

TITLE	AUTHORS	YEAR	JOURNAL	TYPE	URL	ABSTRACT	OUTCOME CATEGORY	OUTCOMES	DETAILS
<b>Observational Studies (Outcomes)</b>									
Reductions In Hospitalizations Among Children Referred To A Primary Care-Based Medical-Legal Partnership	Andrew F. Beck, Adrienne W. Henize, TingTing Qiu, Bin Huang, Yin Zhang, Melissa D. Klein, Donita Parrish, Elaine E. Fink, and Robert S. Kahn	2022	Health Affairs	Observational Study	<a href="https://pubmed.ncbi.nlm.nih.gov/35254924/">https://pubmed.ncbi.nlm.nih.gov/35254924/</a>	Medical-legal partnerships integrate legal advocates into health care settings to address health-related social needs. However, their effect on health outcomes is unclear. This retrospective cohort study examined the effect of referral to a medical-legal partnership on hospitalization rates among urban, low-income children in Greater Cincinnati, Ohio, between 2012 and 2017. We compared 2,203 children referred to a pediatric primary care-based medical-legal partnership with 100 randomly selected control cohorts drawn from 34,235 children seen concurrently but not referred. We found that the median predicted hospitalization rate for children in the year after referral was 37.9 percent lower if children received the legal intervention than if they did not. We suspect that this decrease in hospitalizations was driven by the ability of legal advocates to address acute legal needs (for example, threat of eviction and public benefit denial) and, when possible, to confront root causes of ill health (for example, unhealthy housing conditions). Interventions such as those provided through a medical-legal partnership may be important components of integrated, value-based service delivery models.	(1) Changes in health and well being of patients; (2) Healthcare system savings	(1) Reduction in hospitalizations rates; (2) cost savings	(1) 38% reduction in hospitalizations among children referred compared to non-referred cohorts (2) Estimated savings of the MLP were approximately \$40,000 for every 100 patients referred each year
A Data-Driven Approach to Optimizing Medical-Legal Partnership Performance and Joint Advocacy	Andrew F. Beck, Adrienne W. Henize, Melissa D. Klein, Alexandra M. S. Corley, Elaine E. Fink, and Robert S. Kahn	2024	Journal of Law, Medicine & Ethics	Observational Study	<a href="https://pubmed.ncbi.nlm.nih.gov/38477269/">https://pubmed.ncbi.nlm.nih.gov/38477269/</a>	Medical-legal partnerships connect legal advocates to healthcare providers and settings. Maintaining effectiveness of medical-legal partnerships and consistently identifying opportunities for innovation and adaptation takes intentionality and effort. In this paper, we discuss ways in which our use of data and quality improvement methods have facilitated advocacy at both patient (client) and population levels as we collectively pursue better, more equitable outcomes.	(1) Changes in health and well being of patients; (2) Improved housing and utility stability; (3) Improved access to financial resources and concrete supports; (4) Improvements in policies, laws, and regulations	(1) Reduction in hospitalization rates; (2) improved housing conditions; (3) Recovered public benefits; (4) System level policy changes	(1) 38% reduction in hospitalizations among children referred compared to non-referred cohorts; (2) System level upgrades (e.g., pest control, new roofs, and ventilation improvements) affecting 700 families after identifying patterns through data sharing and legal advocacy; (3) \$1.36M in recovered public benefits; (4) Streamlined SNAP enrollment processes at the county and state levels, driven by advocacy based on observed patterns of delayed benefit access
Impacts of a medical-legal partnership on clinical capacity to address social determinants of health	Kara Davis, Melissa L. Fair, Carrie Buckingham, Hannah McKinnon, Laurie Theriot Roley, & Kerry Sease	2022	Journal of Epidemiology & Community Health	Observational Study	<a href="https://jech.bmj.com/content/76/11/956.long">https://jech.bmj.com/content/76/11/956.long</a>	<b>Background:</b> Social determinants of health (SDOHs) impacts on an individual's health outcomes have become more evident, and clinical providers are vital in helping patients address these needs. Providers are experiencing high-stress levels related to patient care, resulting in a diminished capacity to address these SDOHs. This study examines the impact of a medical-legal partnership (MLP) on the clinical capacity to assist providers with addressing SDOH needs and reducing clinician stress. <b>Methods:</b> A 16-question survey was emailed to 532 providers in a local health system. The survey assessed clinicians' perception of their role in addressing SDOH needs, the MLP's impact on their clinical capacity and the MLP's ability to remedy patient SDOH needs. <b>Results:</b> Providers who have referred to the MLP indicated higher levels of agreement that SDOH screenings were part of their clinical responsibility and had higher levels of agreement regarding comfort levels for completing SDOH screenings. Geriatric providers reported higher levels of agreement that the MLP reduced clinician stress than pediatric providers. <b>Conclusion:</b> MLPs have the potential to reduce clinician stress and burnout by standing in the gap to assist providers in addressing their patient's SDOH needs. This study examines the impact of medical-legal partnerships on facilitating and managing outcomes of patient-provider cost of care conversations. We conducted 96 semi-structured interviews with 18 patients and 78 medical-legal partnership personnel from 10 states between March and November of 2020. The presence of legal staff helped strengthen interdisciplinary collaborations and build confidence among providers around addressing health-harming legal needs through effective cost of care conversations. Medical-legal partnerships with well-established provider training opportunities reported effective cost of care conversations, improved patient outcomes, and increased return on investment for health systems. Lack of time, knowledge, and training were identified as barriers to clinicians engaging in cost of care conversations. Positive patient outcomes included improved access to public benefits, health benefits, financial benefits, special education services, stable housing, and food. Medical-legal partnerships facilitate effective patient-provider cost of care conversations that improve patients' medical, legal, and social service outcomes.	Improvements in healthcare system and workforce	Impact on clinical capacity and stress in addressing SDOH	<b>Improved Capacity to Address SDOH:</b> 88.5% of clinicians strongly agreed/agreed that the MLP improved their ability to address patient SDOH needs. Clinicians who referred patients to the MLP reported higher comfort levels in discussing SDOH than those who had not (p<0.001). <b>Reduced Clinician Stress:</b> 92.9% of respondents agreed that the MLP improved their overall capacity to serve patients. Geriatric providers reported significantly greater stress reduction from the MLP compared to pediatric providers (P=0.02). <b>Increased Awareness and Utilization:</b> Approximately 70% of surveyed providers were aware of the MLP, and 50.9% had referred patients. <b>Workflow Integration:</b> The MLP's inclusion in the electronic health record facilitated seamless referrals and case tracking, contributing to reduced stress and increased efficiency. Total annual financial impact for one large MLP was reported as \$18.2 million with roughly \$23,262 recovered per case. Over a 2-year period, another site reported \$738,944 in cost avoidance for patients through assistance with food stamps, Supplemental Security Income, Medicaid, housing and education-related cases. Another site reported a ROI of \$725,000 for the health system, \$469,44 in financial benefits to patients, and 28 to 42days of avoided hospital admissions over a 2-year period.
Medical-Legal Partnerships Facilitate Patient-Provider Cost of Care Conversations: A Multisite Qualitative Study in the U.S.	Jean S Edward, Kimberly D Northrup, Andrea Welker, Julia F Costich	2022	Clinical Nursing Research	Observational Study	<a href="https://journals.sagepub.com/doi/full/10.1177/105477382211203392">https://journals.sagepub.com/doi/full/10.1177/105477382211203392</a> <a href="https://doi.org/10.1177/105477382211203392">https://doi.org/10.1177/105477382211203392</a> <a href="https://pubmed.ncbi.nlm.nih.gov/38477269/">https://pubmed.ncbi.nlm.nih.gov/38477269/</a>	Medical students and educators recognize that preparing the next generation of health leaders to address seemingly intractable problems like health disparities should include advocacy training. Opportunities to acquire the knowledge and skills needed to effectively advocate at the policy level to promote systems-, community-, and population-level solutions are a critical component of such training. But formal advocacy training programs that develop and measure such skills are scarce. Even less common are interprofessional advocacy training programs that include legal and policy experts to help medical students learn such skills.  This 2016–2017 pilot study started with a legislative advocacy training program for preclinical medical students that was designed to prepare them to meet with Capitol Hill representatives about a health justice issue. The pilot assessed the impact of adding an interprofessional education (IPE) dimension to the program, which in this case involved engaging law faculty and students to help the medical students understand and navigate the federal legislative process and prepare for their meetings. Results from the pilot suggest that adding law and policy experts to advocacy-focused training programs can improve medical students' advocacy knowledge and skills and increase their professional identity as advocates.	(1) Healthcare system positive ROI (2) Changes in health and well being of patients	(1) Recovered public benefits/cost avoidance; (2) reduced hospitalization length	<b>Improved Preparedness for Advocacy:</b> 90% of students in the interprofessional education (IPE) group reported feeling prepared to discuss legislative issues, compared to 62% in the control group. Students in the IPE group were significantly more likely to feel "very well prepared" to tailor advocacy messages (35% vs. 8%). <b>Enhanced Interest in Future Advocacy:</b> 85% of IPE participants expressed interest in pursuing future advocacy opportunities, compared to 54% in the control group. <b>Time Spent on Preparation:</b> 90% of IPE participants invested at least 2 hours in preparation, with many exceeding 4 hours, compared to 67% in the control group. <b>Qualitative Feedback:</b> Students reported that having law students and faculty available for consultations improved their confidence and preparedness for advocacy.
An Interprofessional Approach to Teaching Advocacy Skills: Lessons From an Academic Medical-Legal Partnership	Vicki W Girard, Eileen S. Moore, Lisa P. Kessler, Deborah Perry & Yael Cannon	2020	Journal of Legal Medicine	Observational Study	<a href="https://www.tandfonline.com/doi/abs/10.1080/1047648.2020.1817945">https://www.tandfonline.com/doi/abs/10.1080/1047648.2020.1817945</a>	Medical students and educators recognize that preparing the next generation of health leaders to address seemingly intractable problems like health disparities should include advocacy training. Opportunities to acquire the knowledge and skills needed to effectively advocate at the policy level to promote systems-, community-, and population-level solutions are a critical component of such training. But formal advocacy training programs that develop and measure such skills are scarce. Even less common are interprofessional advocacy training programs that include legal and policy experts to help medical students learn such skills.  This 2016–2017 pilot study started with a legislative advocacy training program for preclinical medical students that was designed to prepare them to meet with Capitol Hill representatives about a health justice issue. The pilot assessed the impact of adding an interprofessional education (IPE) dimension to the program, which in this case involved engaging law faculty and students to help the medical students understand and navigate the federal legislative process and prepare for their meetings. Results from the pilot suggest that adding law and policy experts to advocacy-focused training programs can improve medical students' advocacy knowledge and skills and increase their professional identity as advocates.	Improvements in healthcare system and workforce	Impact on preparedness and interest in advocacy	<b>Background:</b> The medical-legal partnership (MLP) is an innovative and proven-effective approach to addressing health-harming social needs that have legal remedies (e.g., housing concerns, intimate partner violence). Yet, few MLPs exist within outpatient primary care practices and in rural settings. <b>Methods:</b> We describe the impact of an MLP between Pisgah Legal Services and the Mountain Area Health Education Center, which serves rural North Carolina counties, over a 24-month period. <b>Results:</b> Overall, 629 cases were referred to the MLP. Three hundred seventy cases were opened and investigated by a lawyer. Three hundred sixty-four cases were closed (i.e., a resolution was reached), yielding 808 outcomes, with an average of 2.2 outcomes per case. Domestic violence/family law and housing were the main socio-legal concerns addressed by the MLP. Eighty-six (24%) of cases included at least 1 representation outcome; the success rate in representation cases was 90%. <b>Limitations:</b> We did not examine the impact of the MLP on patient health outcomes, nor did we have comparative outcomes data for similar individuals with unmet social needs but who did not receive MLP services. <b>Conclusions:</b> The MLP was successful in helping to address multiple social needs faced by patients that contribute to worse health status and outcomes. Monetary benefits to patients were \$309,902 plus an additional \$174,733 from tax returns and the Earned Income Tax Credit. The MLP lawyer provided education and training to support clinicians, learners, and community organizations. These data highlight the benefits of collaboration between health professionals and lawyers in advancing equity by addressing unmet social needs.
Better Together: A Descriptive Analysis of a Medical-Legal Partnership in Western North Carolina	Crystal W. Cené, Elizabeth Buys, Justin W. Clark, Kathy Foley, Valerie True, Jaclyn Kiger, Anne S. Salter	2022	North Carolina Medical Journal	Observational Study	<a href="https://ncmedicaljournal.com/article/55418">https://ncmedicaljournal.com/article/55418</a>	The Georgetown University's Cancer Legal Assistance and Well-being Project launched in 2020 as a medical-legal partnership that works with health care providers at a Washington, D.C. safety-net hospital to treat the health-harming legal needs of historically and intentionally marginalized patients with cancer.	Improved access to financial resources and concrete supports	Recovered public benefits	Monetary benefits to patients were \$309,902 plus an additional \$174,733 from tax returns and the Earned Income Tax Credit.
Designing and Developing a Medical-Legal Partnership to Address Cancer Patients' Health-Harming Legal Needs	Allison B. Dowling, Vicki W. Girard, Megan E. Gordon, Abigail Sweeney, Christopher M. Gallagher, Amy D. Ly, Lisa P. Kessler, Deborah P. Perry	2024	Journal of Health Care for the Poor and Underserved	Observational Study	<a href="https://scholarship.law.georgetown.edu/organization_sdu/196pub/2603/">https://scholarship.law.georgetown.edu/organization_sdu/196pub/2603/</a>	This article describes the study to assess the benefits provided by the Health Law Partnership (HelP), a medical-legal partnership (MLP), to pediatric patients with neuro-developmental disabilities and their families. The study is a descriptive analysis that examines legal, social, and health issues addressed and outcomes attained through inter-professional collaboration among healthcare providers and lawyers to address health-harming legal issues that exacerbate families with children with neurodevelopmental disabilities who have complex medical needs. During the time period of January 1, 2006, to June 30, 2018, a retrospective cohort of families of 651 patients with 1,071 parent-reported neurodevelopmental disabilities were able to follow their legal concerns addressed. Forty-seven percent of children served experienced developmental delays, 29 percent had ADHD, 23 percent had autism, and 14 percent were premature at birth. Of these children, 63 percent were male and 34 percent were ages 5-10 years. Families referred to HelP received a legal check-up that is the legal equivalent to a medical history to assess legal problems/needs and financial eligibility (~20%). Legal cases were assigned to an inter-professional team of lawyers and law students through Atlanta Legal Aid and Georgia State University College of Law, and physicians and medical students associated with Children's Healthcare of Atlanta and Emory University and Morehouse Schools of Medicine. The most common legal problems addressed by HelP among 457 cases receiving extended legal services were education (225; 25.1%), Supplemental Security Income (SSI) (189; 21%), and family law (166; 18.5 %). Benefits obtained/retained through legal services exceeded \$4.9 million in total value over the life of the study. Medicaid, State Children's Health Insurance Program (SCHIP) and other health-related assistance resolved cases resulted in an average benefit value of \$18,925 per case, followed by SSI and education cases with an average benefit value of \$9,585 and \$5,336, respectively. HelP services resulted in improved access to education resources and also resulted in financial cost savings to families. Additionally, HelP services provided cost savings to the healthcare system by securing entitlement benefits (Medicaid, SCHIP, SSI) for children with neurodevelopmental disabilities who may otherwise be subjected to indigent or charity care. In conclusion, inter-professional practice among healthcare and legal providers can result in more timely access to resources to address legal and other social determinants of health that exacerbate the complex needs of children with neuro-developmental disabilities and their families. Additionally, access to entitled benefits and resources result in short- and long-term cost savings to both families and systems.	Improved access to financial resources and concrete supports	Recovered public benefits	Preliminary data support the estimate that Cancer LAW has secured over \$700,000 for patients in the form of insurance coverage, disability benefits and other income supports, paid leave, and debt relief.  Benefits obtained/retained through legal services exceeded \$4.9 million in total value over the life of the study. Medicaid, State Children's Health Insurance Program (SCHIP) and other health-related assistance resolved cases resulted in an average benefit value of \$18,925 per case, followed by SSI and education cases with an average benefit value of \$9,585 and \$5,336, respectively. HelP services resulted in improved access to education resources and also resulted in financial cost savings to families. Additionally, HelP services provided cost savings to the healthcare system by securing entitlement benefits (Medicaid, SCHIP, SSI) for children with neurodevelopmental disabilities who may otherwise be subjected to indigent or charity care.
Medical-Legal Partnerships Benefit Families of Developmentally Disabled Children	Salathiel Kendrick Allwood, Susan Mc Laren, Robert Pettignano	2021	International Journal of Health, Wellness and Society	Observational Study	<a href="https://coscholar.com/bookstore/works/medicalllegal-partnerships-benefit-families-of-developmentally-disabled-children">https://coscholar.com/bookstore/works/medicalllegal-partnerships-benefit-families-of-developmentally-disabled-children</a>	This article describes the study to assess the benefits provided by the Health Law Partnership (HelP), a medical-legal partnership (MLP), to pediatric patients with neuro-developmental disabilities and their families. The study is a descriptive analysis that examines legal, social, and health issues addressed and outcomes attained through inter-professional collaboration among healthcare providers and lawyers to address health-harming legal issues that exacerbate families with children with neurodevelopmental disabilities who have complex medical needs. During the time period of January 1, 2006, to June 30, 2018, a retrospective cohort of families of 651 patients with 1,071 parent-reported neurodevelopmental disabilities were able to follow their legal concerns addressed. Forty-seven percent of children served experienced developmental delays, 29 percent had ADHD, 23 percent had autism, and 14 percent were premature at birth. Of these children, 63 percent were male and 34 percent were ages 5-10 years. Families referred to HelP received a legal check-up that is the legal equivalent to a medical history to assess legal problems/needs and financial eligibility (~20%). Legal cases were assigned to an inter-professional team of lawyers and law students through Atlanta Legal Aid and Georgia State University College of Law, and physicians and medical students associated with Children's Healthcare of Atlanta and Emory University and Morehouse Schools of Medicine. The most common legal problems addressed by HelP among 457 cases receiving extended legal services were education (225; 25.1%), Supplemental Security Income (SSI) (189; 21%), and family law (166; 18.5 %). Benefits obtained/retained through legal services exceeded \$4.9 million in total value over the life of the study. Medicaid, State Children's Health Insurance Program (SCHIP) and other health-related assistance resolved cases resulted in an average benefit value of \$18,925 per case, followed by SSI and education cases with an average benefit value of \$9,585 and \$5,336, respectively. HelP services resulted in improved access to education resources and also resulted in financial cost savings to families. Additionally, HelP services provided cost savings to the healthcare system by securing entitlement benefits (Medicaid, SCHIP, SSI) for children with neurodevelopmental disabilities who may otherwise be subjected to indigent or charity care. In conclusion, inter-professional practice among healthcare and legal providers can result in more timely access to resources to address legal and other social determinants of health that exacerbate the complex needs of children with neuro-developmental disabilities and their families. Additionally, access to entitled benefits and resources result in short- and long-term cost savings to both families and systems.	Improved access to financial resources and concrete supports	Recovered public benefits	Monetary benefits to patients were \$309,902 plus an additional \$174,733 from tax returns and the Earned Income Tax Credit.

Reducing asthma exacerbations in vulnerable children through a medical-legal partnership	Anne S. Mainardi, Drew Harris, Alice Rosenhal, Carrie A. Redlich, Baqui Hu & A. M. Fenick	2023	Journal of Asthma	Observational Study	<a href="https://www.tandfonline.com/doi/full/10.1080/02770903.2022.2045307">https://www.tandfonline.com/doi/full/10.1080/02770903.2022.2045307</a>	<p><b>Background:</b> Asthma health disparities are widely recognized, with worse outcomes in children from low income families. In a Medical-Legal Partnership (MLP), an attorney is embedded in a healthcare setting to address social determinants of health. We studied whether an MLP could impact asthma exacerbation rates in a vulnerable urban population at an academic children's hospital.</p> <p><b>Methods:</b> The study population comprised children with asthma who were referred to the MLP between 2013 and 2017. We compared healthcare utilization for asthma exacerbations managed in primary care, emergency department and inpatient settings in the year before and year after MLP intervention.</p> <p><b>Results:</b> 98 children with asthma were included in the study. The mean total encounters per person per year decreased from 1.16 to 0.66 (relative reduction 44.2%, p&lt;0.01). The largest effect was on hospitalizations, with a reduction from 0.33 to 0.10 hospitalizations per patient per year (relative reduction 69.7%, p&lt;0.01). Encounters for asthma exacerbations in the primary care office and emergency department also decreased but these changes did not meet statistical significance.</p> <p><b>Conclusion:</b> In a pediatric population with asthma, an MLP intervention was associated with a significant reduction in asthma exacerbation encounters and hospitalizations comparing the year before and after MLP intervention. Further studies are needed to better understand which interventions are most effective, and for which patient groups MLP referral would be particularly useful. MLPs may be an important way to reduce health disparities in patients with asthma and other chronic illnesses.</p>	(1) Changes in health and well being of patients; (2) Improved housing and utility stability	(1) Reduction in hospitalization rates; (2) Improved housing conditions	<p><b>Asthma-Related Encounters:</b> Total Encounters: Reduced by 44.2% after MLP intervention (p &lt; 0.01). Hospitalizations: Decreased by 69.7% (0.33 to 0.10 per patient per year, p &lt; 0.01). Hospital Days: Total hospital days per patient decreased by 67.1% (p &lt; 0.01).</p> <p><b>Primary Care and Emergency Department Visits:</b> PC Visits: Reduction of 46.9% (p = 0.137; not statistically significant). ED Visits: Reduction of 25.9% (p = 0.053; approached statistical significance).</p> <p><b>Demographic Trends:</b> Significant reductions in exacerbation encounters among children aged 5–12, Hispanic patients, and those with persistent asthma. Referrals addressing utilities (e.g., air conditioning assets) were strongly associated with reductions in exacerbations.</p> <p><b>Intervention Outcomes:</b> Cases with "objective achieved" (successful legal intervention) demonstrated a 41.3% reduction in exacerbation rates (p &lt; 0.01).</p>
The Impact of a Pediatric Medical-Legal Partnership on Pediatric Providers: A Qualitative Study	Sascha N Murrillo, Alice Rosenhal, Ada M Fenick, Danya Keene	2022	Academic Pediatrics	Observational Study	<a href="https://linkinghub.elsevier.com/retrieve/pii/S1876-2859(21)00360-0">https://linkinghub.elsevier.com/retrieve/pii/S1876-2859(21)00360-0</a>	<p><b>Objective:</b> Medical-Legal Partnerships (MLPs) integrate medical and legal care to address prevalent health-harming legal needs (HHLN) among socioeconomically marginalized populations. MLPs address a diverse array of social determinants of health (SDOH) and have been shown to positively impact children's health. Less is known, however, about how MLPs affect health care providers. MLPs may affect child health by changing clinical practice and provider behavior, and transforming providers' relationships with their patients and patients' families. Examining and understanding how MLPs affect providers is thus critical to elucidating how MLPs may ultimately impact child health.</p> <p><b>Methods:</b> We examined one pediatric MLP at an academic medical center in New Haven, Connecticut. We conducted semi-structured interviews with 20 pediatric providers who had engaged with the MLP and 20 parents/guardians who had interacted with the MLP. We analyzed the qualitative data using inductive coding, primarily drawing upon provider interviews.</p> <p><b>Results:</b> The MLP affected providers in five major ways. The MLP 1) improved provider awareness of SDOH and HHLN, 2) expanded provider perceptions of their role and responsibilities as clinicians, 3) improved provider efficacy in addressing SDOH and HHLN, 4) empowered providers to engage in systemic advocacy, and 5) improved providers' relationships with patients' families.</p> <p><b>Conclusion:</b> Our study identifies multiple ways that a pediatric MLP affects providers. Our findings suggest that MLPs can improve patient and population health by equipping providers with the knowledge and tools needed to assist patients with HHLN and SDOH, improving provider-family relationships, and encouraging providers to engage in systemic and institutional advocacy.</p>	Improvements in healthcare system and workforce	Positive provider impact	<p>Our analysis suggests that the MLP 1) improved provider awareness and understanding of SDOH and HHLN, 2) expanded provider perceptions of their role in responding to SDOH and HHLN, 3) improved provider efficacy in directly assisting patients with SDOH and HHLN, 4) supported provider engagement in institutional and systemic advocacy, and 5) strengthened relationships between providers and their patients' families.</p>
Addressing Unmet Social Needs and Social Risks — A Qualitative Interview-Based Assessment of Parent Reported Outcomes and Impact from a Medical Legal Partnership	Erin Talati Paquette, Jennifer Kusma Saper, Hassan Khan, Susha Becker, Zecily Guzman, Valcric Alvarez Renteria, Sarah Hess, and Karen Sheehan	2024	Journal of Law, Medicine & Ethics	Observational Study	<a href="https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/addressing-unmet-social-needs-and-social-risks-a-qualitative-interview-based-assessment-of-parent-reported-outcomes-and-impact-from-a-medical-legal-partnership/A6CE46E0482222C9E2AD986A04637C7">https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/addressing-unmet-social-needs-and-social-risks-a-qualitative-interview-based-assessment-of-parent-reported-outcomes-and-impact-from-a-medical-legal-partnership/A6CE46E0482222C9E2AD986A04637C7</a>	<p>Medical legal partnerships address individual legal needs that can create impediments to health. Little is known about outcomes from medical legal partnerships and their relationship to access to justice. This paper reports outcomes from one medical legal partnership from the perspective of the client, with specific emphasis on impact on health and concepts related to access to justice. We suggest a conceptual model for incorporating medical legal partnerships into a broader framework about access to justice.</p>	(1) Changes in health and well being of patients; (2) Impact on parents of child patients	(1) improvements in physical health, mental/emotional health; (2) empowerment of caregivers	<p><b>Health Impacts:</b> Positive outcomes included - Physical health improvements (e.g., asthma control). Emotional/mental health benefits (e.g., reduced anxiety). Indirect health benefits via reduced caregiver stress and improved financial stability. <b>Parental Empowerment:</b> Parents reported improved understanding of legal rights and advocacy skills. MLP involvement reduced caregiver stress, enabling parents to focus on their child's health.</p>
A Financial Case for a Medical-Legal Partnership: Reducing Lengths of Stay for Inpatient Care	Barak D Richman, Breanna Barrett, Riya Mohan, Devduta Sangavi	2023	Journal of Law, Medicine & Ethics	Observational Study	<a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC1093716/">https://pmc.ncbi.nlm.nih.gov/articles/PMC1093716/</a>	<p>While Medical-Legal Partnerships (MLPs) have improved the health and well-being of the people they serve, most healthcare institutions will only invest in an MLP if they are convinced that doing so will improve its balance sheet. This article offers a detailed estimation of the cost savings that an MLP targeted toward the most acute legal needs would accrue to an academic medical center (AMC) in North Carolina.</p>	(1) Changes in health and well being of patients; (2) Cost savings	(1) Reduced length of hospitalization; (2) Cost savings	<p>The study identifies guardianship-related delays as the primary driver of extended LOS at the AMC. Estimated savings: An MLP attorney could expedite guardianship proceedings, reducing LOS by approximately 20 days per patient. Annual cost savings: \$1,237,500 based on an average daily hospital cost of \$825 for 75 patients requiring guardianship services. Cost savings from reduced LOS alone exceed program costs by over threefold.</p>
Improving Health Outcomes in Vulnerable Populations: The Medical-Legal Partnership—Colorado's Experience	Angela Sautaa, Gabriela Santos, Marc Scanlon, Tillman Farley, Patricia Dean	2022	Journal of Health Care for the Poor and Underserved	Observational Study	<a href="https://pubmed.ncbi.nlm.nih.gov/35574867/">https://pubmed.ncbi.nlm.nih.gov/35574867/</a>	<p>Medical-legal partnerships (MLPs) add legal professionals, trained specifically to tackle health-related social needs (HRSSN), to the health care team. We evaluated the impact on health outcomes and health care utilization of a MLP housed in a large federally qualified health center in Colorado (MLP-CO). Clients screened for HELIP (Income, Housing, Employment, Legal status, Personal stability) needs were surveyed at baseline and six months post-enrollment. Reasons for legal aid were legal immigration status (46.5%), income (30.8%), personal/family stability (14.8%), housing (4.8%), and education (1.2%). Overall, 61.4% attributed great/moderate improvements in their health care experience to the MLP-CO. Statistically significant improvements were noted for days with poor physical/mental health, and feelings of stress/worry. There was a reduction in emergency department visits, hospitalization days, and missed appointments, but only the latter was statistically significant. In conclusion, MLPs are a promising innovation to achieve the Institute for Healthcare Improvement's quadruple aim.</p>	Changes in health and well being of patients	Improvements in healthcare experience, days with poor physical/mental health, and feelings of stress/worry	<p>Overall, 61.4% attributed great/moderate improvements in their health care experience to the MLP-CO. Statistically significant improvements were noted for days with poor physical/mental health, and feelings of stress/worry. There was a reduction in emergency department visits, hospitalization days, and missed appointments, but only the latter was statistically significant.</p>
Teaching the social determinants of health through medical legal partnerships: a systematic review	Kristian Welch, Benjamin Robinson, Michaela Lieberman Martin, Amy Salerno and Drew Harris	2021	BMC Medical Education	Observational Study	<a href="https://bmcmmeduc.biomedcentral.com/articles/10.1186/s12909-021-02729-1">https://bmcmmeduc.biomedcentral.com/articles/10.1186/s12909-021-02729-1</a>	<p><b>Background</b> Undergraduate and graduate medical education often defines the social determinants of health, but questions remain regarding how best to ensure that trainees become empowered to take action on the social determinants of health in their future practice. The authors conducted a systematic review to better define the impact that educational programs centered on medical legal partnerships have on trainees' knowledge, attitudes and future practice.</p> <p>The authors sourced data from PubMed, Web of Science, Index to Legal Periodicals, LegalTrac, Google Scholar, Academic Search Complete, Business Source Complete, SocINDEX, SSRN, and Proquest Social Sciences. Selected studies included those centered on Medical Legal Partnerships in undergraduate or graduate medical education and that measured outcomes of the participating trainees. Two abstractors independently extracted information about the study population, setting, design, intervention and outcomes.</p> <p><b>Results</b> Six out of 483 studies met the inclusion criteria. One study highlighted four different MLPs, thus nine total MLP programs were included. Trainees included medical students as well as interns and residents from pediatrics, family medicine and internal medicine. Interventions ranged from didactic sessions, to advocacy projects, to hands-on community-based learning, to poverty simulation trainings. Benefits to trainees were wide in scope but all programs showed improvements in participants' understanding, comfort, confidence, and/or abilities in identifying and intervening on the social determinants of health in their patients.</p> <p><b>Conclusion</b> As medical schools and residency programs are increasingly considering how to effectively teach trainees to understand and address the social determinants of health, the findings in this systematic review suggest that inclusion of Medical Legal Partnerships into training programs is an effective approach.</p>	Improvements in healthcare system and workforce	Improvements in participants' understanding, comfort, confidence, and/or ability in identifying and intervening on the social determinants of health in their patients.	<p><b>Study 1:</b> Compared to residents who did not receive the intervention, residents in the intervention group were more confident in screening for housing, benefits, and educational issues (each P &lt; .05), more likely to screen for domestic violence (odds ratio 2.16, 95% confidence interval 1.01–4.63) and depression (odds ratio 2.63, 95% confidence interval 1.15–5.99), and more likely to refer patients for formula distribution when food insecurity was found (P = .02, 14).</p> <p><b>Study 2:</b> Compared to the control group, intervention interns felt more knowledgeable about benefits (72% vs 52%), housing (48% vs 21%), and education (52% vs 33%, P &lt; .001 for all), more comfortable discussing poverty issues (100% vs 71%, P &lt; .01), and were more likely to document each issue (benefits 88% vs 60%, housing 93% vs 57%, food 74% vs 56%, P &lt; .001 for all) [12]. The intervention group also had a trend toward increased MLP referral rate though the difference was not statistically significant (4% versus 2.9%, P = 0.13, 13).</p> <p><b>Study 3:</b> After the curriculum, medical students self-reported an increased likelihood to screen and assist patients for socioeconomic and legal issues in the areas of income, education, family law, health insurance, public benefits, and social security disability insurance (p &lt; 0.05). The greatest change in attitude post-intervention (increase in greater than 25%) was referring patients to a legal resource when aware that their patients were experiencing socioeconomic, environmental, or legal issues that were affecting their health</p>
<b>Descriptive Articles</b>									
What medical-legal partnerships can do for trauma patients and trauma care	Rucha Alur, BA, Erin Hall, MD, MPH, MJ Smith, JD, Tanya Zakrisson, MD, MPH, Carly Loughran, JD, Franklin Cooney-Gay, PhD, and Elinore J. Kaufman, MD, MSHF	2024	Journal of Trauma and Acute Care Surgery	Descriptive Article	<a href="https://pubmed.ncbi.nlm.nih.gov/38147579/">https://pubmed.ncbi.nlm.nih.gov/38147579/</a> ; <a href="https://medrxiv.org/content/10.1101/2024.05.20.24086447v2">https://medrxiv.org/content/10.1101/2024.05.20.24086447v2</a> ; <a href="https://pubmed.ncbi.nlm.nih.gov/38147579/">https://pubmed.ncbi.nlm.nih.gov/38147579/</a>	<p>Trauma patients are particularly vulnerable to the impact of preexisting social and legal determinants of health postinjury. Trauma patients have a wide range of legal needs, including housing, employment, debt, insurance coverage, and access to federal and state benefits. Legal support could provide vital assistance to address the social determinants of health for injured patients. Medical legal partnerships (MLPs) embed legal professionals within health care teams to improve health by addressing legal needs that affect health. Medical legal partnerships have a successful track record in oncology, human immunodeficiency virus/acquired immune deficiency syndrome, and pediatrics, but have been little used in trauma. We conducted a scoping review to describe the role of MLPs and their potential to improve health outcomes for patients with traumatic injuries. We found that MLPs use legal remedies to address a variety of social and structural conditions that could affect patient health across several patient populations, such as children with asthma and patients with cancer. Legal intervention can assist patients in obtaining stable and healthy housing, employment opportunities, debt relief, access to public benefits, and immigration assistance. Medical legal partnership structure varies across institutions. In some, MLP lawyers are employed directly by a health care institution. In others, MLPs function as partnerships between a health legal organization. Medical legal partnerships have been found to reduce hospital readmissions, increase treatment utilization by patients, decrease patient stress levels, and benefit health systems financially. This scoping review outlines the potential of MLPs to improve outcomes for injured patients. Establishing trauma-focused MLPs could be a feasible intervention for trauma centers around the country seeking to improve health outcomes and reduce disparities for injured patients.</p>	N/A	N/A	N/A

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Setting the Health Justice Agenda: Addressing Health Inequity & Injustice in the Post-pandemic Clinic	Emily A Benfer, James Bhandary-Alexander, Yael Cannon, Modha D. Makhoulouf, and Tomar Pierson-Brown	2021	Clinical Law Review	Descriptive Article	<a href="https://scholarship.law.georgetown.edu/facpub/2395/">https://scholarship.law.georgetown.edu/facpub/2395/</a>	N/A	N/A	N/A
How Should We Measure Effectiveness of Medical-Legal Partnerships?	Prashasti Bhatnagar, JD, MPH, Deborah F. Perry, PhD, and Margaret E. Greer, MS	2024	AMA Journal of Ethics	Descriptive Article	<a href="https://journalsofethics.ama-assn.org/article/how-should-we-measure-effectiveness-medical-legal-partnerships/2024-08#~:text=While%20there%20is%20a%20long.and%20short%20and%20legal%20systems,https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/clarion-call-for-change-the-mlp-imperative-to-center-racial-discrimination-and-structural-health-inequities/E4FE84DCF413DA34FADA435BD3899D">https://journalsofethics.ama-assn.org/article/how-should-we-measure-effectiveness-medical-legal-partnerships/2024-08#~:text=While%20there%20is%20a%20long.and%20short%20and%20legal%20systems,https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/clarion-call-for-change-the-mlp-imperative-to-center-racial-discrimination-and-structural-health-inequities/E4FE84DCF413DA34FADA435BD3899D</a>	N/A	N/A	N/A
A Clarion Call for Change: The MLP Imperative to Center Racial Discrimination and Structural Health Inequities	Dayna Bowen Matthew and Emily A. Benfer	2024	Journal of Law, Medicine & Ethics	Descriptive Article	<a href="https://journalsofethics.ama-assn.org/article/clarion-call-for-change-the-mlp-imperative-to-center-racial-discrimination-and-structural-health-inequities/E4FE84DCF413DA34FADA435BD3899D">https://journalsofethics.ama-assn.org/article/clarion-call-for-change-the-mlp-imperative-to-center-racial-discrimination-and-structural-health-inequities/E4FE84DCF413DA34FADA435BD3899D</a>	N/A	N/A	N/A
Unmet Legal Needs as Health Injustice	Yael Cannon	2022	University of Richmond Law Review	Descriptive Article	<a href="https://scholarship.law.georgetown.edu/facpub/2452/">https://scholarship.law.georgetown.edu/facpub/2452/</a>	N/A	N/A	N/A
Medical-Legal Partnership as a Model for Access to Justice	Yael Cannon	2023	Stanford Law Review Online	Descriptive Article	<a href="https://scholarship.law.georgetown.edu/facpub/2518/">https://scholarship.law.georgetown.edu/facpub/2518/</a>	N/A	N/A	N/A
Advancing Racial Justice through Civil and Criminal Academic Medical-Legal Partnerships	Yael Cannon and Vida Johnson	2023	Clinical Law Review	Descriptive Article	<a href="https://scholarship.law.georgetown.edu/facpub/2549/">https://scholarship.law.georgetown.edu/facpub/2549/</a>	N/A	N/A	N/A
How Is Access to Legal Resources and Advocacy Foundational to Health Justice?	Yael Cannon	2024	AMA Journal of Ethics	Descriptive Article	<a href="https://journalsofethics.ama-assn.org/article/how-access-legal-resources-and-advocacy-foundational-health-justice/2024-08">https://journalsofethics.ama-assn.org/article/how-access-legal-resources-and-advocacy-foundational-health-justice/2024-08</a>	N/A	N/A	N/A
The Family Regulation System and Medical-Legal Partnerships	Kara R. Finck and Susanna Greenberg	2023	Journal of Law, Medicine & Ethics	Descriptive Article	<a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC10937172/">https://pmc.ncbi.nlm.nih.gov/articles/PMC10937172/</a>	N/A	N/A	N/A
Interprofessional Education in Medical-Legal Partnerships (MLPs) to Address Social Determinants of Health	Lauren A. Gard, Tami Bartel, Anuj K. Shah, Alice B. Setini, Karen Sheehan, Corinne H. Miller, Erin T. Paquette	2021	Journal of Health Care for the Poor and Underserved	Descriptive Article	<a href="https://pubmed.ncbi.nlm.nih.gov/34903039/">https://pubmed.ncbi.nlm.nih.gov/34903039/</a>	N/A	N/A	N/A
Hospital-Based Medical-Legal Partnerships for Complex Care Patients: Intersectionality and Ethics Considerations	Megha Garg, Jennifer Oliva, Alice Lu, Marlene Martin, and Sarah Hooper	2023	Journal of Law, Medicine & Ethics	Descriptive Article	<a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC10937167/">https://pmc.ncbi.nlm.nih.gov/articles/PMC10937167/</a>	N/A	N/A	N/A

The COVID-19 pandemic surfaced and deepened entrenched preexisting health injustice in the United States. Racialized, marginalized, poor, and hyper-exploited populations suffered disproportionately negative outcomes due to the pandemic. The structures that generate and sustain health inequity in the United States—including in access to justice, housing, health care, employment, and education—have produced predictably disparate results. The authors, law school clinicians and professors involved with medical-legal partnerships, discuss the lessons learned by employing a health justice framework in teaching students to address issues of health inequity during the pandemic. The goal of health justice is to eliminate health disparities that are linked to structural causes like subordination, discrimination, and poverty. This Article suggests six maxims for law school clinics to advance health justice, centering on themes of transdisciplinary collaboration, upstream interventions, adaptability, racial justice, systemic advocacy, and community-based strategies. The discussion draws on analyses of the scholarly literature on medical-legal partnerships and examples from the authors' clinics. These maxims for health justice are particularly relevant during a global public health emergency, but they also transcend the current moment by contributing to the long-running cross-clinic dialogue about teaching and designing clinics for social justice.

Medical-legal partnerships (MLPs) try to mitigate health inequity by uniting legal and health professionals to respond to legal determinants of patients' health. While there is a long tradition of "patients-to-policy" work in MLPs, the current empirical evidence base has evaluated MLP effectiveness by assessing benefits to individual patients, clinicians, and hospital and legal systems. This article calls for future research to measure how community power, which includes shifting power to impacted communities to develop and lead equity-focused agendas, is built as both a process and an outcome of MLPs.

Across the country, legal and health care professionals who understand that health outcomes are most influenced by social and environmental conditions have improved patient health by adopting the interdisciplinary MLP health care model. However, the MLP field cannot advance population health, let alone long-term health equity, until it addresses the structural determinants of health inequity that are rooted in discrimination, segregation, and other forms of racial and ethnic subordination.

In a seminal report in 2006, the American Bar Association recognized that millions of low-income Americans have civil legal issues that go unaddressed, jeopardizing their fundamental and basic human needs for shelter, sustenance, safety, family stability, and access to health care. The pandemic has only exacerbated this crisis. When rights in these areas go unenforced for Americans marginalized by poverty and race, their health can suffer, compounding health inequities. The fundamental civil legal needs of low-income Americans must be addressed in order to ensure health equity. This Article argues that unmet fundamental legal needs serve as determinants of health and health equity, and envisions a role for lawyers in addressing health injustice through a "clients-to-policy" approach.

In Part I, this Article examines the health justice framework through which laws are understood as determinants of health equity. In Part II, this Article argues that when unaddressed for low-income individuals, legal needs serve as social determinants of health. Applying the health justice framework, the Article examines the major domains of social determinants of health ("SDOH") and identifies areas of law for which unmet legal needs contribute to poor health and health inequity. Specifically, it analyzes how the five major domains of SDOH of the Healthy People 2030 paradigm of the U.S. Department of Health and Human Services ("HHS") implicate legal issues in the fundamental area of human need identified as critical for access to counsel by the ABA. This Part explores the exacerbation and urgency of these challenges created by the pandemic and examines racial inequities driven by structural racism that create a compounding burden of health disparities for people who are both low-income and people of color. In line with the health justice framework's exploration of how law can be leveraged to mitigate inequities, Part II concludes by examining how legal representation can address fundamental legal needs that affect health, providing support for access to counsel in these areas.

Finally, in Part III, this Article engages with potential critiques of an emphasis on individual legal representation as a downstream and overly individualistic approach to health justice. This Part addresses these critiques and argues that individual legal representation to enforce extant laws is required for health justice to address the immediate, health-harming legal issues affecting individuals from marginalized communities and improve their health and well-being. However, even though such individual legal advocacy is necessary, it is insufficient. Instead, legal representation should be used as a platform for advocacy in pursuit of structural change through law, policy, and systems reform. This Article proposes a multitermed, integrated clients-to-policy approach for lawyers to facilitate health justice to improve the health of individuals and pursue structural reform to address health equity up-stream.

The United States is plagued with a "justice gap" that leaves many Americans with unmet civil legal needs. Americans with low income do not receive the legal help they require for as many as 92% of their substantive civil legal problems. The justice gap requires many legal aid agencies to triage, becoming "emergency rooms" for clients with unmet legal needs. This national crisis calls for new innovations so that access to justice (A2J) can function more like primary care, promoting better use of resources and preventing legal crises that can cause long-lasting harm.

Medical-Legal Partnerships (MLPs) embed lawyers in healthcare teams to address health-harming civil legal needs facing low-income patients. MLPs are community-based, integrating low-barrier legal services into healthcare settings and bringing free and accessible legal services right to the people who need them in familiar places. MLPs work interdisciplinarily, training nonlawyer partners to understand and screen for legal issues; provide legal information, resources, and referrals; and advocate around problems that are often intertwined with health and well-being. Moreover, MLPs operate preventively, providing A2J in advance of a legal crisis, and facilitate structural change through a "patients-to-policy" approach. MLP scholarship has uncovered the power of lawyers to address health-harming legal needs and identified A2J as a social determinant of health.

Research shows the benefits of MLPs, including patient stress reduction, health improvements, and return on investment for hospitals and healthcare systems. The MLP literature argues for expansion of the MLP model as a healthcare innovation. Some scholars have focused on the lessons from the MLP movement for legal and medical education. For example, I have argued alongside co-authors that MLPs provide maxims for law school clinics to pursue health justice. As both a framework for health law scholarship and a movement, health justice focuses on the potential for law to dismantle subordination as a root cause of health inequities. Health justice builds the power of individuals and communities affected by health disparities "to create and sustain conditions that support health and justice." Therefore, health justice is not just healthcare justice; it is also economic justice, racial justice, housing justice, and other forms of justice that necessitate access to legal resources to address unmet legal needs that drive health inequity.

MLPs have been promoted as a unique and promising innovation in healthcare and health justice. This essay argues that they also represent an important innovation in A2J because they offer a model that is community-integrated, preventive, interdisciplinary, and transformative. MLPs embody principles that should drive broader A2J innovation to address our country's justice gap.

The medical-legal partnership (MLP) model, which brings attorneys and healthcare partners together to remove legal barriers to health, is a growing approach to addressing unmet civil legal needs. But MLPs are less prevalent in criminal defense settings, where they also have the potential to advance both health and legal justice. In fact, grave racial health inequities are deeply intertwined with both civil and criminal injustice. In both spheres, health justice is racial justice. Building on the experiences of the authors in their respective civil and criminal law school clinics at Georgetown University in Washington, D.C., this Article argues that academic medical-legal partnerships provide a unique vehicle for advancing racial justice by training future leaders in law and healthcare to understand, address, and dismantle intertwined health inequities and injustice across both civil and criminal legal systems.

Health justice as a movement incorporates research about how to more effectively leverage law, policy, and institutions to dismantle inequitable power distributions and accompanying patterns of marginalization that are root causes of health inequity. Legal advocacy is key to health justice because it addresses patients' health-harming legal needs in housing, public benefits, employment, education, immigration, domestic violence, and other areas of law. In medical-legal partnerships, lawyers and clinicians are uniquely positioned to jointly identify and remove legal barriers to patients' health, advocate for structural reform, and build community power.

This article confronts the challenges and opportunities presented by medical-legal partnerships (MLPs) representing families impacted by the family regulation system. Based on the authors' experience developing a collaboration between a medical-legal partnership, interdisciplinary law school clinic and nurse home visiting program focused on client needs impacted by family regulation, the article challenges traditional conceptions of the MLP model and proposes an expanded vision for MLPs to address systemic injustice and improve outcomes for families.

Medical-legal partnerships (MLP) address legal needs that contribute to health inequities. Health providers express discomfort accessing legal services and a desire for greater training, however best practices remain unclear. Methods. We conducted a scoping literature review and interviews with key informants to identify essential components of MLP training and best practices in MLP training. Results: Twenty-one articles out of an initial 1,247 met criteria. Most learners were medical (11; 52%) or law (13; 62%) students or residents (12; 57%). Training was primarily led by lawyers (18; 86%). Educational approaches included didactics (15; 71%). Content was focused on skill-acquisition (18; 86%). Most training was presented as stand-alone (5; 24%) courses. Essential skills included issuing, adapting, and trauma-informed care. Conclusion. Medical-legal partnerships make use of varied perspectives to address unmet legal needs. This review helped identify best practices in training and a need for future study on evaluation. Future research should explore how best to evaluate the effectiveness of MLP training.

Health systems are integrating medical-legal partnerships (MLPs) into clinical care and increasingly center "complex care" patients. These patients have intersecting medical and social needs and often face systems' inequities that exacerbate their chronic health conditions. This paper describes the role for MLPs in hospital quality initiatives; examines the ethics of MLPs assisting with guardianship and institutionalization of hospital patients including marginalized groups; and advocates for MLP interventions designed to address intersectional and ethical concerns.

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How medical-legal partnerships help address the social determinants of mental health	Vicki W Girard, Yael Cannon, Prashasti Bhatnagar, Susan Coleman	2021	Archives of Psychiatric Nursing	Descriptive Article	<a href="https://www.psychiatricnursing.org/article/S0883-9417(20)30570-7/abstract">https://www.psychiatricnursing.org/article/S0883-9417(20)30570-7/abstract</a>	No abstract available	N/A	N/A	N/A
Leveraging Academic-Medical Legal Partnerships to Advance Health Justice	Vicki W Girard, Yael Z Cannon, Deborah F Perry, and Eileen S. Moore	2023	Journal of Law, Medicine & Ethics	Descriptive Article	<a href="https://jlmnc.nclm.nih.gov/articles/PMC10937176/">https://jlmnc.nclm.nih.gov/articles/PMC10937176/</a>	Unmet legal needs contribute to housing, income, and food insecurity, along with other conditions that harm health and drive health inequity. Addressing health inequity requires new tools for the next generations of lawyers, doctors, and other healthcare professionals. An interprofessional group of co-authors argue that law and medical schools and other university partners should develop and cultivate Academic Medical-Legal Partnerships (A-MLPs), which are uniquely positioned to leverage service, education, and research resources, to advance health justice. There has been growing interest in medical-legal partnership (MLP), a model which connects healthcare facilities with legal clinics to help address clients' civil legal needs (e.g., evictions and child custody matters). More research is needed on best practices for legal needs screening and identification of subpopulations vulnerable to complex legal issues. In this study, we examined client intake and other linked administrative data from the Connecticut Veterans Legal Center which is partnered with the Veterans Affairs Connecticut Healthcare System. We aimed to examine (1) the frequency of accurate client self-reports of legal issues as compared to the legal issue identified by an attorney, (2) the extent to which clients reported repeated past and current legal issues, and (3) associations between clients' mental health diagnoses and number of self-reported legal issues. Among 73 clients in the sample, 47 (64.4%) had a match between their self-report legal issue and the attorney-identified legal issue and 46 (74.2% of 62 clients who reported past and current issues) had at least one repeated issue. In adjusted Poisson regression models estimating the association between mental health diagnosis and clients' number of current legal issues, clients with posttraumatic stress disorder (b = 0.32, 95% CI = 0.01, 0.63), and alcohol use disorder (b = 0.45, 95% CI = 0.15, 0.74), reported more current legal issues on average compared to those without these diagnoses. Future research should examine how best to identify and support clients' legal needs, and how these needs interact with mental health challenges.	N/A	N/A	N/A
Clients' Self-reported Legal Issues in a Medical-Legal Partnership: Accuracy, Prevalence, and the Role of Mental Health	Ida Griesemer, Shannon Carter, Alison M. Weir, and Jack Tsai	2023	Psychological Injury and Law	Descriptive Article	<a href="https://link.springer.com/article/10.1007/s12070-023-09484-2">https://link.springer.com/article/10.1007/s12070-023-09484-2</a>	<b>Introduction:</b> Medical-legal needs are health-harming adverse social conditions with a legal remedy. Medical-legal partnerships in primary care settings have been proposed to address these needs for at-risk patients already seeking medical care. Our hypothesis is that trauma patients represent a unique population that may be more likely to have baseline medical-legal needs. <b>Methods:</b> A trauma-specific medical-legal needs survey was developed. Adult trauma patients who were able to give consent and were admitted to our urban Level I hospital were surveyed. Medical-legal needs were tabulated from the surveys. Those patients in the top decile of medical-legal needs were categorized as having a High Burden of medical-legal needs. Multivariate logistic regression was used to identify those independent risk factors for having a High Burden of medical-legal needs. <b>Results:</b> A total of 566 participants completed the survey (78.2% response rate). The mean number of medical-legal needs for our population was 2.5 (SD 14 3.1). 73% of our re-spondents had at least one medical-legal need. The most common needs were Housing (n 14 229, 40%) and Education/Employment (n 14 223, 39%). Older age (aOR 1.4 3.01, 95% CI 1.2-8.1, P 1.4 0.02), being separated or divorced (aOR 1.4 4.25, 95% CI 1.2-14.0, P 1.4 0.02), self-perceived poor health (aOR 1.4 8.45, 95% CI 2.61-26.36, P < 0.001), penetrating mechanism of injury (aOR 1.4 2.52, 95% CI 1.22-5.2, P 1.4 0.01), and having been admitted to the hospital for a longer period of time (aOR 1.4 5.48, 95% CI 1.55-19.4, P 1.4 0.008) were all independently associated with a High Burden of medical-legal needs. <b>Conclusions:</b> Trauma patients have a high baseline burden of medical-legal needs. Medical-legal partnerships embedded in trauma teams may offer an innovative strategy to help address long-term health outcomes in a highly vulnerable population that would not otherwise have contact with the healthcare system.	N/A	N/A	N/A
The Case for Integrating Medical-Legal Partnerships Into Trauma Care	Erin C Hall, JJ Current, Jack A Sava, and Jennifer E Rosen	2022	Journal of Surgical Research	Descriptive Article	<a href="https://www.journalofsurgicalresearch.com/article/S0022-4642(11)00744-8/abstract">https://www.journalofsurgicalresearch.com/article/S0022-4642(11)00744-8/abstract</a>	<b>Results:</b> A total of 566 participants completed the survey (78.2% response rate). The mean number of medical-legal needs for our population was 2.5 (SD 14 3.1). 73% of our re-spondents had at least one medical-legal need. The most common needs were Housing (n 14 229, 40%) and Education/Employment (n 14 223, 39%). Older age (aOR 1.4 3.01, 95% CI 1.2-8.1, P 1.4 0.02), being separated or divorced (aOR 1.4 4.25, 95% CI 1.2-14.0, P 1.4 0.02), self-perceived poor health (aOR 1.4 8.45, 95% CI 2.61-26.36, P < 0.001), penetrating mechanism of injury (aOR 1.4 2.52, 95% CI 1.22-5.2, P 1.4 0.01), and having been admitted to the hospital for a longer period of time (aOR 1.4 5.48, 95% CI 1.55-19.4, P 1.4 0.008) were all independently associated with a High Burden of medical-legal needs. <b>Conclusions:</b> Trauma patients have a high baseline burden of medical-legal needs. Medical-legal partnerships embedded in trauma teams may offer an innovative strategy to help address long-term health outcomes in a highly vulnerable population that would not otherwise have contact with the healthcare system.	N/A	N/A	N/A
Training Future Health Justice Leaders—A Role for Medical-Legal Partnerships	Edward B. Heaton, M.D., M.P.H., William M. Treanor, J.D., John J. DeGioia, Ph.D., and Vicki W. Girard, J.D.	2021	New England Journal of Medicine	Descriptive Article	<a href="https://www.nejm.org/doi/10.1056/NEJMp2100530?url_ver=Z39.88-2003&amp;rft_id=ori:rid:crossref.org&amp;rft_dat=ocr_pub%20%20pubmed">https://www.nejm.org/doi/10.1056/NEJMp2100530?url_ver=Z39.88-2003&amp;rft_id=ori:rid:crossref.org&amp;rft_dat=ocr_pub%20%20pubmed</a>	Medical-legal partnerships integrate lawyers directly into health care teams to help patients address health-harming legal needs. Schools could integrate these partnerships into education and training to support the next generation of health justice leaders.	N/A	N/A	N/A
Integrating Legal Services to Improve Behavioral Health, a Challenge Met From a Different Angle	Sarah Hemeida, MD, MPH and Shahe Weng, MD, MSPH	2022	Families, Systems, & Health	Descriptive Article	<a href="https://psycnet.apa.org/record/2023-26981-023">https://psycnet.apa.org/record/2023-26981-023</a>	The United States' current healthcare delivery system is not prepared to address the expanding behavioral health (BH) crisis without treatment of upstream social determinants that contribute to downstream BH exacerbations. Medical-Legal Partnerships (MLP) utilize lessons from integrated BH to create efficiencies, augment the reach of the current BH workforce, network community resources, and likely provide BH prevention at the family unit. Payment policy changes are needed, however, to provide sustainable access to these services. The current surge of federal and state funding for BH care needs may provide the policy window necessary to sustainably fund MLP lawyers as a novel, high-impact, professional on the integrated healthcare team.	N/A	N/A	N/A
What Are Epidemiological Foundations for Integrating Legal Services Into Health Care Settings?	Adrienne W Henize, JD and Andrew F. Beck, MD, MPH	2024	AMA Journal of Ethics	Descriptive Article	<a href="https://journalofethics.ama-assn.org/article/what-are-epidemiological-foundations-for-integrating-legal-services-into-health-care-settings/2024-08">https://journalofethics.ama-assn.org/article/what-are-epidemiological-foundations-for-integrating-legal-services-into-health-care-settings/2024-08</a>	Medical-legal partnerships vary widely in how they are structured and use data to inform service delivery. Epidemiological data on certain chronic conditions' prevalence is notably preventable, modifiable, and health-harming legal factors also influence approaches to care. This article draws on a public example of how data-driven medical care complements data-driven legal care. This article also considers medical and public health ethical frameworks to guide protected information sharing, promote optimal service delivery, and achieve the best possible medical-legal outcomes. <b>Introduction:</b> People with HIV (PWH), particularly those at the intersection of sexual and gender identities, face enduring obstacles to accessing HIV care, including structural stigma, structural racism and discrimination, housing instability, and limited access to health insurance. To address these challenges, Medical-Legal Partnerships (MLPs) in HIV care offer an innovative approach that integrates medical and legal services. By targeting health-harming legal needs (HHLN), MLPs aim to enhance the HIV care continuum outcomes for PWH. <b>Methods:</b> This study examines the benefits and challenges of MLPs within organizations serving PWH through the social-ecological model. MLP providers (n=11) identified organization-level challenges such as funding limitations, resource integration issues, and staffing constraints. <b>Results:</b> MLPs demonstrated numerous benefits, including patient impact and benefits, comprehensive service provision, enhanced staff support and capacity, and potential for policy influence. <b>Discussion:</b> These results underscore the feasibility of MLPs while offering valuable insights into their efficacy and challenges, guiding the implementation of MLPs to address health-harming legal needs, including discrimination, and thereby improving HIV care outcomes.	N/A	N/A	N/A
Medical-Legal Partnerships: a promising approach for addressing health-harming legal needs among people with HIV	Julia Jaén, Anne Frankel, Ashley French, Robin Davison, Miguel Munoz-Laboy, and Omar Martinez	2024	Frontiers in Sociology	Descriptive Article	<a href="https://www.frontiersin.org/journals/sociology/articles/10.3389/fsoc.2024.1422783/full">https://www.frontiersin.org/journals/sociology/articles/10.3389/fsoc.2024.1422783/full</a>	<b>Methods:</b> This study examines the benefits and challenges of MLPs within organizations serving PWH through the social-ecological model. MLP providers (n=11) identified organization-level challenges such as funding limitations, resource integration issues, and staffing constraints. <b>Results:</b> MLPs demonstrated numerous benefits, including patient impact and benefits, comprehensive service provision, enhanced staff support and capacity, and potential for policy influence. <b>Discussion:</b> These results underscore the feasibility of MLPs while offering valuable insights into their efficacy and challenges, guiding the implementation of MLPs to address health-harming legal needs, including discrimination, and thereby improving HIV care outcomes.	N/A	N/A	N/A
US Medical-Legal Partnerships to Address Health-Harming Legal Needs: Closing the Health Injustice Gap	Daniel Y Johnson, Spencer Asay, Grace Keegan, Lisa Wu, Mason L Zietowski, Tanya L Zakrisson, Nathan Muniz, Rhea Pillai, Elizabeth L Tung	2024	Journal of General Internal Medicine	Descriptive Article	<a href="https://link.springer.com/article/10.1007/s11608-023-08546-0">https://link.springer.com/article/10.1007/s11608-023-08546-0</a>	The medical-legal partnership (MLP) model is emerging across the USA as a powerful tool to address the adverse social conditions underlying health inequity. MLPs embed legal experts into healthcare teams to address health-harming legal needs with civil legal remedies. We conducted a narrative review of peer-reviewed literature published between 2007 and 2023 to characterize the structure and impacts of US MLPs on patients, providers, and healthcare systems. We found that MLPs largely serve vulnerable patient populations by integrating legal experts into community-based clinical settings or children's hospitals, although patient populations and settings varied widely. In most models, healthcare providers were trained to screen patients for legal needs and refer them to legal experts. MLPs provided a wide range of services, such as assistance accessing public benefits (e.g., Social Security, Medicaid, cash assistance) and legal representation for immigration and family law matters. Patients and their families also benefited from increased knowledge about legal rights and systems. Though the evidence base remains nascent, available studies show MLPs to be associated with greater access to care, fewer hospitalizations, and improved physical and mental health outcomes. Medical and legal providers who were engaged in MLPs reported interdisciplinary learning, and healthcare systems often experienced high returns on investment through cost savings and increased Medicaid reimbursement. Many MLPs also conducted advocacy and education to effect broader policy changes related to population health and social needs. To optimize the MLP model, more rigorous research, systematic implementation practices, evaluation metrics, and sustainable funding mechanisms are recommended. Broader integration of MLPs into healthcare systems could help address root causes of health inequity among historically marginalized populations in the USA. <b>Objective</b> To provide a topical review of the literature on the use of medical-legal partnerships (MLPs) to address social determinants of health (SDH) needs as a means to reduce health disparities, and to make recommendations for the implementation of MLPs within pediatric psychologists' clinical work, research, and training. <b>Methods</b> We conducted a topical review of the research on the intersection of MLPs, SDH needs, and health disparities among pediatric populations. Given the scarcity of literature available, both empirical and theoretical articles were included in the review. <b>Results</b> Though limited, the extant literature suggests that use of MLPs may help address the SDH needs that perpetuate disparities among pediatric populations. To date, MLPs are not as frequently incorporated in the training and work of pediatric psychologists as they may be in other related fields (e.g., medicine). <b>Conclusions</b> MLPs provide an opportunity for psychologists to broaden their interdisciplinary collaborations, to more aptly meet the social and legal needs of their patients to assist in reducing inequities among underserved pediatric populations. The systematic incorporation of MLPs into pediatric psychology training may help to increase the utilization of these services moving forward.	N/A	N/A	N/A
Optimizing Medical-Legal Partnerships in Pediatric Psychology to Reduce Health Disparities	Rebecca C. Kamody, Edward S. Kamody, Alice Rosenthal, and Christy L. Oleszki	2021	Journal of Pediatric Psychology	Descriptive Article	<a href="https://academic.oup.com/jppsyp/article/47/1/69/5326981?login=false">https://academic.oup.com/jppsyp/article/47/1/69/5326981?login=false</a>	<b>Results</b> Though limited, the extant literature suggests that use of MLPs may help address the SDH needs that perpetuate disparities among pediatric populations. To date, MLPs are not as frequently incorporated in the training and work of pediatric psychologists as they may be in other related fields (e.g., medicine). <b>Conclusions</b> MLPs provide an opportunity for psychologists to broaden their interdisciplinary collaborations, to more aptly meet the social and legal needs of their patients to assist in reducing inequities among underserved pediatric populations. The systematic incorporation of MLPs into pediatric psychology training may help to increase the utilization of these services moving forward.	N/A	N/A	N/A

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Medical-Legal Partnerships: Equity, Evolution, and Evaluation	Katherine K. Kraschel, James Bhandary-Alexander, Yael Z. Cannon, Vicki W. Girard, Abbe R. Gluck, Jennifer L. Huet, and Medha D. Makhlouf	2023	Journal of Law, Medicine & Ethics	Descriptive Article	<a href="https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/introduction-to-medical-legal-partnerships-equity-evolution-and-evaluation/CB4DF58F35D7CE9E6F68818BA8B628E">https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/introduction-to-medical-legal-partnerships-equity-evolution-and-evaluation/CB4DF58F35D7CE9E6F68818BA8B628E</a>	The COVID-19 pandemic laid bare systemic inequities shaped by social determinants of health (SDoH). Public health agencies, legislators, health systems, and community organizations took notice, and there is currently unprecedented interest in identifying and implementing programs to address SDoH. This special issue focuses on the role of medical-legal partnerships (MLPs) in addressing SDoH and racial and social inequities, as well as the need to support these efforts with evidence-based research, data, and meaningful partnerships and funding.	N/A	N/A	N/A
A Systematic Review of Medical-Legal Partnerships Serving Immigrant Communities in the United States	Avery League, Katharine M Donato, Nima Sheth, Elizabeth Selden, Sheetal Patel, Laurie Ball Cooper, Emily Mendenhall	2020	Journal of Immigrant and Minority Health	Descriptive Article	<a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC7519339/">https://pmc.ncbi.nlm.nih.gov/articles/PMC7519339/</a>	The medical-legal partnership addresses social and political determinants of health. Yet, relatively little is known about best practices for these two service providers collaborating to deliver integrated services, particularly to immigrant communities. To investigate evaluations of existing medical-legal partnerships in order to understand how they function together, what they provide, and how they define and deliver equitable, integrated care. We searched five databases (PubMed, Medline, Web of Science, HeinOnline, and Nexis Uni) using search terms related to "medical-legal partnerships", "migrants", and "United States". We systematically evaluated ten themes related to how medical and legal teams interacted, were situated, organized, and who they served. Articles were published in English between 2010 and 2019; required discussion about a direct partnership between medical and legal professionals; and focused on providing clinical care and legal services to low-income populations. Eighteen articles met our inclusion criteria. The most common form of partnership was a model in which legal clinics make regular referrals to medical clinics, although the reverse was also common. Most services were not co-located. Partnerships often engaged in advocacy work, provided translation services, and referred clients to non-medical providers and legal services. This review demonstrates the benefits of a legal-medical partnership, such as enhancing documentation and care for immigrants and facilitating a greater attention to political determinants of health. Yet, this review demonstrates that, despite the increasing salience of such partnership, few have written up their lessons learned and best practices.	N/A	N/A	N/A
The Association Between Civil Legal Needs After Incarceration, Psychosocial Stress, and Cardiovascular Disease Risk Factors	Benjamin Lu, Kathryn Thomas, Solomon Feder, James Bhandary-Alexander, Jenerius Aminawung, Lisa B Puglisi	2023	Journal of Law, Medicine & Ethics	Descriptive Article	<a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC10937168/">https://pmc.ncbi.nlm.nih.gov/articles/PMC10937168/</a>	Many formerly incarcerated people have civil legal needs that can impede their successful re-entry to society and, consequently, their health. We categorize these needs and assess their association with cardiovascular disease risk factors in a sample of recently released people. We find that having legal needs related to debt, public benefits, housing, or healthcare access is associated with psychosocial stress, but not uncontrolled high blood pressure or high cholesterol, in the first three months after release.	N/A	N/A	N/A
Towards Racial Justice: The Role of Medical-Legal Partnerships	Medha D. Makhlouf	2022	Journal of Law, Medicine & Ethics	Descriptive Article	<a href="https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/abs/towards-racial-justice-the-role-of-medical-legal-partnerships/7792A22FE127B75568D833D54709F3E7">https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/abs/towards-racial-justice-the-role-of-medical-legal-partnerships/7792A22FE127B75568D833D54709F3E7</a>	Medical-legal partnerships (MLPs) integrate knowledge and practices from law and health care in pursuit of health equity. However, the MLP movement has not reached its full potential to address racial health inequities, in part because its original framing was not explicitly race conscious.	N/A	N/A	N/A
Can Medical-Legal Partnerships Do More to Advance Reproductive Justice After Dobbs?	Medha Devanagondi Makhlouf and Natasha Rappazzo	2024	AMA Journal of Ethics	Descriptive Article	<a href="https://journalofethics.ama-assn.org/article/can-medical-legal-partnerships-do-more-to-advance-reproductive-justice-after-dobbs/2024-08">https://journalofethics.ama-assn.org/article/can-medical-legal-partnerships-do-more-to-advance-reproductive-justice-after-dobbs/2024-08</a>	The medical-legal partnership (MLP) and reproductive justice (RJ) movements both seek to solve complex problems, serve diverse populations with intersectional challenges, and resolve community conditions that impact people's ability to reach their highest health potential. Yet MLPs have been overlooked as a strategy to advance reproductive health and justice. MLP has distinct advantages for advancing RJ, and many MLPs might already be doing RJ work without referring to it by name. By intentionally adopting an RJ strategy and explicitly addressing the unmet social and legal needs that limit people's ability to plan their reproductive futures, MLPs can better serve their clients and contribute to the movement to combat reproductive oppression.	N/A	N/A	N/A
Thinking Outside the Silos: Information Sharing in Medical-Legal Partnerships	Jessica Manell & Leah Fowler	2020	Journal of Legal Medicine	Descriptive Article	<a href="https://www.tandfonline.com/doi/full/10.1080/10947648.2020.1854135?text=Share%20information%20with%20MLP%20matter%20includes%20a%20medical%20component">https://www.tandfonline.com/doi/full/10.1080/10947648.2020.1854135?text=Share%20information%20with%20MLP%20matter%20includes%20a%20medical%20component</a>	Medical-legal partnerships (MLPs) allow providers to address patients' health-harming legal needs through partnerships with lawyers. MLPs are most successful in addressing the complex needs of vulnerable populations when clinicians, social workers, and other care team members regularly communicate with the MLP lawyer. Privacy laws and professional rules of conduct governing patient/client confidentiality, however, potentially hinder this exchange of patient-client information. MLP attorneys may be reluctant to share relevant information about a client with the medical partner for fear that doing so would breach client confidentiality or result in an ill-advised waiver of attorney-client privilege. Similarly, privacy concerns may lead providers to limit MLP attorneys' access to patients' medical information.	N/A	N/A	N/A
A Qualitative Study of the Promises and Perils of Medical-Legal Partnerships	Jessica Manell & Leah Fowler	2020	Northeastern University Law Review	Descriptive Article	<a href="https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3684038">https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3684038</a>	Medical-legal partnerships (MLPs) allow the health care system to address health-harming legal needs (HHLNs) by integrating legal services with health care services. MLPs' structures and operations vary tremendously. Accordingly, the attorneys, physicians, social workers, and other professionals participating in MLPs can offer instructive insights to those developing new MLPs or restructuring existing partnerships. This Article presents key findings of qualitative interviews with a range of professionals participating in MLPs. Informed by the frontline experiences of these professionals, the Article provides a richer understanding of some of the strategic decision points facing those establishing or modifying an MLP, including the factors that influence a medical and legal partners' operational and structural decisions. The Article also highlights concerns and difficulties MLPs encounter and various strategies for overcoming some of these challenges. Finally, the Article's findings illuminate the debate on whether current legal and ethical rules—rules developed for a world where medical and legal professions operated in separate silos—make sense for settings that integrate health care and legal services.	N/A	N/A	N/A
Applying a Social Ecological Model to Medical-Legal Partnerships Practice and Research	Susan McLaren, Lisa Radtke Bliss, Christina Scott, Pam Kraidler, Robert Pettignano	2023	Journal of Law, Medicine & Ethics	Descriptive Article	<a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC10937161/">https://pmc.ncbi.nlm.nih.gov/articles/PMC10937161/</a>	The social ecological model (SEM) is a conceptual framework that recognizes individuals function within multiple interactive systems and contextual environments that influence their health. Medical Legal Partnerships (MLPs) address the social determinants of health through partnerships between health providers and civil legal services. This paper explores how the conceptual framework of SEM can be applied to the MLP model, which also uses a multidimensional approach to address an individual's social determinants of health.	N/A	N/A	N/A
Increasing LGBTQ+ Access to Legal Services via Medical-Legal Partnerships	Amelia Melas	2022	American Journal of Law & Medicine	Descriptive Article	<a href="https://www.cambridge.org/core/journals/american-journal-of-law-and-medicine/article/abs/increasing-lgbtq-access-to-legal-services-via-medical-legal-partnerships/194F2D7C52C9700E5321872EBA6B85A0">https://www.cambridge.org/core/journals/american-journal-of-law-and-medicine/article/abs/increasing-lgbtq-access-to-legal-services-via-medical-legal-partnerships/194F2D7C52C9700E5321872EBA6B85A0</a>	This Note details and proposes a solution to the deficit in access to justice and to care faced by the LGBTQ+ community due to historical and ongoing homophobia and transphobia in both the legal and medical fields. The proposed solution is the integration of medical-legal partnerships ("MLPs") into LGBTQ+ resource organizations. These organizations already serve and have the trust of the queer community, which lowers one barrier to access medical and legal services for the LGBTQ+ community: mistrust and negative past experiences. MLPs are the ideal solution to this problem because they would not only allow LGBTQ+ individuals to access medical and legal services, but to receive holistic services that account for their personal circumstances as well as their physical health. Underlying this premise is the concept of social determinants of health, which are environmental and social factors that create systemic roadblocks to wellness. By creating an integrated MLP, professionals can address these social determinants head on and remedy the underlying causes of poor health. This is especially important for LGBTQ+ people whose minoritized identities often lead them to have multiple negative social determinants of health. The integration of MLPs into LGBTQ+ resource organizations would allow queer individuals to get the care they need—not just physically, but socially and environmentally.	N/A	N/A	N/A
Medical-Legal Partnerships Reinstantiate Systems Lawyering Using an Upstream Approach	L. Kate Mitchell and Debra Chopp	2023	Journal of Law, Medicine & Ethics	Descriptive Article & Practice Report	<a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC10937177/">https://pmc.ncbi.nlm.nih.gov/articles/PMC10937177/</a>	The upstream framework presented in public health and medicine considers health problems from a preventive perspective, seeking to understand and address the root causes of poor health. Medical-legal partnerships (MLPs) have demonstrated the value of this upstream framework in the practice of law and engage in upstream lawyering by utilizing systemic advocacy to address root causes of injustices and health inequities. This article explores upstreaming and its use by MLPs in reframing legal practice.	N/A	N/A	N/A
What Should Clinicians in Organizations Without Established MLP Programs Do When Their Patients Need Lawyers to Meet Their Health Needs?	Dinushika Mohotige, MD, MPH, Karina Alibotegu Adler, JD, Allison Charney, JD, and Lilia Cervantes, MD, MS	2024	AMA Journal of Ethics	Descriptive Article	<a href="https://journalofethics.ama-assn.org/article/what-should-clinicians-organizations-without-established-mlp-programs-do-when-their-patients-need/2024-08">https://journalofethics.ama-assn.org/article/what-should-clinicians-organizations-without-established-mlp-programs-do-when-their-patients-need/2024-08</a>	Undocumented people in the United States face innumerable legal and structural barriers to health and health care services, including for kidney failure. Their experiences vary across states and regions due to wide variation in insurance coverage and unreliable access to health-promoting resources, including medical-legal partnerships. This commentary on a case canvasses key policy about structural and legal determinants of health for undocumented persons.	N/A	N/A	N/A
The Overestimated Risks of Bringing Medical-Legal Partnerships to Schools	Tiffany Penner	2021	Journal of Legal Medicine	Descriptive Article	<a href="https://www.tandfonline.com/doi/full/10.1080/10947648.2022.2147371">https://www.tandfonline.com/doi/full/10.1080/10947648.2022.2147371</a>	No abstract available	N/A	N/A	N/A
Medical-Legal Partnerships and Prevention: Caring for Unrepresented Patients Through Early Identification and Intervention	Cathy L. Purvis Lively	2023	HEC Forum	Descriptive Article	<a href="https://pubmed.ncbi.nlm.nih.gov/38141153/">https://pubmed.ncbi.nlm.nih.gov/38141153/</a>	Caring for unrepresented patients encompasses legal, ethical, and moral challenges regarding decision-making, consent, the patient's values, wishes, best interest, and the healthcare team's professional integrity and autonomy. In this article, I consider the impact of the aging population and the effects of the social determinants of health and suggest that without preventive intervention, the number of unrepresented patients will continue to increase. The health, social, and legal risk factors for becoming unrepresented require a multidisciplinary response. Medical-Legal Partnerships (MLPs) bring healthcare and legal professionals together to address risk factors and health-harming legal needs. The article discusses the role of MLPs in identifying at-risk individuals, providing preventive interventions, and providing support. I make recommendations and conclude that proactive MLPs offer a sustainable approach to the ethical challenges in caring for unrepresented patients by providing interventions to prevent individuals from becoming unrepresented.	N/A	N/A	N/A

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Conceptualizing interprofessional working – when a lawyer joins the healthcare mix	Nola M Ries	2021	Journal of Interprofessional Care	Descriptive Article	<a href="https://www.tandfonline.com/doi/10.1080/13561820.2020.1856797?url_ver=Z39.88-2003&amp;rft_id=ori:rid=crossref.org&amp;rft_doi=10.1080/13561820.2020.1856797">https://www.tandfonline.com/doi/10.1080/13561820.2020.1856797?url_ver=Z39.88-2003&amp;rft_id=ori:rid=crossref.org&amp;rft_doi=10.1080/13561820.2020.1856797</a>	Research, policy and practice in the field of interprofessional collaboration have focused on how medical, nursing, allied health and social care practitioners work together to positively impact patient care. This paper extends conceptual thinking about interprofessional practice by focusing on lawyers as part of the interprofessional mix. This attention is prompted by medical-legal partnerships (MLPs), a service model by which lawyers join health care settings to assist patients with unmet, and often health-harming, legal needs. MLPs are present in around 450 hospitals and other health care sites across the United States and the model has spread to other countries, including Australia, the United Kingdom and Canada. However, enthusiasm for the MLP model is not yet matched by good evidence on how, when and for whom the model works. Interprofessional scholars contend that imprecise terminology and poor conceptualization of interprofessional arrangements hinder high-quality research and evaluation. In response to their critiques, this paper formulates a stepwise conceptual framework to guide the design, implementation and study of interprofessional arrangements that connect health, social care and legal practitioners. This framework draws on findings from national surveys of MLP initiatives in several countries and adapts several key conceptual frameworks that have been developed from systematic reviews of interprofessional working in primary health care. These conceptual frameworks are valuable because they promote clarity about different modes of interprofessional working and characterize the factors at macro (policy, funding), meso (organizational) and micro (practitioner, patient) levels that help or hinder professionals from different disciplines in working together. The paper considers factors at these three levels that require particular attention when lawyers join health care settings and proposes questions for future research in this emerging area.	N/A	N/A	N/A
Swimming Together Upstream: How to Align MLP Services with U.S. Healthcare Delivery	William M. Sage and Keegan D. Warren	2023	Journal of Law, Medicine & Ethics	Descriptive Article	<a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC10937178/">https://pmc.ncbi.nlm.nih.gov/articles/PMC10937178/</a>	Medical-legal partnership (MLP) embeds attorneys and paralegals into care delivery to help clinicians address root causes of health inequities. Notwithstanding decades of favorable outcomes, MLP is not as well-known as might be expected. In this essay, the authors explore ways in which strategic alignment of legal services with healthcare systems in terms of professionalism, information collection and sharing, and financing might help the MLP movement become a more widespread, sustainable model for holistic care delivery.	N/A	N/A	N/A
Why MLP Legal Care Should Be Financed as Health Care	William M. Sage and Keegan D. Warren	2024	AMA Journal of Ethics	Descriptive Article	<a href="https://journalofethics.ama-assn.org/article/why-mlp-legal-care-should-be-financed-as-health-care/2024.08/">https://journalofethics.ama-assn.org/article/why-mlp-legal-care-should-be-financed-as-health-care/2024.08/</a>	Medical-legal partnership (MLP) integrates the unique expertise of lawyers into collaborative clinical environments. MLP teams meet the needs of individual patients while also detecting structural problems at the root of health inequities and advancing solutions at the institutional, community, and system levels. Yet MLPs today operate in limited settings and survive on scant budgets. Expanding their impact requires secure funding. Financing MLPs as health care can do the following: (1) help address equity at the point of care; (2) enable expert diagnosis and treatment of nonmedical drivers of health; (3) enhance team-based practice in health care organizations; (4) offer another way for clinicians to participate in advocacy; and (5) bolster a broader movement to increase access to justice.	N/A	N/A	N/A
Using Racial Justice Principles in Medical-Legal Partnership Design and Implementation	Alice Setrini	2023	Journal of Law, Medicine & Ethics	Descriptive Article	<a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC10937169/">https://pmc.ncbi.nlm.nih.gov/articles/PMC10937169/</a>	Medical-legal partnerships (MLPs) have the potential to address racial health disparities by improving the conditions that constitute the social determinants of health. In order to live up to this potential, these partnerships must intentionally incorporate seven core racial justice principles into their design and implementation. Otherwise, they are likely to replicate the systemic barriers that lead to racialized health disparities.	N/A	N/A	N/A
Targeting Health-Related Social Risks in the Clinical Setting: New Policy Momentum and Practice Considerations	Blake N. Shultz, Carol R. Oladele, Ira L. Leeds, Abbe R. Gluck, and Cary P. Gross	2023	Journal of Law, Medicine & Ethics	Descriptive Article	<a href="https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/health-related-social-risks-in-the-clinical-setting-new-policy-momentum-and-practice-considerations/B6A98327C2A95F077A5E0E2AF348E7">https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/health-related-social-risks-in-the-clinical-setting-new-policy-momentum-and-practice-considerations/B6A98327C2A95F077A5E0E2AF348E7</a>	The federal government is funding a sea change in health care by investing in interventions targeting social determinants of health, which are significant contributors to illness and health inequity. This funding power has encouraged states, professional and accreditation organizations, health care entities, and providers to focus heavily on social determinants. We examine how this shift in focus affects clinical practice in the fields of oncology and emergency medicine, and highlight potential areas of reform.	N/A	N/A	N/A
Assessment of Resident Physician Comfort in Screening for Social Determinants of Health in a Specialty Clinic Population	Erika L. Silverman, Danielle K. Sandmark, and Robert I. Field	2023	Journal of Law, Medicine & Ethics	Descriptive Article	<a href="https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/assessment-of-resident-physician-comfort-in-screening-for-social-determinants-of-health-in-a-specialty-clinic-population/2057317C9A4170E9CBB54EB665F684C">https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/assessment-of-resident-physician-comfort-in-screening-for-social-determinants-of-health-in-a-specialty-clinic-population/2057317C9A4170E9CBB54EB665F684C</a>	Through qualitative surveys, a team of law students, law professors, physicians, and residents explored the perceptions of neurology residents towards referral to appropriate legal resources in an academic training program. Respondents reported feeling uncomfortable screening their patients for health-harming legal needs, which many attributed to a lack of training in this area. These findings indicate that neurology residents would benefit from training on screening for social factors that may be impacting their patients' health.	N/A	N/A	N/A
Integration of Medical Legal Services into a Hospital-Based Violence Intervention Program: A Survey and Interview-Based Provider Needs Assessment	Jake Sonnenberg, Ariana Metchick, Caitlin Schille, Prashant Bhatnagar, Lisa Kessler, Deborah Perry, Vicki Girard, Belinda Taylor, Erin Hall	2024	Journal of Trauma and Acute Care Surgery	Descriptive Article	<a href="https://journals.lww.com/trauma/abstract/2024/08000/integration_of_medical_legal_services_into_a_tvivp.aspx">https://journals.lww.com/trauma/abstract/2024/08000/integration_of_medical_legal_services_into_a_tvivp.aspx</a>	<b>BACKGROUND</b> Violent injury among trauma surgery patients is strongly associated with exposure to harmful social determinants of health and negative long-term health outcomes. Medical-legal partnerships in other settings successfully provide patients with legal services to address similar health-harming legal needs and may offer a promising model for the care of violently injured patients. <b>STUDY DESIGN</b> An electronic survey tool was distributed to clinicians and staff affiliated with the hospital-based violence intervention program at a single urban level one trauma center. Semistructured follow-up interviews were conducted with participants, and interviews were coded using thematic analysis and grounded theory. <b>RESULTS</b> Participants reported many health-harming legal needs among their violently injured patients. The most commonly identified needs were: health insurance denial (62.5%), difficulty accessing crime victims compensation funds (56.3%), trouble accessing official documents (50%), and problems with non-SSDI public benefits (50%). Participants reported inconsistent methods for learning about and responding to patients' health-harming legal needs. The most common barriers to addressing these needs included the following: lack of awareness that a lawyer could help with the issue (68.8%), prioritization of other needs (68.8%), previous negative legal experiences (62.5%), and cost (62.5%). Identified needs encompass issues traditionally addressed by MLPs as well as more novel challenges faced by violent injury survivors. <b>CONCLUSION</b> This survey and interview-based study identifies complex health-harming legal needs present among violently injured trauma surgery patients. Medical-legal partnerships specially designed for the setting of violent injury appear well-suited to meet these needs, potentially reducing risk of violent reinjury, long-term negative health outcomes, and health care system costs.	N/A	N/A	N/A
Quantifying "Community Power" and "Racial Justice" in the Medical-Legal Partnership Literature	Alicia Turlington, Jonathan Young, and Dina Shek	2023	Journal of Law, Medicine & Ethics	Descriptive Article	<a href="https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/quantifying-community-power-and-racial-justice-in-the-medical-legal-partnership-literature/94D26AE9173FCBE73CA19E57FD454F8">https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/quantifying-community-power-and-racial-justice-in-the-medical-legal-partnership-literature/94D26AE9173FCBE73CA19E57FD454F8</a>	Medical-Legal Partnerships (MLPs) have been widely acclaimed for promoting health equity and achieving meaningful outcomes. Yet, little to no research has analyzed if this critical work has been done with communities—through meaningful engagement and building power—or if it has been done for communities without their involvement.	N/A	N/A	N/A

Practice Reports									
Novel perinatal medical-legal partnership development and pilot implementation to address health-harming legal needs	Ladawna Gievers, Lauren Mutrie and Susanne Klawetter	2024	Journal of Perinatology	Practice Report	<a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC10872264/">https://pmc.ncbi.nlm.nih.gov/articles/PMC10872264/</a>	Medical-Legal Partnerships (MLPs) are evidence-based, interdisciplinary collaborations between health systems and legal service organizations designed to address health-harming legal needs among low-income patients and their families. MLPs provide civil legal services and advocacy around health-harming needs, such as substandard housing, food insecurity, benefit denials, education and employment barriers, legal status, custody, and child support. Widely implemented in pediatric health settings, research supports MLPs ability to positively impact the health trajectories of children and their families. This manuscript describes our health system's innovative development and pilot implementation of the first MLP in a neonatal intensive care unit (NICU). We share our MLP integration strategies, scope of practice, screening processes, workflow, and challenges. We conclude with anticipated areas of growth and future direction for this program, which we believe will address health-harming legal needs for our patients in their earliest weeks of life.	N/A	N/A	N/A
The Synergy of Legal and Medical Palliative Care: Challenges and Opportunities in Palliative MLP and the Yale Experience	Rebecca Iannantuoni, Emily B. Rock, and Abbe R. Gluck	2023	Journal of Law, Medicine & Ethics	Practice Report	<a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC10937170/">https://pmc.ncbi.nlm.nih.gov/articles/PMC10937170/</a>	Palliative care and medical-legal partnership are complementary disciplines dedicated to integrating care to treat the whole patient and intervening before a legal or medical issue is at a crisis point. In this paper, we discuss the founding and operations of the Yale Palliative Medical Legal Partnership, give examples of typical cases, explain special considerations in this area of law, and propose areas for further research.	N/A	N/A	N/A

"The Last Piece of the Puzzle that Makes all the Difference in the World": Team-Facing Medical-Legal Partnership for Reproductive Care Teams	Griffin Jones and Latisha Goulland	2023	Journal of Law, Medicine & Ethics	Practice Report	<a href="https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/last-piece-of-the-puzzle-that-makes-all-the-difference-in-the-world-team-facing-medical-legal-partnership-for-reproductive-care-teams/35017C3DDACEE788E34E7830FC78C71C">https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/last-piece-of-the-puzzle-that-makes-all-the-difference-in-the-world-team-facing-medical-legal-partnership-for-reproductive-care-teams/35017C3DDACEE788E34E7830FC78C71C</a>	As reproductive freedoms in the U.S. undergo significant rollbacks, vital reproductive health services — and the care teams delivering them — face escalating legal threats and complexity. This qualitative case-control community-based participatory research study describes how legal problem-solving supports for reproductive care teams serving mothers with opioid use disorder are protective for both patients and care team members. We describe how medical legal partnerships (MLPs) can promote Reproductive Justice and argue for wider adoption of care-team facing legal supports.	N/A	N/A	N/A
Developing a Pedagogy of Community Partnership Amidst COVID-19: Medical-Legal Partnership For Children in Hawai'i	Catherine Syue Chen, Fernando P. Cosio, Deja Ostrowski and Dina Shek	2021	Clinical Law Review	Practice Report	<a href="https://www.law.nyu.edu/sites/default/files/Clinical-Law-Review-2020-Pedagogy%20of%20Community%20Partnership.pdf">https://www.law.nyu.edu/sites/default/files/Clinical-Law-Review-2020-Pedagogy%20of%20Community%20Partnership.pdf</a>	The Medical-Legal Partnership for Children in Hawai'i (MLPC) has partnered with low-income families in community health and public housing settings for over a decade to provide direct legal services and engage in systemic advocacy. The MLPC model of legal services is rooted in our pedagogy of community partnership that seeks to confront the legacies of racial inequality and to change systems of power that stigmatize and delegitimize community expertise. Although theories of community lawyering have been developing for many decades, community lawyering principles are commonly de-centered in many public interest legal spaces across the country, particularly in moments of crisis. And most public interest lawyering efforts do not make explicit commitments to racial and systems change. The purpose of this essay is to introduce our developing pedagogy of community partnership through the lens of MLPC Hawai'i's work and model before and during the COVID-19 pandemic. This essay highlights key tenets of MLPC's pedagogy, MLPC's work during COVID-19 and related crises, and challenges faced by MLPC's lawyering model, including external criticisms and funding complexities.	N/A	N/A	N/A
Reducing the Justice Gap and Improving Health through Medical-Legal Partnerships	Danya E. Keene, Sascha Murillo, Emily A. Benfer, Alice Rosenthal & Ada M. Fenick	2020	Journal of Legal Medicine	Practice Report	<a href="https://www.tandfonline.com/doi/full/10.1080/10947648.2020.1816231">https://www.tandfonline.com/doi/full/10.1080/10947648.2020.1816231</a>	A recent study by the Legal Services Corporation reported that 71% of low-income U.S. households experienced at least one civil legal problem in 2017 and that 86% of these needs went unresolved. In this article, we examine the potential for medical-legal partnerships (MLPs) to address this "justice gap." We draw on qualitative interviews, conducted with 20 parents and guardians in one pediatric MLP, to identify barriers to legal access and examine how the MLP model may uniquely address these barriers. Our data suggest that MLPs can (1) identify legal needs and create awareness of legal rights among individuals who would not have sought legal services; (2) create an access point for legal services; (3) improve access to legal advice and brief intervention; (4) support ongoing relationships between patients and lawyers that allow for the timely identification of subsequent legal needs; (5) foster trust and confidence in the legal system; and (6) address affordability concerns. These findings suggest that by improving access to justice, MLPs can address critical social and legal determinants of health and, ultimately, advance health equity.	N/A	N/A	N/A
Co-creating a Legal Check-up at a School-based Health Center Serving Low-income Adolescents	Lisa Kessler, Yael Cannon, Nicole Tsuchida, Ana Caskin, Christina Balz, Ndiatou, Vicki W. Girard, Deborah F. Perry	2021	Progress in Community Health Partnership: Research, Education, and Action	Practice Report	<a href="https://muse.jhu.edu/article/797267">https://muse.jhu.edu/article/797267</a>	<p><b>The Problem:</b> Marginalized populations experience health-harming legal needs—barriers to good health that require legal advocacy to overcome. Medical-legal partnerships (MLPs) embed lawyers into the healthcare team to resolve these issues, but identifying patients with health-harming legal needs is complex, and screening practices vary across MLPs.</p> <p><b>Purpose of Article:</b> Academic and community partners who collaborate in an MLP at a school-based health center (SBHC) share their process of co-creating a two-stage legal check-up for adolescents.</p> <p><b>Key Points:</b> Screening adolescents for health-harming legal needs is challenging. It took ongoing collaboration to refine the process to fit the needs of adolescents and meet the partners' goals.</p> <p><b>Conclusion:</b> Social determinants of health play a significant role in health disparities, and there is a need for innovative solutions to screen and address these in vulnerable populations. Other partners can learn from our experiences to co-create their own approach to addressing health-harming legal needs.</p>	N/A	N/A	N/A
Medical-Legal-Psychology Partnerships – Innovation in Addressing Social Determinants of Health in Pediatric Primary Care	Rachel Lawton, Monica Whitehead, Adrienne Henize, Elaine Fink, Melissa Salamon, Robert Kahn, Andrew F. Beck, Melissa Klein	2020	Academic Pediatrics	Practice Report	<a href="https://www.academypediatrics.net/article/S1876-2859(20)30455-2/abstract">https://www.academypediatrics.net/article/S1876-2859(20)30455-2/abstract</a>	<p><b>Medical-Legal Partnerships (MLPs)</b> foster equity and address social determinants of health through the integration of legal advocacy into clinical care. Integrating psychologists into these partnerships provides an innovative means to mitigate psychosocial factors that contribute to child health inequities.</p> <p><b>Context:</b> Unmet legal needs can exacerbate health disparities and contribute to a lack of adherence to treatment plans and medical recommendations for care. Medical legal partnerships (MLPs) are integrated health care and legal aid interventions offered by many health systems in the United States. Although much research has been published regarding the success of MLPs with specific patient groups, there is a gap in literature regarding the nature of MLPs in a more general, at-risk patient population.</p> <p><b>Objective:</b> We aimed to better understand specific patient characteristics and health outcomes associated with different iHELP legal needs.</p> <p><b>Design:</b> This is a cross-sectional study of patients who were enrolled in the Delaware MLP (DMLP) from November 2018 to June 2020 (N = 212).</p> <p><b>Setting:</b> The DMLP is a collaboration between ChristianaCare, a Mid-Atlantic health system, and the Community Legal Aid Society, Inc (CLASI).</p> <p><b>Participants:</b> Patients must be adults (ie, 18 years or older), below 200% of the federal poverty level (eg, &lt;=53 000 for a household of 4 as of 2021), have at least one qualifying legal need, and live in the state.</p> <p><b>Intervention:</b> The DMLP is designed to address unmet legal needs that fall under a framework called iHELP. iHELP legal domains are income and insurance (I), housing and utilities (H), education and employment (E), legal status (L), and personal and family stability (P).</p> <p><b>Main outcome measures:</b> Outcomes of interest were iHELP legal needs, patient demographics, perceived stress and mental and physical health-related quality of life, comorbidities, and health care utilization.</p> <p><b>Results:</b> Housing and utilities (46.2%) and income support (41.5%) were the highest reported legal needs. Perceived stress scores were significantly higher for those with income needs (P = .01) as well as those with housing and utilities needs (P = .01).</p> <p><b>Conclusions:</b> MLP programs offer a value-added service that can address unmet legal needs in vulnerable, at-risk patients.</p> <p>Social and legal determinants of health have been shown to have substantial impacts on the health outcomes of individual patients and the population as a whole. This case report highlights the importance of screening for social needs as well as having appropriate interventions to address their impact. One intervention is medical-legal partnerships. The case presented describes the use of social screening tools and medical-legal partnerships to address health concerns, reduce health care spending, and promote optimal health outcomes. The case provided is a patient who was evaluated for bilateral lower extremity swelling in a primary care setting.</p> <p><b>Background:</b> Medical-legal partnerships (MLPs) are health system–community partnerships composed of multi-disciplinary teams designed to improve patient and community health. MLPs provide legal services to address health-harming legal needs that contribute to health inequities.</p> <p><b>Methods:</b> A grant provided by the Association of American Medical Colleges (AAMC) and the Centers for Disease Control and Prevention established the Accelerating Health Equity, Advancing through Discovery (AHEAD) Initiative to identify, evaluate, and disseminate community-based interventions that improve health equity. Three geographically and demographically diverse institutions were chosen to strengthen the evidence-base surrounding MLP by developing standardized evaluation tools in the areas of community health, health system savings, and learner outcomes.</p> <p><b>Results:</b> The generalizable process leading to evaluation tool development is described herein, and includes the formation of multi-institutional teams, logic model development, and stakeholder interviews.</p> <p><b>Conclusions:</b> Although MLP is presented, this process can be used by various types of community health partnerships to develop evaluation tools surrounding social determinants of health (SDOH).</p> <p>Across the United States, historically imposed structural, social, and environmental variables are intimately connected to poor obstetric outcomes and high maternal and infant mortality rates among Black pregnancy-capable people. Efforts to diminish the effect of these variables include integrating screening for social determinants of health during the perinatal period and treating them with social services, mental health support, and other referrals, including connections to community-based resources. Although helpful, some of these social determinants cannot be overcome without legal advocacy. Medical-legal partnerships which integrate lawyers into health care, fill this gap. This commentary by an interprofessional team of authors relies on the experience of an established MLP. We posit that unmet legal needs of perinatal patients merit ongoing monitoring and intervention. We explain the rationale for perinatal practice medical-legal partnerships and share implementation suggestions from a high-intensity safety-net urban hospital.</p>	N/A	N/A	N/A
Legal Needs, Health, and Health Care Utilization Among Patients Participating in the Delaware Medical Legal Partnership	Alexandra M. Mapp, MPH, Christopher Moore, BA, Erin Booker, LPC, Cindy Santiago, Dawn Baker, Alicia L. Salvatore, DrPH, MPH	2022	Journal of Public Health Management Practice	Practice Report	<a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC8556813/">https://pmc.ncbi.nlm.nih.gov/articles/PMC8556813/</a>	<p><b>Participants:</b> Patients must be adults (ie, 18 years or older), below 200% of the federal poverty level (eg, &lt;=53 000 for a household of 4 as of 2021), have at least one qualifying legal need, and live in the state.</p> <p><b>Intervention:</b> The DMLP is designed to address unmet legal needs that fall under a framework called iHELP. iHELP legal domains are income and insurance (I), housing and utilities (H), education and employment (E), legal status (L), and personal and family stability (P).</p> <p><b>Main outcome measures:</b> Outcomes of interest were iHELP legal needs, patient demographics, perceived stress and mental and physical health-related quality of life, comorbidities, and health care utilization.</p> <p><b>Results:</b> Housing and utilities (46.2%) and income support (41.5%) were the highest reported legal needs. Perceived stress scores were significantly higher for those with income needs (P = .01) as well as those with housing and utilities needs (P = .01).</p> <p><b>Conclusions:</b> MLP programs offer a value-added service that can address unmet legal needs in vulnerable, at-risk patients.</p> <p>Social and legal determinants of health have been shown to have substantial impacts on the health outcomes of individual patients and the population as a whole. This case report highlights the importance of screening for social needs as well as having appropriate interventions to address their impact. One intervention is medical-legal partnerships. The case presented describes the use of social screening tools and medical-legal partnerships to address health concerns, reduce health care spending, and promote optimal health outcomes. The case provided is a patient who was evaluated for bilateral lower extremity swelling in a primary care setting.</p> <p><b>Background:</b> Medical-legal partnerships (MLPs) are health system–community partnerships composed of multi-disciplinary teams designed to improve patient and community health. MLPs provide legal services to address health-harming legal needs that contribute to health inequities.</p> <p><b>Methods:</b> A grant provided by the Association of American Medical Colleges (AAMC) and the Centers for Disease Control and Prevention established the Accelerating Health Equity, Advancing through Discovery (AHEAD) Initiative to identify, evaluate, and disseminate community-based interventions that improve health equity. Three geographically and demographically diverse institutions were chosen to strengthen the evidence-base surrounding MLP by developing standardized evaluation tools in the areas of community health, health system savings, and learner outcomes.</p> <p><b>Results:</b> The generalizable process leading to evaluation tool development is described herein, and includes the formation of multi-institutional teams, logic model development, and stakeholder interviews.</p> <p><b>Conclusions:</b> Although MLP is presented, this process can be used by various types of community health partnerships to develop evaluation tools surrounding social determinants of health (SDOH).</p> <p>Across the United States, historically imposed structural, social, and environmental variables are intimately connected to poor obstetric outcomes and high maternal and infant mortality rates among Black pregnancy-capable people. Efforts to diminish the effect of these variables include integrating screening for social determinants of health during the perinatal period and treating them with social services, mental health support, and other referrals, including connections to community-based resources. Although helpful, some of these social determinants cannot be overcome without legal advocacy. Medical-legal partnerships which integrate lawyers into health care, fill this gap. This commentary by an interprofessional team of authors relies on the experience of an established MLP. We posit that unmet legal needs of perinatal patients merit ongoing monitoring and intervention. We explain the rationale for perinatal practice medical-legal partnerships and share implementation suggestions from a high-intensity safety-net urban hospital.</p>	N/A	N/A	N/A
Advancing Health Equity Through Issue Spotting in Primary Care: A Case for Medical-Legal Partnerships	Kelsey-Jo Moss, Jodie Bondurant, Ladawna Gievers, Lauren Mutrie	2024	Journal of Pediatric Health Care	Practice Report	<a href="https://www.ijpedhc.org/article/S0891-5245(23)00341-3/abstract">https://www.ijpedhc.org/article/S0891-5245(23)00341-3/abstract</a>	<p><b>Background:</b> Medical-legal partnerships (MLPs) are health system–community partnerships composed of multi-disciplinary teams designed to improve patient and community health. MLPs provide legal services to address health-harming legal needs that contribute to health inequities.</p> <p><b>Methods:</b> A grant provided by the Association of American Medical Colleges (AAMC) and the Centers for Disease Control and Prevention established the Accelerating Health Equity, Advancing through Discovery (AHEAD) Initiative to identify, evaluate, and disseminate community-based interventions that improve health equity. Three geographically and demographically diverse institutions were chosen to strengthen the evidence-base surrounding MLP by developing standardized evaluation tools in the areas of community health, health system savings, and learner outcomes.</p> <p><b>Results:</b> The generalizable process leading to evaluation tool development is described herein, and includes the formation of multi-institutional teams, logic model development, and stakeholder interviews.</p> <p><b>Conclusions:</b> Although MLP is presented, this process can be used by various types of community health partnerships to develop evaluation tools surrounding social determinants of health (SDOH).</p> <p>Across the United States, historically imposed structural, social, and environmental variables are intimately connected to poor obstetric outcomes and high maternal and infant mortality rates among Black pregnancy-capable people. Efforts to diminish the effect of these variables include integrating screening for social determinants of health during the perinatal period and treating them with social services, mental health support, and other referrals, including connections to community-based resources. Although helpful, some of these social determinants cannot be overcome without legal advocacy. Medical-legal partnerships which integrate lawyers into health care, fill this gap. This commentary by an interprofessional team of authors relies on the experience of an established MLP. We posit that unmet legal needs of perinatal patients merit ongoing monitoring and intervention. We explain the rationale for perinatal practice medical-legal partnerships and share implementation suggestions from a high-intensity safety-net urban hospital.</p>	N/A	N/A	N/A
Evaluating the Efficacy of Medical-Legal Partnerships that Address Social Determinants of Health	Abby L. Nerlinger, Philip M. Alberti, Amy L. Gilbert, Tracy L. Goodman, Malika A. Fair, Shereese B. Johnson, Robert Pettignano	2021	Progress in Community Health Partnership: Research, Education, and Action	Practice Report	<a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC8729191/">https://pmc.ncbi.nlm.nih.gov/articles/PMC8729191/</a>	<p><b>Background:</b> Medical-legal partnerships (MLPs) are health system–community partnerships composed of multi-disciplinary teams designed to improve patient and community health. MLPs provide legal services to address health-harming legal needs that contribute to health inequities.</p> <p><b>Methods:</b> A grant provided by the Association of American Medical Colleges (AAMC) and the Centers for Disease Control and Prevention established the Accelerating Health Equity, Advancing through Discovery (AHEAD) Initiative to identify, evaluate, and disseminate community-based interventions that improve health equity. Three geographically and demographically diverse institutions were chosen to strengthen the evidence-base surrounding MLP by developing standardized evaluation tools in the areas of community health, health system savings, and learner outcomes.</p> <p><b>Results:</b> The generalizable process leading to evaluation tool development is described herein, and includes the formation of multi-institutional teams, logic model development, and stakeholder interviews.</p> <p><b>Conclusions:</b> Although MLP is presented, this process can be used by various types of community health partnerships to develop evaluation tools surrounding social determinants of health (SDOH).</p> <p>Across the United States, historically imposed structural, social, and environmental variables are intimately connected to poor obstetric outcomes and high maternal and infant mortality rates among Black pregnancy-capable people. Efforts to diminish the effect of these variables include integrating screening for social determinants of health during the perinatal period and treating them with social services, mental health support, and other referrals, including connections to community-based resources. Although helpful, some of these social determinants cannot be overcome without legal advocacy. Medical-legal partnerships which integrate lawyers into health care, fill this gap. This commentary by an interprofessional team of authors relies on the experience of an established MLP. We posit that unmet legal needs of perinatal patients merit ongoing monitoring and intervention. We explain the rationale for perinatal practice medical-legal partnerships and share implementation suggestions from a high-intensity safety-net urban hospital.</p>	N/A	N/A	N/A
Integrating Lawyers Into Perinatal Care Teams to Address Unmet, Health-Harming Legal Needs	Loral Patchen, PhD, CNM, Roxana Richardson, JD, Asli McCullers, MPH, and Vicki Girard, JD	2023	Obstetrics & Gynecology	Practice Report	<a href="https://journals.lww.com/greenjournal/FullText/2023/12000/integrating-lawyers-into-perinatal-care_teams_to_6.aspx">https://journals.lww.com/greenjournal/FullText/2023/12000/integrating-lawyers-into-perinatal-care_teams_to_6.aspx</a>	<p><b>Background:</b> Medical-legal partnerships (MLPs) are health system–community partnerships composed of multi-disciplinary teams designed to improve patient and community health. MLPs provide legal services to address health-harming legal needs that contribute to health inequities.</p> <p><b>Methods:</b> A grant provided by the Association of American Medical Colleges (AAMC) and the Centers for Disease Control and Prevention established the Accelerating Health Equity, Advancing through Discovery (AHEAD) Initiative to identify, evaluate, and disseminate community-based interventions that improve health equity. Three geographically and demographically diverse institutions were chosen to strengthen the evidence-base surrounding MLP by developing standardized evaluation tools in the areas of community health, health system savings, and learner outcomes.</p> <p><b>Results:</b> The generalizable process leading to evaluation tool development is described herein, and includes the formation of multi-institutional teams, logic model development, and stakeholder interviews.</p> <p><b>Conclusions:</b> Although MLP is presented, this process can be used by various types of community health partnerships to develop evaluation tools surrounding social determinants of health (SDOH).</p> <p>Across the United States, historically imposed structural, social, and environmental variables are intimately connected to poor obstetric outcomes and high maternal and infant mortality rates among Black pregnancy-capable people. Efforts to diminish the effect of these variables include integrating screening for social determinants of health during the perinatal period and treating them with social services, mental health support, and other referrals, including connections to community-based resources. Although helpful, some of these social determinants cannot be overcome without legal advocacy. Medical-legal partnerships which integrate lawyers into health care, fill this gap. This commentary by an interprofessional team of authors relies on the experience of an established MLP. We posit that unmet legal needs of perinatal patients merit ongoing monitoring and intervention. We explain the rationale for perinatal practice medical-legal partnerships and share implementation suggestions from a high-intensity safety-net urban hospital.</p>	N/A	N/A	N/A

