



**Opinion**

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## The doctor will see you now. So will the lawyer.

Legal aid organizations are helping doctors address social barriers to patients' health.

Today at 6:00 a.m. EDT

During my residency training, when I worked shifts in the pediatric emergency department, I treated a boy whose mother kept on bringing him back because of asthma exacerbations. Each time, we gave him nebulizers to help him breathe. Sometimes, we ordered a chest X-ray to rule out pneumonia or gave him steroids if his symptoms were especially bad. But we couldn't address a key underlying issue: the mold in his apartment that was triggering his asthma.

Now, some health systems are increasingly trying to fix that limitation with an innovative tool: partnerships with nonprofit legal organizations that can address patients' social challenges.

One such partnership is between the Cincinnati Children's Hospital and the Legal Aid Society of Greater Cincinnati. Robert S. Kahn, a pediatrician who co-founded the program nearly 20 years ago, told me that his hospital was the first health system in the country to build a referral for legal assistance directly into their electronic health record. With just a few clicks, clinicians can refer the patient to a child health lawyer, just as they would a pulmonologist or other medical specialist.

If the problem is unhealthy living conditions, the lawyer could send a formal letter to the landlord citing breach of lease obligations and demand timely repairs. They could contact the city housing department and request inspections to document violations. If necessary, they could sue the landlord. Throughout the process, they make sure that the family is not retaliated against and evicted.

The investigations frequently identified other families struggling with the same issue. In large multiunit apartments, a dozen or more children could be suffering asthma exacerbations from the same environmental trigger. "The answer isn't to give more medications to one kid," Kahn said. "It's to make sure that the property owner is addressing the fundamental issues of roof leakage and mold."

He cited other cases: A child with multiple medical conditions was living in a home without a refrigerator or working air conditioner. So a legal advocate filed a complaint with the city that pressured the landlord to fix those problems.

A new mom was discharged without resources to feed herself or her newborn, so a legal team helped her secure food assistance benefits. In fact, the team recognized that mother was part of a pattern, so they worked directly with the state’s social services department to identify barriers and change procedures. The improved process now helps as many as 150 families per month.

To Kahn, finding patterns and advocating for policy change is an important distinction between legal aid and social work referrals, which generally focus on helping patients one at a time. Social workers can provide invaluable services to assist patients with navigating bureaucracies and connecting them to resources; lawyers can step in when those systems fail and use legal remedies to protect families’ rights.

Such advocacy works. A study of Cincinnati’s partnership found that nearly 90 percent of referrals resulted in positive legal outcomes. Another concluded that children who were referred to legal intervention had a nearly 38 percent lower hospitalization rate compared to those who did not use the service.

A separate analysis of a similar program in New York City reported a decline in the number of asthma-related emergency department and hospital admissions. And in southeastern Pennsylvania, researchers estimated that a medical-legal partnership in the area saved \$11 for every \$1 invested.

The value of legal advocacy goes beyond addressing direct health threats. Lawyers can help clear criminal records and correct credit reports, making it easier for patients to secure employment and stable housing. They can appeal denials of health insurance and protect families from utility shutoffs to keep them from having to choose between medical care and basic needs. Legal teams can also secure specialized education services for children with disabilities and learning needs, helping them to stay healthy down the line.

The National Center for Medical-Legal Partnerships estimates that several hundred such collaborations exist across the country, including at 37 children’s hospitals. Far more are needed, especially as our understanding of how social factors affect health continues to evolve.

Kahn told me that when he first started the partnership, some clinicians questioned why they shouldn’t just focus on medical treatments. But after seeing the tangible benefits of working with legal partners, their mindset shifted. Now, instead of asking why, he explained, they are saying, “How can we *not* do this?”

Cincinnati’s experience embodies the broader realization that improving people’s health lies beyond just in the clinic: We must also transform the policies and systems that shape people’s daily lives.

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