

TITLE	AUTHORS	YEAR	JOURNAL	TYPE	URL	ABSTRACT	OUTCOME CATEGORY	OUTCOMES
Observational Studies (Outcomes)								
Medical-legal partnerships: 11 years' experience of providing acute legal advice for critically ill patients and their families	Eynon CA, Robinson LJ, Smith KM.	2020	Journal of the Intensive Care Society	Observational	https://pubmed.ncbi.nlm.nih.gov/32284717/	In 2007, a free, comprehensive legal advice service was established at University Hospital Southampton NHS Foundation Trust. The service is bound by strict guidelines which have been endorsed by NHS England. The legal service is specifically prevented from acting against the NHS. A retrospective analysis of the service over a period of 11 years was undertaken to look at the range of legal advice sought. Where a potential compensation claim against a third party was identified, the percentage of cases where the legal service was instructed was noted and the outcome for those cases was examined in further detail. Five hundred and fifty-one patients and or their families have been referred to the legal service. Of these, 343 had sustained major trauma. Over 2300 hours of free legal advice were provided on non-compensation issues, primarily related to welfare benefits, local authority assistance, obtaining power of attorney or seeking Deputyship from the Court of Protection and claims against existing insurance policies. Two hundred and seventy-five of the 551 patients (50%) were found to have a potential compensation claim against a third party. The legal service was instructed to pursue a claim in 82 cases. Interim payments of nearly £13 million were provided and £128 million of compensation has been awarded in 51 cases that have been settled.	Improved access to financial resources and concrete supports	Secure, retain, or recover financial benefits
Medical-Legal Partnership Impact on Parents' Perceived Stress: A Pilot Study	Jennifer N. Rosen Valverde, Jeffrey Backstrandb, Laurie Hillsc, and Hanan Tanuosd	2018	Journal of Behavioral Medicine	Observational	https://www.tandfonline.com/doi/full/10.1080/08964289.2018.1481011?scroll=top&needAccess=true	Stress has adverse effects on health, and prolonged stress exposure is a risk factor for several mental and physical illnesses.1 Families living in poverty face many stressors created and maintained by economic hardship and unaddressed legal and social needs. Medical-Legal Partnerships (MLPs) aim to improve health and well-being by addressing health-harming legal and social needs of patients. This pilot study examined whether MLP-involved parents perceived themselves as stressed; to what they attributed their stress; and whether they reported a reduction in stress when their MLP cases were closed. The study shows improvements in perceived stress following receipt of MLP interventions.	Changes in health and wellbeing of patients	Reduction in perceived stress and an improvement in overall wellbeing
Improving the Care of Youth With Type 1 Diabetes With a Novel Medical-Legal Community Intervention: The Diabetes Community Care Ambassador Program	Malik FS, Yi-Frazier JP, Taplin CE, et al.	2018	The Diabetes Educator	Observational	https://pubmed.ncbi.nlm.nih.gov/29320934/	The purpose of this study was to examine the feasibility and efficacy of the Diabetes Community Care Ambassador (DCCA) Program, a novel medical-legal community intervention designed to support high-risk youth with type 1 diabetes. Methods Study eligibility criteria: ages 3-19 years, A1C ≥8.5% (≥69 mmol/mol) and/or recent diabetic ketoacidosis hospitalization, type 1 diabetes duration ≥1 year, and English- or Spanish-speaking. Eighty-nine youth and their caregivers participated in the 9- to 12-month intervention, which included diabetes education and support through 3 home visits, 1 to 2 school visits, and phone support from a lay health worker, as well as legal support from a medical-legal partnership attorney. Feasibility was assessed; change in A1C was compared in a linear mixed model. Results Of the 89 DCCA Program participants, 80% completed the program, with the majority of participants rating their DCCA favorably. Sixty-two percent reported ≥1 unmet legal need, of whom 29% accepted legal counsel. Youth enrolled in the DCCA Program demonstrated an improvement in glycemic control as their mean A1C decreased from 9.71% (83 mmol/mol) at the start of the program to 9.40% (79 mmol/mol) at the end of the intervention period (P = .03). Participants with public health insurance experienced the greatest differential A1C reduction (9.79% to 9.11%, 83 mmol/mol to 76 mmol/mol). Conclusions The DCCA Program represents a promising intervention for improving care of high-risk youth with type 1 diabetes. A significant proportion of caregivers of youth reported having an unmet legal need. Participants remained highly engaged and demonstrated improved glycemic control, particularly youth with public health insurance.	Changes in health and wellbeing of patients	Improved health outcomes for patients
Medical-Legal Partnerships At Veterans Affairs Medical Centers Improved Housing And Psychosocial Outcomes For Vets	Tsai, Jack; Middleton, Margaret; Villegas, Jennifer; Johnson, Cindy; Retkin, Randy; et al.	2017	Health Affairs	Observational	https://search-proquest-com.proxygw.wrlc.org/docview/1980907024/fulltextPDF/9EF255AE437044D9PQ/1?accountid=11243	Medical-legal partnerships-collaborations between legal professionals and health care providers that help patients address civil legal problems that can affect health and well-being-have been implemented at several Veterans Affairs (VA) medical centers to serve homeless and low-income veterans with mental illness. We describe the outcomes of veterans who accessed legal services at four partnership sites in Connecticut and New York in the period 2014-16. The partnerships served 950 veterans, who collectively had 1,384 legal issues; on average, the issues took 5.4 hours' worth of legal services to resolve. The most common problems were related to VA benefits, housing, family issues, and consumer issues. Among a subsample of 148 veterans who were followed for one year, we observed significant improvements in housing, income, and mental health. Veterans who received more partnership services showed greater improvements in housing and mental health than those who received fewer services, and those who achieved their predefined legal goals showed greater improvements in housing status and community integration than those who did not. Medical-legal partnerships represent an opportunity to expand cross-sector, community-based partnerships in the VA health care system to address social determinants of mental health.	Changes in health and wellbeing of patients Improved housing and utility stability	Reduction in perceived stress and an improvement in overall wellbeing Improved housing status

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The Highland Health Advocates: A preliminary evaluation of a novel programme addressing the social needs of emergency department patient	Losonczy LI, Hsieh D, Wang M, et al	2017	Emergency Medicine Journal	Observational	https://pubmed.ncbi.nlm.nih.gov/28642372/	Patients commonly come to the emergency department (ED) with social needs. To address this, we created the Highland Health Advocates (HHA), an ED-based help desk and medical-legal partnership using undergraduate volunteers to help patients navigate public resources and provide onsite legal and social work referrals. We were able to provide these services in English and Spanish. We aimed to determine the social needs of the patients who presented to our ED and the potential impact of the programme in resolving those needs and connecting them to a medical home' (defined as a consistent, primary source of medical care such as a primary care doctor or clinic). Methods ED patients at a US safety net hospital were enrolled in a 1:2 ratio in a quasi-experiment comparing those who received intervention from the HHA during a limited access rollout with controls who received usual care on days with no help desk. We collected a baseline social needs evaluation, with follow-up assessments at 1 and 6 months. Primary outcomes were linkages for the primary identified need and to a medical home within 1 month. Other outcomes at 6 months included whether a patient (1) felt helped; (2) had a decreased number of ED visits; (3) had the primary identified need met; (4) had a primary doctor; and (5) had a change in self-reported health status. Results We enrolled 459 subjects (intervention=154, control=305). Housing (41%), employment (23%) and inability to pay bills (22%) were participants' top identified needs. At baseline, 32% reported the ED as their medical home, with the intervention cohort having higher ED utilisation (>1 ED visit in the prior month: 49% vs 24%). At 1 month, 185 (40%) subjects were reached for follow-up, with more HHA subjects linked to a resource (59% vs 37%) and a medical home (92% vs 76%). At 6 months, 75% of subjects felt HHA was helpful and more subjects in the HHA group had a doctor (93% v 69%). No difference was found in ED utilisation, primary need resolution or self-reported health status. Conclusions Health-related social needs are common in this US safety net ED. Our help desk is one possible model for addressing social needs.	Improvements in healthcare system and workforce	Patients are better able to connect with a medical home
Extra "Oomph": Addressing Housing Disparities through MLP Interventions	Diana Hernandez	2016	Housing Studies	Observational	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC511826/	Low-income households face common and chronic housing problems that have known health risks and legal remedies. The Medical-Legal Partnership (MLP) program presents a unique opportunity to address housing problems and improve patient health through legal assistance offered in clinical settings. Drawn from in-depth interviews with 72 patients, this study investigated the outcomes of MLP interventions and compares results to similarly disadvantaged participants with no access to MLP services. Results indicate that participants in the MLP group were more likely to achieve adequate, affordable and stable housing than those in the comparison group. Study findings suggest that providing access to legal services in the healthcare setting can effectively address widespread health disparities rooted in problematic housing. Implications for policy and scalability are discussed with the conclusion that MLPs can shift professionals' consciousness as they work to improve housing and health trajectories for indigent groups using legal approaches.	Improved housing and utility stability	Improved housing status
Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial	Robert Sege, Genevieve Preer, Samantha J. Morton, Howard Cabral, Oluwatomisin Morakinyo, Vonne Lee, Catarina Abreu, Edward De Vos, & Margot Kaplan-Sanoff	2015	Pediatrics	Observational	https://pediatrics.aappublications.org/content/early/2015/05/26/peds.2014-2955	Changes in health care delivery create opportunities to improve systems to better meet the needs of low-income families while achieving quality benchmarks. Families of healthy newborns receiving primary care at a single large urban safety-net hospital participated. Intervention families were randomly assigned a family specialist who provided support until the 6-month routine health care visit. The Developmental Understanding and Legal Collaboration for Everyone (DULCE) intervention is based on the Strengthening Families approach and incorporated components of the Healthy Steps and Medical-Legal Partnership models. Medical record reviews determined use of preventive and emergency care. Surveys conducted at baseline, postintervention (6 months), and follow-up (12 months) were used to determine hardship and attainment of concrete supports. Three hundred thirty families participated in the study. At baseline, 73% of families reported economic hardships. Intervention parents had an average of 14 contacts with the family specialist, and 5 hours of total contact time. Intervention infants were more likely to have completed their 6-month immunization schedule by age 7 months (77% vs 63%, P < .005) and by 8 months (88% vs 77%, P < .01). Intervention infants were more likely to have 5 or more routine preventive care visits by age 1 year (78% vs 67%, P < .01) and were less likely to have visited the emergency department by age 6 months (37% vs 49.7%, P < .03). The DULCE intervention accelerated access to concrete resources (P = .029). Assignment to the Project DULCE intervention led to improvements in preventive health care delivery and utilization and accelerated access to concrete supports among low-income families.	Improvements in systems and cost Changes in health and wellbeing of patients Improved access to financial resources and concrete supports	· Increased use of preventative care · Fewer ER visits for children · Increased access to concrete resources

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Health, Education, Advocacy, and Law: An Innovative Approach to Improving Outcomes for Low-Income Children With Intellectual and Developmental Disabilities	Alison R. Zisser & Maureen van Stone	2015	Journal of Policy and Practice in Intellectual Disabilities	Observational	https://onlinelibrary.wiley.com/doi/abs/10.1111/jppi.12115	Advocates and attorneys working in medical–legal partnerships in the United States have become essential members of a multidisciplinary team that educates healthcare professionals on the rights of individuals with intellectual and developmental disabilities and represents families when appropriate services to which they are legally entitled are denied. This program description presents an innovative program in which advocates and attorneys work closely with healthcare professionals in a pediatric setting to improve implementation of clinical recommendations and outcomes for low-income children with intellectual and developmental disabilities. Since its creation in 2005, Project HEAL (H ealth, E ducation, A dvocacy, and L aw) has provided advocacy and legal services to 1,750 low-income families and children with disabilities facing discrimination and challenges accessing programs and services critical to health, education, and psychosocial functioning. Client satisfaction surveys indicate that families who receive representation are highly satisfied with the outcome of their children's cases, and healthcare professionals report that their patients and families are better able to access complex service systems with assistance from Project HEAL. The innovative practice of incorporating advocacy and legal services directly into a clinical setting provides better outcomes for children with intellectual and developmental disabilities who might not otherwise have access to critically needed services. Involvement of skilled advocates and attorneys facilitates implementation of the comprehensive clinical recommendations necessary for the well-being of children with disabilities.	Improvements in healthcare system and workforce	Families better able to navigate complex service systems
Keeping the Heat on for Children's Health: A Successful Medical–Legal Partnership Initiative to Prevent Utility Shutoffs in Vulnerable Children	Daniel Taylor, Bruce Bernstein, Eileen Carroll, Elizabeth Oquendo, Linda Peyton, & Lee Pachter	2015	Journal of Health Care for the Poor and Underserved	Observational	https://muse.jhu.edu/article/590103/pdf	Energy insecurity may result in adverse consequences for children's health, particularly for children with special health needs or chronic health conditions. We aimed to determine whether a multimodal intervention addressing energy insecurity within the framework of a medical–legal partnership (MLP) resulted in an increase in the provision of certifications of medical need for utility coverage in an inner city academic primary care practice. Methods. Working within a medical–legal partnership, we standardized criteria for providers approving medical need utility certification requests. We compared prior-year utility certification requests and approvals (pre-intervention) with the intervention year for families who reported energy insecurity on a waiting-room screening questionnaire. Results. Between the first and second years of the study, certification of medical need approvals increased by 65%, preventing utility shut-offs for 396 more families with vulnerable children. Conclusions. Energy insecurity can be screened for and addressed in a busy urban practice, potentially improving the wellbeing of vulnerable children.	Improved housing and utility stability	Utliity shut-off prevented
Embedding Civil Legal Aid Services In Care for High-Utilizing Patients Using Medical-Legal Partnership* <i>Note: This is found in the "blog" section of Health Affairs and is not peer-reviewed.</i>	Jeffrey Martin, Audrey Martin, Catherine Schultz, and Megan Sandel	2015	Health Affairs Blog: Innovations in Care Delivery	Observational (not peer reviewed)	https://www.healthaffairs.org/doi/10.1377/hblog20150422.047143/full/	Many of the civil legal problems identified through the pilot were able to be treated with this kind of indirect legal care where the lawyer relayed legal information and resources to social workers and medical staff. A smaller number of civil legal problems required direct legal care such as advice from a lawyer directly to the patient or full legal representation. A little more than 16 percent of disability-related civil legal problems required direct legal care, while almost 84 percent could be addressed by a lawyer supporting the case management team. When the super-utilizer team addressed a patient's civil legal problems, health care use and costs dropped. The pilot data suggest a decrease in both 30-day and seven-day readmission rates among the identified patients. Both inpatient and Emergency Department use dropped upward of 50 percent, and overall costs (as defined by charges) fell by 45 percent.	Changes in health and wellbeing of patients	Fewer ER visits for adults
MLP and Healthy Start: Integrating Civil Legal Aid Services into Public Health Advocacy	Daniel Atkins JD, Shannon Mace Heller JD MPH, Elena DeBartolo & Megan Sandel MD MPH	2014	Journal of Legal Medicine	Observational	https://www.tandfonline.com/doi/abs/10.1080/01947648.2014.885333?journalCode=ulgm20	The article focuses on integration of the civil legal aid services and medical-legal partnership (MLP) into public health advocacy. Topics discussed include the federally-funded healthy start program that integrated the MLP intervention into its intensive home visiting model, MLP's partnership with a social services agency serving very low-income, pregnant women and parents with young children along with the use of MLP for addressing the social determinants of health.	Improvements in policies, laws, and regulations	Improvements in policies, laws, and regulations

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Can Access to a Medical-Legal Partnership Benefit Patients with Asthma Who Live in an Urban Community?	Robert Pettignano, Lisa Bliss, Sylvia Caley & Susan McLaren	2013	Journal of Healthcare for the Poor and Underserved	Observational	https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2274911	Approximately one in 10 children in the U.S. has a diagnosis of asthma. African American and low-income children are more likely to be diagnosed with asthma. They are more likely to suffer the worse outcomes because of low socioeconomic status and environmental exposures. A medical-legal partnership is an interdisciplinary collaboration between a medical entity such as a hospital or clinic and a legal entity such as a lawyer, law school, or legal aid society created to address barriers to health care access and limitations to well-being. Addressing the legal concerns of these patients can improve access to medical services, reduce family stress, and address legal concerns that contribute to poor health. The Health Law Partnership (HeLP) is one such medical-legal partnership that provides a holistic, interdisciplinary approach to health care. During the seven-year study period we found both financial (\$501,209) and non-financial benefits attributable to interventions by the attorneys at HeLP.	Improved access to financial resources and concrete supports	Secure, retain, or recover financial benefits
Doctors and Lawyers Collaborating to HeLP Children: Outcomes from a Successful Partnership between Professions	Melissa Klein, Andrew Beck, Adrienne Henize, Donita Parrish, Elaine Fink & Robert Kahn	2013	Journal of Health Care for the Poor and Underserved	Observational	https://muse.jhu.edu/article/519262	Background. Clear associations exist between socioeconomic risks and health, and these risks are often amenable to legal interventions. Methods. This is a case study of an implementation of a medical-legal partnership (MLP) in three pediatric primary care centers that serve a predominantly high-risk population. Referral circumstances and outcomes over the first three years are described. Results. During the three-year study period, 1,808 MLP referrals were made for 1,614 patients by all levels of provider. Those referred were more likely to have asthma (p<.0001) and developmental delay/behavioral disorder (p<.0001) than the general clinic population. Housing (37%) and income/health benefit (33%) problems were the most common reasons for referral. Referrals led to 1,742 (89%) positive legal outcomes affecting nearly 6,000 cohabitating children and adults and translating into nearly \$200,000 in recovered back benefits. Conclusion. Successful MLP implementation enabled pediatric providers to address social determinants of health potentially improving health and reducing disparities.	Improved access to financial resources and concrete supports	Secure, retain, or recover financial benefits
Descriptive Articles and Practice Reports								
Improving Medical-Legal Advance Care Planning	Sarah Hooper, Charles Sabatino, Rebecca Sudore	2020	Journal of Pain and Symptom Management	Descriptive	https://pubmed.ncbi.nlm.nih.gov/3224075/	The importance of advance care planning (ACP) has been increasingly recognized by health systems. However, 46%-76% of patients report engaging in ACP with lawyers, whereas only a minority report doing so with physicians. In the U.S., ACP with lawyers focuses on advance directive documents, naturally occurs outside of health care contexts, and is often uninformed by the clinical context, such as one's prognosis and clinical trajectory. These forms are regularly stored at home or at a lawyer's office and not available at the bedside when needed in a medical crisis. Yet, in contrast to clinicians, lawyers hold sophisticated knowledge about their states' advance directive law. Lawyers may also understand clients' socioeconomic context and plans more broadly, which are known to be critical for contextualizing and personalizing patient care but are often not well captured in health care. Aligning medical and legal approaches to ACP is important to ensuring the quality and value of those efforts. As an important first step toward this goal, we convened an interprofessional panel of medical and legal experts to elucidate the state of medical-legal ACP and begin to identify strategies to improve and align practices within and across professions. This article describes the historical disconnects between the medical and legal practice of ACP, recommendations and products of the interprofessional panel, and recommendations for future medical-legal collaboration.	NA	NA
Immigration Legal Services as a Structural HIV Intervention for Latinx Sexual and Gender Minorities	Yamanis TJ, Zea MC, Ramé Montiel AK, et al.	2019	Journal of Immigrant and Minority Health	Descriptive	https://pubmed.ncbi.nlm.nih.gov/3046511/	Lack of legal immigration status is associated with poor HIV-related outcomes for immigrant Latinx sexual and gender minorities (LSGM). LSGM often meet eligibility criteria for legal immigration relief. A Medical-Legal Partnership (MLP) may thus be strategic to improve their health. We know little about the challenges LSGM face during the immigration legal process. We conducted in-depth interviews with six key informants and sixteen LSGM who recently applied for immigration legal relief. We coded and analyzed the data for emergent themes. Challenges to instituting an MLP for LSGM included lack of specialized training on working with SGM for immigration attorneys, and for clients: knowledge about legal deadlines, lack of housing and family support, and re-traumatizing experiences. Clients' outcomes were positive when attorneys and mental health providers collaborated. For LSGM, the benefits of immigration relief included reduced HIV risk. An MLP that addresses the surmountable challenges could improve HIV-related outcomes among LSGM.	NA	NA
Health justice partnerships: a promising model for increasing access to justice in health services	Lewis V, Adamson L, Hawthorne F	2019	Australian Health Review	Descriptive	https://pubmed.ncbi.nlm.nih.gov/3019680/	Many people experience legal issues that affect their health, but do not seek legal help, particularly if they are disadvantaged in some way. This may be because they do not recognise they have a legal problem, they are unwilling or unable to address it, or they do not know how to go about dealing with it. Most people seek health care at some point, so linking health and legal services may help promote access to justice. There have been ongoing efforts in Australia to link health and law services, such as through co-locating health and legal services or through running legal 'clinics' in health services, but these have not always reached the intended clients. Fully integrated health justice partnerships are a model where the law/health partnership is collaborative at all levels of the organisation. This perspective piece argues that the model is particularly suitable for health services that have clients with needs in a specific area of law, and should be carefully targeted to where it is most needed. Factors that contribute to successful implementation of the model are described.	NA	NA

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Striving for Health Equity through Medical, Public Health, and Legal Collaboration	Joel B. Teitelbaum, Joanna Theiss, Colleen Healy Boufides	2019	Journal of Law, Medicine, and Ethics	Descriptive	https://journals-sagepub-com.proxygw.wrlc.org/doi/full/10.1177/1073110519857330	This article discusses (1) the ways in which law functions as a determinant of health, (2) historical collaborations between the health and legal professions, (3) the benefits of creating medical-public health-legal collaborations, and (4) how viewing law through a collaborative, population health lens can lead to health equity. The connection between health and social factors — like housing, food security, education, and exposure to violence — is clear.1 So, too, are the challenges faced by a health care system that, increasingly, is expected to address these connections, notwithstanding the disconnect between the field's bread-and-butter approach of treating individual symptoms and participating in population-level strategies designed to reduce the myriad structural and social barriers to good health.2 Because many of these barriers can be both rooted in and remedied by civil law, partnerships among health, public health, and legal experts are essential to effectively address upstream causes of poor health.	NA	NA
When Law is Good for Your Health: Mitigating the Social Determinants of Health through Access to Justice	Glenn, H	2019	Current Legal Problems	Descriptive	https://academic.oup.com/clp/article-abstract/72/1/159/5522522?redirectedFrom=fulltext	Access to justice research over two decades has documented the health-harming effects of unmet legal needs. There is growing evidence of bidirectional links between law and health demonstrating that social and economic problems with a legal dimension can exacerbate or create ill health and, conversely that ill-health can create legal problems. Independently, social epidemiological research documents gross and widening inequalities in health, largely explained by social determinants such as income, housing, employment, and education. Although legal issues are embedded in most social determinants of health, law has been largely invisible in social determinants discourse, research and interventions. This article argues that legal services have an important role to play in mitigating many of the socio-economic determinants that disproportionately impact the health of low income and vulnerable groups. It describes the international practitioner-led movement of Health Justice Partnership through which lawyers work with healthcare teams to address the root causes of ill health rather than focusing on physical and psychological manifestations of negative social determinants. Finally, the article attempts to delineate the evolving field of health justice, advancing a transdisciplinary research agenda that could strengthen both public health and access to justice research by moving beyond the limitations of single discipline approaches. Noting the vigorous policy emphasis in law and health on prevention and partnership to address the twin challenges of access to justice and health inequalities, the article ends with a plea for policy coordination that acknowledges shared responsibility across government for improving the health of the public.	NA	NA
Medical-Legal Partnership in Primary Care: Moving Upstream in the Clinic	Elizabeth Tobin Tyler	2019	American Journal of Lifestyle Medicine	Descriptive	https://pubmed.ncbi.nlm.nih.gov/31105492/	Medical-legal partnership (MLP) is a health care delivery innovation that embeds civil legal aid expertise into the health care team to address health-harming legal needs for vulnerable populations at risk for poor health. The MLP approach focuses on prevention by addressing upstream structural and systemic social and legal problems that affect patient and population health. Because many unmet legal needs affect health (such as residing in substandard housing; wrongful denial of government income supports, health insurance, or food assistance; family violence; and barriers to care based on immigration status), lawyers are important members of the health care team. This review describes the MLP approach to addressing the social determinants of health, examines its benefits for improving the delivery of primary care for vulnerable patients and populations, and explores new opportunities for MLP in primary care with the advent of systems reforms driven by the Affordable Care Act.	NA	NA
The Medical-Legal Partnership Model: A Focus on Older Adults and Social Determinants of Health	S. Hooper	2019	Generations	Descriptive	https://www.jstor.org/stable/26908300	Social justice is closely linked to health and well-being and has become a focus of health systems in efforts to improve population health. Increasingly, health systems are partnering with community agencies, including legal organizations, to address patients' social needs. Medical-legal partnerships address social determinants of health by integrating legal advocacy into healthcare for a range of vulnerable populations. However, few such partnerships focus on older adults' needs. This article describes the medical-legal partnership model, features of a model focusing on older adults, and replication opportunities	NA	NA

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Medical-Legal Partnership: A Powerful Tool for Public Health and Health Justice	Elizabeth Tobin-Tyler, Joel Teitelbaum	2019	Public Health Reports	Descriptive	https://pubmed.ncbi.nlm.nih.gov/30644791/	A medical-legal partnership (MLP) is a collaboration between a health care organization and a public interest law organization to address health-harming social needs that have civil law remedies. In August 2018, the Robert Wood Johnson Foundation’s County Health Rankings and Roadmaps program compiled evidence of the effectiveness of MLPs. This compilation indicated that, among other things, MLPs can improve patient health outcomes, improve patient well-being, improve patient mental health and reduce patient stress, improve patient adherence to recommended medical treatment, remove barriers to health care for low-income families by addressing cost and insurance concerns, and increase access for individuals and families to stable housing and other social supports. ¹ This impressive, although nonexhaustive, list of potential MLP benefits nonetheless begs an important question: Are MLPs best viewed as a downstream, individual (ie, patient) health care intervention that activates only after physicians, social workers, and case managers have worked to the top of their license to assist a patient in need, or can an MLP also properly be viewed as an upstream, population health intervention able to effect policy change at the institutional, community, and even broader levels? We contend that MLPs can operate at both the individual and population levels. We begin by providing a brief overview of MLPs and then turn to a discussion of MLPs as a public health law intervention. Finally, we describe opportunities for collaboration among MLPs, public health lawyers, and public health practitioners.	NA	NA
Legal Partnering for Child and Family Health: An Opportunity and Call to Action for Early Childhood Systems	Stephanie Doyle, Samantha Morton	2019	Center for the Study of Social Policy	Descriptive (not peer reviewed)	https://cssp.org/resource/legal-partnering/?utm_source=hs_email&utm_medium=email&utm_content=77677062&hsenc=p2ANqtz-9zli30TntYPWAXH57Mu9rmpvyqPSTys0sqvZAe3M3p9aCRFwOfdzRpPCaqtV2SjwV6-34MmnwP7APK-N0eJxp3FRgpNw&hsmi=77677062	This brief focuses on the important role that legal interventions can play in accelerating access to concrete supports in times of need for families with young children. It calls upon early childhood systems to robustly integrate legal partnering into its concrete support “toolbox”—so that all families “know their rights” and more families can pursue those legal rights if they wish.	NA	NA
Medical–Legal Partnerships: How Legal Services can Dramatically Improve Health Outcomes, and the Missed Opportunity to Help Women Seeking Abortions	Rubin, R	2019	Family Court Review	Descriptive	https://www.researchgate.net/publication/336772274_Medical-Legal_Partnerships_How_Legal_Services_can_Dramatically_Improve_Health_Outcomes_and_the_Missed_Opportunity_to_Help_Women_Seeking_Abortions	There are significant health disparities in the United States, with low-income and minority Americans experiencing higher rates of chronic disease and autoimmune disorders. Research has firmly established that social factors - such as malnutrition, limited access to healthcare, and safe housing - play a critical role in these health disparities. Medical-Legal Partnerships are a relatively new approach to improving the health of people living in poverty by addressing the root causes of these health-harming social factors. This article discusses the benefits of Medical-Legal Partnerships and argues for continued expansion of the model, particularly in pediatricians’ offices, because parents are more likely to seek medical care for their children than themselves. This article further discusses how legal constraints prevent federal funding for Medical-Legal Partnerships in abortion clinics; this creates a missed opportunity to work with women who are seeking abortions, many of whom face considerable social and economic challenges that could be addressed through legal assistance. This article digs into the legal restrictions that create this missed opportunity and proposes potential solutions to better serve the vulnerable population of abortion-seeking women.	NA	NA
Addressing Social Determinants Of Health Through Medical-Legal Partnerships	Marsha Regenstein, Jennifer Trott, Alanna Williamson, and Joanna Theiss	2018	Health Affairs	Descriptive and Practice Report	https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.1264	The US health care system needs effective tools to address complex social and environmental issues that perpetuate health inequities, such as food insecurity, education and employment barriers, and substandard housing conditions. The medical-legal partnership is a collaborative intervention that embeds civil legal aid professionals in health care settings to address seemingly intractable social problems that contribute to poor health outcomes and health disparities. More than three hundred health care organizations are home to medical-legal partnerships. This article draws upon national survey data and field research to identify three models of the medical-legal partnership that health care organizations have adopted and the core elements of infrastructure that they share. Financing and commitment from health care organizations are key considerations for sustaining and scaling up the medical-legal partnership as a health equity intervention.	NA	NA

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medical-legal Partnerships	County Health Rankings	2018	County Health Rankings	Descriptive (not peer reviewed)	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/medical-legal-partnerships	Available on the County Health Rankings website, this is an overview of the evidence of outcomes associated with medical-legal partnerships.	NA	NA
Medical-legal partnerships: A healing collaboration	Wick CJ, Wick JY	2018	Consultant Pharmacist	Descriptive	https://pubmed.ncbi.nlm.nih.gov/29409572/	Medical providers know that there are some conditions they can't treat because the condition is caused or exacerbated by social conditions and are known as "social determinants of health." This classic example-a patient has asthma, lives in a moldor cockroach-infested apartment, has no resources to move, and has a landlord who refuses to clean or exterminate bugs-exemplifies why patients need legal advocates to improve their health. This article discusses medical-legal partnerships (MLPs), models in which medical providers refer patients to attorneys to represent them to resolve such problems. MLPs recognize social determinants of health and foster collaboration between attorneys and health care providers. Originally developed to advocate for children, many MLPs now focus on the vulnerable elderly, individuals at the end of life, and veterans. As these collaborations grow, it's important to spread the word among health care providers and to engage all collaborators. Today, more than 300 MLPs across the nation have documented remarkable achievements. The authors hope that in the future, pharmacists will become MLP team members and help patients address many of their medication-related problems.	NA	NA
Preparing tomorrow's lawyers to tackle twenty-first century health and social justice issues	Valverde, JR	2018	Denver Law Review	Descriptive	https://www.researchgate.net/publication/326846980_Preparing_tomorrow%27s_lawyers_to_tackle_twenty-first_century_health_and_social_justice_issues	Changing times require changes to the ways in which lawyers define, approach, and address complex problems. Legal education reform is needed to properly equip tomorrow's lawyers with the knowledge and skills necessary to address twenty-first century issues. This Article proposes that the legal academy foster the development of competencies in preventive law, interdisciplinary collaboration, and community engagement to prepare lawyers adequately for the practice of law. The Article offers one model for so doing - a law school-based medical-legal partnership clinic - and discusses the benefits, challenges, and lessons learned from the author's own experience teaching in such a program. However, the Article proposes that the clinic model is merely a starting point, and that law schools should integrate instruction in preventive law, interdisciplinary collaboration, and community engagement throughout the curriculum in a carefully designed progression to achieve the curricular reform needed to properly prepare tomorrow's lawyers.	NA	NA
The Roots and Branches of the Medical-Legal Partnership Approach to Health: From Collegiality to Civil Rights to Health Equity	Joel Teitelbaum, Ellen Lawton	2017	Yale Journal of Health Policy, Law, and Ethics	Descriptive	https://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1258&context=yjhple	This Article traces the roots of the medical-legal partnership (MLP) approach to health as a way of promoting the use of law to remedy societal and institutional pathologies that lead to individual and population illness and to health inequalities. Given current forces at work - the medical care and public health systems' focus on social determinants of health, the increased use of value-based medical care payment reforms, and the emerging movement to train the next generation of health care and public health professionals in structural competency - the time is ripe to spread the view that law is an important lens through which we should view health promotion, disease prevention, and overall well-being. Specifically, this Article describes examples of the ways in which doctors and lawyers have meaningfully collaborated, the origins and growth of medical-legal partnerships, and how the MLP approach to health can help usher in a modernized health system premised on the underpinning concept of health equity.	NA	NA
Bridging Health Disparity Gaps through the Use of Medical-Legal Partnerships in Patient Care: A Systematic Review	Omar Martinez, Jeffrey Boles, Miguel Muñoz-Laboy, Ethan C. Levine, Chukwuemeka Ayamele, Rebecca Eisenberg, Justin Manusov, and Jeffrey Draine	2017	Journal of Law, Medicine, and Ethics	Descriptive and Practice Report	https://journals.sagepub.com/doi/abs/10.1177/1073110517720654	Over the past two decades, we have seen an increase in the use of medical-legal partnerships (MLPs) in health-care and/or legal settings to address health disparities affecting vulnerable populations. MLPs increase medical teams' capacity to address social and environmental threats to patients' health, such as unsafe housing conditions, through partnership with legal professionals. Following the Preferred Reporting Items for Systematic Review and Meta-Analyses guidelines, we systematically reviewed observational studies published from January 1993-January 2016 to investigate the capacity of MLPs to address legal and health disparities. We identified 13 articles for qualitative analysis from an initial pool of 355 records. The resulting pool of 13 articles revealed more information regarding the capacity of MLPs to address legal outcomes than their capacity to address health outcomes; only 4 studies directly addressed the impact of MLP intervention on patient wellbeing and/or patient utilization of healthcare services. We call for further evaluation/longitudinal studies that specifically address MLPs' short and long term effects upon patient health disparities. Finally, given the demonstrated capacity of MLPs to address unmet legal needs, and their evident potential in regards to improving health outcomes, we present the MLP model as a framework to address HIV-related legal and health disparities	NA	NA

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Training the 21st-Century Health Care Team: Maximizing Interprofessional Education through MLPs	Tobin-Tyler, Elizabeth JD, MA; Teitelbaum, Joel JD, LLM	2016	Academic Medicine	Descriptive	https://journals.lww.com/academicmedicine/fulltext/2016/0600/Training_the_21st_Century_Health_Care_Team_.13.aspx	For too long, many stakeholders in the health care delivery system have ignored the extent to which social determinants of health (SDH) are inextricably woven into and affect individual and population health. The health care system is undergoing a relatively rapid transformation, which has included in part an increasing recognition of SDH's effects. This recognition, in turn, has led to renewed calls for changing the way that physicians are trained and has accelerated medical education curricular reforms. This Perspective focuses on one such innovative method of team-based care and the opportunities for its integration into medical education: medical-legal partnership, a health care delivery model that embeds civil legal services into the spectrum of health care services provided to low-income or otherwise vulnerable patients and communities.	NA	NA
Lawyers and advance care and end-of-life planning: Enhancing collaboration between legal and health professions	Nola Ries	2016	Journal of Law and Medicine	Descriptive	https://pubmed.ncbi.nlm.nih.gov/30136561/	In Australia and internationally, advance care planning (ACP) is emphasized as an important means by which individuals can express their wishes for health care during future periods of incapacity. ACP has mainly been promoted in health care settings and very little is said about the role of lawyers, despite the fact that some people are more likely to discuss their health care wishes with a lawyer than with a doctor. This article addresses this significant gap and advocates for collaboration between legal and health professionals to assist clients with advance care and end-of-life planning. It articulates the importance of law and lawyers in ACP and discusses the medical-legal partnership model as a means to increase inter-professional collaboration. It analyses how collaboration can tackle client, practitioner and system-centred barriers and recognise ACP as a preventive legal and health care practice that supports clients' interests and promotes their autonomy.	NA	NA
Determinants of Health and Pediatric Primary Care Practices	Andrew Beck et al.	2016	Pediatrics	Descriptive	https://pediatrics.aapublications.org/content/early/2016/02/21/peds.2015-3673	More than 20% of children nationally live in poverty. Pediatric primary care practices are critical points-of-contact for these patients and their families. Practices must consider risks that are rooted in poverty as they determine how to best deliver family-centered care and move toward action on the social determinants of health. The Practice-Level Care Delivery Subgroup of the Academic Pediatric Association's Task Force on Poverty has developed a roadmap for pediatric providers and practices to use as they adopt clinical practice redesign strategies aimed at mitigating poverty's negative impact on child health and well-being. The present article describes how care structures and processes can be altered in ways that align with the needs of families living in poverty. Attention is paid to both facilitators of and barriers to successful redesign strategies. We also illustrate how such a roadmap can be adapted by practices depending on the degree of patient need and the availability of practice resources devoted to intervening on the social determinants of health. In addition, ways in which practices can advocate for families in their communities and nationally are identified. Finally, given the relative dearth of evidence for many poverty-focused interventions in primary care, areas that would benefit from more in-depth study are considered. Such a focus is especially relevant as practices consider how they can best help families mitigate the impact of poverty-related risks in ways that promote long-term health and well-being for children.	NA	NA
Legal Care as Part of Health Care: The Benefits of Medical-Legal Partnership	Johnna Murphy, Ellen Lawton, Megan Sandel	2015	Pediatric Clinics of North America	Descriptive	https://pubmed.ncbi.nlm.nih.gov/26318951/	Many of the social determinants of health are rooted in legal problems. Medical-legal partnerships (MLPs) have the potential to positively change clinical systems. This change can be accomplished by integrating legal staff into health care clinics to educate staff and residents on social determinants of health and their legal origins. When the MLP team works directly with patients to identify and address legal needs that improve health outcomes, and incorporate legal insights and solutions into health care practice where the patient population is overwhelmingly impacted by social conditions, outcomes are beneficial to children and families.	NA	NA
Medical-legal partnership and health informatics impacting child health: Interprofessional innovations	Amy Lewis Gilbert, Stephen Downs	2015	Journal of Interprofessional Care	Descriptive	https://pubmed.ncbi.nlm.nih.gov/26120893/	Dramatic differences in health are closely related to degrees of social and economic disadvantage. Poverty-induced hardships such as food insecurity, utility shut-offs, and substandard housing, all have the potential to negatively impact the health of families. In an effort to better address social determinants of health in pediatric primary health care settings using the Medical-Legal Partnership (MLP) model of health care delivery, an interprofessional team of investigators came together to design an innovative process for using computerized clinical decision support to identify health-harming legal and social needs, improve the delivery of appropriate physician counseling, and streamline access to legal and social service professionals when non-medical remedies are required. This article describes the interprofessional nature of the MLP model itself, illustrates the work that was done to craft this innovative health informatics approach to implementing MLP, and demonstrates how pediatricians, social workers and attorneys may work together to improve child health outcomes.	NA	NA

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Speaking Their Language: Developing a Scorecard for Medical-Legal Partnerships to Balance Quality and Productivity	Sylvia Caley, Lisa Radtke Bliss, & Robert Pettignano	2015	International Journal of Health, Wellness and Society	Descriptive	https://readingroom.law.gsu.edu/faculty/pub/2249/	Medical-legal partnerships (MLP) are inter-professional community collaborations among physicians, lawyers, healthcare providers, healthcare organizations, and other professionals. Medical-legal partnerships seek to improve health and address the social determinants of health by integrating lawyers and legal services into the daily practice of healthcare delivery. This article will demonstrate how medical-legal partnership enhances a healthcare organization's ability to address the "six aims for improvement" identified by the Institute of Medicine's report, Crossing the Quality Chasm: A New Health System for the Twenty-first Century. In addition, by incorporating medical-legal partnership quality indicators into an organization's scorecard, both the healthcare organization and the medical-legal partnership work in concert to reduce health disparities, and increase productivity and performance.	NA	NA
Building a health care legal partnership learning collaborative	Weber E, Polkey B	2015	Creative Nursing	Descriptive	https://pubmed.ncbi.nlm.nih.gov/26376572/	Many Americans need both health care and legal interventions to maximize their opportunities for health. Medical-legal partnerships (MLPs), also known as health care legal partnerships (HLPs), bring the power of law to health care to reduce barriers and negative social determinants of health. The two terms-HLP and MLP-are used interchangeably in this article. Growing research shows that these partnerships can improve care, improve health, enhance interprofessional collaboration, and improve the financial status of patients and providers. HLPs take many forms, depending on their settings and resources. A health care legal partnership learning collaborative that brings leaders of diverse HLPs together to share experiences and best practices can help expand this effective model and enhance its potential for collective impact in improving population health.		
Medical-legal partnerships: the role of mental health providers and legal authorities in the development of a coordinated approach to supporting mental health clients' legal needs in regional and rural settings	Speldewinde, CA and Parsons, I	2015	Rural and Remote Health	Descriptive	http://dro.deakin.edu.au/view/DU:30079818	Medical-legal partnerships (MLP) are a model in which medical and legal practitioners are co-located and work together to support the health and wellbeing of individuals by identifying and resolving legal issues that impact patients' health and wellbeing. The aim of this article is to analyse the benefits of this model, which has proliferated in the USA, and its applicability in the context of rural and remote Australia. Methods: This review was undertaken with three research questions in mind: What is an MLP? Is service provision for individuals with mental health concerns being adequately addressed by current service models particularly in the rural context? Are MLPs a service delivery channel that would benefit individuals experiencing mental health issues? Results: The combined searches from all EBSCO Host databases resulted in 462 citations. This search aggregated academic journals, newspapers, book reviews, magazines and trade publications. After several reviews 38 papers were selected for the final review based on their relevance to this review question: How do MLPs support mental health providers and legal service providers in the development of a coordinated approach to supporting mental health clients' legal needs in regional and rural Australia? Conclusions: There is considerable merit in pursuing the development of MLPs in rural and remote Australia particularly as individuals living in rural and remote areas have far fewer opportunities to access support services than those people living in regional and metropolitan locations. MLPs are important channels of service delivery to assist in early intervention of legal problems that can exacerbate mental health problems.	NA	NA
Preventative Law: Interdisciplinary Lessons from Medical-Legal Partnership"	Mallory Curran	2014	NYU Review of Law & Social Change	Descriptive	https://socialchange.nyu.files.wordpress.com/2015/07/curran-7-16-15_cleaned_an.pdf	This is an address provided by Ms. Curran, in recognition of her pioneering role in the MLP movement and her demonstrated commitment to the values of the review of law and social change. She describes the real-life stories of clients and and successful advocacy efforts and MLP unique abilities to improve community health on the front lines of the delivery of healthcare and where policy decisions impacting health are made.	NA	NA
Obligation and Opportunity: Medical-Legal Partnership in the Age of Health Reform	Joel Teitelbaum	2014	Journal of Legal Medicine	Descriptive	https://www.tandfonline.com/doi/abs/10.1080/01947648.2014.884429?journalCode=ulgm20	This article explores the potential connections between two efforts, both of which are animated by economic inequality and the role that social factors play in determining health, to reform the healthcare delivery system: the Patient Protection and Affordable Care Act (PPACA) and Medical-Legal Partnership (MLP). The PPACA and MLP share several common goals: to level the playing field for individuals who are at or near the bottom of the wealth/income distribution—the PPACA, by creating new, regulated, subsidized marketplaces for the purchase of health insurance, and MLP, by providing legal assistance to low-income individuals who have health-harming legal needs; to create a more integrated, interprofessional health system; to reorient the healthcare system to focus on prevention; and to nudge healthcare practitioners to adopt evidence-based systems changes.	NA	NA
The MLP Vital Sign: Assessing and Managing Legal Needs in the Healthcare Setting	Megan Sandel, Emily Suther, Carrie Brown, Marissa Wise & Mark Hansen	2014	Journal of Legal Medicine	Descriptive	https://www.tandfonline.com/doi/abs/10.1080/01947648.2014.884431?journalCode=ulgm20	This article provides a detailed analysis of how common hardships can become health-harming legal needs, and outlines pathways for fuller integration of medical-legal partnership services in the healthcare setting. The authors suggest legal needs should become a "vital sign" screened for and addressed as a regular part of health care.	NA	NA

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Rural Health Systems and Legal Care: Opportunities for Initiating and Maintaining Legal Care After the Patient Protection and Affordable Care Act	James Teufel, Diane Goffinet, Diane Land & Woody Thorne	2014	Journal of Legal Medicine	Descriptive	https://www.tandfonline.com/doi/abs/10.1080/01947648.2014.884899?journalCode=ulgm20	Medical-legal partnerships (MLPs) offer a promising practice for addressing the significant healthcare system transformation presently occurring in the United States. Rural areas are particularly affected by these changes due to the unique role of the rural healthcare system and the structural and socioeconomic inequities that persist. The Patient Protection and Affordable Care Act (PPACA) has enacted many changes to the healthcare system, particularly related to the financing of healthcare and enrollment in insurance plans. As a result of PPACA, population health, not patient health, is now a focal area of clinical care. The PPACA has created institutes, centers, councils, and funds that will support the development and dissemination of methods (developed through projects, programs, and initiatives) to improve population health. Despite the changes and framework promoted by the PPACA, relatively few tested methods designed to improve population health have been explicitly supported through the Act. As the health system moves toward the triple aim of improving the patient experience, decreasing healthcare costs, and improving health outcomes, methods to make these goals a reality will need to be developed, tested, and disseminated. The need for models of practice for rural areas is particularly important due to the unique disadvantages present rural areas that result in social, economic, and health inequities.	NA	NA
Blueprint for Success: Translating Innovations from the Field of Palliative Medicine to the Medical-Legal Partnership	Lynn Hallarman, Denise Snow, Manasi Kapoor, Carrie Brown, Kerry Rodabaugh & Ellen Lawton	2014	Journal of Legal Medicine	Descriptive	https://www.tandfonline.com/doi/abs/10.1080/01947648.2014.885330?journalCode=ulgm20	The article focuses on the opportunities for medical-legal partnership (MLP) to become the standard of care by comparing the similar trajectories of MLP and palliative care. It discusses the history and impact of palliative care, including its clinical framework, integration into the standard of care, sustainability strategies as well as orientation. It also discusses the palliative care's journey from "ancillary service" toward a core service that is eligible for insurance coverage.	NA	NA
Investing in Legal Prevention: Connecting Access to Civil Justice and Healthcare Through Medical-Legal Partnership	Ellen Lawton & Megan Sandel	2014	Journal of Legal Medicine	Descriptive	https://www.tandfonline.com/doi/abs/10.1080/01947648.2014.884430?journalCode=ulgm20	Re-framing civil legal services for vulnerable populations as a critical facet of healthcare creates unprecedented opportunities for more efficient use of health and legal resources. Civil legal aid, after all, is, first and foremost, about promoting the enforcement of existing laws that protect vulnerable populations. If health is at the core of well-being for all vulnerable clients, then to reduce the dual burden of health and legal problems, the legal community—including pro bono resources in corporate and private law firms—must closely align its activities and priorities with public health and healthcare partners, and invest in leaders who can innovate across both sectors, leveraging scarce legal resources most effectively.	NA	NA
MLP in Medical Education: Pathways and Opportunities	Elizabeth Tobin Tyler, Lauren Taylor Anderson, Leah Rappaport, Anuj Kumar Shah, Deborah Edberg & Edward Paul	2014	Journal of Legal Medicine	Descriptive	https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2429779	As the healthcare system undergoes major changes over the course of the next decade, medical education will have to keep pace. Both undergraduate and graduate medical education (GME) are adapting to the new healthcare landscape by developing curricula focused on health disparities, the social and behavioral determinants of health, the integration of population health and clinical practice, health law and policy, and interprofessional teamwork. Innovations, such as the patient-centered medical home (PCMH), demand physicians who understand the complex social and legal dynamics involved in patient health, as well as skills in collaborating with multiple professionals across disciplines. Emerging interprofessional and team-based efforts tend to focus on integration across healthcare and related professions (e.g., nursing, pharmacy, and public health). But, increasingly, medical schools and residency programs are integrating legal concepts and skills, as well, using the lens of medical-legal partnership (MLP). This article highlights the opportunities for broad-based medical-legal education generated by recent trends in medical education and the changing healthcare system. It describes examples of model curricula and programs, and provides insight into the value of MLP education for training the next generation of physicians. While the focus here is specifically on pathways and opportunities for incorporating MLP into medical education, it also points to the potential for integration of MLP into health professional education at all levels (e.g., nursing, pharmacy, and social work).	NA	NA

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Educating the Next Generation of Health Leaders: MLP and Interprofessional Graduate Education	Emily Benfer	2014	Journal of Legal Medicine	Descriptive	https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2341803	Today, universities are challenged with preparing students to work in a new, complex, and rapidly evolving environment. Students will face challenges in the workforce that are multifaceted and, as such, require the type of creative and effective problem solving that is only achievable in an interdisciplinary response. The interdisciplinary experience provides an understanding of other disciplines' knowledge bases and when to seek assistance from each. Without this interdisciplinary foundation, students will be unprepared to interact with other professionals, and confusion, delays and poor outcomes will result. This is especially true in the fields of law, medicine, public health and social work. The medical-legal partnership model presents an unparalleled model of interaction between multiple disciplines with the goal of improving social conditions that affect health outcomes for low-income people. This article describes how to adapt MLP best practices to the graduate school setting. Through the story of the Health Justice Project, the article shares practical insights into the process of creating a medical-legal partnership clinic that enrolls students of law, medicine, social work and public health. In addition, this article provides an overview of the key components for a successful medical-legal partnership in which the legal partner is a law school clinic or practicum course.	NA	NA
Legal Services: A Necessary Component of Patient Navigation (note: full text not available)	Randy Retkin, Domna Antoniadis, Daniel Pepitone & Deanna Duval	2013	Seminars in Oncology Nursing	Descriptive and Practice Report	https://www.science-direct.com/science/article/abs/pii/S074920811300020X	Access to legal advocacy is an essential tool to help cancer patients and survivors through the continuum of care. This article examines delivery models that can seamlessly integrate into patient navigation programs. Psychosocial obstacles are common barriers of low-income individuals facing a cancer diagnosis. Legal solutions can help to minimize these obstacles, yet patients rarely have access to these services. Training patient navigators to appropriately screen for legal issues and collaborate with attorneys can be used to help prevent, rather than just react to, legal issues by addressing them as a part of a treatment plan. Attorneys working with patient navigators, particularly nurse navigators, can impact oncology nursing practice by providing an innovative collaboration that is consistent with emerging trends in patient-centered treatment	NA	NA
Bridging the Quality Gap with Medical-Legal Partnerships	Bliss, Lisa R., J.D., Caley, Sylvia,	2013	Physician Executive	Descriptive	https://search-proquest-com.proxygw.wrlc.org/docview/1349950981/abstract/5604D0C6F2094832PQ/1?accountid=11243	Science and medicine long have pursued initiatives to improve quality and the overall patient experience in the delivery of health care services. Health Law Partnership and other medical-legal partnerships (MLP) do address the quality issues raised by the Institute of Medicine (IOM) in its report : Crossing the Quality Chasm: A New Health System for the 21st Century, that focused on innovation and improving the quality of care. The IOM emphasized that the overarching purpose of health care organizations, professional groups, and private and public purchasers is to reduce the burden of illness, injury, and disability, and to improve the health status and function of people. To fulfill this threshold purpose "six aims for improvement" are recommended. They are: 1. effectiveness, 2. safety, 3. patient-centeredness, 4. timeliness, 5. efficiency, and 6. equity.		
Optimizing the health impact of civil legal aid interventions: the public health framework of medical-legal partnerships	Ellen Lawton & Elizabeth Tobin Tyler	2013	Rhode Island Medical Journal	Descriptive	https://pubmed.ncbi.nlm.nih.gov/23819137/	Research documents the significance of the social determinants of health - the social and environmental conditions in which people live, work and play. A critical foundation of these social and environmental conditions are laws and regulations, which construct the environments in which individuals and populations live, influencing how and when people face disease. Increasingly, healthcare providers, public health professionals and lawyers concerned with social determinants are joining forces to form Medical-Legal Partnerships (MLPs) which offer a preventive approach to address the complex social, legal and systemic problems that affect the health of vulnerable populations. Now in more than 500 health and legal institutions across the country, including Rhode Island, MLP is a healthcare delivery model that integrates legal assistance as a vital component of healthcare. This article explores the many benefits of the MLP model for improving patient health, transforming medical and legal practice and institutions and generating policy changes that specifically address health disparities and social determinants.	NA	NA
Collecting and Applying Data on Social Determinants of Health in Health Care Settings	Laura Gottlieb, Megan Sandel & Nancy Adler	2013	Journal of the American Medical Association Internal Medicine	Descriptive	https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/1682357?redirect=true	Despite strong evidence linking patients' social circumstances to their health, little guidance exists for health care practitioners and institutions on addressing social needs in clinical settings. Current approaches to social determinants generally focus on population-level and policy interventions; these overlook individual and clinical innovations within health care that can address patients' social circumstances. This article proposes a framework for how social determinants interventions in the health care system can be construed across 3 tiers—patient, institution, and broader population—and describes ways to collect data and target interventions at these levels.	NA	NA

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Medical-Legal Partnerships to Support Continuity of Care for Immigrants Impacted by HIV: Lessons Learned from CA	Fuller SM, Steward WT, Martinez O, Arnold EA	2020	Journal of Immigrant and Minority Health	Practice Report	https://pubmed.ncbi.nlm.nih.gov/31332651/	The United States (US) has experienced a surge of anti-immigrant policies and rhetoric, raising concerns about the influence on health outcomes for immigrants living in the US. We conducted qualitative interviews (n = 20) with health care and social service providers, attorneys, and legal/policy experts in California to understand how agencies were maintaining access to HIV care and prevention for immigrant clients. We conducted a thematic analysis to describe the role of medical-legal partnerships (MLPs) and document best practices. Informants reported high demand for legal services. Referrals were facilitated by case managers, medical providers, and pre-existing relationships between clinics and legal agencies. Informants identified a need for additional funding and further guidance on screening for and supporting patients with legal needs. MLPs have the capacity to create sustainable, efficient, comprehensive structural changes that minimize barriers to HIV prevention and treatment and improve health outcomes among immigrant populations	NA	NA
Special education disparities are social determinants of health: A role for medical-legal partnerships	Bonuck, K and Hill, LA	2020	Progress in Community Health Partnerships: Research, Education, and Action	Practice Report	https://muse.jhu.edu/article/756605	Problem: Education is a key social determinant of health. The federal Individuals with Disabilities Education Act (IDEA) purportedly affords children the right to a free and appropriate education. Yet, racial, ethnic, and economic disparities exist regarding appropriate identification and classification of children with needs for special education, and access to services. Purpose: This article first highlights gaps and disparities in special educational services, and their structural linkage to poverty. The second section describe the first years of a medical-legal collaboration between a University Center of Excellence in Developmental Disabilities (UCEDD) and Fordham University, focused on special education. Key Points: The collaboration's interdisciplinary training activities increased practical knowledge for law students and UCEDD clinicians. A legal clinic for UCEDD families enabled Fordham students to apply their skills. Conclusions: Because social determinants of health often lie beyond the medical domain, interdisciplinary collaborations are needed to remediate them	NA	NA
Medical-legal partnerships to enhance residency training in advance care planning	Petit JM, Ryan AM, Armin J, Weiss, BD	2019	Family Medicine	Practice Report	https://pubmed.ncbi.nlm.nih.gov/30973625/	BACKGROUND AND OBJECTIVES: Only about one-third of adult Americans have completed advance directives for end-of-life care, and primary care physicians report that they are not always comfortable discussing advance care planning (ACP) with patients. Current approaches to teaching clinicians about ACP have limited evidence of effectiveness. With the objective of improving residents' comfort and skill discussing ACP with patients, we developed a curriculum that involved clinicians and attorneys working together to teach first-year family medicine residents (R1) about leading ACP discussions with patients. METHODS: Our curriculum consisted of a 1-hour multimedia training session on ACP followed by a series of direct in-exam room observations. Attorney and/or physician faculty observed residents holding ACP discussions with patients and provided structured feedback to residents about their performance. The initial R1 cohort observed had a series of three direct observations; the subsequent R1 cohort had two direct observations. We developed an evaluation tool with a 5-point developmental scale (beginner, novice, developing, near mastery, mastery) corresponding to the Accreditation Council for Graduate Medical Education's milestone system to score residents' performance. RESULTS: R1 performance improved from the beginner/novice level during the first observed ACP discussion to the novice/developing level during the second or third discussion, representing an increase in competence to that expected of a second- or early third-year resident. CONCLUSION: Based on our initial experience, using medical-legal partnerships to teach residents about ACP may be more effective than previously reported approaches. Validation of our results with a larger sample is needed.	NA	NA
Examining the impact of medical-legal partnerships in improving outcomes on the HIV care continuum: rationale, design, and methods	Muñoz-Laboy M, Martinez O, Davison R, Fernandez I.	2019	BMC Health Services Research	Practice Report	https://pubmed.ncbi.nlm.nih.gov/31747909/	Background: Over the past two decades, we have seen a nationwide increase in the use of medical-legal partnerships (MLPs) to address health disparities affecting vulnerable populations. These partnerships increase medical teams' capacity to address social and environmental threats to patients' health, such as unsafe housing conditions, through partnership with legal professionals. Despite expansions in the use of MLP care models in health care settings, the health outcomes efficacy of MLPs has yet to be examined, particularly for complex chronic conditions such as HIV. Methods: This on-going mixed-methods study utilizes institutional case study and intervention mapping methodologies to develop an HIV-specific medical legal partnership logic model. Up-to-date, the organizational qualitative data has been collected. The next steps of this study consists of: (1) recruitment of 100 MLP providers through a national survey of clinics, community-based organizations, and hospitals; (2) in-depth interviewing of 50 dyads of MLP service providers and clients living with HIV to gauge the potential large-scale impact of legal partnerships on addressing the unmet needs of this population; and, (3) the development of an MLP intervention model to improve HIV care continuum outcomes using intervention mapping. Discussion: The proposed study is highly significant because it targets a vulnerable population, PLWHA, and consists of formative and developmental work to investigate the impact of MLPs on health, legal, and psychosocial outcomes within this population. MLPs offer an integrated approach to healthcare delivery that seems promising for meeting the needs of PLWHA, but has yet to be rigorously assessed within this population.	NA	NA

TITLE	AUTHORS	YEAR	JOURNAL	TYPE	URL	ABSTRACT	OUTCOME CATEGORY	OUTCOMES
The Doctor - and Lawyer - Will See You Now: Medical-Legal Partnerships	Sean Price	2019	Texas Medicine	Practice Report	https://pubmed.ncbi.nlm.nih.gov/31613378/	Elderly woman. Low-income. Chronic pain. Needs to see a rheumatologist. Needs physical therapy. Struggling to pay rent. Has no insurance. Has no disability coverage. As a family physician at a federally qualified health center (FQHC) in Austin, Sharad Kohli, MD, sees a lot of cases like this. In similar health care settings, the patient might face two bad choices: wage bureaucratic war to obtain better health care benefits or simply give up. At People's Community Clinic, Dr. Kohli referred her to an in-house lawyer who successfully appealed her denial of disability insurance. "[The lawyer] got her a significant income, which allowed her to pay her rent and also helped her get insurance through Medicaid and Medicare," Dr. Kohli said. "And then she was able to see the rheumatologist and the physical therapist." This kind of success helps explain why medical-legal partnerships (MLPs) like the one at People's Community Clinic came about in 1993 and began expanding nationally after 2001. Texas has 10 MLPs - all in large or medium-size cities and all tied either to hospitals or FQHCs like People's Community Clinic, according to the National Center for Medical-Legal Partnership in Washington, D.C. Texas MLPs stand among 333 nationwide.	NA	NA
Building a Patient-Centered Medical-Legal Partnership in Hawaii's Kalihi Valley	Dina Shek, Alicia Turlington	2019	Hawaii Journal of Medicine and Public Health	Practice Report	https://pubmed.ncbi.nlm.nih.gov/31285971/	The Medical-Legal Partnership for Children in Hawai'i (MLPC) has worked to address the social determinants of health for low-income patient-families since 2009. Focused on identifying health-harming legal needs, doctors and lawyers work together to assist families with family law, housing, public benefits, education, employment, civil rights, and other concerns. Providing free, direct legal service in the medical setting allows the medical-legal partnership (MLP) team to identify community-wide concerns such as language access violations, racial discrimination, and unfair policies. These individual concerns then inform systemic advocacy and community engagement efforts. The MLPC Hawai'i team has grown through its experiences working with public housing residents, Micronesian migrant communities, and low-income families, ultimately evolving the national MLP framework to become a patient-centered "medical-legal home." This evolution is possible through the utilization of "rebellious lawyering" concepts of working with, not just on behalf of, community clients. This article will introduce the concept of a medical-legal partnership, provide examples of lessons learned from working alongside vulnerable and resilient communities, and explore the idea of the patient-centered medical-legal home as an innovative program to improve the social determinants of health and reduce health disparities.	NA	NA
Medical-Legal Partnership in Western North Carolina	Anne Salter, George Anderson, Joshua Gettinger, Sue Stigleman	2018	North Carolina Medical Journal	Practice Report	https://www.ncmedicaljournal.com/content/79/4/259.long	Having an attorney on a health care team helps address patients' social determinants of health. Through a medical-legal partnership, Pisgah Legal Services provides an attorney embedded within the Mountain Area Health Education Center clinical practices. The attorney impacts the Triple Aim of reducing costs by improving health and the patient experience.	NA	NA
Medical-Legal Partnerships: Lessons from Five Diverse MLPs in New Haven, CT	Emily Benfer, Abbe Gluck, Katherine Kraschel	2018	Journal of Law, Medicine, and Ethics	Practice Report	https://pubmed.ncbi.nlm.nih.gov/30336104/	This article examines five different Medical-Legal Partnerships (MLPs) associated with Yale Law School in New Haven, Connecticut to illustrate how MLP addresses the social determinants of poor health. These MLPs address varied and distinct health and legal needs of unique patient populations, including: 1) children; 2) immigrants; 3) formerly incarcerated individuals; 4) patients with cancer in palliative care; and 5) veterans. The article charts a research agenda to create the evidence base for quality and evaluation metrics, capacity building, sustainability, and best practices; it also focuses specifically on a research agenda that identifies the value of the lawyers in MLP. Such a focus on the "L" has been lacking and is overdue.	NA	NA
Facing the Need: Screening Practices for the Social Determinants of Health	Joanna Theiss and Marsha Regenstein	2017	Journal of Law, Medicine, and Ethics	Practice Report	https://journals.sagepub.com/doi/full/10.1177/1073110517737543	Despite evidence that social factors can result in poor health outcomes, and the emergence of payment models that encourage the use non-medical interventions to improve health, many health care providers do not identify the social determinants of health within patient populations through routine screening. This article explores the possible reasons for this inconsistency by considering screening practices in medical-legal partnerships (MLPs), the health care approach most concerned with identifying and treating the social determinants of health. Through an analysis of the results of a national survey and qualitative interviews with MLPs, we discovered that screening is not operationalized or consistent within many MLPs. We conclude that although health care providers may recognize the value of screening, they are not yet embracing the practice, perhaps because of an unspoken fear that fulsome screening identifies so many unmet social and legal needs that community-based resources cannot satisfy demand. This fear is unfounded. Approaches such as MLP demonstrate that social and legal needs can be efficiently treated through collaboration with other professionals, often within the health care setting. Nevertheless, providers must first operationalize screening to truly understand the scope of the need in their patient populations and collaborate to address those needs.	NA	NA

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Interprofessional Medical–Legal Education of Medical Students: Assessing the Benefits for Addressing Social Determinants of Health	Pettignano, Robert MD, MBA; Bliss, Lisa JD; McLaren, Susan MPH, FACHE; Caley, Sylvia JD, MBA, RN	2017	Academic Medicine	Practice Report	https://journals.lww.com/academicmedicine/Fulltext/2017/0900/Interprofessional_Medical_Legal_Education_of.22.aspx	Screening tools exist to help identify patient issues related to social determinants of health (SDH), but solutions to many of these problems remain elusive to health care providers as they require legal solutions. Interprofessional medical–legal education is essential to optimizing health care delivery. In 2011, the authors implemented a four-session didactic interprofessional curriculum on medical–legal practice for third-year medical students at Morehouse School of Medicine. This program, also attended by law students, focused on interprofessional collaboration to address client/patient SDH issues and health-harming legal needs. In 2011–2014, the medical students participated in pre- and postintervention surveys designed to determine their awareness of SDH’s impact on health as well as their attitudes toward screening for SDH issues and incorporating resources, including a legal resource, to address them. Mean ratings were compared between pre- and postintervention respondent cohorts using independent-sample t tests. Of the 222 medical students who participated in the program, 102 (46%) completed the preintervention survey and 100 (45%) completed the postintervention survey. Postintervention survey results indicated that students self-reported an increased likelihood to screen patients for SDH issues and an increased likelihood to refer patients to a legal resource (P < .001). Incorporating interprofessional medical–legal education into undergraduate medical education may result in an increased likelihood to screen patients for SDH and to refer patients with legal needs to a legal resource. In the future, an additional evaluation to assess the curriculum’s long-term impact will be administered prior to graduation.	NA	NA
Partnerships Between Health Care and Legal Providers in the Veterans Health Administration	Jack Tsai, Ph.D., Margaret Middleton, J.D., Randye Retkin, J.D., Cindy Johnson, J.D., Kevin Kenneally, J.D., Scott Sherman, M.D., Robert A. Rosenheck, M.D.	2017	Pyschiatric Services	Practice Report	https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201600486#	Medical-legal partnerships (MLPs) represent an innovative service model in which lawyers are integrated into health care teams to address diverse legal problems that affect vulnerable populations. The Veterans Health Administration (VHA) operates the largest safety-net health care system in the country and serves many low-income and disabled veterans who could benefit from MLP services. In this column, the authors describe the development and operations of MLPs at four VHA medical centers that serve veterans who are homeless or who have serious mental illness. The authors also briefly report on the characteristics of 700 veterans served by these MLPs from 2014 to 2016. MLPs can fit within the interdisciplinary, comprehensive system of care provided by VHA, and they offer opportunities to expand VHA-community partnerships to address social determinants of health.	NA	NA
Civil Legal Services and Medical-Legal Partnerships Needed by the Homeless Population: A National Survey	Jack Tsai, PhD, Darlene Jenkins, DrPH, and Ellen Lawton, JD	2017	American Journal of Public Health	Practice Report	https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2016.303596	To examine civil legal needs among people experiencing homelessness and the extent to which medical-legal partnerships exist in homeless service sites, which promote the integration of civil legal aid professionals into health care settings. We surveyed a national sample of 48 homeless service sites across 26 states in November 2015. The survey asked about needs, attitudes, and practices related to civil legal issues, including medical-legal partnerships. More than 90% of the homeless service sites reported that their patients experienced at least 1 civil legal issue, particularly around housing, employment, health insurance, and disability benefits. However, only half of all sites reported screening patients for civil legal issues, and only 10% had a medical-legal partnership. The large majority of sites reported interest in receiving training on screening for civil legal issues and developing medical-legal partnerships. There is great need and potential to deploy civil legal services in health settings to serve unstably housed populations. Training homeless service providers how to screen for civil legal issues and how to develop medical-legal partnerships would better equip them to provide comprehensive care.	NA	NA
Health justice partnerships: Initial insights into the delivery of an integrated health and legal service for youth in regional Victoria	Ollerenshaw A, Camilleri M	2017	Rural and Remote Health	Practice Report	https://pubmed.ncbi.nlm.nih.gov/28441877/	This article presents interim findings from research examining the implementation of a health justice partnership (HJP) focusing on the legal and health needs of regional young people. HJPs provide an innovative service model offering an integrated health and legal service for the community. HJPs are a relatively new service model for Australia, yet the program is well suited to meet the needs of particular population cohorts, including young people and those in regional locations experiencing complex legal issues. Methods: Funded by the Victorian Legal Services Board and Commissioner, an HJP in partnership with three organisations was established in a large regional area in Victoria, Australia. Research is being conducted alongside the program to examine its impact on young people, and the implications on practice for staff in the partner organisations. Results: Findings provide preliminary support for the HJP model with a number of young people - from predominantly disadvantaged backgrounds and with varying legal issues - having been referred to the program in the first 6 months. Referrals were received from both partner agencies and external agencies. Initial client and staff survey responses indicate that the legal problem of the young people was affecting how they feel. Conclusions: While these findings provide preliminary support for the HJP further research will offer longer term insights about HJPs within the Australian context, particularly rural and regional settings.	NA	NA

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Increasing awareness on health care access in FL: A community-based medical-legal practicum project	Martinez IL, Castellanos N, Carr C	2016	Progress in Community Health Partnerships: Research, Education, and Action	Practice Report	https://pubmed.ncbi.nlm.nih.gov/27018363/	Service learning and experiential coursework has become a requirement for medical students and law students. Advocacy for the underinsured and uninsured is of ethical importance to both the practice of law and medicine, however engaging professional students in meaningful advocacy work with community partners can be challenging. Purpose: The article describes a partnership between medical and law students in a community-based service learning project to promote health care access. Key Points: Law and medical students at Florida International University partnered with community members and Florida Legal Services to collect patient narratives, disseminate information on Medicaid expansion to community members, and present patient stories to state lawmakers. Conclusions: The medical and law students learned about each other's professional roles and gained skills in interviewing, and legislative and policy advocacy through this service learning project by providing legislative testimony to key stakeholders and community education on Medicaid expansion.		
A New Treatment For Veterans In Need: Legal Assistance	David Tuller	2016	Health Affairs	Practice Report	https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1226	To confront nonmedical barriers to care, some Department of Veterans Affairs clinics are embedding lawyers in their health care teams.	NA	NA
The Medical–Legal Partnership Approach to Teaching Social Determinants of Health and Structural Competency in Residency Programs	Edward Paul, Mallory Curran, & Elizabeth Tobin Tyler	2016	Academic Medicine	Practice Report	https://journals.lww.com/academicmedicine/Fulltext/2017/0300/The_Medical_Legal_Partnership_Approach_to_Teaching.17.aspx	Medical–legal partnerships (MLPs) embed civil legal services lawyers into health care settings and interprofessional health care teams delivering care to low-income or otherwise vulnerable patients and communities. MLPs present the opportunity to instill in residents a practical understanding of the social determinants of health and provide them with concrete tools to address them. MLP training helps residents develop structural competency and build the skills necessary to address barriers to health at the patient, institutional, and population levels. Through a case study, this Perspective explores how residents can address health-harming legal needs working in partnership with interprofessional health care teams that include lawyers, and illustrates how such MLP experiences can relate to competency-based Milestones that are applicable to training residents in all specialties.	NA	NA
Moving Electronic Medical Records Upstream Incorporating Social Determinants of Health	Laura Gottlieb, Karen Tirozzi, Rishi Manchanda, Abby Burns, & Megan Sandel	2015	American Journal of Preventive Medicine	Practice Report	https://www.ajpmonline.org/article/S0749-3797%2814%2900375-4/fulltext	Knowledge of the biological pathways and mechanisms connecting social factors with health has increased exponentially over the past 25 years, yet in most clinical settings, screening and intervention around social determinants of health are not part of standard clinical care. Electronic medical records provide new opportunities for assessing and managing social needs in clinical settings, particularly those serving vulnerable populations. To illustrate the feasibility of capturing information and promoting interventions related to social determinants of health in electronic medical records. Three case studies were examined in which electronic medical records have been used to collect data and address social determinants of health in clinical settings. From these case studies, we identified multiple functions that electronic medical records can perform to facilitate the integration of social determinants of health into clinical systems, including screening, triaging, referring, tracking, and data sharing. If barriers related to incentives, training, and privacy can be overcome, electronic medical record systems can improve the integration of social determinants of health into healthcare delivery systems. More evidence is needed to evaluate the impact of such integration on health care outcomes before widespread adoption can be recommended.	NA	NA
The Health Law Partnership: A MLP Strategically Designed to Provide a Coordinated Approach to Public Health Legal Services, Education, Advocacy, Evaluation, Research, and Scholarship	Pettignano R, Bliss L, Caley S	2014	Journal of Legal Medicine	Practice Report	http://web.a.ebscohost.com.proxygw.wrlc.org/ehost/detail/detail?vid=0&sid=484d3540-c2c7-49f9-9111-ff9ebe763a1d%40sessionmgr4007&bdata=jNnpdGU9ZWhvc3QtbGI2ZQ%3d%3d#AN=95113762&db=her	The article offers information on a medical-legal partnership (MLP) health law partnership (HeLP) developed to address the legal needs of low-income children in Georgia and who receive healthcare services from Children's Healthcare of Atlanta. It discusses the HeLP model created to include direct legal services, educational programming and systemic advocacy and HeLP's four-pronged approach designed by Atlanta Legal Aid Society (ALAS) Inc. and Georgia State University (GSU) College of Law.	NA	NA

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MFY Legal Services, Inc.'s Medical-Legal Partnership With Bellevue Hospital Center: Providing Legal Care to Children with Psychiatric Disabilities	Aleah Gathings	2014	CUNY Law Review	Practice Report	https://academicworks.cuny.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1357&context=clr	Using the medical-legal partnership at Bellevue Hospital Center's Department of Child & Adolescent Psychiatry as a case study, this article examines the legal needs of low-income children living with mental illness. The author describes how legal services can advance care for mental and behavioral health issues.	NA	NA
Helping veterans with mental illness overcome civil legal issues: Collaboration between a veterans affairs psychosocial rehabilitation center and a nonprofit legal center	Catherine Wong, Jack Tsai, Anne Klee, Howard Udell, Laurie Harkness & Margaret Middleton	2013	Psychological Services	Practice Report	https://psycnet.apa.org/record/2012-25096-001	This article describes the collaboration between a Department of Veterans Affairs (VA) community-based psychosocial rehabilitation center and a nonprofit legal center that primarily addresses the civil legal issues of veterans who have mental illness and/or are homeless. The legal center is located on-site at the VA psychosocial rehabilitation center and serves veterans who receive VA mental health treatment and other social services. Once veterans establish contact with the legal center and authorize the release of their health information, legal center staff members work closely with VA clinicians to help veterans address legal issues that may be obstacles to recovery. Development of this collaboration is described, along with the legal center's funding, clientele, and operations. The most common types of civil legal matters the legal center handles are also briefly described. Experiences of the legal center suggest that professional aid for civil legal problems provided within VA facilities may be beneficial for veterans and warrants empirical study.	NA	NA
The Role of Advocacy in Occasioning Community and Organizational Change in a Medical-Legal Partnership	Kaston Anderson-Carpenter, Vicki Collie-Akers, Jeffrey Colvin, Katie Cronin	2013	Journal of Prevention & Intervention in the Community	Practice Report	https://www.tandfonline.com.proxygw.wrlc.org/doi/full/10.1080/10852352.2013.788343?scroll=top&needAccess=true	Health disparities among low-income individuals remain a significant problem. A number of social determinants are associated with adverse health outcomes. Medical-legal partnerships address legal concerns of low-income individuals to improve health and wellness in adults and children. The Medical-Legal Partnership at Legal Aid of Western Missouri provides free direct legal services for patients with legal concerns affecting health. There is limited evidence regarding the association between advocacy-related efforts and changes within both the medical-legal partnership structure and in health-care facilities. Three health-care organizations in Kansas City, MO participated in implementing the medical-legal partnership model between 2007 and 2010. Advocacy efforts conducted by key medical-legal partnership personnel were strongly associated with changes in health-care organizations and within the medical-legal partnership structure. This study extends the current evidence base by examining the types of advocacy efforts required to bring about community and organizational changes.	NA	NA

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Impact of a medical-legal partnership program on readmissions to a family medicine inpatient service. (<i>*Note: this article does not look at the impact of MLP program on hospital readmission. This article looks at the association between being flagged as needing to meet with an MLP and higher re-admission rates.</i>)	Emma James, MD, Emily Samson, MD, Megha Manek, MD, and Robert Robinson, MD	2020	MedRX	Observational	https://www.medrxiv.org/content/10.1101/2020.07.12.20152009v1.full.pdf	The Centers for Medicare and Medicaid Services (CMS) value-based reimbursement prioritizes health outcomes and population health in a way that emphasizes social determinants of health, access disparities, and prevention. Unmet legal assistance needs are an area of considerable interest because it can impact access to healthcare services and can be a social determinant of health. Medical-Legal Partnerships (MLP) are tools to link patients with unmet legal needs with lawyers and other legal services. The goal of these programs is to address legal issues that complicate the life and healthcare of patients. With the hypothesis that unmet legal needs were a risk factor for poor health outcomes, we studied the impact of unmet legal needs on the readmission rate to the SIU Family and Community Medicine inpatient service at Memorial Medical Center in Springfield, Illinois. Methods: All adult patients discharged between January 2016 and March 2018 were retrospectively studied to determine if the need for legal services was a significant predictor of all-cause hospital readmission within 30 days of discharge. Patients in need of legal services were identified using an interview-based screening tool and were referred to an HRSA-grant funded MLP. The impact of unmet needs for legal services was compared to validated risk factors for hospital readmissions such as the LACE index and HOSPITAL score. Results: Data from 2500 hospital discharges from the SIU FCM service were analyzed. The overall readmission rate was 27%. Univariate analysis showed patients who were readmitted were older (57 vs 53 years, p < 0.001), had longer hospital stays (4.69 vs 4.17 days, p < 0.014), had higher Charlson Comorbidity Index values (2.31 vs 1.57, p < 0.001), HOSPITAL scores (4.79 vs. 3.14, p < 0.001), LACE index values (10.13 vs. 8.33, p < 0.001) and were more likely to need legal services (12% vs. 3%, p < 0.001). Multivariate analysis showed the HOSPITAL score (OR 2.12, p<0.001), LACE index (OR 1.16, p<0.001), Charlson Comorbidity Index (OR 0.70, p<0.001), hospital length of stay (OR 0.85, p<0.001), congestive heart failure (OR 2.10, p<0.001), COPD (OR 1.85, p<0.001), diabetes with complications (OR 1.88, p<0.001), and a need for legal services (OR 2.21, p<0.001) to be independent predictors of an increased risk of hospital readmission. Conclusion: Unmet legal needs identified in this study via an interview-based screening tool appear to be an independent risk factor for hospital readmission. The predicted risk of readmission (OR 2.21) compares favorably with validated HOSPITAL score (OR 2.12) and LACE index (OR 1.16) readmission risk assessment tools. These findings suggest that the presence of unaddressed legal issues may be a modifiable non-medical risk factor for hospital readmission. Further study of the impact of MLP programs on hospital readmission is necessary to clarify the implications of this social determinant of health on a critical value-based care measurement.	NA	NA