

Addressing Unmet Social Needs and Social Risks — A Qualitative Interview-Based Assessment of Parent Reported Outcomes and Impact from a Medical Legal Partnership

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Abstract: Medical legal partnerships address individual legal needs that can create impediments to health. Little is known about outcomes from medical legal partnerships and their relationship to access to justice. This paper reports outcomes from one medical legal partnership from the perspective of the client, with specific emphasis on impact on health and concepts related to access to justice. We suggest a conceptual model for incorporating medical legal partnerships into a broader framework about access to justice.

Legal needs often reflect unmet social needs, which contribute more to individual overall health than health system interactions and interventions.¹ Despite high legal needs, access to justice to resolve needs is poor, particularly among communities of color.² Reasons for lower engagement

with the legal system include prior negative interactions with the criminal justice system that subsequently impact views about the civil justice system, negative past experiences with public institutions, and decreased willingness to engage in any legal proceeding or to seek legal help as it counters personal narratives of self-sufficiency and may perpetuate stigmas surrounding need for assistance. Medical legal partnerships (MLPs) address individual and structural barriers to attaining optimal health. Little is known about how interactions with MLPs reflect broader concepts of access to justice.

Screening for social determinants of health can unmask unmet social and legal needs and is recommended by national medical organizations.³ Medical legal partnerships (MLPs) are situated to address multiple unmet social and legal needs.⁴ However, lack of data on utility of screening for legal needs and success of MLPs can be a barrier to sustained use.⁵ Beck et al. recently showed that use of an MLP reduced readmissions in the year subsequent to its use, demonstrating a positive health impact from MLP use.⁶ The purpose of this qualitative study is to examine the MLP experience from a 360-degree perspective, reporting legal partner data on case statistics and resolution, corre-

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sponding available medical data, and parent perspectives on their experience with the MLP, its impact on health and relationship to accessing justice.

Methods

We conducted a modified grounded-theory constructionist qualitative cross-sectional study of parents who were referred to a medical legal pilot program at a tertiary children's hospital to evaluate the experiences of parents and outcomes of children, with an emphasis on health impact. Parents of children who were referred to the MLP between January 2019-December 2020,

common, the interview guide was modified to include the role of educational issues as the primary referral reason or a concomitant concern.

Interviews were transcribed verbatim. Transcripts were entered into Dedoose and coded by two raters between February 2021 and May 2022, with discrepancies resolved by principal investigator review and consensus between coders. Codes were generated in an open coding process within predefined domains that included perceptions about access to justice including barriers and motivators to pursuing legal services, pre-MLP attempts at problem resolution,

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who spoke English or Spanish and who consented to the sharing of their legal data with the research team were invited to participate in a semi-structured interview about their experience. The interview period was selected to deliberately include sampling of parents pre- and post- onset of the COVID-19 pandemic, with January 1, 2020 used as the cut-off for post-COVID referrals. Invited parents specifically consented to recorded interviews and to the extraction of clinical data about their child from the medical record. Parents who provided this specific consent were interviewed. The study was approved by the institutional review board of the principal investigator's institution.

Interviews were conducted by 5 study team members (2 English speaking and 3 Spanish speaking) specifically trained on the interview guide for the study. The principal investigator either conducted or directly observed some interviews with both English and Spanish speaking study personnel who conducted interviews, in order to ensure consistent application of the study interview guide and approaches to probing where necessary.

The interview guide included several pre-defined domains of interest including questions about how the parent perceived their referral reason with respect to a need for legal assistance, their experience with the MLP process, perspective on MLP outcome/satisfaction, and the impact of the MLP on health. The interview guide underwent iterative revision. As early interviews indicated that educational issues were

characterization of the legal issue, access to the MLP, experience with the MLP including wait time for services, MLP process and outcome, satisfaction with MLP involvement, and educational concerns.

Data was also collected from the participant's legal and medical records to characterize the study population, including sociodemographic characteristics, parent health literacy, compliance with flu vaccination as a measure of access to preventive care, case characteristic and case disposition. Legal data was obtained from our legal partner with client consent; medical data was extracted from patient medical records. All medical and legal data were entered into Excel and stored in a restricted folder on a network drive. This file was subsequently deidentified and imported into STATA for analysis of study population characteristics. Descriptive statistics are provided for these data. Fisher's exact test was utilized to examine associations between sociodemographic variables (gender, race, ethnicity, language, insurance, health literacy, Child Opportunity Index (COI), household size and county) and legal problem categories as well as case disposition.

Results/Findings

Sample Characteristics

A total of twenty-five individuals consented to participate. The median age of children for whom an MLP referral was made was 17 (interquartile range 7, 20). Seventeen children were male and eight were female. The majority of the population was Other/Multira-

cial (n=12, 44%), with White (n=8, 32%), Black (n=3, 12%) and Asian (n=2, 8%) also represented. Over half of the population identified as Hispanic (n=13, 52%). Sixty percent of participants primarily spoke English (n=15, 60%), while forty percent (n=10, 40%) spoke Spanish. Most respondents (n=22, 88%) were publicly insured or mixed private/public insurance (n=1, 4%), while two (8%) had no insurance. The majority of referrals were made for patients with endocrine (n=7, 28%), respiratory (n=6, 24%) or gastroenterological (n=3, 12%) diagnoses. Most children were also medically complex, having more than one specialist providing care (n=18, 72%). Most had not received a flu shot, a marker of routine care (n=14, 56%). The mean household size for referred children was 4 (standard deviation 1.7). Most children lived in neighborhoods with low or very low child opportunity index (COI) (n=11, 44%), with nine children (36%) living in moderate COI neighborhoods, and five children (20%) living in high or very high COI neighborhoods.

Ten interviews (40%) were conducted with parents of patients referred prior to the onset of COVID, and fifteen (60%) were conducted in parents referred after the onset of COVID. The majority of parents (n=18/19, 94%) for whom a health literacy level was

documented had adequate health literacy, with one (6%) having low health literacy. Twenty individuals had problems in a single legal category, while four had two categories of legal problems and one had three. Across the twenty-five cases, the breakdown of legal problem categories is shown in Table 1. The majority of cases involved education (7/25, 28%) or family (7/25, 28%) issues. Public benefits cases included social security concerns including overpayment or reduction/termination, temporary assistance for needy families (TANF) and supplemental nutrition assistance program (SNAP) enrollment. Education issues included cases involving individual education plans (IEPs) and 504 plans. Housing issues included housing conditions concerns and evictions. Family issues included guardianship of disabled adults, domestic violence, and child support. Immigration issues included residency enrollment. Health issues were related to insurance enrollment. The majority of cases involved extended service (12/25, 48%). The breakdown of legal service involvement is shown in Table 2.

There were no significant associations found between sociodemographic variables and legal problem categories. Ethnicity was associated with case dis-

Table 1

Categories of Legal Problems

Problem Category	Primary Problem	Secondary Problem	Tertiary Problem
Public Benefits	6/25 (20%)	4/5 (80%)	1/1 (100%)
Education	7/25 (28%)	X	X
Housing	3/25 (12%)	X	X
Family	7/25 (28%)	X	X
Health/Insurance	2/25 (8%)	X	X
Immigration	X	1/5 (20%)	X

Table 2

Level of Legal Service Involvement

Level of Legal Service	Defined	Number of Cases (%)
Brief Service Level 1	Provided advice	3 (12%)
Brief Service Level 2	Provided advice + referral	2 (8%)
Extended Service	Provided direct advocacy	12 (48%)
Full Representation	Represented in legal proceeding	6 (24%)
Incomplete Intake	Client did not complete intake	1 (4%)
Unknown	Client lost to follow up after intake	1 (4%)

position with those identified of Hispanic origin more frequently requiring extended or full representation (9/9, 100%) compared to those of non-Hispanic origin (8/14, 57%), $p = 0.048$. Language was associated with case disposition with those who identified as Spanish speaking more frequently requiring extended or full representation (9/10, 90%) compared to those who identified as English speaking (9/15, 60%), $p = 0.045$. Timing of referral was associated with case disposition with those who were referred post-COVID more frequently requiring extended or full representation (14/15, 93%) compared to those who were referred pre-COVID (4/10, 40%), $p = 0.014$. Finally, county was associated with case disposition, although the small numbers in all non-Cook County locations made these associations likely not meaningfully significant.

Parent Experiences with the MLP

Multiple reasons emerged for referral to MLPs including education issues (Participant 2, Participant 14), housing issues (Participant 10, Participant 14), public benefits (Participant 3, Participant 15), disability rights and need for assistance with activities of daily living (Participant 2, Participant 20), health insurance (Participant 17, Participant 15) and guardianship (Participant 38, Participant 43). Individuals were connected to the MLP through the Children's Hospital. Some parents reflected that this trusted entity helped, "I was on the family advisory board...at Lurie... I saw [someone] that I used to work with... I was telling her the story [and she] referred me to legal." (Participant 2). Most participants indicated referrals were made through their doctor (7 participants) or social worker (9 participants), although referrals through a nurse, and family advisory board were also made. The remaining participants indicated they were connected generally through the Children's Hospital. The majority of parents described no perceived delay in connecting to the MLP (Participant 18, Participant 19), while some parents noted a wait time of one to five months to be connected to the MLP (Participant 16, 45, 51). Parents described that MLP staff quickly understood their problem, which facilitated the process "[The] person at the legal services organization knew exactly what I needed as soon as I relayed information to her." (Participant 13 and Table 3). Beyond understanding the legal problem, however, some participants commented on the MLP contact being able to understand the lived experience of the clients (Participants 26 and 30, Table 3). Participants noted that their MLP contact stayed in communication with them until the issue for which they were referred was resolved, frequently updating and communicating with them throughout the pro-

cess. One participant remarked, "once the school like started to take me seriously, she kind of like stayed on until I had the actual documentation in hand that I needed. So, like he had gotten his IEP, with all of his minutes and everything that he was entitled to. Until she got that, she kept in contact with me. And then once we got all of that done and it was kind of like a binding document, then that's when she said if I ever needed anything to [try her first for] anything [and] that she was always there to help. And I could reach out at any time." (Participant 13 and Table 3). Outcomes from MLP referrals varied (Table 3). In some cases, no legal remedy was available (Participant 2). In other cases, there was timely resolution of the legal issue (Participant 3). Other parents noted that involvement taught them skills for the future (Participant 13). Regardless of outcome, respondents rated their satisfaction at four (4 participants) or five (21 participants) out of a possible five, and overwhelmingly described positive experiences with the MLP, noting that the legal aid organization was committed, eager to help, knowledgeable and informative (Table 3).

Impact of MLP Experience on Health of the Child

Respondents commented on variable impact on health following participation in the MLP (Table 4). Some noted no specific health impact, particularly when the legal issue for which the referral was made was not directly linked to access to healthcare (Participant 13). Others noted positive direct health impact from MLP engagement, including physical, emotional and mental health, and improved access to care (Participants 10, 23, 26, 47, 51). Finally, parents noted indirect health impact on the child secondary to improving finances, access to providers through guardianship and alleviating parental stress, leaving parents more available to attend to the child (Participants 10, 18, 26).

MLPs and Access to Justice

Parents noted multiple barriers to accessing legal services (Table 5) to resolve unmet social needs and, despite having problems lasting months (Participant 14) to more than a year (Participant 15), hadn't sought legal services, "before the introduction to services in the clinic." (Participant 15). Many were not aware that their problem could be framed as a legal issue (Participant 20) or that they would qualify for legal assistance (Participant 18). Without the MLP, the majority noted even if they were aware of the legal nature of their problem, they would not have been able to secure legal assistance (Participant 13). For those who had contemplated legal assistance, they had not reached

Table 3

MLP Experience

Domain	Theme	Representative Quote (Participant)
Process	MLP lawyers understood problem	They were very understanding, very empathetic, outraged themselves as to what was going on and I mean it was easy to open up and talk to them in detail of what was happening. (Participant 33) From my point of view, the process was easy. Something I thought was going to be very difficult, but everyone helped me. They knew how to know all my rights about me and my daughter. (Participant 43) Well, she understood what I was talking about, she understood, you know I would explain what was being sought after and she would go okay and you know my frustrations and she listened to me and just took care of everything. (Participant 26)
	Understood Lived Experience	Yeah I know but being that he's in a wheelchair you know they don't understand it, they think he's lying. It's kind of stupid. But he still goes to school and we try and get him to do the best that he can do ... You know [the MLP lawyer] would understand my frustration and you know how we could resolve them. You know would help me get through some of the stuff. It was really nice. (Participant 26) Well, I mean I guess you know getting to know the person and just understanding where they're coming from and reaching out for help. (Participant 30)
	MLP lawyers kept contact and updated client until issue resolved	The person that I dealt with was just wonderful. She checked in with me all the time. I could call her when I needed help or when I got something that came through saying I needed this, this and this and she would back me up. She would go after them saying look, we're you know a legal team, you need to, so it was wonderful. It took a lot off my mind and they did a lot of the work that I couldn't get done just because I don't know steps involved. (Participant 26) They're a little bit more — they explain things better for the parents about with us about what goes through and what's going to happen. This is how this will go, or this is how this is done, like they explained a lot more about how the situation is going and how things will go and what will happen. (Participant 8)
Outcomes	No legal remedy	"Not that she did anything wrong, nothing came of it. Like there was actually no action after ... [My] impression that I was left with was that, um, there's not any really specific laws to address this topic." (Participant 2)
	Timely resolution of legal problem	"Social security was saying that I owed them money. And so I had to give them all the information that I had showing that I owed them money ... and they must have helped because I have not received any [more] letters." (Participant 3)
	Involvement empowered parent/taught skills	"I learned a lot that will help me if problems in the future. I learned about the patience needed in the process." (Participant 13)
Positive Experience	Eager to help	"I never had someone help me like really from the bottom of her heart and she did everything in her ability to help me do better. She was just a phenomenal legal aid." (Participant 23)
	Knowledgeable	"From my point of view, the process was easy. Something I thought was going to be very difficult, but everyone helped me. They knew how to know all my rights about me and my daughter." (Participant 43)
	Committed	"My experience was very good, they paid a lot of attention and know how to support the family. They were very committed." (Participant 25)
	Informative	"[S]he was keeping me completely informed throughout the entire practice." (Participant 13)

out previously due to cost, not knowing how to connect to legal services, mistrust of lawyers, and wanting to be law abiding/avoid aggressiveness of legal intervention (Participants 2, 26, 43, 45). Some respondents reported trying alternative strategies prior to legal intervention, including letters from physicians, making their own appointments for access to benefits, and contacting the public health department (Participants 13, 26, 30). At least one respondent directly acknowledged the lack of success with alternate strategies (Participant 26). Individuals were motivated to pursue legal assistance for multiple reasons, including failed prior attempts at resolution (Participant 13), inadequacy of alternative options (Participant 18), and the difficulty in navigating programs (Participant 12), particularly in the disability setting (Participant 2). Involvement in the MLP invoked perceptions of access to justice (Table 5). Some reflected that their legal problems raised justice/fairness and equity considerations and, in some cases, direct civil liberties violations that could benefit from legal recourse (Participants 2, 33, 48). Others noted that access to justice is a fight, remarking that parents will fight for their children's needs and that legal assistance in the fight

is sometimes necessary (Participant 13, 33). Finally, some noted that MLP involvement empowered them for the future. (Participants 10, 13, 23, 33).

Parents also noted indirect linkages to justice. Many commented that the MLP service was necessary, and that without it, they would not have been able to resolve their problems (Participants 2, 10, 33, 39, 47). Some highlighted the critical role that the client's doctors and hospital played in providing a warm handoff to legal services (Participants 3, 33), although some perceived the lawyer to be a hospital lawyer (Participant 18). The MLP served an important educational role for parents, in giving them the information necessary to address their own situation and to give them the tools to facilitate peer education about legal issues facing other parents (Participant 40). In addition, parents noted additional unanticipated benefits of MLP involvement including value in sharing their story (Participant 2), making their issue visible (Participant 20), and making them feel validated (Participant 13, 26).

Table 4

MLP Health Impact

Health Impact	No specific impact	"Well, no, only because I feel like his healthcare has never been compromised." (Participant 13)
	Positive – physical	"His asthma was able to get under control so he could do activities in school." (Participant 51)
	Positive – emotional	"Not in [physical] health, but emotionally, yes." (Participant 47) "Definitely, yes, Like emotional health at home and at school, yes" (Participant 23)
	Positive – mental	"Absolutely. For his mental health? Absolutely. It got him to a better place. It got him to speak ... I will say that it got hm to where he needs to be and it helped him and guided him to kind of be where he needs to be at emotionally, mentally and just everything. So absolutely." (Participant 26)
	Positive – access	"Um, well yeah because they helped me because we didn't have insurance at first. So they helped me also get insurance for him." (Participant 10)
	Indirect – financial benefit	"I think it's more helped us financially so that we can get what we need better for him you know whenever he needs stuff." (Participant 26)
	Indirect – guardianship improves access	"Yeah, it gave us more help so we could go to the doctors with no problem. Everywhere I go, they ask me are you the legal guardian for him and I say yes, so that's why I'm the one that's making the decisions for him. If I don't have legal guardian[ship], I don't know what's going to happen to my son." (Participant 18)
	Indirect – alleviates caregiver stress	"Um, well I would say that they made it a better outcome. I was able to attend to him more like as far as not having so much anxiety or stressful worrying about my housing situation. I could focus on him because the legal help was helping me already. So that took, you know, that made it better. I was taking care of him, and being in better recovery, because I could, you know, spend that time ... instead of stressing about the situation. I had that covered through you guys. And I had that time to, you know, be a mother to him and do what I needed to do for him." (Participant 10)

Table 5

MLPs and Access to Justice

Domain	Theme	Representative Quote
<i>Barriers to Legal Assistance</i>	Unaware of legal issue	“He was my first child so I wasn’t aware of what rights like I had or didn’t have.” (Participant 20) “I didn’t know what my daughter needed.” (Participant 47)
	Unaware of eligibility for legal assistance	“I had known through the school that there was help available, but exactly how to get it or where to get it from and what it was for seemed to be more for people that were denied services, which wasn’t quite the case.” (Participant 18)
	Unable to secure legal assistance without MLP	“[I was] aware [we] could be helped by a lawyer but not really able to secure one.” (Participant 13)
<i>Reasons for not seeking legal assistance</i>	Cost	“I was very confused about the process, where to go, and I thought it was going to be too expensive.” (Participant 43)
	Lack of connection to legal services	“I haven’t known how to get started.” (Participant 45)
	Mistrust	“I had a lawyer a long time ago but he kind of screwed me over and I don’t really trust them.” (Participant 26)
	Avoid “legal trouble”	“I really don’t run into legal problems. We try and be law abiding.” (Participant 26) “We contacted a lawyer on our own and that just freaked my son out, because he thought that sounded so aggressive, you know?” (Participant 2)
<i>Alternative Strategies</i>	Doctors Letters	“So we did, his doctors wrote letters to the school. I had numerous conversations with the special ed person and his teachers. His therapists, like outside therapy they were writing letters to the school about different things that he needed help with and I was just going nowhere. I was being told like, well, preschool and kindergarten are not required by law for them to do and so they just would do nothing. It was horrible.” (Participant 13)
	Department of Public Health	“The Chicago Public Health Department, the management of the building that I’m in and yeah.” (Participant 30)
	Self-made appointments for benefits	“[We were] going to appointments but everyone kept just restarting [the] process” (Participant 26)
	Unsuccessful	“[W]e tried, they work very slowly. So you know things weren’t progressing very much. It was just like we were waiting and waiting and waiting and nothing was ever happening because they had asked for things and there were things I couldn’t do.” (Participant 26)
<i>Motivators to Pursue Legal Assistance</i>	Failed Prior Attempts	“[We] tried before going to appointments but everyone kept just restarting [the] process.” (Participant 13)
	Inadequate Alternate Options	“We asked for some assistance because the school that she had transitioned out of had encouraged us to just take the home service program that she should qualify for.” (Participant 18)
	Difficulty Navigating Other Pathways	“I had known through the school that there was help available, but exactly how to get it or where to get it from and what it was for seemed to be more for people that were denied services, which wasn’t quite the case because money was an issue and we weren’t going to go find out. We were talking about doing it, but they were, it would kind of take you, need to go to all the meetings. They weren’t convenient. You know it was something we were looking at, but not seeking aggressively to do because we weren’t sure if that’s the route we wanted to go in.” (Participant 12)

Table 5 (continued)

MLPs and Access to Justice

Domain	Theme	Representative Quote
	Difficulty Navigating Other Pathways (cont.)	“And, I also think that it’s really difficult to navigate kind of the whole world of SSDI and vocational rehab, and you know all of that stuff. Like you ... you really have to know what you’re talking about.” (Participant 2)
Access to Justice Considerations	Fairness Concerns	“[A]nd the thing is too that I’m fortunate to have that whereas other people aren’t and that’s why this program at Lurie’s was so great for medical families because not everybody has that at their fingertips and that’s not fair. That’s not fair to the others as well.” (Participant 33)
	Equity Considerations	“Like ok, if we hadn’t known this person ... you know what I mean? And there’s some other kid sitting in the same position, and they don’t know that person. They would have a different result.” (Participant 2)
	Civil Liberties Violations	<p>“[T]here were other clear cut IEP violations and clear cut ADA violations as well and learning this going through this with a lawyer later and so after that they wanted to just kind of write him off and send him to a different school because they weren’t able to handle him anymore” (Participant 33)</p> <p>“I feel that in the future I would like to be accompanied to the Social Security office and be able to talk to those officers. If you don’t come with a lawyer sometimes they ignore you or are racist in that office, I wanted to be accompanied.” (Participant 48)</p>
	Access to justice is a fight, sometimes needing legal assistance	<p>“I think they also, I don’t think they, they underestimated me as a parent, like, you know, there were a lot of kids that their parents really just didn’t care and you just saw it every day at the school, and I know that they see that all the time, like in every school setting, but I don’t think they were quite prepared for it like me fighting so hard for him.” (Participant 13)</p> <p>“They helped me by getting through to the agency. You need to deal with this instead of putting it on the backburner. I understand there’s probably hundreds of people like me, or thousands, and you know you get in line but sometimes the line is just you can’t wait for the line. You gotta get a little bit more going. You know plus it’s your kid and you’re trying to get your kid what he needs. You know as a parent you want your kid to be first but I can understand not being first but I also don’t want to be last.” (Participant 26)</p> <p>“What they had told me was that they don’t have time for my son. Yeah. You know momma bear came out after that. They basically told me that he takes up too much of their time in the day and while I understand that, I don’t, ya know? ... [F]or a school to tell me that they don’t have time for my son. Sorry. Yeah, that’s where I draw the line.” (Participant 33)</p>
	Warm Handoff from Trusted Entity Facilitated Access to Justice	<p>“Well, if I come in contact with any problems I could ask [the hospital] about it.” (Participant 3)</p> <p>“You know I wouldn’t have known where to start. We have a very good relationship with our physicians at [the hospital] that my son sees and quite honestly because the school district was not helpful whatsoever, so quite honestly if it wasn’t for the hospital I really don’t know where we would have turned to be.” (Participant 33)</p>
	Hospital Perceived as Lawyer	“They hired a lawyer from [the hospital], yeah. I don’t have any private lawyer.” (Participant 18)
	MLPs needed to access justice	<p>“And, we need you. Even from a legal perspective to help navigate some of these things because I think it’s keeping ... I think it’s keeping people in the disability community from really reaching ... from going further in what they can accomplish cause they’re nervous.” (Participant 2)</p> <p>“Um, only thing that I can say is that this service is needed, um like I feel like this service is needed in the hospital, because you never know like what situation a family faces, um other than just the medical needs.” (Participant 10)</p>

Table 5 (continued)

MLPs and Access to Justice

Domain	Theme	Representative Quote
Access to Justice Considerations	MLPs needed to access justice	<p>“It’s needed, especially now with COVID it’s needed ... I’m not saying whenever there’s a problem just make a lawsuit but what I feel is needed at the hospital is something like this permanently so that parents know how they can advocate for their kids. [N]ot everybody is that fortunate and then you know you think about the families who are truly underserved as well or don’t speak English or whatever it may be and it saddens me, there’s more kids out there that are going through this, what we went through, and their parents just don’t know where to go.” (Participant 33)</p> <p>“I want to congratulate you, because programs like these, help not only the Latino community but the parents of the children who have some condition, we need these. We feel so much more support, to be told that everything is going to be fine. Thank you very much and hope you keep this type of program for those who need it. Many times we feel that we knock on doors and they do not open us, or we knock on the wrong ones. Being able to count on this type of help, we feel that, if someone is telling us you do not have to worry anymore, everything will be fine, we will help you, and we are more relaxed.” (Participant 39)</p> <p>“I’ve already been asked everything, but I do think they should continue with this program. I know that it is not my daughter who goes through this situation, many suffer for the same.” (Participant 47)</p>
	MLP provided education that helped facilitate others to access justice	<p>“Well, it has definitely gave me the experience of being able to share other parents that are going through this you know just to be patient and to keep filing when they keep denying them and just to be patient because once the hospital steps in they’re definitely going to help them out, so yeah, I mean it helped me understand a little bit more and it also helped me help other people by telling them my experience with the whole help that they gave me.” (Participant 40)</p>
	MLP Involvement Empowered Parent	<p>“I think that it helped me to realize that I don’t have to like deal with certain things alone. Maybe like even if the legal team couldn’t help me, they probably would have had resources or referrals for someone else to help me.” (Participant 10)</p> <p>“Well, I know where to look to find out what my child is entitled to, and I also know where to reach out to now when I need help.” (Participant 13)</p> <p>“Even me too, there’s hope, it gives me hope. I can get help and she can help. I don’t have to be dependent on the father of the child all the time and yeah, it is like empowering women.” (Participant 23)</p> <p>“[K]nowledge is power and as parents and as advocates educating yourself is the best thing you can do but you need to have guidance and need to know where resources and tools are in order to do that and I feel like that’s what this program did is that if this were to happen again, even though let’s say the hospital didn’t fund this kind of a program, I would at least know where to start, I would know some resources and take care of it myself. Would kinda be able to feel like I could try and handle the school district on my own so to speak and advocate for my son, so absolutely. I do feel that it did a very good job at you know educating and guiding and helping me become a better advocate for my kid.” (Participant 33)</p>
Unanticipated Benefits	Value in Sharing Story	<p>“[I]t was nice to share it with someone.” (Participant 2)</p>
	Elevated Visibility of Legal Problem	<p>[T]hey sent a formal letter and literally the day the school got the letter they were all of a sudden my very best friend.” (Participant 13)</p>
	Experience Validated Parent	<p>“I felt validated through the entire thing and just encouraged that this is not normal, like this fight is not normal, like they would help me and that, I don’t know, I just felt validated.” (Participant 13)</p> <p>“You know she would understand my frustration and you know how we could resolve them.” (Participant 26)</p>

Impact of COVID

While the interview guide did not directly solicit information about the impact of COVID, interviews were conducted pre- and post- onset of COVID (2019 defined as pre-COVID and 2020 defined as post-COVID), in order to assess whether the pandemic impacted approaches to legal problems, or the use of legal resources. One respondent noted that they were willing to “give” on their issue, which seemed of lower magnitude in the setting of COVID (Participant 33). Others commented that advocacy was stalled, and a resolution was less attainable in the setting of COVID (Participants 12, 40). Another respondent commented, however, that loss of legally enforced pandemic mitigation measures, like mandatory masking, exacerbated negative health impacts on their child’s health condition (Participant 33).

Discussion

We found that the majority of patients referred to a medical legal partnership in a tertiary care children’s hospital were publicly insured and medically complex. Almost half were Spanish speaking. Individuals were referred from very low/low to high/very high COI neighborhoods, suggesting that legal problems occur across variable socioeconomic statuses. Although

most were publicly insured, it is likely that some children qualified for public insurance based on complexity rather than income.

The majority of referrals were for education or family issues. Speaking Spanish, being identified as Hispanic ethnicity, and being referred post-COVID increased need for extended legal services or full representation. Patients identified as Hispanic ethnicity and those who spoke Spanish may have required extended services as guardianship issues were common in this group and would have necessitated court involvement to obtain guardianship. It is not clear why those who were referred post-COVID required extended or full representation though it is possible that legal issues became more complex and/or delayed during the pandemic, necessitating additional time to achieve resolution.

Most parents reported a positive experience with the MLP, noting the connection was made through their child’s hospital, a trusted entity. Regardless of whether a legal remedy was available, parents noted that MLP staff were committed, eager to help, knowledgeable and informative. Most parents noted direct or indirect positive impacts on their child’s health from MLP involvement, commenting that alleviating parent stress related to the legal issue for which the

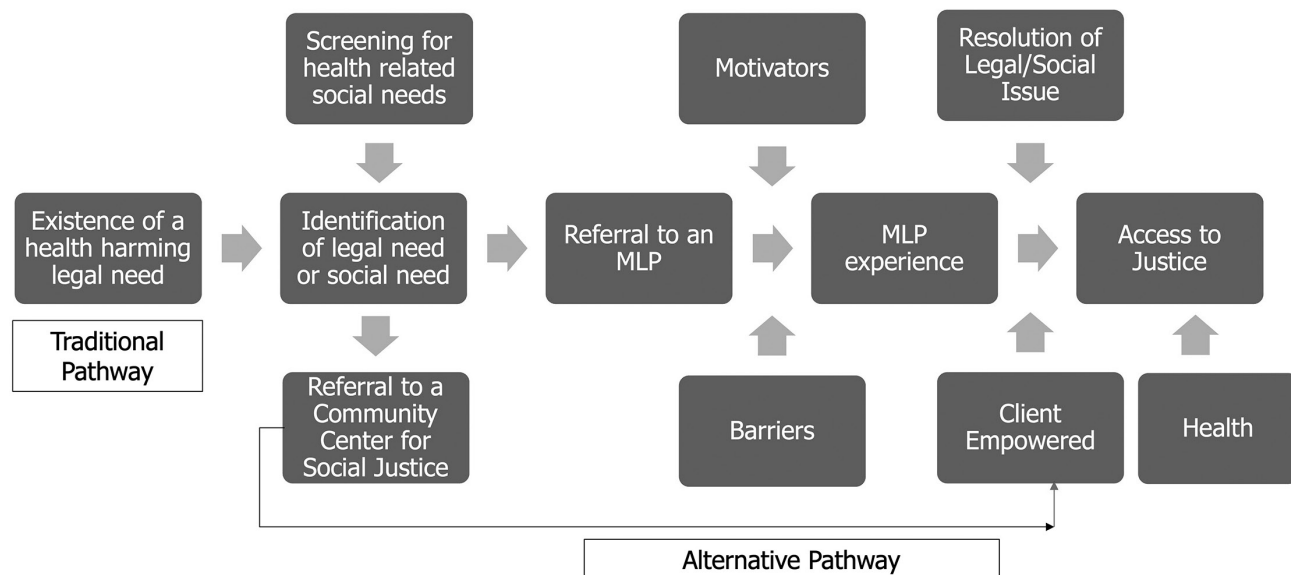
Table 6

Influence of the COVID-19 Pandemic on MLP Experience/Utilization

COVID Impact on Use of Resources	Stalled advocacy due to lower perceived magnitude of problem	“I think really to be honest at the time we used it at a really bad time, we used it when COVID hit and so I think that that’s the only thing is that you know if COVID wouldn’t have hit would we have utilized the service further and really implemented I don’t know like ...whatever to drive change at the district? We probably would have. It’s just you know I think we gave the district a little, I don’t even know what to call it. We basically said we’re dealing with all of this and on then on top of COVID in the very beginning when we didn’t know anything about COVID either, I think we just kind of are like okay, you know what? We’re good. My son is in a good place and everybody’s got a lot to deal with right now, so let’s just move on.” (Participant 33)
	Stalled advocacy/ resolution less attainable	<p>“I’m not sure if the results were the result of the legal team or if it was just a coincidence with the timing of some of the COVID and some of the changes that happened at the Department of Rehab Services because a lot of that was still unresolved when we kind of said we’ve done what we can and we have to wait.” (Participant 12)</p> <p>“I mean she was gonna go to school but with this whole COVID, yeah, it’s not gonna happen. So it had affected the fact that she can’t, I would say it didn’t affect anything but the fact that now with this whole COVID thing, it was really affecting her being around other children and stuff but other than that she was gonna go to school and everything.” (Participant 40)</p>
	Loss of legally enforced mitigation strategies impacted health	“Do we need to bring up the mask mandate? I mean I say that jokingly but to be honest that is huge, especially for families who have immunocompromised children right now and school districts to just throw it to the wind right now, I just have no words on this with what’s happening right now.” (Participant 33)

Figure 1

Conceptual Model for Medical Legal Partnerships and Access to Justice



child was referred allowed the parent to better focus on the child’s other health needs. Making referrals through the child’s doctor and/or hospital approximates a “warm handoff,” a technique for referring from a known individual to a new provider, which has been recommended as a strategy to increase engagement with new providers.⁷ Positive health impacts from MLP involvement are also consistent with Beck et al.’s report of decreased readmission rates in the year following MLP involvement. In that study as well, referrals to an MLP were made through a primary known provider. We found, as Beck et al. hypothesized that positive effects stemmed both from relieving legal needs not directly related to ill health as well as conditions related to illness.⁹ Our findings suggest that identifying and referring for legal needs through the patient’s known provider can be a useful tool to connect parents to legal services. More widespread screening for social determinants of health may uncover greater numbers of individuals for whom MLP referral may be indicated and, if services are utilized, may lead to more positive health outcomes.

Despite an overall positive impression of the MLP, individuals still reported barriers to seeking legal services including being unaware that their problem was a legal issue, lack of access to legal assistance, concerns about cost, and a desire to avoid legal involvement and desire to be perceived as law abiding. Many of these factors align with concerns about trust outlined by Greene.⁹ Improving trust, through use of mechanisms

like warm handoffs, may lead to increased engagement with MLPs and improve access to justice. Participants commented that access to justice requires a *fight*, which suggests that the civil justice system is in opposition to individual needs, also consistent with Greene’s report that negative prior experiences with the justice system can impact future conceptions about justice. Respondents also reported positive effects of the MLP experience through empowerment — teaching them skills for future problems, allowing them to have their story heard and validated and through the opportunity to educate and assist their peers. Empowerment through peer assistance may support development of community-based centers for social justice that could include peer referral in addition to medical referral, providing an alternative pathway to accessing justice.

Based on our findings, we developed a conceptual model for access to justice (Figure 1). The traditional pathway reflects current referral processes, where screening more widely may be used to improve referrals. However, consideration might also be given to development of community centers for social justice, as an alternate pathway to empower clients and potentially improve engagement through referral from community members, which may be seen as trusted messengers. Access to justice through community, people-centered, approaches has been attempted internationally.¹⁰ Within such centers, the use of trusted messengers — individuals within the community who other community members recognize as part

of the community — may also improve referrals for legal or other community services to facilitate access to justice and potentially improved health.¹¹

There are important limitations which must be acknowledged about this study. The study was conducted in a single center with one MLP program. The population was diverse but may not be reflective of other MLP demographics. Additionally, interviews were conducted with those who had pursued legal services and consented to participation, thereby excluding those who were referred and did not pursue services, leading to twenty-five respondents. These factors may limit generalizability of our findings. However, the in-depth qualitative approach and reaching saturation of themes mitigates these limitations. Finally, most cases referred for legal services did not involve emergent concerns and were able to be resolved. An MLP with a different case-mix might have different outcomes. This study therefore supports future work evaluating outcomes from referrals to multiple medical legal partnerships, including assessment of why individuals do and do not pursue services.

Conclusion

Medical legal partnerships are an important vehicle for access to justice. Employing strategies such as warm handoffs and the use of trusted messengers may increase engagement with MLPs. Increasing referrals to legal services through screening or the use of community centers for social justice with peer referral may also lead to increased uptake of legal services and improved health.

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