VIEWS FROM THE FIELD
JANUARY 28, 2008
GRANT MAKERS IN HEALTH

Improving the Health of Vulnerable Children with Medical-Legal Partnerships

ALBERT K. YEE, M.D., M.P.H.
Program Director, W.K. Kellogg Foundation

"*It's not a medical problem.*" This has long been the perspective of doctors who feel powerless to address the critical social and environmental conditions that influence children's health. Substandard housing, polluted neighborhoods, and inadequate nutrition are just a few of the "nonmedical" problems that can compromise children's health status and developmental trajectory. The most visible result of these threats can be a frustrating, expensive, and heartbreakingly preventable trip to the doctor's office or local emergency room. Unfortunately, only the symptoms of these underlying maladies can be treated in a health care setting.

Historically, social and environmental determinants of health were viewed as the province of public health departments, social services, child welfare, and other regulatory agencies. Yet these sectors are often underfunded and understaffed, lacking adequate resources to reliably implement and enforce existing policy protections or to proactively establish more robust standards. Left in this wake are disempowered children and families unable to demand improvements in policies and services. The health care providers serving these patients are confronted by the "downstream" manifestations of systemic health threats and struggle with their own role in addressing the root causes of childhood disease and disability.

The Medical-Legal Partnership for Children (MLPC), started in 1993 at the Boston Medical Center, uses a "bottom-up" approach to help pediatricians confront this challenge. MLPC began by partnering pediatricians with lawyers in order to tackle the multitude of problems that patients face outside the clinic doors. Working collaboratively, medical and legal professionals can ensure that policies benefit both individuals and the communities in which they live. By bringing together the expertise, skills, and political clout of these two powerful professions, MLPC works to ensure that families are protected and their most basic needs are met.

HELP! IS THERE A LAWYER IN THE HOUSE?

Anna was born prematurely with many medical problems. Her disabilities, along with her family's income level, qualify her for social security benefits, health insurance, early developmental interventions, and other "safety net" supports. The family's case manager describes the programs available to help Anna. When her Haitian-born parents ask how using these programs will affect their immigration status, the case manager is not completely confident in her answer to this complicated question. Sensing equivocation, the family does not pursue the benefits – and Anna has just taken a giant step backward in her health and development. Had the medical team consulted with an immigration attorney, the family would have learned that both parents, as legal immigrants, would not be impacted by accessing benefits for their child, and Anna would be receiving much needed services.

As this case example illustrates, legal acumen and representation have the potential to bolster the accessibility and effectiveness of health care interventions in a variety of ways. In addition to immigration law, health providers serving poor families can benefit from legal assistance related to domestic violence, child support payments, rental housing conditions that fail to meet health and safety codes, eviction notices, utility service terminations, access to public services, and reimbursement recovery. Laws and regulations are on the books in most jurisdictions to protect vulnerable families, but compliance and enforcement are inconsistent, and legal aid can play a pivotal role in helping families exercise their rights.

Bringing "poverty" or "legal aid" lawyers into the health care setting fills the gap between health care, public health, and social welfare and adds significant force to routine health care interventions. In the pediatric setting, clinicians regularly witness how children and families fall through the safety net and face major social problems such as homelessness, domestic violence, or hunger. Lawyers located in the clinical setting can spot a crisis before it happens, train clinicians to screen for issues, and readily refer cases with possible legal remedies. This **preventive law** model helps families access legal help *before* a crisis occurs and is a dramatic shift in how legal aid agencies have traditionally provided services in communities across the country.

While MLPC is an invaluable resource for individual children and their families, these partnerships have also been successful in achieving policy change that improves the health of entire communities. Pediatricians and other clinicians have always been important champions in policy reform. Health professionals bring credibility, scientific knowledge, and political capital to policy advocacy efforts. The insight and

experience of lawyers help in identifying realistic policy objectives and expedient legal remedies. Consistent with the preventive philosophy of MLPC, these advocacy activities are not necessarily litigious in nature. Lawyers have a comprehensive understanding of complex legislation and regulatory structures and can often identify workable, consensus-based solutions to knotty legal problems.

SUPPORTING AN OPPORTUNITY FOR GROWTH

By 2005 almost 30 sites were seeking to replicate the Boston model and soliciting consultation from program originators. Responding to this demand for technical assistance, the W.K. Kellogg Foundation provided $2.4 million in funding to create a national center at the Boston Medical Center. With so many sites striving to replicate the model, the Kellogg Foundation recognized an opportunity to coordinate across communities and establish a structure for capturing and sharing the learning from the expanding field. The mission of the MLPC national center is to build on the experiences of the Boston and replication sites to transform both pediatric health care and legal aid services. Additional support from Robert Wood Johnson Foundation (RWJF) has enhanced the activities of the national center and fueled site replication.

Early questions from those considering the establishment of an MLPC site often center on requests for evaluation data showing improved health outcomes. Several evaluation projects are underway at individual MLPC sites, and the national center is actively coordinating evaluation efforts. The Atlantic Philanthropies has funded a major study in Boston to look at proximal and long-term outcomes, including some health outcomes. The New England Regional Medical-Legal Network (NERMLN), funded by Jessie B. Cox Charitable Trust, is a regional working group of five New England sites that plays an important "laboratory" role. NERMLN will pilot and assess the feasibility of data collection standards to inform evaluation initiatives across national sites. Finally, sites in New York, Atlanta, Arizona, and elsewhere are pursuing different evaluation strategies to define best practices addressing social determinants of health.

Interest in the MLPC model is tremendous and continues to grow with several inquiries per week for emerging partnerships. Regional and statewide approaches are taking shape with five MLPC's within 400 miles of Kansas City. This "clustering" of programs is also occurring in New England, northern California, Ohio, and Virginia. Sites are requesting technical assistance and opportunities to link with sister sites and share information. Currently, about 80 MLPC sites have been established in 35 states with support from a variety of local and regional foundations and federal and state legal aid funding streams. The selection of the Boston site as a 2007 recipient of the American Hospital Association NOVA award for collaborative hospital-led programs that improve community health has already stimulated further growth in the MLPC model.

WHAT ARE WE LEARNING SO FAR?

Results from rigorous evaluation efforts are just beginning to emerge, but available anecdotal evidence provides a variety of important lessons for health foundations interested in supporting MLPCs.

- ***Broader Medical Participation Is Needed*** – MLPC sites boast some of the best pediatrician advocates in the country, but more work is necessary to achieve broader and deeper involvement. Identifying medical champions has been the rate limiting factor in replicating the model to truly transform pediatric practice. Demand for medical-legal partnerships in adult, geriatric, and chronic disease management practices is also growing, and new resources, incentives, and models may be needed to adapt to these practice environments, including in family practice and physician training settings.
- ***Pro Bono Opportunities Abound*** – Interestingly, finding willing legal partners has been an easier task. MLPC has been seeking pro bono partnerships with private law firms, and three law firms in Boston have adopted local health centers where they run weekly legal clinics and handle a range of civil issues. Other sites are also looking at creative roles for pro bono attorneys in medical-legal partnerships. This can energize the next generation of private practice attorneys seeking meaningful pro bono work and is being employed as a recruiting tool for new attorneys.
- ***Sustainability Is Possible*** – Various funding strategies are being tested, including health care recovery dollars and pro bono "adopt-a-health-centers." In August 2007 the American Bar Association passed a resolution supporting medical-legal partnerships as a strategy to address the legal needs of poor families and is seeking to expand support of this model. Several MLPC's are working with the American Academy of Pediatrics to pass an analogous resolution. Finally, MLPC estimates that regranting of Kellogg and RWJF's investment to 15 sites in 2007 leveraged more than $3.2 million in additional funding.
- ***Advocacy Works*** – Systemic advocacy is an integral part of the MLPC and is growing in prominence. Medical-legal partnerships help connect the dots for policymakers on the health outcomes of a wide range of social policies, from energy policy to affordable housing. Boston MLPC recently issued its second *Child Health Impact Assessment* on energy costs. This report describes how the lack of federal and state Low Income Home Energy Assistance Program (LIHEAP) dollars impacts child health. The report was presented at the National Energy Assistance Directors' Association in 2007 to advocate for increased resources for LIHEAP and to train health care providers on improving access to utility services for low-income families.

Although challenges remain and lessons continue to surface as sites emerge and mature across the country, the future of many families is brighter because of this unique marriage of medicine and law. Doctors and lawyers working together to benefit children and families is an idea whose time has come!

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