

Community Health

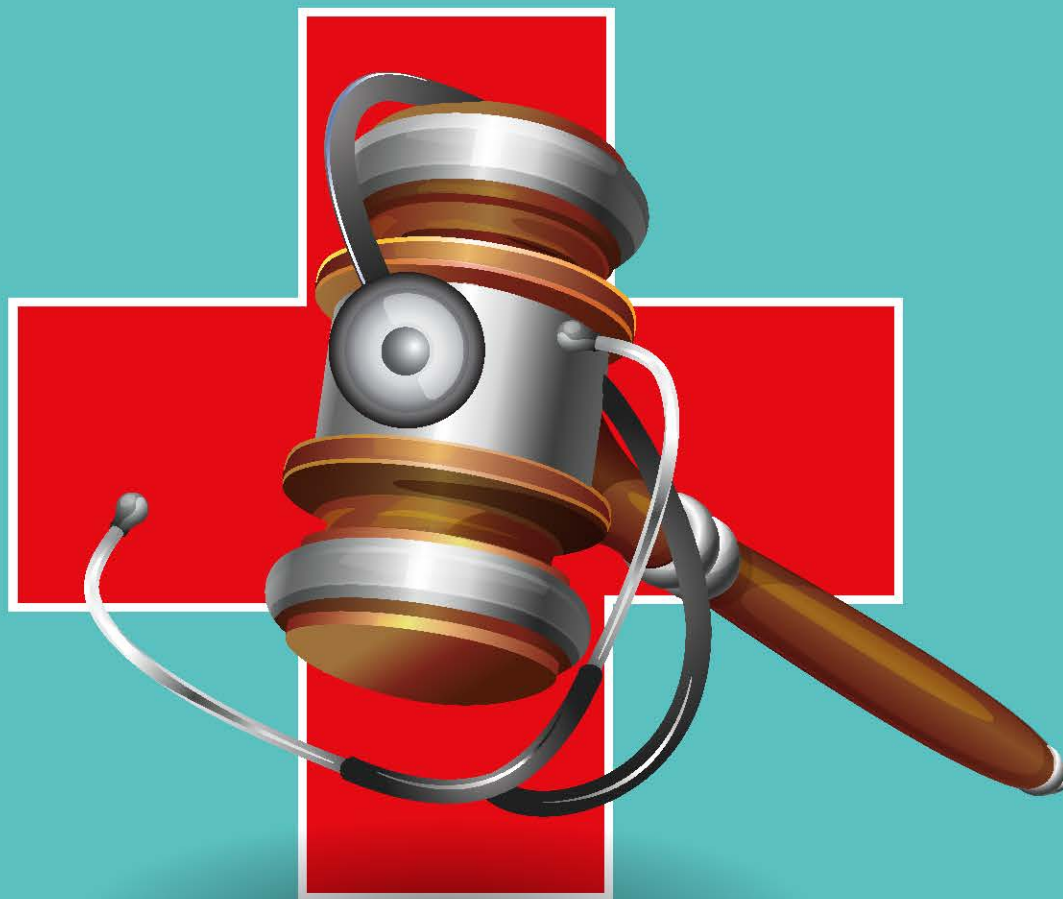
FORUM[®]




National Association of Community Health Centers

FALL/WINTER 2014

The Medical-Legal Partnership



The **Medical-Legal** Partnership Approach to



the Social Determinants of Health

By Joel Teitelbaum, JD, LLM

“Does anything concern you about your housing conditions? Do you have enough food to eat? Do you feel safe at home?”

Every healthcare provider and allied health professional that works with low-income and vulnerable populations knows that patients’ answers to these questions have an enormous impact on health. Yet too often when doctors, nurses, or patient navigators hear the answers, they are powerless to do as much as they would like to help remedy their patients’ problems.

Reframing these types of patient problems can help. What many healthcare providers do not realize is social and economic conditions that influence a patient’s health and well being [i.e., social determinants of health] are commonly civil legal problems that require a lawyer’s help. In fact, each of the more than 50 million Americans living in poverty has at least one civil legal problem – unsafe housing, denial of public benefits for food, health insurance disputes, domestic violence – linked to individual and/or population health. Yet despite this connection and the fact that

healthcare and civil legal aid professionals oftentimes provide services to the same vulnerable populations, the professions too infrequently address patients’/clients’ needs in a coordinated way.

When healthcare alone is not enough

Formal partnerships between a healthcare institution and a publicly funded civil legal aid agency or law school (i.e., Medical-Legal Partnerships or MLPs) aim to bridge the medical-legal divide with an approach to healthcare that embeds civil legal aid services into healthcare settings that serve vulnerable patients. This type of legal work is separate and distinct from that of a general counsel or compliance officer.

The MLP approach is built on the understanding that many social determinants of health require legal (vs. medical) interventions. At MLPs, healthcare and legal professionals are trained side-by-side about the intersection of health and legal needs and ways to screen for them. On-site legal assistance is part of patient care.

The MLP Approach to the Social Determinants of Health



MLPs also acknowledge that social determinants contributing to poor health require both system and policy change. They use individual cases to identify patterns of systemic need, transform institutional approaches, and work to prevent health-harming social and legal needs by advocating for improved population health policies.

An expanding approach to serve broader needs

Starting with the establishment of the first Medical-Legal Partnership in 1993 through 2006, MLPs sprouted up mainly in pediatric healthcare settings as passion projects that often lacked sustainability. In recent years, fueled by the creation of the National Center for Medical-Legal Partnership (NCMLP), the focus by social scientists on the importance of social factors in determining health, and the Affordable Care Act's prevention and professional collaboration efforts, MLPs have emerged as a flexible, visionary approach to the care of vulnerable populations.

The MLP approach is now practiced in 36 states by nearly 300 hospitals and health centers, and in settings as diverse as veteran care facilities, American Indian reservations, and correction facilities. As the role of MLPs has gained visibility and acceptance, government agencies, healthcare institutions, legal aid associations, and philanthropic foundations have coalesced in support of both individual partnerships and NCMLP.

Similar to the integration of behavioral health into primary care, the integration of civil legal aid services into healthcare improves access to services, builds team capacity, and promotes patient-centered care. Medical-Legal Partnerships have become more integrated into healthcare settings over time, with healthcare and legal partners sharing data, jointly developing service and training priorities, and establishing cross-sector communication loops. With deeper integration comes powerful upstream detection of the social conditions contributing to poor health, an ability to

detect patterns at the population level and address them through policy solutions, and an opportunity for healthcare providers to assert their experience and expertise when policymakers design fixes for health-harming social and legal problems.

Upstream solutions also expand civil legal aid's capacity to respond to these problems – an important consequence given that legal aid resources are so scarce. Currently, fewer than one in five people who need legal aid are able to get it.

Given their mission and role in promoting population health, the nation's community health centers are poised to leverage existing community legal resources to build a more effective healthcare team and meet the needs of health center users who need legal assistance to be healthy. Approximately 10% of health centers currently operate MLPs, and the demand is increasing. In response to this need, the U.S. Health Resources and Services Administration (HRSA) recently awarded a National Cooperative Agreement to NCMLP to provide training and technical assistance to community health centers and primary care associations to support the integration of civil legal aid services into healthcare settings. And HRSA recently clarified that civil legal aid may be included in the range of "enabling services" health centers use to meet the needs of patients.

The hope is that with more partnerships, healthcare providers who ask patients those important questions about housing, hunger and safety – root causes of poor health – will have a legal expert down the hall to respond.

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