoke



Smoking related mortality and morbidity burden correlates with SES of communities



Transforming the conditions in which people are BORN, GROW, LIVE, WORK and AGE for optimal health, mental health & well-being.



FIGURE 4: Achieving Health & Mental Health Equity At Every Level

Source: California Department of Public Health, Office of Health Equity as inspired by World Health Organization, Bellagio University Foundation, and many others.

How Do We Get There?

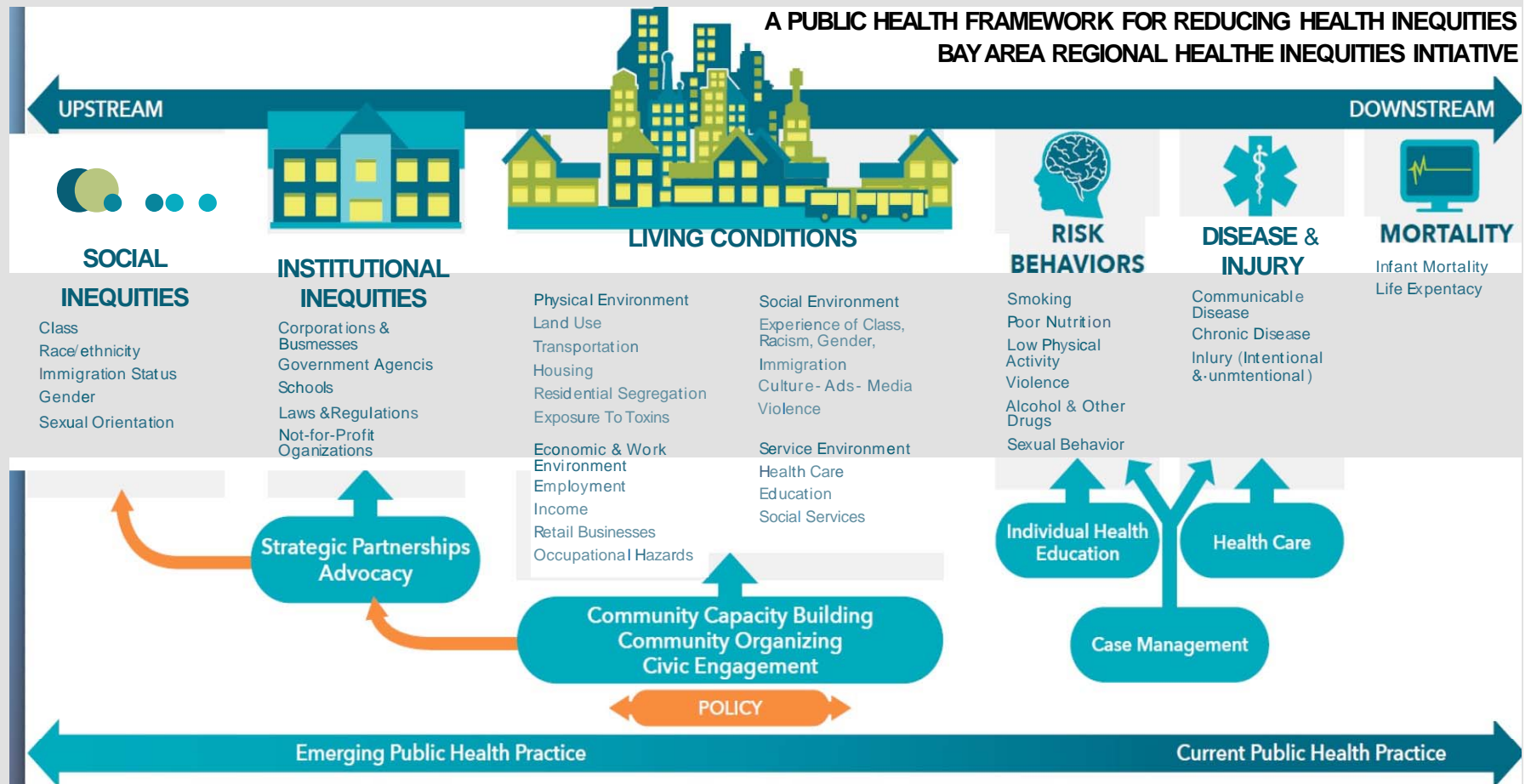


FIGURE 3: Bay Area Regional Health Inequities Initiative (BARHII) Conceptual Framework, 2006.



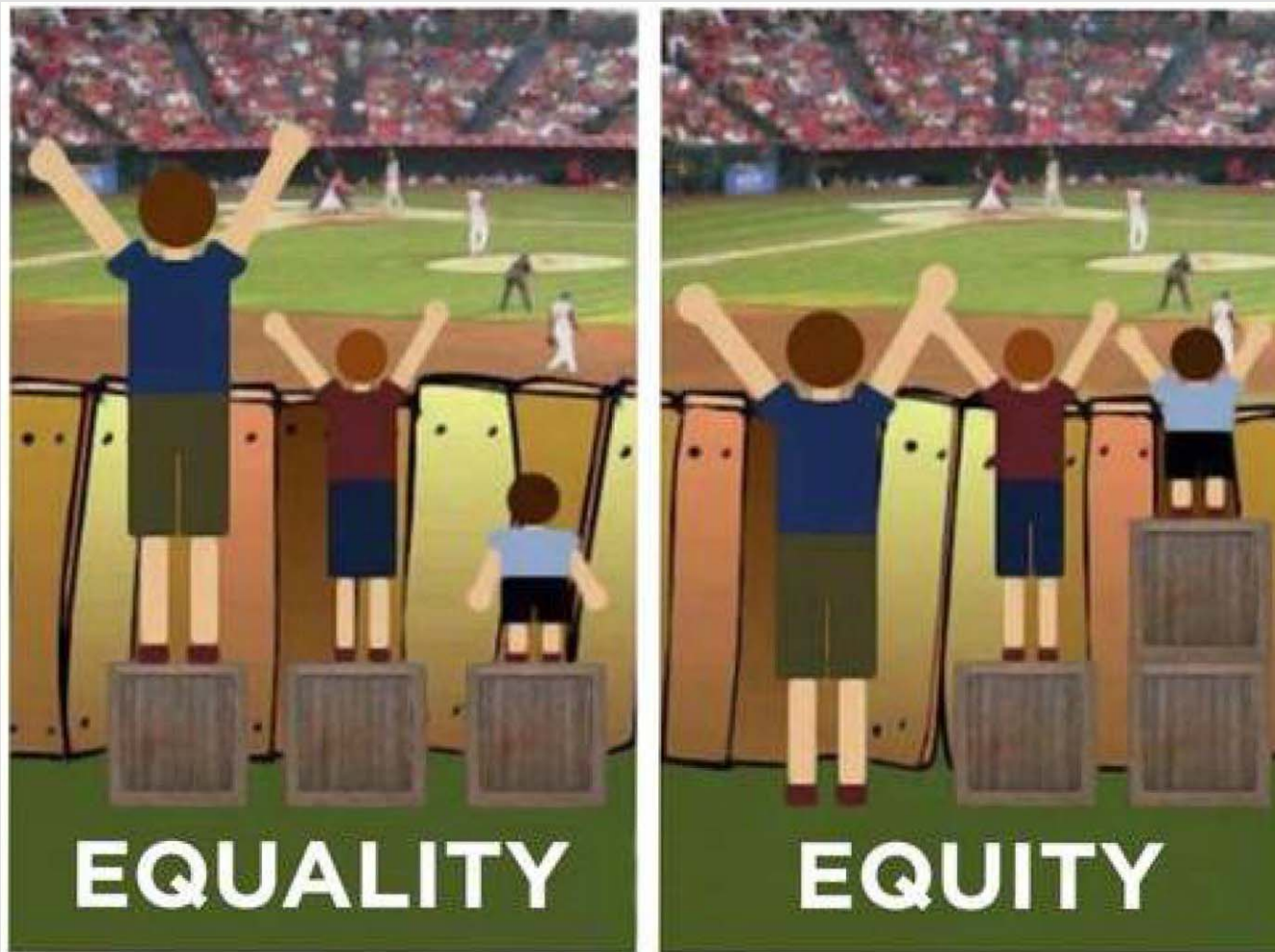
Eliminate Health and Mental Health Inequities

Health Equity

- Achieve the highest level of health and mental health for all people, with special attention focused on those who have experienced socioeconomic disadvantage and historical injustice, including, but not limited to, vulnerable communities and culturally, linguistically, and geographically isolated communities.
- Work collaboratively to establish Health in All Policies (HiAP) to promote work to prevent injury and illness through improved social and environmental factors that promote health and mental health.
- Advise and assist other partners throughout the state but particularly in Clark County to increase access to, and the quality of, culturally and linguistically competent health and mental health care and services.

Health Equity

- Provide technical assistance to state and local agencies, departments, and other partners with regard to building organizational capacity, staff training, and to facilitating communication on strategies to reduce health and mental health disparities.
- Work to address key health determinants, including housing, transportation, planning, education, parks, and economic development. We will link our local efforts with statewide efforts.



Questions?

Joseph P. Iser, MD, DrPH, MSC
Chief Health Officer
Southern Nevada Health District
280 S. Decatur Boulevard
Las Vegas, Nevada 89127
Office: 702-795-1201

SNHD Website:

southernnevadahealthdistrict.org/

Community Health Improvement:
www.HealthySouthernNevada.org



THE STATUS QUO & ROOM FOR IMPROVEMENT

Max Gakh

The logic of the social determinants

Structural, social,
legal and political
factors

Upstream causes (e.g. education,
income, race, incarceration
working conditions)

Downstream causes (e.g.
attitudes, knowledge,
beliefs, behaviors)

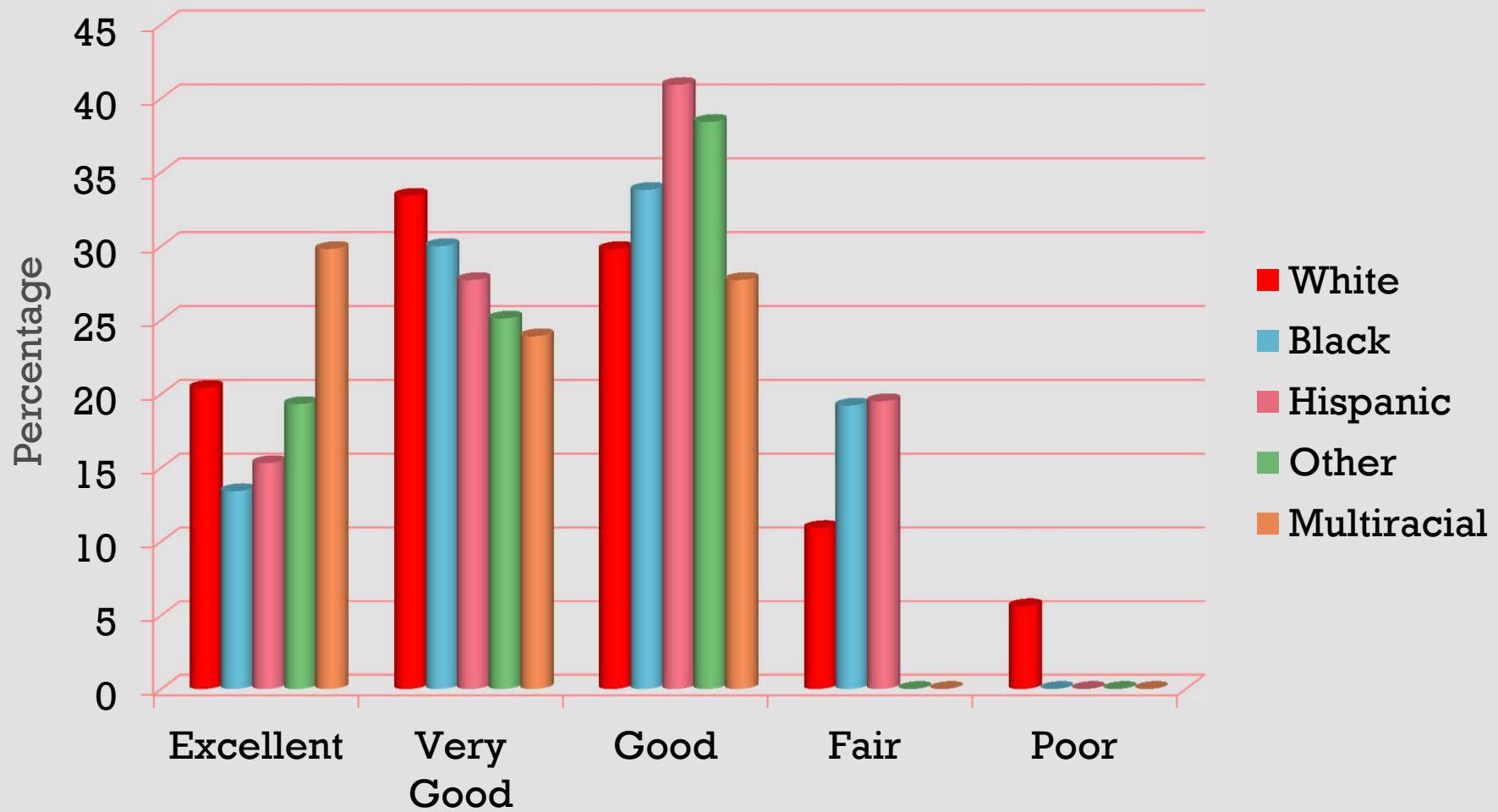
Health outcomes



How is your general health status?

NV, (2014)	White, non-Hispanic	Black, non-Hispanic	Hispanic	Other, non-Hispanic	Multiracial, non-Hispanic
Excellent	20.4% (18-22.9%) n=498	13.4% (6.3-20.4%) n=19	15.3% (10.9-19.6%) n=73	19.3% (10.7-27.8%) n=28	29.8% (14.8-44.8%) n=24
Very Good	33.4% (30.7-36%) n=953	30.0% (21.2-38.7%) n=47	21.7% (16.8-26.5%) n=105	25.1% (15.5-34.7%) n=46	32.9% (18.6-47.1%) n=36
Good	29.8% (27.2-32.4%) n=799	33.8% (24.8-42.8%) n=56	40.9% (34.9-46.9%) n=181	38.4% (27.6 – 49.1) n=70	27.7% (13.8-41.6%) n=38
Fair	10.9% (9.2-12.6%) n=330	19.2% (11.3-27%) n=34	19.5% (14.8-24.3%) n=89	---	---
Poor	5.6% (4.4-6.8%) n=159	---	---	---	---

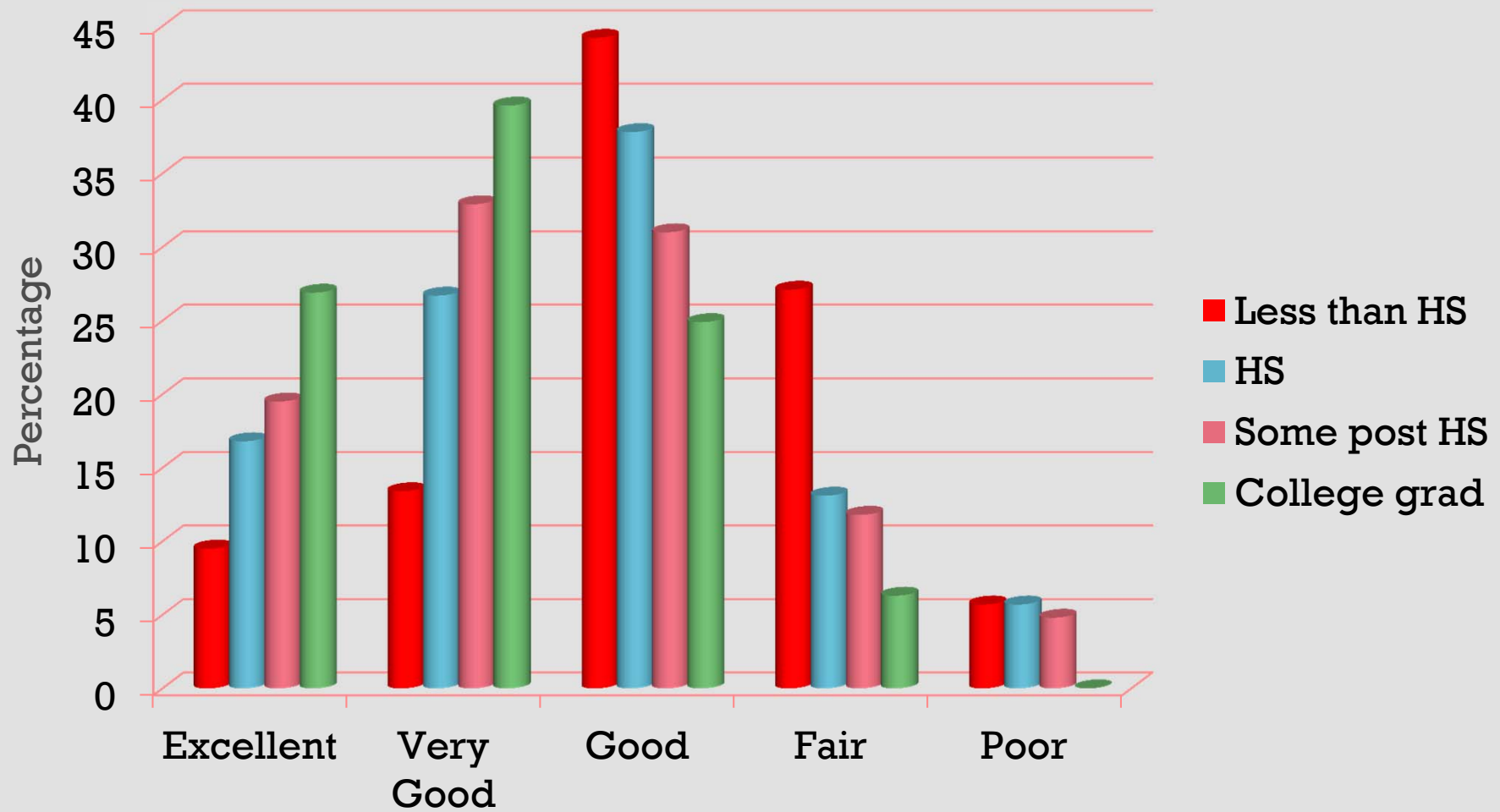
How is your general health status?



How is your general health status?

NV, (2014)	Less than High School	High School or GED	Some post High School	College graduate
Excellent	9.5% (4.6-14.3%) n=23	16.8% (13.1-20.6%) n=130	19.5% (16.0-23.1%) n=204	26.9% (22.6-31.2%) n=295
Very Good	13.4% (8.0-18.8%) n=46	26.7% (22.6-30.7%) n=270	32.9% (28.9-36.9%) n=411	39.6% (35.1-44.1%) n=461
Good	44.2% (36.5-52%) n=123	37.8% (33.2-42.4%) n=361	31.0% (27.0-35%) n=362	24.9% (21.1-28.6%) n=316
Fair	27.1% (20.1-34.2%) n=93	13.1% (10.0-16.0%) n=155	11.8% (9.3-14.3%) n=168	6.3% (4.5-8.0%) n=96
Poor	5.7% (2.9-8.5%) n=32	5.7% (3.5-7.8%) n=68	4.8% (3.3-6.3%) n=76	---

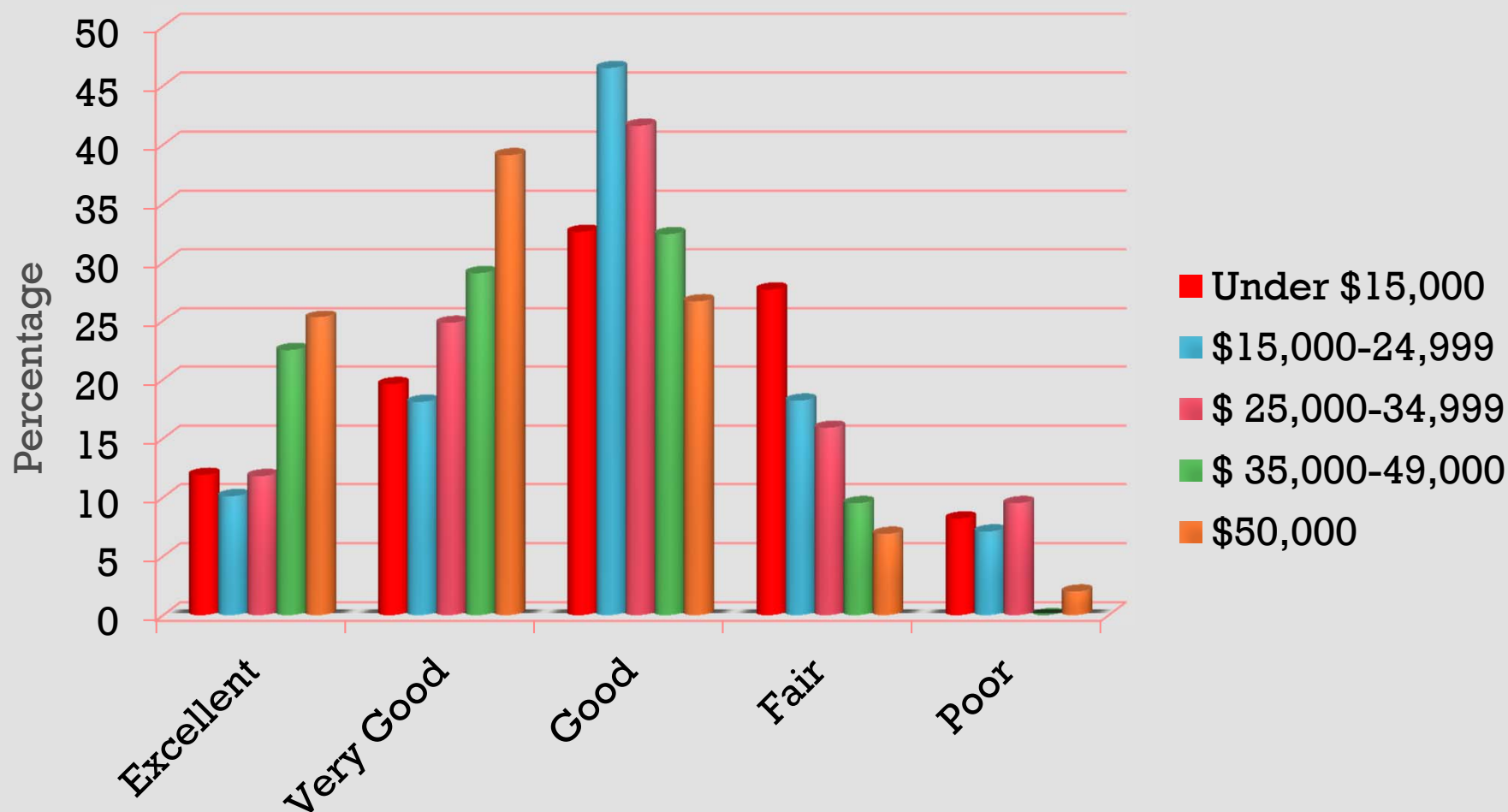
How is your general health status?



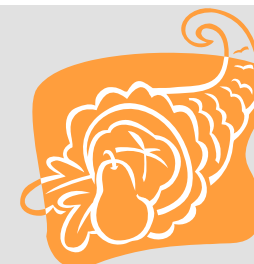
How is your general health status?

NV, (2014)	Under \$15,000	\$15,000 - 24,999	\$25,000 - 34,999	\$35,000 - 49,999	\$50,000+
Excellent	11.9% (5.7-18.0%) n=25	10.1% (5.7-14.4%) n=46	11.8% (6.7-17.0%) n=51	22.5% (15.7-29.4%) n=77	25.3% (21.8-28.8%) n=374
Very Good	19.6% (12.6-26.7%) n=55	18.1% (13.5-22.7%) n=134	24.8% (18.0-31.7%) n=112	29.1% (23.1-35.0%) n=164	39.1% (35.2-42.9%) n=584
Good	32.6% (23.9-41.3%) n=92	46.5% (40.1-52.9%) n=233	41.6% (33.1-50.2%) n=124	32.4% (25.4-39.5%) n=143	26.7% (23.2-30.3%) n=389
Fair	27.7% (18.4-37.0%) n=81	18.2% (13.7-22.8%) n=119	15.9% (10.0-21.8%) n=60	9.5% (5.8-13.2%) n=50	6.9% (5.0-8.8%) n=108
Poor	8.2% (4.8-11.6%) n=44	7.1% (4.2-10.0%) n=54	5.9% (2.6-9.1%) n=24	---	2.0% (1.0-3.0%) n=33

How is your general health status?



Food insecurity



% of population experiencing food insecurity (i.e. uncertain or limited access to food) at some point during the year

Data Source: Feeding America, 2013.

U.S.	15.2
Nevada	15.8

Churchill	15	Lyon	16.6
Clark	15	Mineral	18.1
Douglas	14.1	Nye	16.9
Elko	9.7	Pershing	14.7
Esmeralda	14.3	Storey	13.1
Eureka	14.4	Washoe	14.7
Humboldt	10.4	White Pine	13.2
Lander	8	Carson City	15.2
Lincoln	18.5		

Education



**% of students earning a high school diploma within 4 years
(cohort graduation rate)**

Data Source: U.S. Department of Education, ED Facts, 2013-14.

U.S.	84.3
Nevada	72.1

Churchill	70.8	Lyon	79.1
Clark	71	Mineral	64.7
Douglas	87.9	Nye	67
Elko	77	Pershing	84.4
Esmeralda	ND	Storey	89.7
Eureka	90.9	Washoe	73
Humboldt	78	White Pine	76.9
Lander	72.2	Carson City	78
Lincoln	84.6		

Income



Per capita income (i.e. wages and salaries, self-employment, public assistance, interest, retirement income, and other) in dollars

Data Source: American Community Survey, 2010-14.

U.S.	28,554
Nevada	26,515

Churchill	23,822	Lyon	22,708
Clark	26,039	Mineral	23,221
Douglas	34,090	Nye	23,035
Elko	29,762	Pershing	18,622
Esmeralda	20,515	Storey	37,214
Eureka	31,056	Washoe	28,620
Humboldt	26,546	White Pine	25,856
Lander	29,301	Carson City	25,893
Lincoln	23,522		

Housing



Percentage of housing units with at least one substandard condition (complete plumbing, complete kitchen, over 1.01 occupant per room, greater than 30% of household income used to pay housing cost)

Data Source: American Community Survey, 2010-14.

U.S.	35.7
Nevada	40.3

Churchill	32.7	Lyon	36.5
Clark	41.6	Mineral	24.9
Douglas	36.6	Nye	35.3
Elko	22.6	Pershing	27.3
Esmeralda	30	Storey	27.8
Eureka	16.8	Washoe	41.1
Humboldt	22.8	White Pine	18.6
Lander	12.5	Carson City	36.2
Lincoln	24.3		

Safety



Violent crimes (e.g. rape, homicide, aggravated assault, robbery) per 100,000 reported by law enforcement

Data Source: FBI Uniform Crime Reports. 2010-12.

U.S.	395.5
Nevada	622.1

Churchill	189.5	Lyon	244
Clark	714.8	Mineral	273.9
Douglas	121.9	Nye	624.1
Elko	321.9	Pershing	809.4
Esmeralda	254.5	Storey	600
Eureka	450.3	Washoe	392.6
Humboldt	315.1	White Pine	365.4
Lander	690.8	Carson City	264.4
Lincoln	111.7		

Stability



Percentage of those over age 5 who speak English less than “very well” and speak a language different from English in the home.

Data Source: American Community Survey, 2010-14.

U.S.	8.6
Nevada	12.2

Churchill	5.2	Lyon	4.6
Clark	14	Mineral	2
Douglas	3	Nye	4.3
Elko	6	Pershing	8.3
Esmeralda	6.5	Storey	.6
Eureka	2	Washoe	9.1
Humboldt	8	White Pine	2.2
Lander	5.2	Carson City	9.2
Lincoln	1.1		

Access to care



Percentage of civilian population without health insurance coverage
(excludes institutionalized population)

Data Source: American Community Survey, 2010-14.

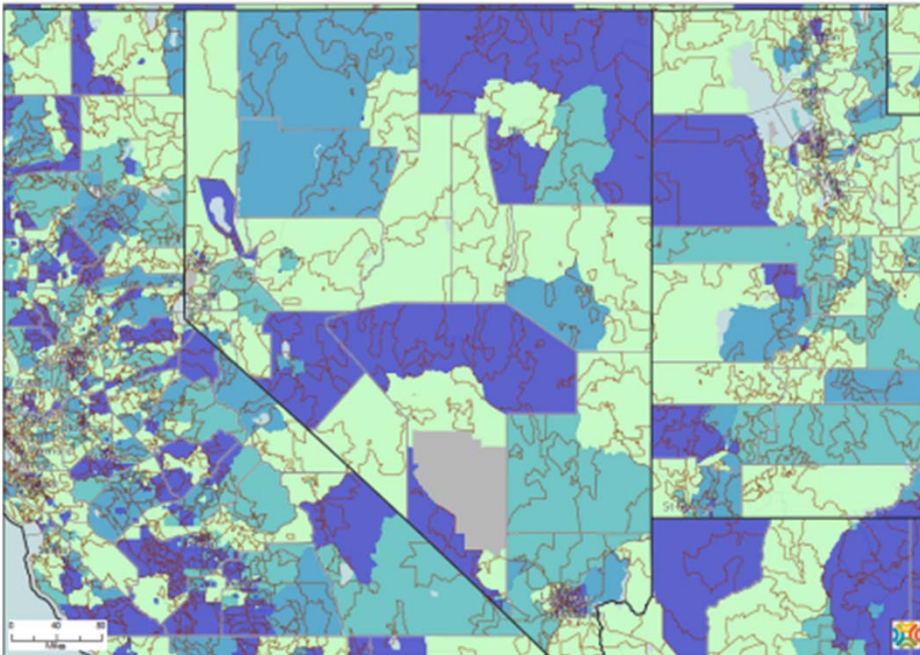
U.S.	14.2
Nevada	20.3

Churchill	17.6	Lyon	18.9
Clark	20.9	Mineral	20.2
Douglas	14.4	Nye	20
Elko	16.8	Pershing	20
Esmeralda	25	Storey	18.4
Eureka	22.4	Washoe	19.4
Humboldt	20.4	White Pine	15.6
Lander	16.8	Carson City	18.6
Lincoln	19.6		

	Kids: Single-family house	Poverty	Housing costs	Social Support	High School Graduation	Employment	Violent Crime
Churchill	Yellow	Yellow	Red	Red	Red	Red	Red
Clark	Yellow	Yellow	Red	Red	Red	Red	Red
Douglas	Yellow	Green	Red	Yellow	Yellow	Red	Green
Elko	Yellow	Yellow	Red	Red	Red	Red	Yellow
Esmeralda	Yellow	Green	Red	---	---	Green	Red
Eureka	Green	Green	Green	---	Yellow	Red	Red
Humboldt	Yellow	Yellow	Yellow	Red	Red	Yellow	Red
Lander	Green	Yellow	Green	Red	Red	Yellow	Red
Lincoln	Green	Green	Yellow	---	Yellow	Red	Yellow
Lyon	Green	Green	Yellow	Yellow	---	Red	Yellow
Mineral	Red	Yellow	Yellow	Yellow	Red	Red	Red
Nye	Red	Green	Yellow	Red	Red	Red	Red
Pershing	Yellow	Green	Yellow	Yellow	Red	Red	Red
Storey	Red	Green	Red	---	Yellow	Red	Red
Washoe	Red	Red	Green	Yellow	Red	Red	Yellow
White Pine	Red	Yellow	Yellow	Red	Red	Red	Red
Carson City	Yellow	Yellow	Green	Red	Red	Red	Yellow

Children & poverty, Nevada

Children 0-17 below 50% poverty level, NV



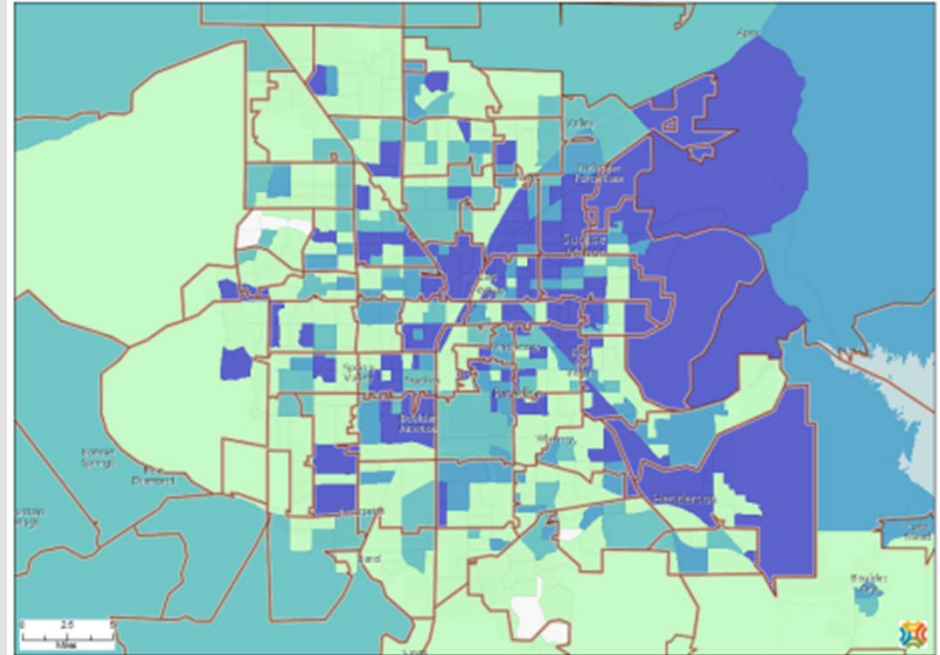
Map Legend

Population Below 50% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2009-13

- Over 13.0%
- 9.1 - 13.0%
- 5.1 - 9.0%
- Under 5.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

Community Commons, 8/11/2016

Children 0-17 below 50% poverty level, Las Vegas area



Map Legend

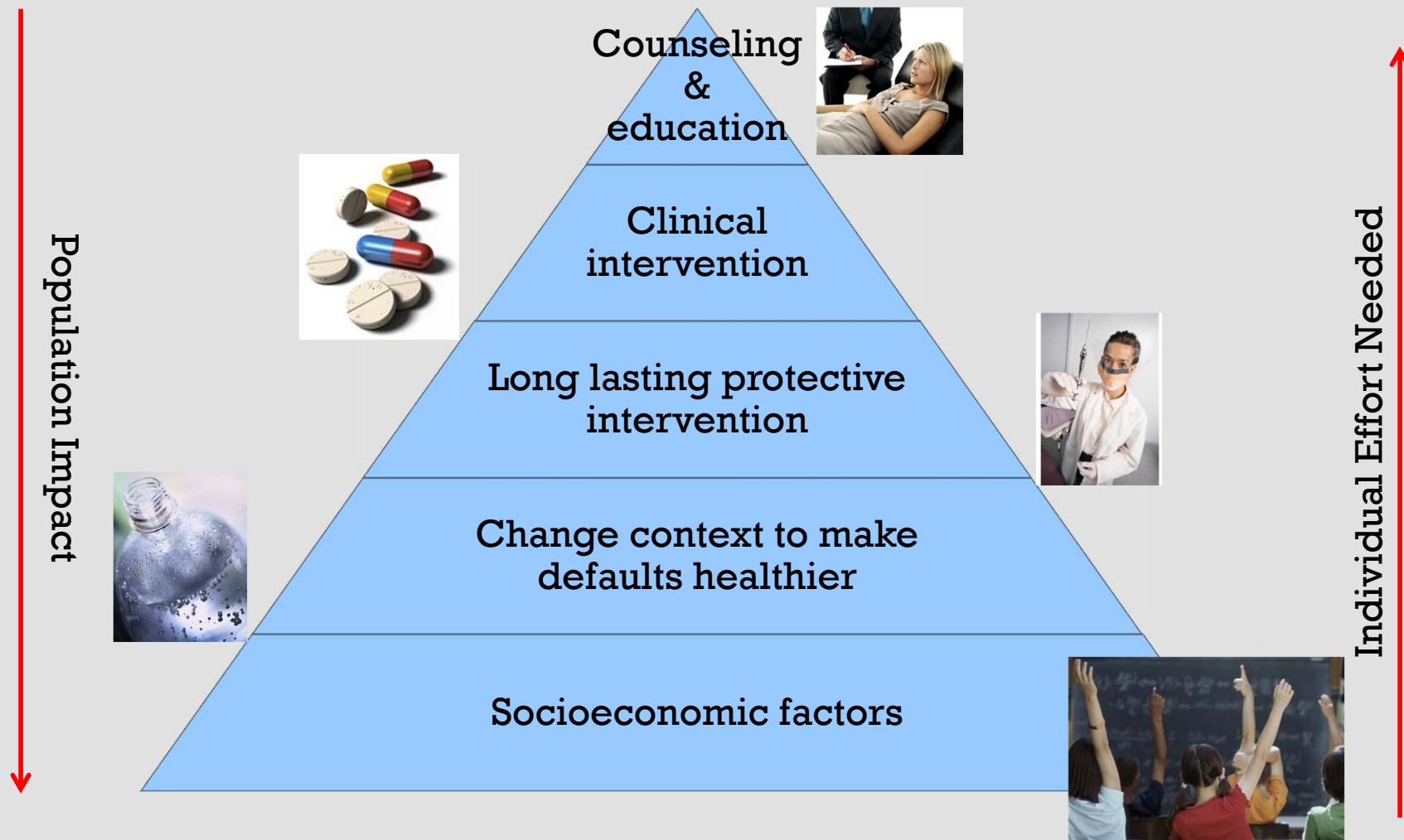
Population Below 50% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2009-13

- Over 13.0%
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- No Data or Data Suppressed

Community Commons, 8/11/2016








Community Commons, Population Below 50% Poverty Level Children Age 0-17, Percent by Tract
<http://maps.communitycommons.org/viewer/>

The Health Impact Pyramid



Frieden, T. R. (2010). A framework for public health action: the health impact pyramid. *American journal of public health*, 100(4), 590-595.

A Role for Law & Policy?

Health Issues		Legal Issues? Policy Issues?
	Access to care	Govt. health insurance (e.g. Medicaid, Medicare), private health insurance, provider availability
	Education	Individualized education plans, school discipline, availability of education resources
	Food insecurity	SNAP, WIC, food deserts, access to existing resources
	Income	TANF, unemployment insurance, SSDI, SSI, minimum wage, paid sick leave
	Stability	Immigrant documentation status, child support, child custody
	Housing	Eviction, habitability, foreclosure, housing benefits, hazard control, utilities access
	Safety	Violent crime, domestic violence, pedestrian, biker, and motor vehicle injuries and fatalities

See, e.g. Beeson T, Mcallister BD, Regenstein M. "Making the Case for Medical Legal Partnerships: A Review of the Literature." National Center for Medical Legal Partnerships. (Feb. 2013). <http://medical-legalpartnership.org/wp-content/uploads/2014/03/Medical-Legal-Partnership-Literature-Review-February-2013.pdf>



THANK YOU!

Questions?