



**Report
2016**

Providing Civil Legal Aid Through Medical-Legal Partnerships

A Critical Enabling Service for Health Centers Serving Asian Americans,
Native Hawaiians and Pacific Islanders

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Established in 1987, the Associations of Asian Pacific Community Health Organizations (AAPCHO) is a national association of 35 community health organizations dedicated to promoting advocacy, collaboration and leadership that improves the health status and access of Asian Americans, Native Hawaiians and Pacific Islanders (AA&NHPs) in the United States and its territories.

We offer our sincere thanks to staff and volunteers at our partner organizations for contributing their time, expertise and insight to assemble this case study.

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TERMINOLOGY	DEFINITION
Enabling services	Non-clinical services provided to health center patients that promote and support the delivery of care and facilitate access to quality patient care.
Civil legal aid	The national system of publicly funded lawyers- supplemented by private lawyers and law firms acting in a pro bono capacity and by law school clinics across the country- who handle housing, public benefits, family law, and additional non-criminal problems for low-income and other vulnerable populations. It is the civil equivalent of the criminal public defender system.
Medical-legal partnership	An approach to health that embeds lawyers and paralegals alongside health care teams to detect, address and prevent health-harming civil legal needs for people and communities.
Health-harming civil legal need	A social, financial, or environmental problem that has a deleterious impact on a person's health and that can be addressed through civil legal aid.
AA&NHPI-serving Health Center	HRSA-funded health centers that serve at least 5 percent or more Asian American, Native Hawaiian and other Pacific Islanders totaling at least 1,000 Asian Americans, Native Hawaiians and Pacific Islanders (AA&NHPI).
Social determinants of health	The circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness.

In the fall of 2014, the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) acknowledged the link between health care access and legal needs, and clarified that civil legal aid to be included in the range of enabling services that health centers can provide.

Civil legal aid is the national system of publicly funded lawyers—supplemented by private lawyers and law firms acting in a pro bono capacity and by law school clinics across the country—who handle housing, public benefits, family law, and additional non-criminal problems for low-income and other vulnerable populations. It is the civil equivalent of the criminal public defender system. A study from the Geiger/Gibson RCHN Community Health Foundation Research Collaborative estimated that between 50 and 85 percent of health center patients experience unmet health-harming civil legal needs.¹ Health-harming civil legal needs include wrongful denial of public benefits; threatened housing evictions employment discrimination; denial of a child's special education rights; immigration issues; domestic violence; and child custody disputes. See I-HELP chart below from National Center for Medical-Legal Partnership on how civil legal aid addresses social determinants of health (Figure 1).

HRSA-funded health centers provide culturally and linguistically appropriate, comprehensive primary and preventative care to underserved communities, those who are uninsured or publicly insured, low income or otherwise medically vulnerable. Among the wide range of services offered at health centers are non-clinical services, known as enabling services, aimed to increase “access to health care and improve health outcomes” . Some examples include case management, health education, interpretation, transportation and now, civil legal aid. This clarification represents a significant opportunity for health centers to incorporate civil legal aid, through the establishment of medical-legal partnerships (MLPs) with their local civil legal aid agencies, to address health-harming civil legal needs of their patients.

“1 in 6 Americans lives in poverty, and every single one has a civil legal problem that negatively affects their health.” -Ellen Lawton, National Center for Medical-Legal Partnership

The purpose of this case study is to highlight AA&NHPI-serving health center experience in serving a high immigrant and limited English proficient (LEP) patient population, and in integrating civil legal aid into its services through MLPs in order to address the social determinants of health.

1. Shin, P., Byrne, F., Jones, E., Teitelbaum, J., Repasch, L., & Rosenbaum, S. (2010), Medical-Legal partnerships: Addressing the unmet legal needs of health center patients.

2. HRSA, Health Center Program Terms and Definitions, <http://www.hrsa.gov/grants/apply/assistance/Buckets/definitions.pdf> (accessed 14 Jun. 2016).






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

Figure 1. How Civil Legal Aid Helps Address Specific Social Determinants of Health³

3. Chart recreated with permission from: Marple, Kate. Framing Legal Care as Health Care. Washington, DC: The National Center for Medical-Legal Partnership, January 2015.

A Critical Enabling Service: Providing Civil Legal Aid Through MLPs

Importance of Enabling Services for AA&NHPI-serving Health Centers

Asian Americans, Native Hawaiians and other Pacific Islanders (AA&NHPI) are among the fastest growing racial/ethnic groups in the United States. Representing more than 50 ethnic groups and over 100 languages, this population faces unique and significant social, emotional and physical health burdens due to deficits in many of the social determinants of health (SDOH), such as poverty, LEP, education and health insurance status. AA&NHPIs have increasingly relied on health centers to access culturally and linguistically appropriate primary health care and preventative services. Data from the Uniform Data System (UDS) maintained by the Bureau of Primary Health Care within HRSA, shows there are currently about one million AA&NHPI patients served at health centers throughout the country and U.S. territories, representing a 118 percent growth between 2005 to 2014.

AAPCHO's 2016 research studies have shown that HRSA-funded health centers who serve five percent or more AA&NHPIs, also known as AA&NHPI-serving health centers, provide a greater number of enabling services and employ almost double the number of enabling services staff compared to other health centers nationally. A closer examination of patient characteristics at these AA&NHPI-serving health centers revealed that, compared to other health centers, patients at these centers were more likely to be low-income, under 200 percent of poverty, on Medicaid, and are best served in a language other than English. In addition to experiencing multiple SDOH barriers, patients at AA&NHPI-serving health centers are also more likely to experience greater disease burden for tuberculosis, asthma, hepatitis B and C, as well as abnormal breast and cervical findings. Yet, despite the high disease burden of its patient population, these AA&NHPI-serving health centers have better health outcomes for hepatitis B, pap smears, hypertension and diabetes when compared against other health centers. These outcomes may be attributable to the substantially higher number of enabling services.⁴

MLPs as an Enabling Service in Health Center Settings

AA&NHPI-serving health centers with their increasing reliance on enabling services, serve to benefit greatly from the incorporation of civil legal aid services as a means to better address the multiple SDOH barriers of AA&NHPI patients. Since 92.4% of health center patients have incomes under the 200 percent federal poverty level, they are likely to qualify for public civil legal aid services.⁵ An analysis of 2013 UDS data by the National Center for Medical-Legal Partnership found that patients at health centers with MLPs are, statistically significant, more likely to be members of racial/ethnic minorities, on Medicaid and have LEP (28.3 percent vs. 17.5 percent).⁶ In terms of enabling services, health centers with MLPs also employ a greater number of enabling services providers, in full-time equivalents (FTEs) per 10,000 patients than non-MLP health centers.

4. AAPCHO, Spotlight: The Health of Asian Americans, Native Hawaiians and Other Pacific Islanders Served at Federally Qualified Health Centers, http://www.aapcho.org/resources_db/access-report (accessed 14 Jun. 2016).

5. HRSA Health Center Grantee Program Data. Patient Characteristics. <http://bphc.hrsa.gov/uds/datacenter.aspx>

6. NCMLP, Medical-Legal Partnership and Health Centers: Addressing Patients' Health-Harming Civil Legal Needs as Part of Primary Care, <http://medical-legalpartnership.org/hc-issue-brief> (accessed 19 Jul. 2016)

These findings show that addressing civil legal needs of patients can help improve their health outcomes by breaking down social contributors to poor health. Financially, health centers that provide civil legal aid draw more patients, and now have the opportunity to leverage existing funding to apply for additional resources from state and local sources, foundations, private grants and contracts to enhance the development of MLPs, compared to health centers that do not provide these services.

As of June 2016, there are 77 health centers across the United States with an MLP, with dozens more in the planning stages. Although specifics of the partnerships differ across health centers and even amongst the different sites within the same health center, the partnership generally involves the integration, through an informal referral arrangement or a more established formal partnership, of legal professionals into the health care team. Typically, a MLP includes one or more lawyers, paralegals, law interns and/or pro bono attorneys physically present at a health center location for anywhere from full-time to specific “clinic” times. Clinic staff members are trained to screen their patients for health-harming civil legal needs and provide referrals to the civil legal aid lawyer or team when necessary. Health center staff and civil legal aid staff work jointly to determine the screening and referral processes that work for the patients and team members.

Some health centers run multiple MLPs serving different locations or patient populations while others are smaller and serve a specific or subset of the patient population, for example, pediatrics. High functioning MLPs target systemic advocacy work alongside the direct patient-client work, with a goal of improving both patient and population health. For example, an MLP team might detect, through patient encounters, an improper government issued notice regarding health insurance coverage. By jointly coordinating between health and legal teams, the MLP may have the opportunity to help the government entity to correct the notice, thereby successfully reaching a more vast population than a single attorney and patient could hope to effect on their own through individual advocacy.

“In many ways the medical-legal partnership approach is a natural outcropping of the health center model, which concerns itself not only with the strictly medical issues that plague their patients, but with other challenges that may negatively affect a person's health.” - Ellen Lawton, National Center for Medical-Legal Partnership

The Kokua Kalihi Valley Comprehensive Family Services MLP Experience

About KKV

Kokua Kalihi Valley Comprehensive Family Services (KKV) is a HRSA-funded health center serving the diverse communities of Kalihi Valley in Oahu, HI. It was formed by the Kalihi Valley community in 1972 to address the unmet health of needs of the Valley's Asian and Pacific Islander immigrant population, including migrant populations from neighboring islands.

To fulfill its mission, KKV provides comprehensive primary medical and social services through nine physical locations throughout the valley, including two of the largest public housing communities, a 12,000 square foot health center, a 16,500 square

foot Wellness Center, a 4,000 square foot Elder Center, and 100 acres of leased State Park land at the back of Kalihi Valley. KKV's programs and services are continuously driven by the needs of their patients and surrounding community and the organization places great emphasis on ensuring services are culturally and linguistically accessible (see table below for services and languages). Today, KKV serves over 10,000 members from the surrounding valley and employs 180 staff (Table 1). As Kalihi Valley is often the first new home for new immigrants to the island, KKV's staff members are fluent in 20 Asian and Pacific Islander languages and dialects. According to UDS data for 2014, 46 percent of patients are best served in a language other than English, double the number from 2012.



KKV Mission: Together we work toward healing, reconciliation and the alleviation of suffering in Kalihi Valley, by serving communities, families and individuals through strong relationships that honor culture and foster health and harmony.

KKV's MLP

KKV's MLP began in April 2009, after a year of planning and conversations, as an informal partnership when Dina Shek, a trained community organizer, cellist, and then recent law school graduate, began shadowing Dr. Chris Derauf, KKV's chief pediatric physician at the time. Today, the Medical-Legal Partnership for Children in Hawaii (MLPC) is a flourishing, formally established, and integrated partnership between KKV and the University of

SERVICES	LANGUAGES SPOKEN BY STAFF
Medical	Chinese (Cantonese, Fukienese, Mandarin, Tienchu)
Dental	English (including Pidgin)
Behavioral Health	Filipino (Cebuano, Ibanag, Ilokano, Ilongo, Pandasinanse,
Maternal and Child Health	Tagalog, Visaya)
Nutrition	Japanese
Case Management	Korean
Eligibility	Laotian
Transportation	Micronesian (Chuukese, Marshallese, Pohnpeian)
Smoking Cessation	Samoan
Health Education	Spanish
Chronic Disease Self-Management	Thai
Home Visits	Vietnamese
Active Living	
Elderly Services	
Family Strengthening	
Community Building	
Advocacy	
Positive Youth Develop and Cultural	
Appreciation	
Environmental Preservation	
Food Productive Activities	
Civil Legal Aid	

Table 1. KKV Services and Staff Languages

Hawaii at Manoa's William S. Richardson School of Law. Led by Dina Shek, MLPC employs two law fellows, Randy Compton and U'i Goods, along with several law interns. The MLPC team provides civil legal aid services on-site at KKV's Pediatrics Clinic twice weekly and once weekly at KKV's satellite clinic located in Kuhio Park Terrace housing, Oahu's largest public housing complex.

Since legal aid is considered one of the specialized enabling services provided by the health center, a formal service agreement and working Memorandum of Understanding (MOU) spells out three components of services provided by the MLPC team:

1. Direct Legal Services: Provide direct legal services to low-income clients through Legal Advocacy Clinics on-site;
2. Education: Transforming legal and health practice through professional education and training; and
3. Systemic Advocacy: Working together as health care team members and lawyers to address systemic advocacy issues, including policy change community empowerment, and professional training.



Kokua Kalihi Valley Comprehensive Family Services MLP team. Photo Courtesy of KKV and MLPC.

MLPC staff attorneys work closely with KKV providers and residents to screen patients for social and legal issues. MLPC has provided training on screening to identify needs for KKV's pediatrics, behavioral health, family medicine, geriatrics, community health outreach, and education providers. Patients who need legal assistance can meet with MLPC staff in the exam room during their visit or be referred to MLPC during their office hours. Funding for the partnership comes jointly from KKV and the MLPC team. Historically, KKV provided the MLPC team with office space, equipment and use of KKV's interpreters. Today KKV provides additional monetary funding to support the program. MLPC is funded through strong institutional support from the University of Hawaii William S. Richardson School of Law, as well as through multiple grants and foundations.

"In the beginning, I used to hear a lot of, 'She's not that kind of lawyer,' because low-income families rarely get lawyers unless something bad is happening. But within six months, families were saying, 'Hey, the lawyer lady is here!' I tell them to ask your questions early, don't ignore your mail, it is OK if you don't know, come ask us for help."- Dina Shek, MLPC

Legal Issues Compounded by LEP

The most prevalent health-harming legal needs of KKV's patients and families include: family law, public housing, public benefits, language access, domestic violence and immigration advocacy. Services provided by MLPC include one-on-one direct legal services, ranging from a one-time appointment spent reading and explaining a letter to a patient, to longer term service such as providing community wide education on guardianship issues, including workshops on topics of importance to the community.

Due to KKV's large immigrant and LEP patient population, the following are highlights of the health center's MLP partnership activities: 1) integrated interpreter cross training; 2) language access issues; and 3) systemic community support. About half of KKV's patients are best served in a language other than English, with a large proportion of Chuukese speaking patients. Direct legal services and community education workshops are provided in multiple Asian and Pacific Islander languages, often through the use of KKV interpreters. MLP staff participate in KKV's interpreter training program to provide additional training on legal ethics and terminology. As a result, KKV's interpreters are trained both in medical and basic legal terminologies.

Utilizing KKV's interpreters ensure that MLP staff and volunteers understand the distinctive cultural norms and values of patients and help amplify their reach, since KKV's interpreters come from the community and have existing relationships with patients. For example, the MLPC team considers Regina Doone, KKV's Chuukese interpreter of 12 years, as their cultural navigator. Patients are often more comfortable sharing information with Regina and having her present in the encounter encourages patients to share details that prove to be useful and helpful to the MLPC team. In addition, as a well-respected member of the community, Regina helps to amplify MLPC's reach within the community. For issues that come up repeatedly, such as a pattern of wrongful housing evictions, the MLPC team worked with Regina to disseminate critical information to the community about their housing rights to fight evictions.

Another distinctive aspect of KKV's MLP partnership is the focus on improving language access for patients and members of the community at-large with other healthcare and social service organizations that serve KKV patients. For example, the MLPC team at KKV works with patients and families to understand their rights to interpreters, how to make requests for interpretation services, write letters and file complaints with external government agencies and other entities. Such efforts are critical in working with LEP AA&NHPI communities as the MLPC team recounts multiple instances of patients and families being turned away from appointments, receiving substandard care at area health facilities, and even denied critical social and health services due to their LEP. The MLPC has faced many experiences where expanded support for families was needed. Examples of this include situations where patients were turned away from appointments for not having brought their own interpreters or the case of a family thought their child had kidney failure and needed dialysis when it was a benign kidney diagnosis. Another story involved a pregnant patient who thought she was going to the hospital for an ultrasound, but was actually scheduled for labor induction. Community wide education classes have been organized in response in order to focus on language access rights, newcomer rights, civil rights and housing rights.

"There is rarely a day that goes by that I do not hear a story of a family who has been harmed by not speaking English... This goes beyond the healthcare sector. Families without an interpreter provided can either misunderstand crucial information being presented to them or can easily be taken advantage of- contracts or leases signed that ought not to have been, job conditions which are unfair or illegal."

- Dr. Alicia Turlington, KKV and MLPC

Successes & Challenges

Since 2010 KKV and MLPC have assisted more than 450 families through community outreach and educational workshops. As a result of their work, the team has helped patients fight wrongful evictions, fix housing violations, ensure proper guardianship of children and extended families, improve access to language services, address unlawful job termination based on immigration status, advocate for appropriate special needs education at the school level and regain access to public benefits.

Dr. Alicia Turlington, KKV's current pediatric physician champion and Dr. Laura DeVilbiss, KKV's clinical director, credit the success of the partnership to mutual shared values, the team's commitment to long-term relationship building with patients, providers and the community and seamless integration of services. KKV staff and MLPC staff attorneys share the same values of community health and well-being.

The MLPC team builds trust with patients by shadowing KKV providers in the exam room and learning more about the needs of the patients and the community. By co-locating their Legal Advocacy Clinic inside the health center at KKV, MLPC staff are just two doors down from the provider room and can more easily build a warm-handoff referral system where providers directly connect patients to a member of the legal team, and legal consults sometimes even take place right in the exam room.

Due to the trust between the staff attorneys and providers, there is open communication amongst MLPC staff and KKV providers. For example, Dr. Turlington and the MLPC team meet twice monthly to discuss cases and trends, set goals and strategize for additional education or programming for staff and patients. MLPC staff see themselves more as counselors and advocates rather than lawyers. One of MLPC's staff attorneys, Randy Compton, began first as a volunteering law student, then a law fellow and now, a staff attorney. KKV's patients and community at-large have come to view MLPC as their very own advocates and lawyers.

"I can tell you as a physician at a health center that the job is not easy. The work is endless and the days are long but the addition of an MLP can truly make a difference. It makes hearing the heartbreaking loads of our families and our patients all the easier because now I can identify the health-harming legal need in those stories and I have someone 2 doors down I can call on to help. Being able to do something about it really matters. While I can't prove it empirically, I know my patients are happier and their families are healthier. And I definitely breathe easier at the end of the day because we have this partnership."

- Dr. Alicia Turlington, KKV and MLPC

However, there remains some challenges for KKV's MLP. Similar to other models in health center settings across the country, the most pressing challenge is finding a funding model that can sustain the partnership in the long term, for both the health center and the legal partner. Even though the Legal Advocacy Clinic is only open three days a week, the MLPC team is onsite every day for case conferencing and coordination, prep and administrative work, teaching, planning, and answering questions for KKV's providers. Despite strong support from the University of Hawaii at Manoa's William S. Richardson School of Law, MLPC has to supplement funding from multiple different grants and funders in order to fully employ staff attorneys on a full time basis. Likewise, KKV has to find funding to set aside dedicated time for providers and interpreters, space and equipment and share the cost for the legal partner. Up until recently, KKV provided in-kind support and did not dedicate direct funding for MLPC.

A second challenge, related to funding, is expansion of the current partnership to serve more patients and members of the community. With only three staff attorneys, some law fellows and interns, MLPC has limited capacity, and these days, demand for legal aid amongst KKV's patients is high.

Another, less discussed but equally important challenge is finding appropriate office space for the legal team within the health center. There are strict legal rules regarding spatial arrangements for the provision of direct legal services that must be met. For the legal team to be fully integrated and seen as part of the health care team, it is critical that they are co-located within the health center where patient care is provided. For KKV, finding a private space within the health center that met the necessary legal requirements and was large enough to accommodate the staff attorneys on site was often a challenge.

Future of KKV MLP

The success of KKV's MLP has propelled the team onto the state and national legal and health spotlight. Most recently, the team has been asked to share their expertise and replicate their program for another health center on the island, Waimanalo Health Center. Waimanalo Health Center and the MLPC team are working together to define goals, build patient and provider trust and set processes in place to meet the legal needs of the health center patients and the community.

Other health centers throughout the state of Hawaii have also expressed great interest in replicating the program at their center. In early 2016, the Hawaii Primary Care Association (HPCA), in partnership with the National Center for Medical-Legal Partnership (NCMLP), provided a one-day training to health centers in the state to learn more about the approach and learn from KKV's experience. HPCA, NCMLP and MLPC are currently exploring opportunities to help expand the program to the state's other 12 health centers in concert with the Legal Aid Society of Hawaii, the federally funded statewide civil legal aid provider for Hawaii's underserved communities. Interest from health centers across the state is high; what remains to be seen is how to operationalize access to civil legal aid services for health center patients in a sustainable way, leveraging existing resources and always promoting the health and well-being of Hawaii's most vulnerable communities.

Lessons Learned

- Providing civil legal aid through MLP programs benefit both the patient and provider. Providers, including AA&NHPI-serving health centers that serve a high immigrant and LEP patient population, are able to better understand patient needs and deliver patient-centered care, and patients are empowered to find the best care for themselves and their families.
- The MLP approach is essential to health care transformation and quality improvement. The approach encourages collaboration between health care providers and legal teams to work together to improve clinic practice and institutional policies to better respond to patients' needs.
- MLP programs help to operationalize health center patients' access to civil legal aid services, and give health care providers and legal teams the opportunity to leverage existing resources to find sustainable ways to continue to offer culturally and linguistically appropriate services to high needs and vulnerable populations.

"We can't not move forward [with the MLP partnership]. 1 in 6 live in poverty and every single one has a civil legal need. And that's all the patients that we as health centers serve." -Robert Hirokawa, HPCA

CONCLUSION

Health centers play a key role in providing primary and preventative care to underserved communities, especially to individuals who are uninsured or publicly insured, low income or otherwise medically vulnerable. While all health centers serve high need populations, health centers serving Asian Americans, Native Hawaiians and Pacific Islanders (AA&NHPIs) encounter unique challenges. The strategies and lessons learned highlighted in this case study demonstrate how an AA&NHPI-serving health center, serving a high immigrant and LEP patient population, integrated civil legal aid into its services through a MLP in order to address the social determinants of health. We hope that health centers, Primary Care Associations, civil legal aid teams, and other organizations providing care and legal services to underserved communities, find the information highlighted in this case study useful in their local efforts, and use the lessons learned to incorporate civil legal aid through MLPs to continue to ensure that all individuals have access to the care and services they need for healthier communities and future generations.