

**EVALUATION OF A HEALTH LAW PARTNERSHIP LEGAL SERVICES
CLINIC SERVING LOW INCOME CHILDREN WITH ASTHMA IN ATLANTA,
GA: PROVIDER KNOWLEDGE, USE OF AE-CS AND IMPLICATIONS FOR
FUTURE PRACTICE**

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Background: Health Law Partnership (HeLP) Legal Services is a medical-legal collaboration. HeLP law school students learn alongside pediatric residents and medical students, under the supervision of clinical faculty, to improve childhood asthma, housing conditions, and access to healthcare. Clients are low income metro Atlanta residents, whose children are patients at a children's hospital. **Purpose:** The purpose of this study was to: 1. assess the level of asthma knowledge amongst medical and law students, and pediatric residents who train in the HeLP clinic; 2. determine the awareness of use and/or need for AE-C's by those practicing in the HeLP; and 3. determine any gaps or concerns that need to be addressed for effective asthma education. **Methods:** After IRB approval, a two-part on-line survey was emailed to participants to assess effective asthma management knowledge and the use of AE-Cs. After 3-weeks, data was analyzed using SPSS Statistics v.23. **Results:** 34 usable surveys were received (44% MD, 32% law, 24% med students). Resident and medical student asthma knowledge scores were higher overall than law students. However, the 24 questions regarding asthma knowledge were reviewed individually and law students answered 12 (or 50%) of the questions more accurately than the pediatric residents and medical students. No significant differences were found among overall asthma knowledge scores of law students and medical residents/students. Respondents indicated that they would utilize the resources of an AE-C, if available (n=85%). See Table 1 for additional information. **Discussion:** No known studies have compared the knowledge of asthma management and the use of AE-Cs in a medical-legal partnership. Many gaps were noted in the knowledge of asthma. This is the first assessment and therefore, further education is needed for those who advocate for individuals with this incurable, yet, manageable pulmonary disease. Awareness of the use of AE-Cs is also strongly recommended.

Table 1: The awareness and use of AE-Cs

	Validates specialized knowledge	indicates Clinical Competence	indicates level of practice standard	enhances professional credibility	promotes recognition from peers	promotes recognition from other health professionals	promotes recognition from employers	increases consumer confidence	enhances the feeling of a personal accomplishment	enhances personal confidence in one's clinical abilities	provides personal satisfaction	provides a professional challenge	enhances professional autonomy	indicates professional growth	increases marketability	increases one's salary	
An AE-C:																	
% agree	41	50	50	56	44	44	41	50	41	41	38	35	32	35	50	41	
% disagree	32	38	41	32	24	27	32	36	41	35	32	38	41	47	24	12	
no opinion	27	12	9	12	32	29	27	14	18	24	29	27	27	18	26	47	

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