

BENEFITS OF PEDIATRIC MEDICAL-LEGAL PARTNERSHIPS

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A child with severe asthma will have difficulty improving medically if he continues to live in an apartment with black mold. A child with mental health problems resulting from physical abuse will face medical hurdles until she is placed in a safe home. A child with a disability will not progress sufficiently without receiving appropriate educational services. These are but a few examples of what have become known as health-harming legal needs. Legal representation can force a landlord to provide safe housing, ensure that abusers are removed from the child's home, and compel schools to provide appropriate education and other services. Other common health-harming legal needs include problems with Medicaid, public benefits, and employment. Through a team collaboration, called Medical-Legal Partnerships (MLPs), lawyers, doctors, nurses and social workers work together to resolve the legal and medical issues a child and her family faces, and obtain improved health and well-being outcomes.

I. LEGAL PROBLEMS ARE HEALTH PROBLEMS

Research indicates that 40% of an individual's health is determined by genetics, medical care, and personal choices.¹ The other 60% is determined by social and environmental factors such as: income, housing, education, job stability, personal safety and access to health care and adequate food.² The United States spends more on health care services than all other industrialized nations, but is not, relatively speaking, particularly healthy, ranking 42nd in life expectancy and 169th in low birth weight.³ Individuals living in poverty or who are dealing with stress from discrimination or trauma face disproportionate social and environmental factors that negatively impact their health and well-being.⁴

Social determinants of health, or conditions in the places where people live, learn, work, and play, affect a wide range of health outcomes.⁵ It has become increasingly recognized that achieving health

1. Milken Inst. Sch. of Pub. Health, *The Need for Medical-Legal Partnership*, NAT'L CTR. FOR MED.-LEGAL P'SHIP, <http://medical-legalpartnership.org/need/> (last visited July 13, 2018) [<https://perma.cc/P9LB-E2WT>].

2. *Id.*

3. *Id.*

4. Nancy E. Adler & Katherine Newman, *Socioeconomic Disparities In Health: Pathways & Policies*, 21 HEALTH AFFAIRS 60, 70 (2002).

5. Sec'y's Advisory Comm. on Health Promotion & Disease Prevention Objectives for 2020, *Healthy People 2020: An Opportunity to Address the Societal Determinants of Health in the U.S.*, U.S. DEP'T OF HEALTH & HUMAN SERVICES (July 26, 2010),

is about more than optimal management of medical conditions.⁶ Social determinants of health may impede treatment and recovery, making healthy outcomes elusive until health-harming legal needs and inequalities in social and physical environmental factors are addressed.⁷

A study conducted by the Legal Services Corporation indicates that 71% of low-income households have experienced a civil legal problem in the last year, and that seven in ten of those with a legal need report it has significantly affected their lives.⁸ One in four low-income households has experienced six or more civil legal problems in the past year, but low-income Americans seek professional legal help for only 20% of the legal problems they face.⁹ Most who do not seek help fail to do so because they do not realize their problem is legal and are unaware of available resources and assistance.¹⁰

Lawyers, particularly legal aid lawyers, have an in-depth understanding of relevant policies, laws, and systems, and seek out solutions at the individual and policy levels to a range of health-related social and legal needs.¹¹ Lawyers in a MLP can resolve individual legal problems, obtain systemic reform, train clinical staff to identify legal issues and policy barriers, and change institutional practices.¹² The goal is to disrupt the cycle of returning people to the unhealthy conditions that would otherwise bring them back to the clinic or hospital.¹³

Many positive impacts on a person's health and well-being as a result of legal advocacy have been documented. People with asthma are admitted to the hospital and emergency room less frequently and have reduced need for medication.¹⁴ Obtaining monetary public benefits assists patients in affording medical care.¹⁵ Child health and well-being

<https://www.healthypeople.gov/2010/hp2020/advisory/SocietalDeterminantsHealth.htm>
[<https://perma.cc/3EQL-NZEP>].

6. *Id.*

7. Heather A. McCabe & Eleanor D. Kinney, *Medical Legal Partnerships: A Key Strategy for Addressing Social Determinants of Health*, 25 J. GEN. INTERN. MED. (Supp. 2) 200 (2010).

8. LEGAL SERVICES CORP., *THE JUSTICE GAP: MEASURING THE UNMET CIVIL LEGAL NEEDS OF LOW-INCOME AMERICANS* 7 (2017).

9. *Id.*

10. *Id.*

11. Milken Inst., *supra* note 1.

12. *Id.*

13. *Id.*

14. Mary M. O'Sullivan et al., *Environmental Improvements Brought by the Legal Interventions in the Homes of Poorly Controlled Inner-city Adult Asthmatic Patients: A Proof-of-Concept Study*, 49 J. ASTHMA 911, 913–14 (2012).

15. Melissa D. Klein et al., *Doctors & Lawyers Collaborating to HeLP Children—Outcomes from a Successful Partnership between Professions*, 24 J. HEALTH CARE FOR POOR & UNDERSERVED 1063, 1071 (2013).

improves due to increased access to food and income supports.¹⁶ Stress is reduced and adherence to medical treatment improves in cancer patients.¹⁷ People report less stress and improved mental health.¹⁸ Families of healthy newborns increase their use of preventive health care.¹⁹

Furthermore, positive financial impacts on the medical partners also have been identified. Less money is spent on health care services for the people who would otherwise frequently go to the hospital, and use of preventative health care increases.²⁰ Clinical services are more frequently reimbursed by public and private payers. One rural MLP showed a 319% return on the hospital's investment.²¹ A palliative care-based MLP recovered nearly \$1 million for the hospital.²² It is clear that the development of an MLP can have a positive impact on individual patients, medical facilities, and an entire community.

II. MEDICAL LEGAL PARTNERSHIP INTEGRATION MODELS

Multiple methods exist to integrate legal services into a health care setting. All of these programs have a common purpose and function: uniting clinical providers and lawyers as part of a single health care team to holistically meet the needs of their clients.²³ The two primary methods we will focus on are the referral network model and the embedded model.

In the referral network model, legal needs are treated as “loosely connected” to patient well-being; legal professionals are described as “valued allies” whose services are distinct from the health care

16. Dana Weintraub et al., *Pilot Study of Medical-Legal Partnership to Address Social and Legal Needs of Patients*, 21 J. HEALTH CARE FOR POOR & UNDERSERVED 157, 165 (2010).

17. Stewart Fleishman et al., *The Attorney As the Newest Member of the Cancer Treatment Team*, 24 J. CLINICAL ONCOLOGY 2123, 2124 (2006).

18. Anne M. Ryan et al., *Pilot Study of Impact of Medical-Legal Partnership Services on Patients' Perceived Stress & Wellbeing*, 23 J. HEALTH CARE FOR POOR & UNDERSERVED 1536, 1542 (2012).

19. Robert Sege et al., *Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial*, 136 PEDIATRICS 97, 104 (2015).

20. Jeffrey Martin et al., *Embedding Civil Legal Aid Services In Care for High-Utilizing Patients Using Medical-Legal Partnership*, HEALTH AFFAIRS BLOG (Apr. 22, 2015), <https://www.healthaffairs.org/doi/10.1377/hblog20150422.047143/full/> [https://perma.cc/3KFW-M78D].

21. James Teufel et al., *Rural Medical-Legal Partnership and Advocacy: A Three-Year Follow-up Study*, 23 J. HEALTH CARE FOR POOR & UNDERSERVED 705, 707–710 (2012).

22. Kerry Rodabaugh et al., *A Medical—Legal Partnership as a Component of a Palliative Care Model*, 13 J. PALLIATIVE MEDICINE 15, 16 (2010).

23. Tisha Beeson et al., *Making the Case for Medical Legal Partnerships: A Review of the Evidence*, NAT'L CTR. FOR MED.-LEGAL P'SHIP 4 (2013), <http://medical-legalpartnership.org/wp-content/uploads/2014/03/Medical-Legal-Partnership-Literature-Review-February-2013.pdf> [https://perma.cc/Y375-9R5N].

providers' services.²⁴ The healthcare providers make referrals to the legal team of the MLP, and attorneys will then meet separately with the patient/potential client.²⁵ In this type of model, there is generally no routine training, no structured feedback loop between the legal and medical providers, and no shared data across systems.²⁶ While this model offers flexibility and requires fewer resources from legal representatives of the partnership, it can result in inconsistent screening for health-harming legal needs, and therefore inconsistent access to legal assistance for patients.²⁷

Medical-legal partnerships may also function in an embedded or fully integrated model.²⁸ In this type of structure, legal needs are seen as directly connected to patient health, and the legal services are formally recognized by the health care provider as a part of the service system.²⁹ The legal team will see patients at the health care provider's office location, participate in meetings with doctors and administrators, and help set clinical and systemic priorities.³⁰ The medical and legal teams participate in regular trainings and jointly gather, share, and analyze data.³¹ This model requires dedicated staff time from both medical and legal partners but offers consistent screening, regular access to legal assistance, and makes preventative legal care a regular part of the health care institution's practice.³²

III. LEGAL SOLUTIONS CAN DRAMATICALLY IMPROVE THE LIVES OF CHILDREN

MLPs across the country have been founded to serve a variety of populations, including children, the elderly, adults with HIV, chronically ill adults, oncology patients, low-income patients, and veterans.³³ Many MLPs focus on pediatric patients, perhaps in recognition of the fact that the health of children in particular is impacted by poor social conditions over which they have no control, and that improving the health of a child can have a significant impact on the "health of the adult that child will become" and the generations that

24. Milken Inst. Sch. of Pub. Health, *The Medical-Legal Partnership Toolkit Phase I: Laying the Groundwork*, NAT'L CTR. FOR MED.-LEGAL P'SHIP 9 (2015), <http://medical-legalpartnership.org/wp-content/uploads/2017/11/MLP-Toolkit-Phases-I-and-II.pdf> [<http://perma.cc/Y5WD-GYKJ>].

25. *Id.*

26. *Id.*

27. *Id.*

28. *Id.*

29. *Id.*

30. *Id.*

31. *Id.*

32. *Id.*

33. Beeson et al., *supra* note 23.

follow.³⁴ Moreover, when an MLP focuses on legal interventions for children, it can take a multi-faceted approach to assisting whole families, helping to address both the child's immediate legal needs and legal needs of the caregiver in order to ultimately provide that child with a home environment that is safe, secure, and stable.³⁵

The harms facing underserved children that can be addressed through an MLP are broad and varied. When a child in Atlanta who desperately needed a heart transplant did not qualify for the transplant list due to an unstable home situation that would have made post-transplant care impossible, the Health Law Partnership (HeLP) assisted the family in transferring custody of the child to the grandparents.³⁶ That child now has a new heart.³⁷ In Cleveland, the parents of a school-aged girl hospitalized for a severe mental health crisis turned to the Community Advocacy Program MLP for assistance after their application for disability benefits was denied.³⁸ The family needed to supplement their income so her mother could stay home to care for her while she was unable to attend school due to her mental health needs,³⁹ Appealing the denial of benefits was easily done, but the lawyer helping the family recognized something that neither the doctors nor parents had: this child was still entitled to receive an education despite her disability.⁴⁰ She was evaluated for special education services and, after her discharge from the hospital, began attending a school that had necessary mental health supports, to great success.⁴¹

The impact of a MLP can also be far-reaching. Energy insecurity (e.g., a utility shut off) is a harmful environmental stressor that can impact proper child development, exacerbate special healthcare needs and chronic conditions, and increase a child's risk of unintentional injury (from exposure to fire and carbon monoxide risks or open

34. Amy Lewis Gilbert & Steven Downs, *Medical Legal Partnership & Health Informatics Impacting Child Health: Interprofessional Innovations*, 29 J. INTERPROF. CARE 564, 564 (2015).

35. AMY FINE & PATSY HAMPTON, PROMOTING CHILDREN'S LONG-TERM HEALTH & FUNCTIONING: APPLYING A LIFE COURSE APPROACH TO PEDIATRIC CARE FOR CHILDREN WITH SPECIAL HEALTH NEEDS 11 (Lucile Packard Foundation for Children's Health 2015), https://www.lpfch.org/sites/default/files/field/publications/promoting_childrens_long-term_health_and_functioning.pdf [https://perma.cc/XF45-KRJH].

36. Kim Krisberg, *Medical-Legal Partnerships Help Patients Address Barriers to Health*, AAMC NEWS (Oct. 2015), <https://news.aamc.org/patient-care/article/medical-legal-partnerships-help-patients/> [https://perma.cc/Y57K-ZKMZ].

37. *Id.*

38. Mallory Curran, *Preventative Law: Interdisciplinary Lessons from Medical-Legal Partnership*, 38 N.Y.U. REV. L. & SOC. CHANGE 595, 596-97 (2014).

39. *Id.* at 596.

40. *Id.* at 597.

41. *Id.*

windows).⁴² The PhilaKids MLP developed a protocol for screening their pediatric patients for energy insecurity and providing a “certification of medical need” to qualified families, preventing their utilities (gas, electric, and water) from being shut off.⁴³ They found that it was the third-most identified unmet need following health insurance and lack of food resources. After implementing the protocol, the MLP helped 396 families submit medical certifications and increased approvals by the utility companies by 65 percent.⁴⁴

Asthma is one chronic condition in particular that can be affected by harmful environmental exposures more likely to be present in poor housing conditions, including inadequate heat or poor ventilation, mold and mildew, dust, rodents, and insect infestations.⁴⁵ Healthy Together, a partnership of Children’s Law Center (CLC) and six health facilities in Washington, D.C., helped an 8-year-old hospitalized for severe asthma obtain sanitary housing after an inspection of her home showed evidence of rodent and insect infestation; in her new home, her acute episodes occurred less frequently, and her visits to the emergency room ceased.⁴⁶ After seeing many such cases and recognizing the disproportionate impact of asthma on certain sections of the city, Healthy Together obtained a grant allowing it to focus on improving housing conditions that exacerbate pediatric asthma in Southeast D.C.⁴⁷

The difference a MLP can make can reach even further than the patients of one clinic or one area to become truly systemic. When a family of nine children tested positive for lead poisoning due to elevated levels in their Chicago Housing Authority home, their mother faced a difficult decision: remain in the home where her children were being poisoned, or move and become homeless.⁴⁸ Instead, Erie Family Health

42. Daniel Taylor et al., *Keeping the Heat on for Children’s Health: A Successful Medical-Legal Partnership Initiative to Prevent Utility Shutoffs in Vulnerable Children*, 26 J. HEALTH CARE FOR POOR & UNDERSERVED 676, 677–78 (2015).

43. *Id.* at 678.

44. *Id.* at 682.

45. Robert Pettignano et al., *Can Access to a Medical-Legal Partnership Benefit Patients with Asthma who Live in an Urban Community?*, 24 J. HEALTH CARE FOR POOR & UNDERSERVED 706, 712 (2013).

46. Arooj Sami, *Medical-Legal Partnership Helps Children East of the River*, WASH. COUNCIL OF LAWYERS 1–4 (Dec. 17, 2015), <https://wclawyers.org/medical-legal-partnerships-helps-children-east-of-the-river/> [<https://perma.cc/2JFP-BNWH>].

47. *Performance Oversight Hearing: Hearing Before the D.C. Council Comm. on Health* (2018) (statement of Anne Cunningham, Senior Pol’y Att’y of the Children’s Law Center), <http://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/CLC%20Testimony%20--%20DOH%202018%20Oversight.pdf> [<https://perma.cc/237X-WKX9>]; *Healthy Together Medical-Legal Partnership for Improving Asthma in Southeast DC*, BUILDHEALTHCHALLENGE, <http://buildhealthchallenge.org/communities/2-healthy-together-medical-legal-partnership/> (last visited July 17, 2018) [<https://perma.cc/98TS-WA7P>].

48. Kate Marple & Erin Dexter, *Keeping Children Safe from Lead Poisoning*, NAT’L CTR.

Center referred her to their MLP with Loyola University Chicago School of Law and LAF Chicago, which successfully obtained a reasonable accommodation under the Americans with Disabilities Act, allowing the family to move immediately without losing their housing assistance.⁴⁹ The MLP helped the family obtain public benefits to increase their income and obtained special education services for the children who had been impacted by the lead poisoning.⁵⁰ The MLP then focused on systemic change: they built a nation-wide coalition and petitioned the Department of Housing and Urban Development (HUD) to adopt the Center for Disease Control and Prevention's definition of lead poisoning.⁵¹ HUD not only implemented these changes but issued a "Lead-Free Kids Toolkit" encouraging local public housing authorities to conduct lead assessments and directing them to sources of financial assistance to do so.⁵²

IV. DEVELOPMENT OF A UF/SLC HEALTHY KIDS MLP

In an effort to bring similar successes in reducing health-harming legal needs to children served by the University of Florida (UF), Southern Legal Counsel (SLC) is partnering with the Severe Asthma Center of UF Pediatrics to offer the UF/SLC Healthy Kids MLP to its patients. This collaboration presents an ideal launching ground for a pediatric MLP; as noted above, severe asthma patients tend to have an increased risk of poor environmental conditions and health-harming legal needs and see substantially improved outcomes after legal interventions.⁵³ Our model will be a hybrid of the two models discussed earlier, sometimes referred to as a "partially-integrated" MLP.⁵⁴ SLC's legal services will complement the health services provided by the doctors and nurses of the Severe Asthma Center. Legal staff will be regularly on-site during clinic hours, meeting with patients and collaborating with clinic staff to deliver holistic care to patients and their families.

Our partnership intends to incorporate another cutting-edge area of pediatric research into its holistic model. In addition to routine legal needs screenings, MLP legal staff will screen patients for Adverse Childhood Experiences (ACEs). The term "ACEs" was coined after a

FOR MED.-LEGAL P'SHIP (2018), <https://medical-legalpartnership.org/wp-content/uploads/2018/04/Keeping-Children-Safe-from-Lead-Poisoning.pdf> [<https://perma.cc/RCV4-G548>].

49. *Id.* at 2.

50. *Id.*

51. *Id.*

52. *Id.*

53. *See supra* notes 45–47.

54. Milken Inst., *supra* note 24.

1998 study by Dr. Vincent Felitti who found that childhood abuse, neglect, and other sources of trauma are far more common among children than anyone realized—finding that two-thirds of children in the United States have experienced trauma.⁵⁵ Trauma occurs when overwhelmingly stressful events undermine a person’s ability to cope.⁵⁶ Complex trauma stems from exposure to persistent sources of violence, loss, and neglect, such as family disruption related to incarceration, foster care, substance abuse, homelessness, immigration, and a lack of basic necessities.⁵⁷

The ACEs study showed that as the number of ACEs a child has experienced increases, the risk for the following health problems also increases in a strong and graded fashion: COPD, alcoholism, liver disease, heart disease, depression, attempted suicide, illicit drug use, intimate partner violence, STD’s, smoking, unintended pregnancies, and fetal death.⁵⁸ In addition to the long-term negative health effects discovered in the ACE’s study, childhood trauma also has more immediate impacts on brain development and functioning in children.⁵⁹ Decades of medical research have demonstrated that cumulative exposure to trauma can alter the child’s physical, emotional, cognitive, and social development and inhibit the performance of daily activities such as thinking, reading, and learning.⁶⁰ Children who have been exposed to complex trauma frequently display symptoms of psychological trauma including PTSD, conduct disorders, ADHD, major depression, and others.⁶¹ However, many children who have been exposed to trauma do not exhibit symptoms sufficient to merit diagnosis of a clinically significant disorder, and thus their needs are left unaddressed.⁶² By including ACEs in our screening process, one common but overlooked social determinant of health will be added to the list of health-harming legal needs we will address, advocating as needed for trauma-informed services and care for children with severe asthma.

55. Vincent J. Felitti et al., *Relationship of Childhood Abuse & Household Dysfunction to Many of the Leading Causes of Death in Adults*, 14 AM. J. PREVENTIVE MED. 245, 245 (1998).

56. Lenore C. Terr, *Childhood Traumas: An Outline & Overview*, 148 AM. J. PSYCH. 10 (1991).

57. Christina D. Bethell et al., *Adverse Childhood Experiences: Assessing the Impact on Health & School Engagement & the Mitigating Role of Resilience*, 33 HEALTH AFF. 2106, 2106–07 (2014).

58. Felitti et al., *supra* note 55.

59. Wendy D’Andrea et al., *Understanding Interpersonal Trauma in Children: Why We Need a Developmentally Appropriate Trauma Diagnosis*, 82 AM. J. ORTHOPSYCHIATRY 187, 187 (2012).

60. *Id.*

61. *Id.* at 193–94.

62. *Id.* at 193.

CONCLUSION

With the growing understanding of the impact of social and environmental factors on health outcomes, Medical-Legal Partnerships have become important forces of change for underserved populations around the country. The UF/SLC Healthy Kids Partnership plans to bring positive change for pediatric patients of the Severe Asthma Center, bridging the gaps between health-harming legal needs, adverse childhood experiences, and the well-being of vulnerable children in our community.