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Reducing the Justice Gap and Improving Health through Medical–Legal Partnerships

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ABSTRACT
A recent study by the Legal Services Corporation reported that 71% of low-income U.S. households experienced at least one civil legal problem in 2017 and that 86% of these needs went unresolved. In this article, we examine the potential for medical–legal partnerships (MLPs) to address this "justice gap." We draw on qualitative interviews, conducted with 20 parents and guardians in one pediatric MLP, to identify barriers to legal access and examine how the MLP model may uniquely address these barriers. Our data suggest that MLPs can (1) identify legal needs and create awareness of legal rights among individuals who would not have sought legal services; (2) create an access point for legal services; (3) improve access to legal advice and brief intervention; (4) support ongoing relationships between patients and lawyers that allow for the timely identification of subsequent legal needs; (5) foster trust and confidence in the legal system; and (6) address affordability concerns. These findings suggest that by improving access to justice, MLPs can address critical social and legal determinants of health and, ultimately, advance health equity.

KEYWORDS
Medical–legal partnership; poverty; social determinants; access to justice

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I. INTRODUCTION

Low-income people experience legal troubles at a higher rate than their higher income peers. A recent study by the Legal Services Corporation reported that 71% of low-income U.S. households experienced at least one civil legal problem in the last year.[1] Additionally, 86% of legal needs reported by low-income Americans received inadequate or no legal help.[2] In fact, in over 75% of civil cases, at least one party (typically the defendant) was unrepresented.[3] The existing gap between the civil legal needs of low-income Americans and the resources available to meet those needs, or the "justice gap," affects access to critical social needs, including education, housing, income, benefits, and employment.[4] Furthermore, these needs are considered critical social determinants of health and health inequality.[5] Addressing the justice gap may be an important strategy through which to advance health equity. In this article, we consider the potential for

[1]Lewis Creekmore et al., *The Justice Gap: Measuring the Unmet Civil Legal Needs of Low-Income Americans*, Legal Services Corp. 6 (June 2017), https://www.lsc.gov/sites/default/files/images/TheJusticeGap-FullReport.pdf.

[2]*Id.*

[3]National Center for State Courts, *Civil Justice Initiative: The Landscape of Civil Litigation in State Courts* (2015), https://www.ncsc.org/__data/assets/pdf_file/0020/13376/civiljusticereport-2015.pdf.

[4]Creekmore et al., *supra* note 1, at 6.

[5]"Healthy People 2020: Social Determinants of Health," Office of Disease Prevention and Health Promotion, accessed April 25, 2018, https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health.

medical–legal partnerships (MLPs) to address barriers to legal access that contribute to this justice gap.

II. BACKGROUND

MLP is a model of integrating medical and legal care to address legal and social issues that contribute to poor health outcomes.[6] In the MLP model, an attorney is typically embedded into the health care team and works alongside providers to screen for and treat health-harming legal needs. MLP lawyers also employ a variety of legal interventions to address health-harming legal needs, including letter writing, educating patients about legal rights, and representing patients in court. In addition to these direct legal services to patients, MLP lawyers typically provide interdisciplinary training to medical staff about social and legal issues that affect health and work collaboratively with social workers, nurses, physicians, and other medical providers to identify and address health-harming legal needs. Additionally, many MLPs engage in policy and advocacy work to address systemic drivers of health inequity.[7]

Over the last decade, MLPs across the United States have doubled in number, increasing in presence to over 300 health care organizations in 41 states and one out of five children's hospitals in 2017.[8] These MLPs vary in population served and address an array of issues that affect health, including public benefits, education, employment, immigration, housing, and personal safety.[9] They also vary in their design. In some cases, the lawyer is embedded in the health care setting. In other cases, legal aid is obtained through a partnership between the health care clinic and an existing legal services organization.[10]

By addressing social and legal factors that affect health, MLPs can improve the efficacy of medical services and patient health outcomes. For example, civil legal interventions can address housing challenges that exacerbate asthma or prevent evictions that are associated with numerous negative health sequalae.[11] Indeed, emerging evidence indicates that access

[6]Emily A. Benfer et al., *Medical–Legal Partnership: Lessons from Five Diverse MLPs in New Haven, Connecticut*, 46 J. L. Med. & Ethics 602 (2018), https://doi.org/10.1177/1073110518804210; Marsha Regenstein et al., *Addressing Social Determinants of Health through Medical–Legal Partnerships*, 37 Health Aff. 378 (2018), https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2017.1264.

[7]Barry Zuckerman et al., *Why Pediatricians Need Lawyers to Keep Children Healthy*, 114 Pediatrics 224 (2004), https://doi.org/10.1542/peds.114.1.224.

[8]Regenstein et al., *supra* note 6.

[9]*Id.*

[10]*Id.*

[11]Matthew Desmond & Rachel T. Kimbro, *Eviction's Fallout: Housing, Hardship, and Health*, 94 Soc. Forces 295 (2015), https://doi.org/10.1093/sf/sov044.

to legal services through MLPs can reduce stress, improve asthma control, decrease emergency department visits and inpatient stays, and reduce depression and anxiety.[12] Additionally, a few recent qualitative studies suggest that MLPs may have broader effects on both patients and providers, extending beyond specific health outcomes and the resolution of a particular health-related legal problem, to positively affect health.[13] For example, Hernandez finds that MLPs may facilitate legal consciousness and empower patients to engage the legal system for future civil needs.[14]

Indeed, though the MLP model is often conceptualized as a health care intervention that can improve the efficacy of health services and patient health outcomes, MLPs may also affect the relationship between low-income patients and the law.[15] Additionally, some existing evidence suggests that the MLP model may be uniquely positioned to overcome barriers to legal services for low-income people, thereby addressing the justice gap. In particular, by embedding legal services within an institution that families have regular contact with, and through interdisciplinary collaboration between medical and legal providers, MLPs may be able to identify health-harming legal needs in patients who may not have sought legal assistance because they were unaware of their legal rights, faced difficulty locating legal services, could not afford to pay for these services, or held negative views of the legal system.[16] Furthermore, in contrast to traditional legal services that typically address single legal issues, MLPs often take a holistic approach, building ongoing relationships with clients that offer a unique opportunity to prevent legal problems before they proliferate to require more intensive legal interventions.[17]

[12] Anne M. Ryan et al., *Pilot Study of Impact of Medical–Legal Partnership Services on Patients' Perceived Stress and Wellbeing*, 23 J. Health Care Poor & Underserved 1536 (2012), https://doi.org/10.1353/hpu.2012.0179; 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 (2012), https://doi.org/10.3109/02770903.2012.724131; Jack Tsai et al., *Medical–Legal Partnerships at Veterans Affairs Medical Centers Improved Housing and Psychosocial Outcomes for Vets*, 36 Health Aff. 2195 (2017), https://doi.org/10.1377/hlthaff.2017.0759.

[13] Diana Hernández, *"Extra Oomph": Addressing Housing Disparities through Medical Legal Partnership Interventions*, 31 Housing Stud. 871 (2016), https://doi.org/10.1080/02673037.2016.1150431; Jennifer Trott et al., *Clinician Perceptions of Medical–Legal Partnerships: Lessons for Adopting the Social Determinants of Health Interventions in Health Care Settings*, Nat'l Ctr. for Med. Legal Partnership (June 2019), https://medical-legalpartnership.org/wp-content/uploads/2019/06/Clinician-Interview-Paper.pdf.

[14] Hernández, *supra* note 13.

[15] Tishra Beeson et al., *Making the Case for Medical–Legal Partnerships: A Review of the Evidence*, Nat'l Ctr. for Med. Legal Partnership (Feb. 2013), https://medical-legalpartnership.org/wp-content/uploads/2014/03/Medical-Legal-Partnership-Literature-Review-February-2013.pdf; Ellen Cohen et al., *Medical–Legal Partnership: Collaborating with Lawyers to Identify and Address Health Disparities*, 25 J. Gen. Internal Med. 136 (2009), https://doi.org/10.1007/s11606-009-1239-7.

[16] Hernández, *supra* note 13.

[17] Ellen M. Lawton & Megan Sandel, *Investing in Legal Prevention: Connecting Access to Civil Justice and Healthcare through Medical–Legal Partnership*, 35 J. Legal Med. 29 (2014), https://doi.org/10.1080/01947648.2014.884430.

Though some scholars have posited that MLPs can help to narrow the justice gap, more research is needed to examine the specific ways in which MLPs can address existing barriers to legal assistance.[18] Responding to this research gap, we draw on qualitative interviews conducted with parents/guardians in one pediatric MLP to identify barriers to legal access and to examine how the MLP model can address these barriers.

III. METHODS

Our study is set in one pediatric MLP practice located at the Center for Children's Advocacy and operated in partnership with Yale New Haven Hospital. In contrast to some MLPs, the MLP in this study is fully funded by Yale New Haven Hospital and operational onsite within the hospital on a full-time basis. At the time of this study, the lawyer and the MLP was in its sixth year and had received 1,488 patient referrals. These consisted of 1,142 brief consultations, 266 in-depth patient consultations, and 80 full representation cases.

We recruited former and current MLP clients to participate in semistructured interviews. Following a purposive sampling approach, we selected clients to obtain a diversity of case types (housing, utilities, benefits, education) and level of legal intervention (representation, in-depth consultation, brief consultation) and mailed recruitment letters to 169 of these clients. Approximately 10% of these letters were returned due to incorrect addresses and approximately 10% ($N=18$) resulted in completed interviews. An additional two participants were recruited via referrals from a prior participant and from the MLP lawyer. Our final sample consisted of 20 parents/guardians. All participants were female. Two participants were Spanish speakers. Two participants were grandparents of pediatric patients and 18 were parents. See Table 1 for additional details about our sample.

Interviews were conducted by the first and second authors between July 2018 and May 2019. Interviews followed a semistructured format, relying on an interview guide that included broad and open-ended questions to ensure that primary topics were covered but also allowing participants to tell their own stories. Our interview guide (see Table 2) asked about experiences with the MLP, child health, parent health, provider relationships, and previous experiences with the legal system. Two interviews were conducted in Spanish by a fluent Spanish speaker. Interviews averaged 45 minutes and ranged from 20 to 74 minutes. Participants received $50 compensation. All interviews were recorded and transcribed verbatim. All recruitment, data

[18] *Id.*

Table 1. Participant Characteristics

Presenting issue	
Housing	30%
Utilities	15%
Education	35%
Guardianship	5%
Benefits (SSI, food stamps)	15%
Ethnicity	
White	0%
Black	70%
Hispanic	25%
Other/refused	5%
Language	
English	90%
Spanish	10%
Guardian type	
Parent	90%
Grandparent	10%
Gender	
Female	100%
Male	0%
Age	
Average	40
Youngest	26
Oldest	73
Time since MLP interaction	
Average	2 years 3 months
Shortest	1 month
Longest	5 years 4 months

collection, and analysis procedures were approved by the Yale University institutional review board.

Our analysis team consisted of a public health researcher with expertise in qualitative methods (DEK), a medical student with qualitative research training (SM), the medical director of the MLP under study (AMF), a legal scholar with expertise in MLP and access to justice ((legal scholar) EB), and the MLP lawyer ((MLP director) AR). As someone with intimate knowledge of the MLP and its operations, the MLP lawyer provided a valuable perspective on the data, helping to clarify aspects of patient narratives, providing a context for individual stories, and at times raising questions about emerging interpretations.

Our analysis followed an iterative and inductive coding approach adapted from grounded theory.[19] Analysts met regularly to discuss emerging concepts. These discussions resulted in an initial set of codes that was applied to small samples of transcripts and iteratively refined through team discussion. A final codebook was applied to each transcript by two coders, the second author and a student research assistant. Discrepancies in coding were resolved through discussion with the first author. In completing the analysis presented here, the first author reviewed excerpts related to relevant codes and read full transcripts to contextualize excerpts within

[19] Juliet Corbin & Anselm Strauss, The Basics of Qualitative Research (Sage Publications, 4th ed. 2014).

Table 2. Overview of Primary Interview Questions

The main questions below were followed by probes to obtain more detail
Tell me about how you first were connected to the lawyer.
What was your reaction to being referred to a lawyer?
Would you have sought legal assistance without your provider referring you?
Tell me a little bit about your experience working with the lawyer.
How would you describe your relationship with your nurses and doctors?
What, if anything, changed for you after working with the lawyer?
Outside of your experiences with the MLP, have you had other experiences with lawyers?

participants' broader narratives. In presenting the data below, we use pseudonyms to protect participants' anonymity.

IV. RESULTS

Our interviews suggest that the MLP addressed multiple barriers to legal advice and legal representation. The MLP (1) identified legal needs and created awareness of legal rights among those who would not have sought legal assistance; (2) created an access point for legal assistance that was typically difficult to locate, navigate, and obtain; (3) improved access to legal advice and brief intervention; (4) established ongoing relationships between patient and lawyer that allowed for the identification of subsequent legal needs in a timely and preventative manner; (5) fostered trust and confidence in the legal system; and (6) addressed affordability concerns.

A. Identifying Legal Needs and Creating Awareness of Legal Rights

Several participants noted that they were unaware that their problems had legal roots or remedies until they were referred to the MLP lawyer by a member of the medical team. For example, when Nia was first introduced to the MLP lawyer to help her address an eviction notice that she received while in the hospital with pregnancy complications, her initial reaction was surprise. She recounted thinking, "'A lawyer? Wait,' you know, was it that serious, you know? I didn't wanna do anything legal." Nia explained that she would not have considered engaging a lawyer before being introduced to the MLP, in part because she did not know that her impending eviction could be prevented through legal intervention. However, when a member of her health care team saw the eviction notice on Nia's bedside table, she suggested that Nia meet with the MLP lawyer, who subsequently helped her remain in her apartment. Rather than becoming homeless, Nia and her newborn baby were discharged to the apartment that Nia had lived for 5 years.

By enhancing medical staff awareness of health-harming legal needs, the MLP was able to identify and serve patients who, like Nia, would otherwise

not have considered seeking legal assistance because they were unaware of their legal rights or the role that lawyers could play in addressing their needs. Indeed, some participants noted that one result of contact with the MLP was to increase awareness about their legal rights, which shaped their subsequent engagement with the legal system. As Nia noted, “If, God forbid, it happens again … I know my rights and I know what I’m entitled to. I know the procedures.” Similarly, Sara, who also worked with the MLP lawyer to prevent an impending eviction, explained that the MLP helped her understand her rights, noting, “I didn’t know my options before [the MLP lawyer] got involved. So, once she did get involved then, after that, I knew.” For Shonda, knowledge of her legal rights, which she gained from the MLP, helped to support her own advocacy on behalf of her son whose medical condition created barriers to school attendance. She explained, “But it was still the fact that we were advocating, but we only knew so much as laymen. We didn’t know the legal stuff—all the wrong stuff that they were doing, we didn’t know.” In some cases, participants did not require full legal representation or intensive legal support to resolve their legal issues. Knowledge of their rights was sufficient to allow them to address legal issues on their own.

B. Creating an Access Point for Legal Services

The MLP also created an easy access point to obtain legal services for participants who had struggled to find legal help elsewhere. Tiana explained, “It’s like, trying to do it on your own, you don’t know which way to go. You don’t know where to start, where to stop, what to tell, what not to tell. Because you’re just pulling up something on Google: ‘Lawyer for children’s problems.’” Jessie also described difficulty finding appropriate legal help and being turned away by a legal aid organization who said that her child’s special education case did not qualify for their services. She explained, “They deal with certain things and not the other. And I thought legal aid was for everything.” Jessie described the process of trying to find a lawyer as challenging, expensive, and consuming of scarce emotional energy. She explained, “I tried to reach out … and I called 411, 211, all that. Even my T-Mobile bill was even getting charged, all this 411 and whatever calls I was making.”

Some participants also described being too overwhelmed by the challenges that they were navigating to reach out for legal help. The MLP reduced this barrier by bringing services to them. For example, a few years after initially working with the MLP to address a housing issue, Jessie struggled to obtain special education services for her daughter. She did not reach out to the MLP lawyer until her child’s pediatrician suggested this.

Jessie explained, "You know, sometimes my mind closes, I have a lot going on. My brain closes and then I feel like I'm alone, then I forgot that I could reach out and talk to this person."

Not only did the MLP connect participants to the lawyer but because the lawyer was located on-site, this connection often happened immediately. Though a few participants reported receiving a card with the lawyer's phone number, in most cases participants met the lawyer right away. For example, Charlotte recalled, "She [the social worker] was saying, 'We have a lawyer here that's my friend. She's in the building also. I could give her a call and she could come down.' I met her the first time there that day."

Similarly, when Sylvia was in the neonatal intensive care unit with premature twins, she recalled the social worker saying, "Meet my friend. She's a lawyer. Anything you need, she can help you." Sylvia and other participants described a team approach of social workers and doctors and the lawyer working collaboratively to address their needs. This team approach seemed to facilitate an efficient division of labor, where participants like Sylvia, who were overwhelmed with multiple medical, legal, and social needs, did not need to determine who to turn to for which issue.

C. Improving Access to Legal Advice and Brief Intervention

Additionally, some participants described how the MLP provided access to legal advice that was otherwise difficult to obtain. Several participants only required information, rather than intensive legal services, but had difficulty getting answers to their questions without retaining a lawyer. As Tiana noted, "You're like, 'What? Just to talk?' … 'Cause that's the first thing you hear is, you know, 'Well, we need to take information. We'll set the time. There's a retainer fee.'" In contrast, the MLP gave participants an opportunity to ask questions and obtain answers that often empowered them to resolve their legal issues without the direct intervention of a lawyer. As Tiana noted, "So, [the MLP lawyer] was able to give me [legal advice], which helped out a lot, because I knew exactly what to do and where to go."

In its first 5 years, 76% of the MLP's referrals were classified as consultations, where the problem at hand did not require intensive legal representation. In these consultations, the attorney analyzed each issue and provided appropriate legal information and resources. In half of these cases, the lawyer advised the provider who supported the patient directly (for example, by sending a letter to a patient's landlord). In the other half of these cases, the lawyer met directly with the family to provide legal information (for example, information about Family Medical Leave Act, housing, or school enrollment laws), to direct the patient to resources (for example, energy

assistance programs, free meals, tax preparation services), or, in some cases, to provide a warm hand-off to another legal aid lawyer.

Several participants described the significant impact of brief legal interventions. For example, Charlotte was unable to enroll her child in kindergarten due to a missing birth certificate. The MLP lawyer not only informed her of her legal right to enroll her child without the missing documents but also armed Charlotte with the power of having a lawyer on her side. When Charlotte subsequently faced pushback from the education department, she threatened to "call my lawyer." The issue was resolved, her child started school on time, and a tremendous burden of stress and frustration related to school enrollment was lifted for Charlotte. In this case, a very brief intervention provided not only valuable legal information but also a source of power and advocacy.

D. Facilitating Early Access for Future Needs through Ongoing Relationships

Not only did the MLP reduce barriers to initial contact with legal services but it also created an ongoing relationship between lawyers and patients. Some participants described regular ongoing contact with the lawyer similar to the regular contact that they had with their primary care physicians. As Sylvia noted, "I've been six years with [the MLP lawyer] and I still call her sometimes. … If I'm at the hospital I'll stop and see her, she see the kids and stuff." Similarly, Sequoia noted, "Because [the MLP lawyer] was based in the clinic, I would let her know when we were scheduled to have an appointment, and she would just come in to some of our appointments." Owing to this regular contact, several participants received assistance from the MLP on multiple legal matters across multiple years.

In contrast to standard client–attorney relationships focused on one legal issue, these ongoing relationships often reflected the holistic and team-based approach of the MLP. Patients checked in with the lawyer when they were in the clinic for medical issues. In several cases, informal conversations led to early identification of legal issues before they proliferated to require more intensive intervention. For example, Sequoia recounted how after working with the MLP to address her son's special education needs, she began to check in regularly with the lawyer. She explained. "And I always used to peek my head in and say, 'Hello' to her and kind of say, 'Hey. This is what's going on with the family.'" These check-ins allowed the lawyer to connect with Sequoia about her son's worsening asthma. Sequoia recounts, "But then, she started to see me in the clinic more and she started to say, 'What's wrong? What's going on?' And I said, 'Asthma's getting worse.'" The MLP then identified Sequoia's apartment's carpets as a source of the asthma exacerbation and worked to address this issue. When

the landlord did not respond to an initial letter from Sequoia's physician asking that the carpets be removed, the lawyer was able to invoke the law to successfully resolve the issue.

In contrast to early identification of subsequent legal needs, several participants described their initial connection with the MLP as the result of reaching a crisis point. For example, Charlotte, described above, had been struggling unsuccessfully for months to enroll her child in school without access to documents that were ostensibly required. She had not planned to share this challenge with her son's doctor but did so in a vulnerable moment. She explained, "They just caught me in the time of venting, when you just can't hold it in anymore. I was just at that point." Charlotte explained that her experience with the MLP made her aware that she could ask for help before things got to a point of crisis. Charlotte also referred neighbors and friends to the MLP, perhaps preventing their legal challenges from proliferating into large problems.

E. Improving Trust and Confidence in the Legal System

The ongoing relationships developed through the MLP enhanced trust and confidence in the legal system. For some participants, experiences with the MLP countered previously held negative beliefs about lawyers. For example, when asked if her perception of lawyers changed after working with the MLP, Amy noted, "It changed. I thought they were just liars and—you know, because you see what you see on TV."

Similarly, experiences with the MLP gave some participants more confidence that the legal system could work on their behalf. For example, Nia explained, "As far as the legal system goes, with the knowledge, I have more confidence in lawyers now. I have more confidence in their know-how. I have more confidence that, you know, not only are they helpful … but they also have your best interest in mind." Later in the interview, Nia went on to explain, "With legal services in general I feel that now that I have an understanding. I wouldn't feel like it's an enemy. I feel like it's more of a resource." For Nia, the idea that the legal system could be a resource was novel. This may be true for many low-income adults who have prior experiences with the criminal justice system or with civil processes such as housing court where the legal system works against them.

Furthermore, for many participants, the successful resolution of civil legal issues through the MLP contributed to their trust in the legal system and their willingness to engage lawyers and others as a resource. For example, Amy was initially skeptical about being connected with a lawyer after sharing her story with multiple members of the medical team. She explained, "I was just kind of like, 'Oh, my God, another person I've got to

meet.'" However, her perspective changed as she worked with the lawyer and others to successfully obtain SSI benefits for her child.

Like Amy, many participants were generally cautious about engaging institutions and sharing information. Some felt that sharing information would result in stigmatization, judgment, and worse care. As Nia explained in reference to her eviction notice, "I was very much concerned that I would be looked at or viewed differently." Sara noted that even though the provider asked about health-harming legal needs, she was reluctant to share information. She explained, "I try not to ask too many people for things. So, it was more like pride and shame, because it was like, maybe it looks like I can't take care of my children." Others expressed concerns about engaging in any action that would trigger involvement of child protective services. Kylie, for example, explained, "So, I don't deal with a lot of people, because I feel like you're gonna call DCF [child protective services] on me, so I don't—I won't deal with you. Like, I'm real skeptical. It's just I just don't—I don't do the DCF thing. Period."

Sara described how the MLP lawyer helped to address these concerns. She explained, "Yeah, I was really worried that the doctors might call DCF or something like that like … I was just really worried about it. [The MLP Lawyer] was like, 'No, that's not what's going to happen.' She reassured me like a lot. That's why I'm more comfortable now like to ask for help from different resources." For Sara, explicit acknowledgement of her concerns about child protective services and reassurance from the lawyer were critical to their ability to collaboratively resolve her housing issue. Furthermore, her experience with the MLP increased her comfort with reaching out to other institutions for assistance.

Some participants also described how working with the MLP helped assuage distrust over time. For example, Sequoia was initially hesitant to share information with the lawyer; however, this hesitancy diminished through the relationship building and continuity that the MLP provided. As Sequoia noted, "I used to share things with [the MLP lawyer]. And sometimes, I would be afraid that it would backfire on me. But everything that I talked about with her, she always kept it confidential between us. … "

F. Addressing Affordability Concerns

By providing no-cost services, the MLP also addressed affordability concerns that prevented many participants from considering the possibility of legal interventions. As Tiana noted, "Most of the parents don't have the finances to afford a lawyer. And to have someone that's able to help you

and you don't have to worry about the cost, it's [the MLP] a blessing. Because that's what stops most of us from reaching out to get legal help."

Like Tiana, many other participants had not considered the possibility of legal intervention prior to the MLP due to concerns that legal fees could exacerbate their already precarious financial situation. As Nia noted, "I didn't wanna do anything legal. I don't have the money … and financially I felt, like, oh, my gosh, another bill's gonna come about because meeting with a lawyer when I'm in a place where I don't have the financial means already, why would I add more to it?" Similarly, Sequoia recounted, "I was a little scared and a little nervous at the time, because I didn't know whether I would be able to afford it. That was one thing—that when you think about a lawyer, you think about fees. So, I told her straight out, 'I don't have any money. I'm on welfare. I'm a single mom.'"

Not only did the MLP provide services free of charge, but the MLP lawyer provided frequent reassurance to her clients regarding cost. As Sequoia noted, "And she always reassured me that these services were free through the health care. 'Cause that was one of my biggest fears." Moreover, some participants described how the no-cost aspect of the MLP helped to build trust and reassure patients that the MLP lawyer was working on their behalf. As Jessie noted, "That's what made me love her even more because we weren't paying her a dime to do it."

Some participants also described how the MLP countered assumptions that only wealthy individuals could afford to have an ongoing relationship with a lawyer. As Tiana recounted, "Because when it's just us talking to them, they quick to throw a lawyer up in our face 'cause they go, 'Oh, you can't afford one.' 'Well, I'm gonna call my lawyer.' 'Okay. I'm gonna call mine, too.'"

V. DISCUSSION

In summary, our interviews with parents and guardians who received services from one pediatric MLP indicate multiple ways in which this model of legal assistance can address barriers to legal advice and legal services. The MLP addressed barriers to initial contact with legal aid by identifying and serving parents who would not have otherwise sought legal services due to concerns about cost or lack of trust in legal (and other) institutions and because they were unaware that the challenges they faced had legal solutions. The MLP also served those who wanted legal help but did not know where to turn and often had limited resources and emotional bandwidth to navigate the search for assistance. In many cases, participants did not need intensive legal interventions; legal advice about their rights was sufficient to solve their legal problems, yet unavailable in other settings. Lack of access

to legal advice is not only a challenge for low-income populations. Though not represented in our sample, a small number of MLP clients were higher income and middle-class patients who turned to the MLP to answer simple legal questions without the burden of retaining a lawyer.

Our findings also indicate that ongoing relationships between patients and the MLP lawyer helped to establish trust and foster more open communication. Many participants were initially hesitant to share information with members of their medical team, limiting the ability of the MLP to identify legal needs preventively. Indeed, multiple participants in our study were only connected to the MLP when their situation reached a crisis point that caused recognizable distress. However, this caution seemed to diminish over time through partnerships that effectively resolved participants' legal challenges. The issue of trust echoes other research suggesting that mistrust can serve as a barrier to open provider–patient communication and effective screening for legal and social needs among low-income patients.[20] Furthermore, for African American patients, an ongoing history of racialized medical mistreatment may further impede trust, communication, and the ability of medical providers to identify legal needs.[21] Our data suggest that MLPs should pay particular attention to trust and relationship building given the barriers imposed by stigma and discrimination.

A growing body of literature points to the ability of MLPs to improve health by addressing civil legal needs.[22] Our findings support this work, illustrating how even relatively small legal interventions can address critical social determinants of health. For example, some participants were able to prevent impending evictions by working with the lawyer to understand, advocate for, and enforce their legal rights. By staying in their homes, they likely prevented the numerous adverse health outcomes associated with eviction and the cascade of losses that eviction often provokes, thus potentially altering their trajectory of health and well-being for years to come.[23] Eviction is just one example of how addressing gaps in civil legal needs can improve health. Our findings also illustrate how the impact of the MLP often extended beyond the resolution of a single health-harming legal need,

[20]Heidi Allen et al., *The Role of Stigma in Access to Health Care for the Poor*, 92 Milbank Q. 289 (2014), https://doi.org/10.1111/1468-0009.12059; Arvin Garg et al., *Avoiding the Unintended Consequences of Screening for Social Determinants of Health*, 316 J. Am. Med. Ass'n 813 (2016), https://doi.org/10.1001/jama.2016.9282.

[21]Thomas A. LaVeist et al., *Attitudes about Racism, Medical Mistrust, and Satisfaction with Care among African American and White Cardiac Patients*, 57 Med. Care Res. & Rev. 146 (Supp. 1 2000), https://doi.org/10.1177/1077558700057001S07.

[22]Beeson et al., *supra* note 15*;* Melissa D. Klein et al., *Doctors and Lawyers Collaborating to Help Children: Outcomes from a Successful Partnership between Professions*, 24 J. Health Care Poor & Underserved 1063 (2013), https://doi.org/10.1353/hpu.2013.0147; Hernández, *supra* note 13; O'Sullivan et al., *supra* note 12; James A. Teufel et al., *Rural Medical–Legal Partnership and Advocacy: A Three-Year Follow-Up Study*, 23 J. Health Care Poor & Underserved 705 (2012), https://doi.org/10.1353/hpu.2012.0038; Tsai et al., *supra* note 12.

[23]Desmond & Kimbro, *supra* note 11.

suggesting that access to justice itself may be an important social determinant of health. For example, experiences with the MLP affected participants' relationships with legal and other institutions and often empowered their own advocacy.

Our study also extends current conversations about the justice gap that have primarily focused on interventions within the courthouse, such as court appointed lawyers, self-help desks, paralegal assistance, and translation services.[24] Many of these traditional justice gap initiatives are unable to address the barriers that exist before the courthouse door, including awareness of legal rights or negative beliefs about the legal system. Our findings suggest that MLPs may uniquely address some of these challenges. In particular, by locating legal services within an institution that people have regular contact with, MLPs may be uniquely positioned to identify and respond to legal issues. This may be particularly true for pediatric MLPs given that most children (and by association their guardians) are connected to health care institutions. Furthermore, ongoing relationships with these institutions and the holistic approach of the MLP may facilitate a preventative legal approach that does not occur in models of legal aid that are focused on the resolution of a single issue and require clients to self-identify legal need.[25]

Our data also speak to the importance of team-based and interdisciplinary approaches to addressing the justice gap. In team-based care, a physician works alongside a variety of interdisciplinary professionals, such as nurses, social workers, outreach workers, or other specialists (e.g., lactation experts), to provide additional expertise and extend the reach of a single physician. Team-based care has been shown to increase patient satisfaction and to improve health outcomes.[26]

As is true in most MLPs, at our study site, the MLP lawyer worked with social workers, nurses, physicians, and guardians themselves, to both identify and address legal needs. Our participants were often referred to the MLP through social workers who were skilled at identifying when a legal intervention was indicated. In many cases, both knowledge of the law and the power of legal advocacy allowed the lawyer to uniquely address social determinants of health. As previous research has noted, legal interventions can provide "added teeth" to the work that other members of the medical

[24]Rebecca L. Sandefur, *Accessing Justice in the Contemporary USA: Findings From the Community Needs and Services Study*, Am. Bar Found. (2014), http://www.americanbarfoundation.org/uploads/cms/documents/sandefur_accessing_justice_in_the_contemporary_usa._aug._2014.pdf.

[25]Lawton & Sandel, *supra* note 17.

[26]Barry L. Carter et al., *The Potency of Team-Based Care Interventions for Hypertension: A Meta-analysis*, 169 Archives Internal Med. 1748 (2009).

team are already doing.[27] Additionally, for some of our participants, the ability to say, "I am going to call my lawyer" added "teeth" to their own self-advocacy and helped to ensure that their rights were not dismissed. The training and experience of working with the MLP also equipped other members of the medical team to do some forms of legal support including rights identification and basic advocacy, expanding access to justice beyond what only the lawyer could provide. Indeed, our data speak to the value of ongoing and comprehensive education in social and legal determinants of health across the health care team. Furthermore, in working as part of a team with social workers and other medical providers, the lawyer developed knowledge and skills that allowed her to provide nonlegal assistance; for example, alerting clients to community programs or helping them navigate the medical system.

Beyond addressing individual needs, this team-based approach may have a unique capacity to address broader policy issues that affect health through coalitions of patients, medical providers, community members, and lawyers. Indeed, like many MLPs, the MLP in this study was engaged in systemic advocacy to address legislative and policy barriers to health.[28] Furthermore, though our analysis of individual narrative data focused on how the MLP addressed individual barriers to legal services, larger policy changes may be able to address more upstream and systematic determinants of the justice gap.

In addition to highlighting the value of MLP for addressing the justice gap, our findings can inform MLP best practices. For example, our findings highlight the benefits of locating lawyers on-site. In our study's setting, this allowed the lawyer to routinely check in with clients when they came for their medical visits and to identify new legal needs in a timely manner. Furthermore, it is important to note that the lawyer in our study was fully funded by the hospital system. In other settings where the MLP is funded through the legal aid organization, MLPs may not increase overall access to legal services in the community.

Our findings should be interpreted in light of a few limitations. First, individuals who volunteered to participate in this study may be different from those who did not, and our data may not contain the full range of experiences with this MLP. However, given that our goal was to identify the ways in which MLP could operate to address the justice gap, rather than to describe the prevalence of these MLP experiences, the potential nonrepresentativeness of our data is less of a concern. Second, though our data suggest multiple ways in which the general MLP model can address

[27] Trott et al., *supra* note 13.

[28] Regenstein et al., *supra* note 6.

barriers to legal services, some aspects of participants' experiences are likely shaped by the characteristics of the MLP under study and may not be transferable to all MLP settings. For example, in our study, the lawyer was present within the clinic on a full-time basis, which likely facilitated the development and maintenance of ongoing relationships. This may not be the case in other MLPs where the lawyer is available part-time or located off site. Furthermore, the personal characteristics of the MLP lawyer at our research site may have played an important role in building the relationships and trust that participants described. Participants frequently noted appreciation for the respectful, timely, and committed way that the MLP lawyer worked with them to address legal issues. Though these characteristics may limit the transferability of our findings, they may also be considered essential qualities of MLP lawyers. In summary, though we capture a range of MLP experiences, these varied experiences are nested within a single-site case study. Our understanding of how MLPs can address the justice gap can be further deepened and refined through additional in-depth case studies at other MLP sites.

VI. CONCLUSIONS

Our study draws on the lived experiences of MLP patients to provide novel insight into the ways in which this interdisciplinary partnership can address barriers to legal assistance and access to justice. Our findings suggest that by integrating legal and health care services, MLPs may be able to reach and support individuals who would otherwise not have sought or been able to access legal services. Furthermore, the MLP model may uniquely address legal needs preventatively through screening and ongoing relationships. Beyond MLPs, by identifying and describing barriers to legal aid, our findings can inform other interventions to address the justice gap. Given the significant burden of unmet legal needs among low-income Americans, such interventions are critical to addressing social and legal determinants of health and advancing health equity.

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