

THE CALIFORNIA RURAL ACCESS COMMITTEE PRESENTS

# HEALTH EQUITY AND RURAL ATTORNEY DESERTS

PART VI OF THE RURAL JUSTICE POLICY PAPER SERIES

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### Introduction

This paper examines the intersection of two critical and intertwined issues facing rural communities: The lack of access to healthcare and the lack of access to legal help. Lawyers help people navigate civil justice problems causing and caused by negative health outcomes and inadequate or inaccessible healthcare. An individual's health exists at the nexus of multiple systems and "is deeply influenced by institutional and structural forces that shape who has access to the opportunities and resources needed to thrive."<sup>1</sup>

In this context, civil legal help assists people in dealing with the everyday legal issues they face that implicate or result from health-related matters. From consumer debt to public benefits to habitable and safe housing, legal assistance helps people eliminate the things that are health-harming and increase the things that are health-affirming. Achieving health equity<sup>2</sup> is

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<sup>1</sup> Angela P. Harris & Aysha Pamukcu, *The Civil Rights of Health: A New Approach to Challenging Structural Inequality*, 67 UCLA L. REV. 758, 762 (2020).

<sup>2</sup> WHAT IS HEALTH EQUITY?, ROBERT WOOD JOHNSON FOUNDATION (RWJF) (May 2017), <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html> ("Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing

inseparable from increasing access to legal help.

The paper begins with a discussion of the lack of access to attorneys in rural parts of the state. The subsequent section provides an outline and application of the social determinants of health (SDOH) framework to both how we think about civil legal problems as well as the shortage of legal help to rectify those problems. The third section describes the specific impact of COVID-19 in rural areas as it relates to these issues. The fourth section provides examples from legal aid organizations in rural and urban areas meeting the legal needs of rural Californians, including through medical-legal partnerships (MLPs). Finally, the paper concludes with recommendations that focus on increasing funding and resources for legal aid and pro bono projects dedicated to utilizing strategies like MLPs and other innovative rural health equity projects to increase access.

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obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."); *Achieving Health Equity*, RWJF, <https://www.rwjf.org/en/library/features/achieving-health-equity.html> ("Health equity means increasing opportunities for everyone to live the healthiest life possible, no matter who we are, where we live, or how much money we make.").

## I. Not Enough Legal Help: California's Justice Gap, the Legal Safety Net, and Attorney Deserts

Californians navigate an entrenched and pervasive access-to-justice crisis for all, especially low-income people. There is too little legal help, whether paid for or free. Eighty-five percent of all Californians receive inadequate or no legal help, but 55 percent experienced at least one civil legal issue, and 13 percent had six or more.<sup>3</sup> Similarly, 85 percent of low-income Californians—those at 125 percent of the Federal Poverty Level or below—reported receiving inadequate or no legal help.<sup>4</sup> Diverging from the overall population, 60 percent of low-income Californians face at least one civil legal issue each year, with 23 percent facing six or more issues.<sup>5</sup>

Legal aid is the system that serves low-income people, seniors, and people with disabilities, providing services in critical issue areas, like those related to housing, healthcare, and access to public benefits.<sup>6</sup> Statewide, there is only one civil legal aid attorney to help every 5,500 eligible low-income Californians.<sup>7</sup> However, in rural

parts of the state, access to legal help is even more limited.

The state's "attorney deserts" are parts of the state (as well as country as a whole) where there are few or no lawyers.<sup>8</sup> Of California's 200,000 lawyers, just 3 percent have offices in rural parts of the state.<sup>9</sup> The ratio of attorneys to residents is 1:626 in rural areas but is 1:175 in urban areas.<sup>10</sup> While rural residents need legal help—59

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<sup>3</sup> THE STATE BAR OF CALIFORNIA, 2019 CALIFORNIA JUSTICE GAP STUDY, <http://www.calbar.ca.gov/Portals/0/documents/accessJustice/California-Justice-Gap-Report.pdf>.

<sup>4</sup> *Id.*

<sup>5</sup> *Id.*

<sup>6</sup> See *Civil Legal Aid 101*, DEPARTMENT OF JUSTICE, <https://www.justice.gov/atj/civil-legal-aid-101>.

<sup>7</sup> On file with the Legal Aid Association of California.

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<sup>8</sup> Lisa R. Pruitt et al., *Legal Deserts: A Multi-State Perspective on Rural Access to Justice*, 12 HARV. L. & POLICY REV. 15 (2018) (utilizing data mapped in 2016 by James Meeker, Professor Emeritus of UC Irvine). See also CALIFORNIA ACCESS TO JUSTICE COMMISSION (CALATJ), CALIFORNIA'S ATTORNEY DESERTS: ACCESS TO JUSTICE IMPLICATIONS OF THE RURAL LAWYER SHORTAGE, (2019), <https://calatj.egnyte.com/dl/n9WBIP9IdN/>. See also Lisa R. Pruitt & Bradley E. Showman, *Law Stretched Thin: Access to Justice in Rural America*, 59 SOUTH DAKOTA LAW REV., 466, 469 (2014), citing Ethan Bronner, *No Lawyer for a Hundred Miles, So One Rural State Offers Pay*, NY TIMES (Apr. 8, 2013), <https://www.nytimes.com/2013/04/09/us/subsidy-seen-as-a-way-to-fill-a-need-for-rural-lawyers.html>; AMERICAN BAR ASSOC., ABA PROFILE OF THE LEGAL PROFESSION (2020), <https://www.americanbar.org/content/dam/aba/administrative/news/2020/07/potlp2020.pdf>; AMERICAN BAR ASSOC., *Webinar video: 'Legal Deserts in America: A Threat to Justice for All,'* (July 28, 2020), <https://www.americanbar.org/news/abanews/abanews-archives/2020/07/webinar-video---legal-deserts-in-america--a-threat-to-justice-fo/>.

<sup>9</sup> Lisa R. Pruitt et al., *supra* note 8 (uses Medical Service Study Areas (MSSAs): "'Rural' MSSAs have 50,000 or fewer residents and population densities below 250 people per square mile." In the Meeker data noted in FN 8, Meeker combined rural and frontier MSSAs and contrasted rural (combined rural and frontier) to urban, which is a comparative point we have upheld here for simplicity). For information on MSSA designations, see *Medical Service Study Areas*, STATE OF CALIFORNIA: OFFICE OF STATE HEALTH PLANNING & DEV., <https://oshpd.ca.gov/MSSA/>.

<sup>10</sup> *Id.*

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percent of Californians in rural areas deal with at least one civil legal issue each year—there are just too few legal helpers to assist people in righting legal wrongs.<sup>11</sup> Hence, these are places where it is even harder for low-income residents to fight an unjust eviction, overturn a public benefits denial, or advocate for their healthcare rights.

These *attorney* deserts intersect with *medical* deserts.<sup>12</sup> In the US as a whole, almost 80 percent of rural regions are “medically underserved.”<sup>13</sup> Lack of legal help combines with lack of medical help—the result is that problems at the intersection of the two systems go unaddressed. In sum, “a lack of attorneys propagates a cycle of increased risk for further health problems.”<sup>14</sup> Put differently, a lack of access to legal help—and access to

justice thereby—is, consequently, a social determinant of health (SDOH) in and of itself.<sup>15</sup>

## II. Social Determinants of Health and Legal Help

Social determinants of health refer to “the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.”<sup>16</sup> In a fundamental sense, the SDOH framework helps us understand the complex network of policy, law, culture, and other systems that interconnect with and predetermine health outcomes. More specifically, it illuminates the fact that specific civil justice issues—such as legal issues around housing, employment, and domestic violence—are connected to everyday, health-related issues. For example, in the context of COVID-19, preventing evictions with legal help not only keeps people housed but is also a strategy to impede the spread of the pandemic.<sup>17</sup>

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<sup>11</sup> THE STATE BAR OF CALIFORNIA, *supra* note 3. See also Rebecca L. Sandefur, *Access to What?*, DÆDALUS (Winter 2019),

<https://www.amacad.org/publication/access-what> (“The access-to-justice crisis is bigger than law and lawyers. It is a crisis of exclusion and inequality. Today, access to justice is restricted: only some people, and only some kinds of justice problems, receive lawful resolution.”). See generally CALATJ, *Justice Map*, <https://www.calatj.org/justice-map/>.

<sup>12</sup> Michele Statz & Paula Termuhlen, *Rural Legal Deserts are a Critical Health Determinant*, AM. J. OF PUB. HEALTH (2020), <https://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.2020.305807>.

<sup>13</sup> Eli Saslow, ‘Out here, it’s just me’: In the medical desert of rural America, one doctor for 11,000 square miles, WASH. POST (Sept. 28, 2019), [https://www.washingtonpost.com/national/out-here-its-just-me/2019/09/28/fa1df9b6-deef-11e9-be96-6adb81821e90\\_story.html](https://www.washingtonpost.com/national/out-here-its-just-me/2019/09/28/fa1df9b6-deef-11e9-be96-6adb81821e90_story.html).

<sup>14</sup> Statz & Termuhlen, *supra* note 12.

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<sup>15</sup> *Id.*

<sup>16</sup> *Key Concepts*, WORLD HEALTH ORGANIZATION, [https://www.who.int/social\\_determinants/thecommission/finalreport/key\\_concepts/en/](https://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/).

<sup>17</sup> Emily Benfer et al., *Eviction, Health Inequity, and the Spread of COVID-19: Housing Policy as a Primary Pandemic Mitigation Strategy*, J. OF URBAN HEALTH (2021), [https://link.springer.com/article/10.1007/s11524-020-00502-](https://link.springer.com/article/10.1007/s11524-020-00502-1#:~:text=Eviction%20is%20likely%20to%20increase,quarantine%2C%20and%20hygiene%20practices))

1#:~:text=Eviction%20is%20likely%20to%20increase,quarantine%2C%20and%20hygiene%20practices).

## Health Equity and Rural Attorney Deserts

Rural residents navigate an array of disadvantageous determinants of health like poverty, age, and educational attainment.<sup>18</sup> Rural areas often rank lower in terms of health outcomes (length of life and quality of life) as well health factors (health behaviors, access to clinical care, socio-economic factors, and physical environment).<sup>19</sup> According to the California Healthy Places Index, rural counties tend to have less healthy living conditions than urban ones, based on factors like healthcare access (percentage of insured adults), the environment (e.g., clean air, safe drinking water), and housing conditions (e.g., habitability, uncrowded housing).<sup>20</sup>

In this context, rural attorney deserts can also be considered a social determinant of health unto themselves.<sup>21</sup> At the simplest level, an attorney desert—like a medical desert—is just one more barrier to receiving a needed service. This service is legal help, which means people facing evictions, denials of public benefits, domestic violence, or the myriad other civil justice issues people face do not get the

assistance they need to reach a resolution, making it that much more likely the resolution will not be in their favor. Consequently, not having access to a lawyer or legal help makes these social issues harder to overcome and, thereby, impacts health outcomes by leaving people unhoused, without the public benefits they need to live, unable to get away from an abuser, or any other quality-of-life issue at the intersection of law and health.

### III. COVID-19 in Rural Regions

The rate of COVID-19 prevalence in different parts of the state and country has fluctuated throughout the pandemic. In the beginning, deaths due to COVID-19 were primarily in urban areas, but, by the fall of 2020, medium cities and small and rural towns made up around 50 percent of total deaths, with small and rural towns accounting for a growing proportion.<sup>22</sup> Starting in the late summer of 2020, the per capita reported coronavirus case and death rates in rural parts of the country were higher than urban ones.<sup>23</sup> By October,

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<sup>18</sup> *Social Determinants of Health for Rural People*, RURAL HEALTH INFORMATION HUB, <https://www.ruralhealthinfo.org/topics/social-determinants-of-health>.

<sup>19</sup> *County Health Rankings & Roadmaps: Building a Culture of Health, County by County*, UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE & ROBERT WOOD JOHNSON FOUNDATION, <https://www.countyhealthrankings.org/reports/state-reports/2020-california-report>.

<sup>20</sup> *The California Healthy Places Index (HPI)*, PUBLIC HEALTH ALLIANCE OF SOUTHERN CAL., <https://map.healthyplacesindex.org/>.

<sup>21</sup> Statz & Termuhlen, *supra* note 12.

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<sup>22</sup> Sean McMinn, *America's 200,000 COVID-19 Deaths: Small Cities and Towns Bear a Growing Share*, NPR (Sept. 22, 2020), <https://www.npr.org/sections/health-shots/2020/09/22/914578634/americas-200-000-covid-19-deaths-small-cities-and-towns-bear-a-growing-share>.

<sup>23</sup> Lauren Leatherby, *The Worst Virus Outbreaks in the U.S. Are Now in Rural Areas*, NY TIMES (Oct. 22, 2020), [https://www.nytimes.com/interactive/2020/10/22/us/covid-rural-us.html?campaign\\_id=9&emc=edit\\_nn\\_20201023&instance\\_id=23412&nl=the-](https://www.nytimes.com/interactive/2020/10/22/us/covid-rural-us.html?campaign_id=9&emc=edit_nn_20201023&instance_id=23412&nl=the-)

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nearly 75 percent of the counties with the highest per capita case rates were rural.<sup>24</sup>

In California, rural and agricultural areas similarly have had higher per capita case rates at times.<sup>25</sup> While urban areas were impacted the most early in the pandemic, by the summer rural Imperial County had the highest rate (reaching 1,438 per 100,000 people).<sup>26</sup> By the fall, it became the Central Valley, in counties like Kern, Merced, and Kings.<sup>27</sup> For example, Kern County ranks eleventh in population but was second in cases-per-capita in the summer of 2020.<sup>28</sup> There are an array of reasons why a rural county like Kern could face immense challenges regarding COVID-19, including poverty, educational attainment, and lack of access to healthcare.<sup>29</sup> Additionally, there are five state prisons and 19 nursing homes in Kern

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morning&regi\_id=96968468&section\_index=3&section\_name=idea\_of\_the\_day\_in\_praise\_of\_vermont&segment\_id=42037&te=1&user\_id=9254232a2e8248bbb7ff6bc83498cc8c (seven-day average).

<sup>24</sup> *Id.*

<sup>25</sup> Alex Wigglesworth & Rong-Gong Lin II, *After First Being Spared, Rural California Now Being Ravaged by the Coronavirus*, LA TIMES (Aug. 7, 2020), <https://www.latimes.com/california/story/2020-08-07/after-first-being-spared-rural-california-now-being-ravaged-by-the-coronavirus>. This number is as of August 2020.

<sup>26</sup> *Id.*

<sup>27</sup> *Id.*

<sup>28</sup> Stacey Shepard, *Understanding how coronavirus swept through rural California's Kern County*, CENTER FOR HEALTH JOURNALISM, USC ANNENBERG (Nov. 30, 2020), <https://centerforhealthjournalism.org/2020/11/24/understanding-how-coronavirus-swept-through-rural-california-s-kern-county>.

<sup>29</sup> *Id.*

County, two heavily impacted locations.<sup>30</sup> In October, eight out of ten of the counties with the highest infection rates per capita were in the Central Valley.<sup>31</sup> In terms of addressing COVID-19, rural areas also often lack the medical infrastructure that urban areas have to address cases and hospitalizations, such as sufficient intensive care units (ICU), supply chains, and staff.<sup>32</sup>

Furthermore, COVID-19 has financially impacted low-income rural communities,<sup>33</sup> including and especially low-wage immigrant workers.<sup>34</sup> For example, in the San Joaquin Valley (part of the Central Valley), almost half of households sampled

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<sup>30</sup> *Id.*

<sup>31</sup> Wigglesworth & Lin, *supra* note 25.

<sup>32</sup> Christine Vestal, *COVID-19 Patients Swamp Rural Hospitals*, PEW (Oct. 20, 2020), [https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/10/20/covid-19-patients-swamp-rural-hospitals?utm\\_campaign=2020-10-22+SPU&utm\\_medium=email&utm\\_source=Pew](https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/10/20/covid-19-patients-swamp-rural-hospitals?utm_campaign=2020-10-22+SPU&utm_medium=email&utm_source=Pew).

<sup>33</sup> See, e.g., Whitney Airgood-Obyrcki & Alexander Hermann, *Interactive Tool Illustrates the Disparate Economic Impacts of the Pandemic*, JOINT CENTER FOR HOUSING STUDIES OF HARVARD UNIVERSITY (Feb. 8, 2021), <https://www.jchs.harvard.edu/blog/interactive-tool-illustrates-disparate-economic-impacts-pandemic>.

<sup>34</sup> See, e.g., Ana Maria Padilla, *At Risk and Under-Protected: California Immigrant Latinos and the COVID-19 Crisis in Low Wage Work* (Nov. 18, 2020), [https://clc.ucmerced.edu/sites/clc.ucmerced.edu/files/page/documents/at\\_risk\\_and\\_under-protected\\_uc\\_merced\\_clc.pdf](https://clc.ucmerced.edu/sites/clc.ucmerced.edu/files/page/documents/at_risk_and_under-protected_uc_merced_clc.pdf). See also COMMUNITY AND LABOR CENTER AT THE UNIVERSITY OF CALIFORNIA MERCED, *HIDDEN THREAT: CALIFORNIA COVID-19 SURGES AND WORKER DISTRESS* (July 2020), [https://clc.ucmerced.edu/sites/clc.ucmerced.edu/files/page/documents/hidden\\_threat\\_july\\_12\\_1.pdf](https://clc.ucmerced.edu/sites/clc.ucmerced.edu/files/page/documents/hidden_threat_july_12_1.pdf) (finding a “strong relationship between low-wage work and COVID-19 positivity, and identify those industries with the greatest prevalence of low-wage work”).



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in a survey had experienced income reductions since March 1, 2020.<sup>35</sup> Many households went without food or relied on a food bank or food stamps (30 percent); a significant number could not pay rent (15 percent).<sup>36</sup> Most workers in the area were unable to stay home for work (57 percent) and many could not affirmatively say their workplaces had safe practices to stop COVID-19 from spreading (46 percent). Moreover, most people would be very concerned if they were to develop COVID-19 symptoms (59 percent).<sup>37</sup> Additionally, just 28 percent of workers could get ten days of paid sick leave.<sup>38</sup>

### IV. Legal Help for Health and Healthcare-Related Legal Issues

In the context of COVID-19 and beyond, legal help is essential for improving health outcomes and helping people address both their legal and health concerns.<sup>39</sup> Legal aid and pro bono lawyers help rural residents deal with health and healthcare-related

legal issues.<sup>40</sup> This section contains examples of legal aid medical-legal partnerships (MLPs) and other health advocacy models in rural areas.

One central program highlight is California Rural Legal Assistance, Inc.'s (CRLA) Rural Health Equity effort, which includes the successful launch of the Monterey County MLP, the COVID-19 Workers Rights Helpline, and other efforts that show CRLA is a rural leader and provider of health-driven legal services. Their Rural Health Equity initiatives identify needs, innovate new service models and services, and engage in impact advocacy and systemic change in order to fight for health equity in rural California.

#### *Medical-Legal Partnerships*

One model is the medical-legal partnership (MLP), which integrates lawyers into healthcare settings. According to clinicians at hospitals and health centers with MLPs, 86 percent reported they saw better health outcomes for patients, and 64 percent reported better compliance with treatment.<sup>41</sup> MLPs benefit people in the healthcare system in a number of ways, including the fact that people with chronic illnesses tend to be healthier and admitted

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<sup>35</sup> COMMUNITY LABOR CENTER AT THE UNIVERSITY OF CALIFORNIA MERCED, THE IMPACT OF THE COVID-19 PANDEMIC ON RURAL SAN JOAQUIN VALLEY HOUSEHOLDS AND WORKERS (Dec. 2020),

[https://clc.ucmerced.edu/sites/clc.ucmerced.edu/files/page/documents/harvesting\\_safety\\_study.pdf](https://clc.ucmerced.edu/sites/clc.ucmerced.edu/files/page/documents/harvesting_safety_study.pdf) (“The COVID-19 pandemic has exacerbated the San Joaquin Valley’s long-standing racial, economic and geographic inequalities.”).

<sup>36</sup> *Id.*

<sup>37</sup> *Id.*

<sup>38</sup> *Id.*

<sup>39</sup> See CALATJ, CALIFORNIA’S ATTORNEY DESERTS, SOCIAL DETERMINANTS OF HEALTH, AND COVID-19 (2020).

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<sup>40</sup> THE STATE BAR OF CALIFORNIA, MAKING A DIFFERENCE: CALIFORNIA LEGAL AID (2019), [https://www.calbar.ca.gov/Portals/0/documents/accessJustice/Final\\_ImpactReport\\_1.17.19.pdf](https://www.calbar.ca.gov/Portals/0/documents/accessJustice/Final_ImpactReport_1.17.19.pdf).

<sup>41</sup> *Impact*, NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHIP, <https://medical-legalpartnership.org/impact/>.

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to the hospital less often when MLPs assist them with interrelated social issues.<sup>42</sup> For example, studies show that the health of people navigating illnesses like asthma, diabetes, and sickle cell can improve by addressing connected needs, such as improved housing conditions.<sup>43</sup> MLPs can also help with preventive healthcare delivery (such as for families of healthy newborns),<sup>44</sup> increased diligence in taking prescribed medications,<sup>45</sup> and decreased stress and improved mental health.<sup>46</sup>

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<sup>42</sup> *Id.*

<sup>43</sup> See, e.g., 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. OF ASTHMA 911 (2012); Melissa D. Klein et al., *Doctors and Lawyers Collaborating to Help Children—Outcomes from a Successful Partnership between Professions*, 24 J. OF HEALTH CARE FOR THE POOR AND UNDERSERVED 1063 (2013); Faisal S. Malik et al., *Improving the Care of Youth With Type 1 Diabetes With a Novel Medical-Legal Community Intervention: The Diabetes Community Care Ambassador Program*, 44 THE DIABETES EDUCATOR 168 (2018); Robert Pettignano et al., *Medical-Legal Partnership: Impact on Patients With Sickle Cell Disease*, 128 PEDIATRICS 1482 (2011).

<sup>44</sup> Robert Sege et al., *Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial*, 146 PEDIATRICS (2015).

<sup>45</sup> Dana Weintraub et al., *Pilot Study of Medical-Legal Partnership to Address Social and Legal Needs of Patients*, 21 J. OF HEALTH CARE FOR THE POOR AND UNDERSERVED 157 (2010); Stewart B. Fleishman et al., *The Attorney As the Newest Member of the Cancer Treatment Team*, 24 J. OF CLINICAL ONCOLOGY 2123 (2005).

<sup>46</sup> Anne M. Ryan, *Pilot Study of Impact of Medical-Legal Partnership Services on Patients’ Perceived Stress and Wellbeing*, 23 J. OF HEALTH CARE FOR THE POOR AND UNDERSERVED 1536 (2012); Jennifer S. Valverde et al., *Medical-Legal Partnership Impact on Parents’ Perceived Stress: A Pilot Study*, 45 BEHAVIORAL MEDICINE 70 (2019); Jack Tsai et al., *36 Medical-Legal Partnerships At Veterans Affairs*

Additionally, healthcare costs can be reduced due to decreased inpatient and emergency department use.<sup>47</sup> Last, there are housing-stability<sup>48</sup> and financial benefits for patients (for example, over seven years, an MLP recovered \$500,000 in financial benefits for families in Atlanta).<sup>49</sup>

In 2017, legal aid organizations across California closed over 26,000 health-related cases; recovered \$5 million in healthcare awards and saved nearly \$3 million for clients; and helped clients obtain or preserve health insurance in more than 2,300 instances.<sup>50</sup> Access to legal aid can help healthcare systems address root causes of problems patients face.<sup>51</sup> Legal aid organizations work with healthcare

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*Medical Centers Improved Housing And Psychosocial Outcomes For Vets* (2017).

<sup>47</sup> Jeffrey Martin et al., *Embedding Civil Legal Aid Services In Care for High-Utilizing Patients Using Medical-Legal Partnership*, HEALTH AFFAIRS BLOG (2015), <https://www.healthaffairs.org/doi/10.1377/hblog20150422.047143/full/>.

<sup>48</sup> Tsai et al., *supra* note 46; Diana Hernández, ‘Extra oomph:’ addressing housing disparities through Medical Legal Partnership interventions, 31 HOUSING STUDIES 871 (2016); Daniel Taylor et al., *Keeping the Heat on for Children’s Health: A Successful Medical–Legal Partnership Initiative to Prevent Utility Shutoffs in Vulnerable Children*, 26 J. OF HEALTH CARE FOR THE POOR AND UNDERSERVED 676 (2015).

<sup>49</sup> Klein et al., *supra* note 43; Robert Pettignano et al., *Can Access to a Medical-Legal Partnership Benefit Patients with Asthma Who Live in an Urban Community?*, 24 J. HEALTH CARE FOR THE POOR AND UNDERSERVED 706 (2013).

<sup>50</sup> THE STATE BAR OF CALIFORNIA, *supra* note 40.

<sup>51</sup> *Id.* (“Health-care systems can benefit from Legal Aid’s expertise to help address some of these health-harming factors that have a legal problem at their root.”).

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providers through MLPs to train health services workers to recognize legal issues and refer prospective clients to the MLP.<sup>52</sup> Legal aid MLPs have helped an array of populations facing community-specific, issues, from farmworkers to homeless communities to the elderly.<sup>53</sup> For example, through MLPs, legal aid clients can receive help dealing with the housing conditions that caused the asthma they are being treated for, getting a restraining order against an abuser in addition to medical treatment for injuries, and accessing support related to a diagnosed disability.<sup>54</sup>

Consequently, MLPs ensure people who cannot afford legal help are able to address the underlying socio-legal issues that affect quality of life, health, and wellness in these ways.<sup>55</sup> In the following examples, we see how California legal aid organizations are helping rural clients through this model.

### California Rural Legal Assistance, Inc. (CRLA)

CRLA's MLP<sup>56</sup>—in partnership with the

Monterey County Health Department—launched an innovative legal services model to transform rural health systems to meet the needs of rural Californians.<sup>57</sup> MLP staff are on-site at rural health clinics on a weekly basis. Specifically, the MLP leads CRLA's pesticide advocacy work, including providing services to reduce pesticide exposure among pregnant farmworker women, leading impact litigation, increasing language access, and supporting the enforcement of pesticide laws by the County Agricultural Commissioners.<sup>58</sup> Additionally, the MLP has helped clients with Employment Development Department (EDD) advocacy (more than \$300,000 in EDD benefits for clients), and has worked to improve language access and expand eligibility for immigrants.<sup>59</sup> Finally, the MLP has helped with many other

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<sup>52</sup> *Id.*

<sup>53</sup> *Id.*

<sup>54</sup> *Id.*

<sup>55</sup> See, e.g., UCLA CTSI & HEALTH SERVICES, LOS ANGELES COUNTY, WHOLE PERSON CARE – LOS ANGELES POLICY BRIEF (OCT. 2020), [https://ctsi.ucla.edu/patients-community/files/view/docs/MLCP\\_PolicyBrief.pdf](https://ctsi.ucla.edu/patients-community/files/view/docs/MLCP_PolicyBrief.pdf).

<sup>56</sup> See, e.g., FARMWORKER JUSTICE, MEDICAL-LEGAL PARTNERSHIP GUIDE FOR AGRICULTURAL WORKER-SERVING ORGANIZATIONS (June 2020), <http://www.farmworkerjustice.org/wp-content/uploads/2020/06/MLP-Guide-2020-FINAL.pdf>; THE CHILDREN'S PARTNERSHIP, LEGAL PARTNERING FOR CHILD HEALTH: SNAPSHOTS OF PROGRAMS ACROSS

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CALIFORNIA (Feb. 2020),

<https://childrenspartnership.org/wp-content/uploads/2020/02/TCP-Legal-Partnering-for-Child-Health-FINAL.Single-Pages.pdf>.

<sup>57</sup> *Medical-Legal Partnership Improves Health through Patient Advocacy*, OCHIN (Dec. 16, 2020) <https://ochin.org/blog/2020/12/16/medical-legal-partnership-improves-health-patient-advocacy>.

<sup>58</sup> Angela Johnston, *Pregnancy and Pesticides: Doctors And Lawyers Team Up To Protect Farmworkers*, KALW (Sept. 30, 2020), <https://www.kalw.org/post/pregnancy-and-pesticides-doctors-and-lawyers-team-protect-farmworkers#stream/0>; Aaron Voit, *Opinion: More needs to be done to protect farmworkers from pesticides*, THE CALIFORNIAN (June 12, 2018), <https://www.thecalifornian.com/story/opinion/2018/06/12/opinion-more-needs-done-protect-farmworkers-pesticides/695228002/>.

<sup>59</sup> *Monterey County Medical-Legal Partnership*, NORTHWEST REGIONAL PRIMARY CARE ASSOC. (Feb. 14, 2020), <https://www.nwrpca.org/news/489373/Monterey-County-Medical-Legal-Partnership.htm>.

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socially-determined health impacts, including bed bugs and mold in patients' homes, accommodations and medical leave for workers with disabilities, school-based services for special needs students, and wraparound services for victims of intimate partner violence.

### Neighborhood Legal Services of Los Angeles County (NLSLA)

Through its partnership with the LA County Department of Health Services (DHS) and its Medical Legal Community Partnership—Los Angeles project, NLSLA has embedded lawyers within the High Desert Regional Health Center in the rural Antelope Valley<sup>60</sup> to bring legal help to patients where they need it the most. Medical staff at the Center have been trained by NLSLA attorneys to identify legal issues that may impact a patient's health. NLSLA offers technical assistance to DHS staff around areas most likely to impact patients—housing, benefits, and employment matters—while offering direct client services to help patients overcome legal barriers impacting their health.

Since the Medical Legal Community Partnership—Los Angeles project first launched, NLSLA has helped patients in the

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<sup>60</sup> The Antelope Valley is a desert in the outer reaches of Los Angeles County, some 60 miles north of the city of Los Angeles. The area has a long history of systemic racism that manifests itself in unlawful evictions, terminations from housing subsidy programs, and other injustices that can push individuals and families into homelessness.

Antelope Valley and across the County restore critical public benefits, avoid eviction and preserve rental assistance, and secure protection from domestic violence. NLSLA has partnered with legal services nonprofits in Los Angeles—including Bet Tzedek, the Legal Aid Foundation of Los Angeles, and Mental Health Advocacy Services—to bring much needed legal help to patients throughout the LA County DHS health system.

### *Health and Healthcare Access Advocacy*

In addition to MLPs, legal aid organizations advocate for their clients regarding health-related issues and gaining access to the care they need. The major partnership addressing barriers to care is the Consumer Health Alliance, which includes CRLA, NLSLA, and Legal Services of Northern California (LSNC).<sup>61</sup> The Alliance is a statewide collaborative of 10 health consumer assistance programs operated by community-based legal services organizations and two statewide support centers. Through the Alliance, these organizations provide individual assistance, outreach and education, and systemic advocacy for Californians experiencing barriers to accessing care. The Alliance allows them to work together to identify statewide trends that are negatively impacting consumers and elevate them to the appropriate agency for a systemic fix.

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<sup>61</sup> HEALTH CONSUMER ALLIANCE, <https://healthconsumer.org/>.

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In this section, we profile the health and healthcare advocacy of four organizations: LSNC, CRLA, California Advocates for Nursing Home Reform (CANHR), and the Family Violence Appellate Project (FVAP).

### Legal Services of Northern California

As described throughout this paper, a fundamental issue in health equity in rural areas is transportation. Because people live far from specialist medical care, just getting to an appointment is a major barrier to accessing the care they need. LSNC works to serve health consumers in 32 primarily rural northern California counties and receives many calls from consumers experiencing these kinds of difficulties accessing specialty care. They fight to get clients the transportation they need—and are legally entitled to—in order to reach their healthcare providers.

One of LSNC's clients who had difficulty accessing specialty care was a Nevada county resident who was enrolled in a Medi-Cal managed care plan. She was referred by her primary care physician to see a rheumatologist but the closest one in her network was in San Francisco, which was an eight-hour roundtrip from her home. Because the client also had children, she would have had to pay for childcare on top of the gas expenses, presenting a major financial burden.

However, Medi-Cal legally requires transportation to be included for recipients

seeking treatment, mandating that they receive reimbursement for travel expenses and that transportation providers in the region make themselves available. AB 2394, which clarified that transportation is a Medi-Cal covered benefit, has eased the financial strain of traveling to medical appointments. However, the implementation of the legislation, especially with respect to fee-for-service beneficiaries, has been sparse and unreliable.

For example, LSNC served another client who needed monthly, and sometimes weekly, transportation to medical appointments for chronic conditions. The client was unable to drive due to his conditions and his appointments were often hours away from his home in a rural area. He relied for years on a friend who would drive him—without reimbursement—to urban centers for the care he needed. LSNC has been fighting for his statutory right to transportation to medical appointments as required by this law.

### California Rural Legal Assistance, Inc.

First, CRLA launched a COVID-19 Workers' Rights Helpline in July 2020, utilizing a centralized intake model and hotline system. Since then, they have performed more than 900 intakes with rural, low-income workers impacted by the pandemic, helping them access replacement income and job-protected leave, make health and safety complaints, and raise issues of retaliation and discrimination. The program

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utilizes CRLA attorneys as well as an Intake Counselor Volunteer Program and pro bono law firm participation. Forty-five percent of intakes have been with callers who reported having been diagnosed with COVID-19, while an additional 27 percent of intakes were with callers who reported being a close contact of someone COVID-positive.

Additionally, the line has also become a critical space for efforts to fight COVID-19 in farmworker communities. For example, in Monterey County, the Health Department sends weekly messages to COVID-positive farmworkers with CRLA's helpline number. They are launching a formal program evaluation, but initial data and anecdotal information indicate the program is highly successful. The need in the community is currently greater than CRLA's capacity, but they are continuously increasing capacity by leveraging volunteer and pro bono contributions, securing new funding, and improving case management and other protocols.

Second, CRLA has engaged in health advocacy work in Imperial County, in applying for and retaining healthcare coverage. For example, CRLA assisted an uninsured, Spanish-speaking senior who had COVID-19 obtain coverage and payment for a hospital bill for more than \$53,000. They also worked with the Western Center on Law & Poverty and the National Health Law Program to raise the case with the state. In another case, CRLA

helped another uninsured, Spanish-speaking senior apply for Medi-Cal and received coverage for more than \$300,000 after being treated for a heart attack. Finally, CRLA helped a Spanish-speaking woman receive retroactive Medi-Cal for a bill for emergency services for her eight-year-old daughter that was sent to collection.

### California Advocates for Nursing Home Reform

CANHR—based in San Francisco—organizes town-hall style trainings that benefit long-term care ombudsmen and legal services in hard-to-reach rural areas of the state. An ombudsman in Nevada County, located in the Sierra Nevada mountains, alerted CANHR to a crisis occurring at a facility in Truckee in the early months of the pandemic.

When married clients Bill and Beverly entered the skilled-nursing facility located in the Tahoe Forest District Hospital in Truckee, they and their family thought the couple of more than fifty years had found a home to spend the rest of their lives together. In April of 2020, in the midst of the COVID pandemic, the facility put Bill—a man with dementia—in a hospital emergency room and refused to readmit him to return to his wife. The clients and their family were devastated, and they reached out for help.

CANHR immediately filed a complaint with

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the California Department of Public Health, and successfully represented the clients at a hearing before the Department of Health Care Services (DHCS). Although the agency ordered that Bill be immediately readmitted, the facility ignored the ruling, instead seeking a civil restraining order to prevent his return. CANHR attorneys traveled to the Nevada County superior court to represent the couple in hearing on that motion, again resulting in a defeat for the facility.

When the facility still refused to readmit the husband and obey the DHCS order, CANHR sought the assistance of the Centers for Medicare and Medicaid Services (CMS), arguing that CMS should decline to provide Medicare reimbursement to the facility because its refusal to readmit Bill meant the facility was not complying with its contract with the federal regulator. These arguments were successful, and the facility readmitted the husband, ending the longest separation the couple had experienced in their marriage.

### Family Violence Appellate Project

Urban-based organizations can also help rural residents. FVAP—based in Oakland—engages in advocacy at the intersection of housing and domestic violence throughout California, including in rural areas. Domestic violence is a public health issue, and legal aid helps victims with the legal problems

they face as a result.<sup>62</sup> FVAP launched a program in early 2020 to extend outreach for housing legal services to rural communities that do not have the resources that other counties may have. Their work involves providing free, in-person—and, due to the pandemic, virtual—trainings about housing protections for domestic violence survivors living in rural areas as well as legal support for advocates and pro bono attorneys who are assisting rural domestic violence survivors. Their outreach and support focus on communities in the rural and isolated areas of California, which are largely underserved but comprise a vast geographical area.

The rural outreach program has increased FVAP's presence in and access to underserved rural communities in California, specifically to agencies who serve DV survivors and their families in communities that have little access or connection to legal assistance. FVAP has tailored webinar presentations and resources specifically to each rural county or community contacted as part of the project, with the goal of making the information and trainings useful, practical, and relevant to the advocates who are helping DV survivors in the field.

Additionally, eviction protections and assistance related to COVID issues have also been included in the webinars, written materials, and referral resources. Overall, since February 2020, the program has

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<sup>62</sup> THE STATE BAR OF CALIFORNIA, *supra* note 40.

already reached out to 26 rural counties or communities within California, training 18 agencies, with several more trainings scheduled by the end of 2020.

### V. Conclusion and Recommendations

Medical-legal partnerships and other service delivery models are essential to meeting the dual health and legal needs of low-income and other vulnerable rural Californians. The examples highlighted here show how critical it is to provide wraparound services to people simultaneously trying to address health-related issues or get the healthcare they need while dealing with adjacent legal issues that are caused by or causing their medical issue.

Our recommendations focus on funding and other support for legal aid and pro bono.

- In alignment, with the prior papers in the Rural Justice Policy Paper Series, the main recommendation is to **increase funding to legal services in rural parts of the state to engage in MLPs<sup>63</sup> and other health equity projects in order to diminish legal service gaps.**<sup>64</sup> Urban programs alike can serve rural clients, including

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<sup>63</sup> For more specific recommendations regarding MLPs, see UCLA CTSI & HEALTH SERVICES, *supra* note 55 (e.g., “Health systems and legal aid organizations should have universal consents for systematic cross-sector data sharing between medical and legal staffing Medical-Legal Partnerships.”).

<sup>64</sup> This is, of course, without decreasing funding to urban programs.

through innovative uses of remote legal services, as discussed above.<sup>65</sup>

For this reason, **increasing resources for urban and rural programs alike to engage in remote legal services is also recommended.**

- Whether provided remotely from an urban location or in-person in a rural area, **pro bono lawyers have a role to play in increasing access to justice in rural areas and we recommend building out systems to get them involved.** This can be paired with the strategy of the New York State Bar, for instance, which has been to **establish a rural legal corps of newly admitted as well as provisionally licensed attorneys working under the supervision of firm-guided pro bono efforts,** potentially in exchange for loan forgiveness. This could further be combined with **a program to enhance remote court appearances in rural areas** in order to facilitate remote attorney support of self-represented and otherwise vulnerable court users.
- Additionally, many Californians often do not seek out legal help because they do not consider their problem a legal issue (the “knowledge gap”),<sup>66</sup> and therefore **any goal of increasing access must**

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<sup>65</sup> See CALATJ, THE ROLE OF TECHNOLOGY IN ENHANCING ACCESS TO JUSTICE (2020), <https://calatj.egnyte.com/dl/IQZvsCSVyv/>.

<sup>66</sup> THE STATE BAR OF CALIFORNIA, *supra* note 3.



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**include campaigns to promote those services and increase understanding of what constitutes a legal issue that someone could try to get help for, such as through the courts.**

In sum, increasing the capacity and resources of rural programs and the tech-based remote services of urban programs, supporting pro bono efforts, and decreasing the knowledge gap would go a long way to ensure low-income and other vulnerable Californians in rural areas get the services they need.