Expanding Interdisciplinary Learning Opportunities on a Shoestring through a Medical-Legal Partnership

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Introduction
My project for the Robert Wood Johnson Foundation fellowship program was to establish a medical-legal partnership (MLP) between my institution of Hamline University School of Law (Hamline) and United Family Medicine (United Family), a well-established and well-reputed federally-qualified health center in St. Paul. MLPs are community collaborations among legal and health care professionals that address not merely the medical but also the legal and social issues adversely affecting lower-income patients’/clients’ health. I also planned to establish curricula for two courses related to the MLP — one clinical, to be taught in the MLP itself, and one classroom-based, to be taught as a prerequisite to the clinical course.

Hamline’s health law clinic was in transition at the time the fellowship program was starting in 2014. The prior instructor was moving on to other opportunities. We saw this as a chance to reshape the clinic into a different form. I had been interested in developing an MLP for some time, and was in discussion at the time with United Family about starting one together. Especially given Hamline’s lack of opportunities for law students to interact professionally with health care providers, social workers, and others, given that Hamline offers no health care training programs, I saw the MLP as an excellent chance to provide Hamline students with that exposure to interprofessional interactions in the context of a clinical course with clients, while at the same time helping members of our community and furthering United Family’s objectives.

The problems that MLP clients experience require not merely legal assistance to individuals, but also institutional and societal redress. To use a recent example from another local MLP, it may be that the substantial cut to a clinic patient’s food stamp aid is not simply an isolated miscalculation, but rather reflects a systemic problem that has impacted many other local food stamp recipients as well. Because of the often systemic nature of the problems affecting lower-income MLP clients, clinic students can be more effective advocates for both their clients and for the communities in which their clients live if they come to the clinic having already studied the effects that individuals’ living, work, and social environments have on their health, and how those in turn are shaped and permeated by law and policy. Thus, I also planned to establish — and did establish during the fellowship year — a course to address those issues.

This classroom course provides a brief introduction to how the law shapes both health and the socioeconomic determinants of health, and then focuses on several major and relevant topics in social welfare law and policy: housing, nutrition, domestic and community violence, the health care safety net, and cash welfare, as well as the navigation of social, economic, and governmental systems relevant to each. The topics are covered neither abstractly nor with a primary emphasis on learning the relevant law, but rather are intended to equip students to accomplish two goals: first, to gain a broader and deeper understanding of the relationship among the law, health, and socioeconomic determinants of health, particularly as situated in St. Paul; and second, to gain locally-relevant tools

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and an introduction to local organizations and the people who work in them that will help them become effective advocates for their clients and for social change necessary to improve the public's health.

**Experiential Learning in a Classroom Course**

I had originally intended to establish the MLP clinic first, but funding and staffing resources were not in place in time to launch these during the fellowship year. Instead, I flipped the order of development, and designed and offered the new classroom course, “Community Health and Vulnerable Populations,” during the 2015 spring semester. Especially after the summer institute held in connection with the fellowship program, at which we learned and experienced a variety of different teaching modalities, I knew I wanted not merely to cover readings that would both be informative and help spark a lively debate among the students, but also to provide in-class activities that would ask the students to draw on a variety of tools with which to find necessary information and solve problems.

**Goals**

Toward those ends, I decided that, in addition to discussing readings and doing in-class hypotheticals, we would also take a number of field trips to learn from the people who work on some of these issues every day in the community. During the summer institute, Charity Scott had organized, among other excellent activities, a field trip to the Summit County Department of Public Health. There, we not only heard from public health officials about their work, but got to travel with them to either a restaurant inspection or a tour of the water treatment facility. I have to admit: I had never done either before.

The opportunity to talk with the local health officials about their work and, in my case, see how the water treatment facility worked and what the officials did in the process was eye-opening. I am sure I could have found equivalent information to read, but nothing beats having the individuals who do the job present, talking with them, and actually seeing how something works. I wanted to replicate that type of experience in my course.

**Field Trips**

Accordingly, I built three field trips into this course: one to United Family Medicine to discuss the health care, social, and legal needs of United Family patients with a social worker and a family physician; one to the Minnesota Department of Human Services, to discuss health programs for immigrants with the department’s attorneys; and one to a vacant building temporarily owned by the City of St. Paul, to discuss homelessness prevention and housing-related environmental public health issues with relevant county public health workers.

As far as I know, while of course other Hamline Law classes make use of guest speakers, no other courses have law students travel offsite to where the speakers work, to show students what they actually do in the settings in which they do it. The field trips, predictably, were one of the best-liked features of the class, and are something I plan to build in to more of my classes. The students appreciated the opportunity to learn from people working directly on the situations we were studying, and to see some of what that practice was like in the environment in which it happens.

During our housing unit, for example, we met at a vacant, city-owned building with lead paint and mold, and heard from a senior member of St. Paul’s “House Calls” unit about efforts to help people with hoarding issues and from workers at the city’s environmental health unit about what happens when a building has untenable environmental issues and the legal tools available to help them. Apart from being bone-chillingly cold, it was very successful on all accounts. The presenters were detailed and vivid in their discussion of the problems that residents encountered or, in the case of hoarders, created in their homes, and the impact of those problems on the residents’ health. The students learned about the problems that the environmental health workers typically encounter in St. Paul, as illustrated through the residence in which we met. They worked through sections of the city code of ordinances relevant to the house’s lead paint and mold problems. We discussed the pernicious effects of lead poisoning on children, and the potential impacts of that poisoning on the children’s lives and society more generally. The students also learned about some of the consequences — both intended and otherwise — that some of the city’s litigation of substandard housing conditions against major landlords has had on both the law and on tenants.

**Interdisciplinary Benefits**

The UFM site visit was substantively important, and perhaps the most eye-opening to both the students and the presenters in terms of what it taught regarding interdisciplinary interactions. The presenters — a nurse/social worker and a family physician — addressed the students as they might medical students, with an assumption that they possessed a certain level of background medical knowledge that only one of the students actually had. I waited for the students to interrupt to ask questions about some of the medical terminology that the speakers were using, but in vain. Ultimately, I needed to step in at
several points to ask the students if they understood some of the terms and concepts in question (and they did not), at which point the presenters would back up and explain. The students learned they needed to ask questions if they did not share a common level of understanding assumed by the presenters, and the presenters learned they could not assume any specialized medical knowledge on the part of the students.

**MLP and Clinic Course**

Over the course of the fellowship year, I was able to take the time needed to resolve a number of resource issues for the MLP and clinic course. A hoped-for partnership with a local legal services organization had fallen through at the beginning of the fellowship year. Another early setback was the unavailability of funds to be able to hire someone to oversee the MLP and Clinic Course in time to offer it during spring semester 2015. Fortunately, these issues have been resolved with the recent hiring of a managing attorney for the MLP who will oversee the clinic. The attorney has dived right in with the MLP and is making excellent progress in learning the community and creating networks for the MLP and herself. The MLP and the clinic are officially opening their doors to students as of spring semester 2016.

**Benefits and Impact**

As mentioned above, a major reason I created the MLP was to offer Hamline law students the opportunity to work as part of a team with health care providers and social workers in solving legal problems experienced by lower-income clients in the community. Students from different professional disciplines can learn a lot by sharing a classroom with students and instructors from disciplines that are different from their own, yet relevant to the material under study. The experience opens new ways of approaching and analyzing issues for the participants, and draws on the variety of experience that each student brings.

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The need of lower-income people for free or low-cost legal services is acute, yet is often compartmentalized from their other medical or socioeconomic needs by the legal and health professions. Often, these needs are intertwined. For example, a 43-year-old woman with advanced ovarian cancer may need a will, as well as a guardianship for her two minor children. She can try to focus on her health care, but her other life needs intrude, urgently. A parent continually may bring her young son to an emergency room for acute symptoms due to asthma, but the source of the health problem is not so much the parent's inconsistency in following prior medical treatment orders but rather the mold and cockroaches that infest the family's building. A recent immigrant is acutely injured at work, and has little money and no health insurance to pay for care. All these individuals have medical problems complicated by legal problems, or legal problems complicated by medical problems. Both the former and the latter need to be sorted out. Addressing either, separately, will not yield ideal results. These people require a holistic plan of care that addresses their medical, legal, social, and economic needs.

Law students — like other professional students, including medical and other health care students — often do not understand this. They have been so immersed in the study of their new discipline that it often eclipses all other modes of analysis. They have a hammer, and all they see are nails. The problem is that clients’ lives often are not that simple. A purpose of the new section 303(a)(3) of the American Bar Association's Standards and Rules of Procedure for Approval of Law School, requiring students to complete at least six credit hours of experiential courses, is to ensure
that all students will have had at least some exposure to complexity of working with clients and the complexity of client problems prior to graduation. Working with clients through MLPs, in conjunction with other and different professionals, exposes law students to new dimensions of holistic client assistance.

Understanding the Real World of Poverty
The classroom course yielded eye-opening experiences for students. In the first iteration of the course, several of the students shared their experiences growing up in poverty with the rest of the class. The students learned from each other what it was like to try to survive on cash welfare, with insufficient funds to buy wholesome food, without the means to afford safe, nurturing, enriching day care for one’s children, in environments where one might not be safe from violence at home or in the streets. They learned that poverty is all around us, impacting people we interact with on a daily basis, and affecting us in ways we might not ever have realized. Sharing these experiences brought an immediacy to the reading assignments and their potential policy implications that otherwise might not have materialized to the same degree.

Fellowship Relationships
Finally, one of the best things about the fellowship year was the relationships forged as a result of it. It was not just the talent, experience, and wealth of ideas that everyone contributed, but also the support. I am truly grateful to have been able to be a part of the fellowship program, and to be able to look forward to further collaborations and projects among the fellows.

Challenges
The fellowship year was not all smooth sailing, however. The timely launch of the MLP and its associated clinic was complicated by the impending merger of Hamline Law with William Mitchell College of Law in the winter of 2014. The combination had been a subject of periodic discussion for many years, and no one quite expected the talks to conclude successfully when they did. Fundraising and hiring for the MLP with an ongoing possible-but-not-certain merger was challenging, as both had to take a back seat to the merger activities. The combination seriously threatened to derail the development of the MLP, delayed the search for a managing attorney by three months, and has hampered ongoing efforts to raise additional funds for salary support. I am confident the combination will ultimately prove to be a success for both law schools and their students and for the Twin Cities legal community, but it has certainly complicated the MLP’s launch and further delayed the launch of the clinic.

Cobbling together additional and future funding for the MLP was also hindered until quite recently by the lack of a stable, nonprofit entity to use for seeking funds. The Mitchell Hamline combination took place at the end of 2015. While United Family has been making great progress in soliciting funds for other MLP needs such as translation services, other needs that have been inadequately funded to date that more directly concern the legal side of the MLP have had to wait for funding.

Finally, courses take time to develop well. I offered the classroom course on community health and vulnerable populations in the St. Paul area in the spring as a last-minute fallback, given that the clinic was not yet up and running. Because of its eleventh-hour nature, it was not as well conceived as I would ideally have wanted. Most notably, I offered the students a choice of writing or presenting a research paper, or doing a project in the community and either writing it up or presenting orally on it. I did not, however, do anything in the way of setting up possible community projects that would be both useful to the community and community organizations as well as feasible for the students in terms of the timeline. That will take a fair bit of time and effort on my part, and it is something I plan to do for future class iterations.

Lessons Learned
I learned, or relearned, a number of lessons over the course of the fellowship year. First, no matter what happens, always soldier on, and figure out the best way to make the best out of a situation that has unexpectedly changed in one or more ways. When I first started this project for the fellowship year, I thought, “What could possibly go wrong?” — a thought, I have since realized, that I tend to have when, for instance, I decide to use power tools, undertake repairs on a slippery roof, or enter long-distance races at the last minute with inadequate training. When I do these things, I usually find out rather quickly how they can indeed go wrong. This fellowship year was no exception. Yet the project was worth both effort and perseverance.

Second, courses take a lot of time to thoroughly and deliberately develop. I thought I would be able to do a thorough and thoughtful job with the course on community health and vulnerable populations, given that I had three and a half months during the fall semester to research and create it. While I worked diligently during that time, the time was not quite sufficient; I really needed to take a more active role in crafting meaningful possibilities for the students’ final papers and projects, rather than largely leaving them solely up to the students’ own creation. I was pleased with the work most of the students did, but wish I had been...
able to do more initial legwork so they would have had better opportunities to choose and develop projects in the community.

Third, choose your partners wisely and make sure that your missions and goals align with theirs. The legal services organization that we first considered working with was initially a very promising partner. However, challenges due to lack of attorney time and resources — understandably, given budget issues facing such organizations everywhere — diminished those possibilities, at least for now. United Family Medicine, on the other hand, has been absolutely wonderful throughout the entire process. They have been enthusiastic and supportive at every step and generous with their time, and did not let setbacks, such as the failure to start earlier intake for clients, sway their interest in the partnership or diminish their support. They are supportive of the educational aspect of the MLP and related curricula and participated in the classroom course. I am looking forward to working towards involving the residents in both the classroom and clinical courses. They are also currently doing some fundraising for the MLP, which should be greatly helpful, particularly while Hamline, as an institution, is in transition.

For the Future

I am looking forward to further refining the curriculum for the community health and vulnerable populations course. I am also looking forward to working with the MLP managing attorney on developing the curriculum for the MLP-associated student law clinic, and to continuing my work to fund and support the MLP.

Using these courses as a springboard, I am also looking forward to developing a third course on legislative advocacy around public health issues arising in the context of the MLP. Many of the issues the MLP clients face are ones that are not unique to them, but affect many others in their communities and similar communities in the metropolitan area and in the state. Hamline’s location in St. Paul, both as a major urban center and as Minnesota’s capitol, as well as some of the synergies that will be made possible through the upcoming Mitchell Hamline combination, provide an excellent opportunity to teach students how they can address problems not only on the level of individual client needs, but on a broader societal level through work with municipal and state governing bodies. When the curricula are completed, our students will be able to study issues affecting the health of lower-income community members by learning about the nature and scope of the problems in question, helping to provide redress to their ill-effects on individual community members’ lives, and trying to craft and propose possible solutions in the legislative arena.

References

5. The syllabus for this course is available through the fellowship program’s teaching resources library on-line. See Network for Public Health Law, “Public Health Law Faculty Teaching Resources,” available at <https://www.networkforphl.org/faculty_teaching_resources/> (last visited January 13, 2016) (this site is password protected; faculty may request a password from the Network on the site) (see “Community Health and Vulnerable Populations” in the Syllabi section of this website).