



# Framing Legal Care as Health Care

A guide to help civil legal aid practitioners message their work to health care audiences

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## About This Guide

Partnering across sectors requires learning to describe your mission and work in your partner's framework and language. In medical-legal partnership, this means re-framing civil legal needs as social determinants of health and describing the benefits of civil legal aid in health and health care terms. This guide is intended to help civil legal aid practitioners message their work to health care audiences.

## The National Center for Medical-Legal Partnership

The National Center for Medical-Legal Partnership's mission is to mainstream an integrated medical-legal approach to health and health care for patients and populations by: (1) Transforming the focus of health care and legal practice from people to populations; (2) Building and informing the evidence base to support the medical-legal partnership approach; and (3) Redefining interprofessional education with an emphasis on training health care, public health and legal professionals together. It is a project of the Milken Institute School of Public Health at the George Washington University. [www.medical-legalpartnership.org](http://www.medical-legalpartnership.org)

## Many Thanks

The civil legal aid leaders who formed the inaugural class of [Where Health Meets Justice](#) Fellows served as a focus group for this guide and provided invaluable feedback.

## How We Say It Matters: Talking About Civil Legal Aid’s Impact on Health

The only way to make legal care visible and necessary to health care is to describe it in the words and values of that community.

Much of what makes people in our communities sick are underenforced laws and policies, underfunded public programs and ill-conceived public policies related to housing, hunger, education and safety. While health care dedicates considerable resources to treating the illnesses caused by these problems, it does less to treat the source.

The civil legal aid community is in a position to help health care improve the circumstances in which people live, work and play – the social determinants that can negatively impact health. But for health care leadership and policymakers to see civil legal aid as a valuable tool for improving health and invest in it, civil legal aid’s role in improving health and health care must be clear. The only way to make legal care visible and necessary to health care is to describe it in the words and values of that community.

This guide is intended to help civil legal aid practitioners message their work to health care audiences in order to build stronger cross sector medical-legal partnerships and to encourage investment in that work. The guide will help:

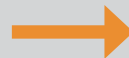
- Translate common civil legal problems and interventions into health care talking points (page 3);
- Frame stories with effective messengers (page 5); and
- Cultivate stories and data to support four messages that every medical-legal partnership should be able to tell about civil legal aid’s impact on health and health care (pages 4, 6-9).

### The Invisibility of Civil Legal Aid to Health Care: A Messaging Problem

72% of the civil legal aid community’s resources in 2012 were spent on family law, housing and public benefit cases.<sup>1</sup>



Safety, quality housing and income have enormous implications on health. However, the civil legal aid community describes its work on these issues in terms of the legal intervention and outcome, missing the opportunity to highlight its positive impact on ensuring safe communities, healthy physical environments and resources for people to meet their basic daily needs – critical social determinants of health.



To successfully partner, the health care and civil legal aid communities need to develop common language for talking about their work, values and impact that will resonate with both communities.



Despite overlap in goals and the people they serve, the civil legal aid and health care communities use different frameworks to describe their work and missions.

	CIVIL LEGAL AID	HEALTH CARE
Mission	More justice	Improved health
Description of impact	Cases successfully closed	Health outcomes
Description of work	Problems it tackles	Solutions it implements

**Q:** Why should health care address civil legal needs as part of its response to patient and population health?






**A:** Every low-income person has 2-3 unmet civil legal needs<sup>2</sup> that create barriers to healthy eating, healthy housing, employment and safety. Addressing those needs improves a person's health and helps medical treatments work more effectively.

## Translating Civil Legal Aid Services into Health Care Talking Points

To get health care support for civil legal aid services and medical-legal partnership, STOP describing the legal intervention.



START talking about how more income, better food, safer and stabler housing, and safer neighborhoods improve health and health care's bottom line.

I-HELP® Issue	Civil Legal Aid Interventions	Related Social Determinant of Health	Impact on Health / Health Care Talking Points
<b>Income</b> 	<b>Benefits Unit:</b> Appeal denials of food stamps, health insurance, cash benefits, and disability benefits	Increase the availability of resources to meet daily basic needs	<ol style="list-style-type: none"> <li>1. Increasing someone's income means s/he makes fewer trade-offs between affording food and health care, including medications.<sup>3</sup></li> <li>2. Being able to afford enough healthy food helps people manage chronic diseases and helps children grow and develop.<sup>4,5</sup></li> </ol>
<b>Housing &amp; utilities</b> 	<b>Housing Unit:</b> Secure housing subsidies; Improve substandard conditions; Prevent eviction; Protect against utility shut-off	Ensure healthy physical environments	<ol style="list-style-type: none"> <li>1. A stable, decent, affordable home helps individuals avoid costly emergency room visits related to homelessness.<sup>6,7</sup></li> <li>2. Consistent housing, heat and electricity helps people follow their medical treatment plans.<sup>8</sup></li> </ol>
<b>Education &amp; Employment</b> 	<b>Education &amp; Employment Units:</b> Secure specialized education services; Prevent and remedy employment discrimination and enforce workplace rights	Create equal access to the opportunity to learn and work	<ol style="list-style-type: none"> <li>1. A quality education is the single greatest predictor of a person's adult health.<sup>9</sup></li> <li>2. Consistent employment helps provide money for food and safe housing, which also helps avoid costly emergency health care services.<sup>10</sup></li> <li>3. Health insurance is often linked to employment.<sup>11</sup></li> </ol>
<b>Legal Status</b> 	<b>Veterans &amp; Immigration Units:</b> Resolve veteran discharge status; Clear criminal / credit histories; Assist with asylum applications	Create equal access to the opportunity to work	<ol style="list-style-type: none"> <li>1. Clearing a person's criminal history or helping a veteran's change their discharge status helps make consistent employment and access to public benefits possible.<sup>12</sup></li> <li>2. Consistent employment provides money for food and safe housing, which helps people avoid costly emergency health care services.<sup>13</sup></li> </ol>
<b>Personal Stability</b> 	<b>Family Law Unit:</b> Secure restraining orders for domestic violence; Secure adoption, custody and guardianship for children	Reduce exposure to violence and create a safe and healthy community	<ol style="list-style-type: none"> <li>1. Less violence at home means less need for costly emergency health care services.<sup>14</sup></li> <li>2. Stable family relationships significantly reduce stress and allow for better decision-making, including decisions related to health care.<sup>15</sup></li> </ol>

This chart was created by the National Center for Medical-Legal Partnership. Do not recreate it without permission.



## Four Medical-Legal Partnership Messages for Health Care Audiences

To be effective, medical-legal partnerships must deliver many different messages based on their specific goals and the community and institutions where they work. However, there are four core messages that every medical-legal partnership should be able to deliver – through story and through data – to their health care partners to make civil legal aid relevant in a health care context. Pairing one compelling statistic with one compelling story can be a persuasive way of conveying a message. Ideally, the stories and data are specific to the medical-legal partnership program sharing them.

### Message #1: Integrated legal care = healthier patients

The primary goal of every health care institution is to improve the health of the patients who walk through its doors. Medical-legal partnerships need to share stories and leverage data that show how legal care has (1) improved health, reduced stress and/or improved the well-being of patients; and/or (2) helped keep patients engaged in their health care. It is important that the outcomes convey improved health, not “more justice,” and that they are measured in human impact rather than cases closed. These stories can relate to any type of illness, population or civil legal issue depending on the focus of a medical-legal partnership and the needs of its health care institution.

### Message #2: Integrated legal care = more efficient / effective health care team

Addressing the health-harming civil legal needs of patients is not the work of attorneys and paralegals alone; it requires involvement from the entire health care team to help screen and treat them. As part of health reform, it is increasingly important that new interventions maximize the effectiveness and efficiency of the existing health care workforce. Medical-legal partnerships need to tell stories and leverage data that show how they (1) increase health care team member knowledge of social determinants of health; (2) increase the frequency with which health care team members screen for the social determi-

nants of health; (3) allow health care teams to get back to treating medical problems when legal problems are solved; and/or (4) enhance the existing work of case managers, care coordinators, patient navigators and others.

### Message #3: Integrated legal care = healthier solutions for the entire community

As part of health reform, a greater emphasis is being placed on preventive health care and interventions that treat health at the population level. One of the ways to prevent and improve poor health is to change the laws and policies that contribute to poor health. Medical-legal partnerships should tell stories and leverage data that show how health care and legal teams have detected and changed policies together, and in doing so, had an effect on health at the population level.

### Message #4: Integrated legal care = health care cost savings

Health care investment in medical-legal partnership is often contingent on proving that integrated civil legal aid services provide a cost-benefit to the hospital or health center, and are good not just for patients, but for health care’s bottom line. Medical-legal partnerships can encourage health care investment by telling stories and leveraging data that (1) illustrate money recovered in Medicaid payments for clinical services; and/or (2) demonstrate a reduced utilization in specific health care services when civil legal problems are addressed.

Pairing ONE compelling statistic with ONE compelling story can be a persuasive way of conveying a message.

What statistic and story from your medical-legal partnership best illustrate:

1. Healthier patients?
2. More efficient health care teams / clinics?
3. Healthier communities?
4. Health care cost savings?

Sample data points and stories for each message are included on pages 6-10. Use them as a starting point to think about the data and stories you can share about your medical-legal partnership.

## Who is the Best Person to Tell Your Story? Hint: It's Not a Lawyer.



The best messenger for any work is the person who the audience is most likely to trust, relate to and believe. If a medical-legal partnership is trying to increase participation from health care providers, encourage health care funding, or draw the connection between civil legal problems and health, the best messenger is someone from the health care world. It is more effective to have a health care voice validate the need and value of legal care, rather than use a legal voice to sell it. Remember also that health care providers carry the stories both of how medical-legal partnership helps their patients and how medical-legal partnership helps their medical, nursing or social work practice, allowing them to be effective messengers in two areas.

### General Storytelling Tips

1. Talk about human impact (better health, less stress), not the process used (benefit appealed, eviction prevented). The legal intervention is not the story.
2. Avoid jargon including complicated program and benefit names.
3. Ask yourself if the story is about improved health, health care providers or health care savings? If not, it is not likely to resonate with health care audiences.

### Additional Resources

#### [Messaging Guide: "A New Way for Talking About the Social Determinants of Health"](#)

In January 2010, the Robert Wood Johnson Foundation created this messaging guide to help individuals talk about the social determinants of health in ways that are more compelling, effective and persuasive across the political spectrum. It is a great resource for the civil legal aid community. [www.rwjf.org](http://www.rwjf.org)

#### [Sample Health Care Provider Medical-Legal Partnership Stories](#)

At the 2014 Medical-Legal Partnership Summit, NCMLP asked doctors from across the United States why they like partnering with attorneys. Their three-minute video responses are great examples of health care providers sharing stories about medical-legal partnership. [www.youtube.com/TheNCMLP](http://www.youtube.com/TheNCMLP)

#### [Article: "Fostering Collaboration Through Common Language"](#)

#### [Video: "How We Say It Matters: Talking About Legal Care as Health care"](#)

A September 2014 article in the *Stanford Social Innovation Review* describes the differences between how health care and civil legal aid communities communicate their work and strategies for closing the messaging gap. [www.ssireview.org](http://www.ssireview.org)

#### [Article: "Five Ways for NonProfits to Tell an Ethical Story"](#)

An October 2014 article in *The NonProfit Quarterly* outlines storytelling strategies that meet organizational goals while also emphasizing client empowerment. [www.nonprofitquarterly.org](http://www.nonprofitquarterly.org)

#### [Toolkit: "Medical-Legal Partnership Toolkit"](#)

From finding the right partner to priority setting, this toolkit from NCMLP is the essential resource for starting a medical-legal partnership. [www.medical-legalpartnership.org](http://www.medical-legalpartnership.org)

## Message #1 in Practice: Integrated legal care = healthier patients

### Creating a healthy home to reduce emergency room visits



Three year old Refnely kept getting sick. In one winter alone, she was taken to the emergency room three times for pneumonia. She was losing weight and developing rashes.

Marianela, Refnely’s mother, thought the mice in her apartment were making her daughter sick. She asked her building manager repeatedly to exterminate the mice, but the answer was always the same: there was no money for it. Besides, the building manager said, a company was already coming every three months to set traps.

Marianela knew her daughter deserved better. A doctor at the Hasbro Children’s Hospital in Rhode Island who had been trained to spot environmental factors behind health issues referred Marianela

to Rhode Island’s Medical-Legal Partnership.

Marianela described the trash that was piling up on the building patios, and she brought pictures of the mice under her daughter’s crib. During Marianela’s first meeting with the attorney, they called the building manager together. The building manager said she understood their concern, but again she said she didn’t have the funds to pay for another exterminator.

The attorney explained that legally, the building manager needed to exterminate the mice, whether or not it fit in with the planned budget. And while the manager wasn’t thrilled, she realized she had no choice.

After receiving a letter and another phone call from the attorney, the building manger hired a new exterminator that now comes once a week to treat the entire building. Trash on the patios also gets picked up before it can attract rodents.

And most important for Marianela, her daughter is healthy and not going to the emergency room anymore.

#### SAMPLE DATA / STATISTICS

At the University of Arizona Medical Center Alvernon Family Medicine Clinic, patients reported **30% less stress and a 41% increase in personal sense of well-being** after receiving care from a medical-legal partnership attorney.<sup>16</sup>

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At LegalHealth in New York City, there was a **90% drop in emergency room visits and admissions** among asthma patients who received legal help with housing problems from the medical-legal partnership team.<sup>17</sup>



## Message #2 in Practice: Integrated legal care = more efficient / effective health care team

### Keeping the heat and power on with help from the Electronic Health Record



Boston winters are notoriously cold, and living in an apartment without heat or electricity can mean asthma attacks, sickle cell pain and the inability to refrigerate medicine. Health care providers at Boston Medical Center see thousands of low-income patients each month living in these exact conditions.

In 2010, nurses and doctors were frustrated sending patients home with medicines that would not help and to housing that would exacerbate symptoms. Massachusetts had laws in place to protect children, the elderly and chronically ill individuals from utility shutoff, but this protection required medical documentation that could only be provided by a physician.

Through the hospital's medical-legal partnership, attorneys worked with doctors to write protection letters that included the correct information to demonstrate medical need. During the first year of the project, physicians wrote letters protecting 193 people from utility shutoff.

As health care team members increasingly identified individuals and families whose lights and heat had already been shut off, the legal team opened a new legal clinic at the hospital to assist people who needed their utilities restored, set up payment plans with utility companies and ensure future shutoff protection.

The legal clinic quickly had more referrals than it could handle and doctors and nurses were spending too much time during patient visits drafting utility letters and consulting the legal team. Increased screening led health care team members to recommend a form letter be added to the patient Electronic Health Record (EHR). Attorneys drafted a template letter that clinicians could complete through the EHR and submit for patients.

As the health care team got better at detecting need, they caught more cases upstream before utilities were shutoff, and had an efficient solution embedded in the EHR. The next year, physicians wrote 350% more letters helping 676 people, and used less clinic time to do it.

#### SAMPLE DATA / STATISTICS

At the Child Health Law Partnership in Cincinnati, Ohio, medical residents **had more knowledge of and were more likely to screen for social determinants of health** when there was on-site legal training and resources.<sup>18</sup>

The Health Law Partnership in Atlanta, Georgia, found that on-site civil legal services led to an **increase in physician satisfaction**.<sup>19</sup>

**Message #3 in Practice:**  
**Integrated legal care = healthier solutions for the entire community**

**Reducing asthma admissions by “hotspotting” housing code violations**



When a child sees a doctor at Cincinnati Children’s Hospital Medical Center (CCHMC), that doctor is trained to know that unsafe housing may be causing or exacerbating the child’s asthma or other chronic health problems. The doctor also knows that when she asks the family about their housing, there will be something she can do to help them. For years, CCHMC has worked with the Greater Legal Aid Society of Cincinnati through their medical-legal partnership to address housing problems for patients.

In the summer of 2010, three separate doctors sent families to the MLP attorneys because their landlords were threatening eviction if they used air conditioners; a treatment that had been recommended by the doctors to help manage the asthma. When the attorneys met with the families, they asked a very important question, “Who owns your building?”

Turns out, each family lived in a different building owned by the same landlord. And the problem was not just the threatened evictions, but that the landlord lived out of state, was in foreclosure, and was doing nothing to take care of the 19 buildings he owned with 700 units of low-income housing throughout Cincinnati.

Finding the common thread of the landlord opened the door for different kind of intervention. Instead of addressing only the needs of the original three families, the medical-legal partnership helped get improvements made to all the buildings, including new roofs, heating and air-conditioning in many of them. Later the buildings were sold to a local non-profit and the community got a multi-million dollar grant from the Department of Housing and Urban Development to continue improvements to the buildings. Because of these changes, many families who never met with the medical-legal partnership team directly were able to get and stay healthy.

**SAMPLE DATA / STATISTICS**

In 2009, the medical-legal partnership team at Boston Medical Center provided testimony that reduced the number of times per year -- from twelve to two -- that people with chronic illnesses in Massachusetts need a health care provider to recertify their utility shut off protection<sup>20</sup>. This means that **more than 10,000 people with asthma and 400 people with sickle cell disease seen annually at Boston Medical Center** are at a significantly reduced risk of the health complications that arise from having their lights, heat and air conditioning shut off during the year.

## Message #4 in Practice: Integrated legal care = health care cost savings

### Finding a patient a home while recovering lost Medicaid dollars



For 35 years, Maxine Riche guided nursing home patients through their daily routines of getting up, getting dressed, eating and bathing. It was tough work, but she kept going even as her own health deteriorated.

Maxine broke multiple bones on the job and developed osteoporosis, arthritis, high blood pressure, carpal tunnel syndrome, a sore back and neck pain. Being a Nurse's Aide was the only job she knew, but after coming down with a serious illness and breaking her hand, Maxine was forced to stop working entirely. With no new income, Maxine couldn't afford to keep paying her home insurance. Six months after

Maxine's insurance expired, a fire destroyed her home. For two years, she slept in shelters, friends' homes or her car.

Maxine applied for Social Security Disability pay, but after a year of waiting, her application and a subsequent appeal were both denied. With no home and no way to work, her doctor at the Council Bluffs Community Health Center, referred her to the medical-legal partnership attorney at Iowa Legal Aid.

The Social Security Administration (SSA) said Maxine was healthy enough to do "light work" jobs, but her doctor felt Maxine was in no shape to exert the 20 pounds of force that categorizes "light work." In a letter to the SSA, her doctor documented Maxine's medical issues. When the Iowa Legal Aid team submitted the doctor's letter, the attorney included a request that the SSA make a decision based on Maxine's medical records. The agency quickly approved Maxine's application, and she began receiving more than \$800 a month in disability benefits. To cover the months when her application had been pending, the SSA paid her a back benefit of \$18,000.

Once Maxine was approved for Social Security Disability income, she became eligible for Medicaid. The work of Iowa Legal Aid brought more than \$7,000 in Medicaid payments to the Council Bluffs Community Health Center and the Jennie Edmundson Hospital for previously uncompensated care.

Maxine recently moved into a new home.

#### SAMPLE DATA / STATISTICS

A three-year study of the Southern Illinois Medical-Legal Partnership demonstrated a **318% return on investment** based on Medicaid payments recovered.<sup>21</sup>

A study in Lancaster, Pennsylvania, showed that after a lawyer was added to the superutilizer care team, there was a **51% reduction in health care spending** on cases where civil legal aid services were provided.<sup>22</sup>

## Report Endnotes

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22. Study from Lancaster General Health. Publication pending.

## Photo Captions / Credits

Cover (starting top right and going counter clockwise)

1. Washington Medical-Legal Partnership for Children team meet with patients at Harborview Medical Center. PHOTO CREDIT: Bill Stickney.
2. Nebraska Medical Center and Iowa Legal Aid medical-legal partnership team.
3. Attorney training UPMC McKeesport Hospital staff. PHOTO CREDIT: Matthew Olson.
4. Team from Legal Aid for Children and Families in Detroit. PHOTO CREDIT: John Meiu.
5. Special Counsel to Pro Bono Law Ontario's Medical-Legal Partnership meets with a patient-family.
6. Attorney and doctor from the Tucson Family Advocacy Program at the University of Arizona Medical Center-Alvermon Family Medicine Clinic. PHOTO CREDIT: Rocio Enciso.
7. Team from the Center for Children's Advocacy's Medical-Legal Partnership Project at Yale-New Haven Hospital. PHOTO CREDIT: Kelly Jensen.
8. Medical-Legal Partnership for Children in Hawai'i team at Kokua Kahili Valley. PHOTO CREDIT: Joseph Esser.

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9. Dr. Sharon Unti and Chief Resident Dr. Lindsay Kaldor from Lurie Children's Hospital of Chicago.