

27.6 million people as of 2016 (compared to more than 44 million in 2013) remain uninsured.<sup>1</sup> Access to justice has been directly linked to health, where those with less access have been shown to have poorer health (O’Sullivan et al., 2012). Accessing legal aid services can improve access to healthcare, reduce medical debt, and improve health outcomes. Having access and using legal aid services can reduce stress, improve the health of children, and assist vulnerable populations, like LGBT seniors.

Page 1 of this research brief provides some research highlights; pages 2-3 a narrative overview; pages 4-5 two featured federal resources; page 6 other helpful resources; page 7 endnotes; and pages 8-15 summaries of the curated studies. All endnotes are to sources not included in our summaries section.

## RESEARCH HIGHLIGHTS:

- “Eviction and housing instability provide a wide array of COVID-19 transmission opportunities that have had the effect of undermining mitigation strategies and stifling pandemic control efforts. Eviction immediately leads to overcrowding, doubling up, homelessness, and housing instability.” (Benfer, et al., 2020); “COVID-19 incidence was significantly increased in states that lifted their moratoriums starting ten weeks after lifting, with 1.6 times the incidence of states that maintained their moratoriums.” (Leifheit, et al., 2020)
- “Patients that screened positive for unmet legal issues and were subsequently linked to MLP legal aid lawyers were significantly more likely to be readmitted to the hospital within 30 days. This implies that unmet legal needs are an independent risk factor for hospital readmission, and therefore a potential point for intervention and reduction of 30-day readmission. Unaddressed legal issues may be a modifiable non-medical risk factor for readmission” (James et al., 2020).
- In a study of adverse social determinants of health (SDH) among 293,872 veterans, researchers found that those who had legal problems were 1.86 times more likely to experience suicidal ideation and 1.57 times more likely to attempt suicide than those without legal problems (Table 5, p. 7). Veterans with legal problems also experienced other co-occurring adverse SDH, including violence (19.8 percent), housing instability (66.1 percent), employment/financial problems (43.6 percent), social/familial problems (16.1 percent), lacking access to care/transportation (19.1 percent), and nonspecific psychosocial needs (30.2 percent) (Blosnich et al., 2019).
- “MLPs represent an innovative approach that could potentially close numerous gaps in health disparities; theory-grounded program designs and rigorous evaluations should go a long way towards realizing this potential” (Martinez et al., 2017).
- “Health care providers are well-positioned and trained to identify salient social factors; however, they often lack the expertise to address these factors, particularly in the arena of poverty and health care disparities. In contrast, legal aid attorneys are trained to address health care disparities related to poverty; however, they frequently do not see families until a situation has become a crisis, long after the legal issues have begun to affect family health and well-being” (Weintraub et al., 2010).
- “In the first three months, veterans who received full legal representation showed significant reductions in symptoms of hostility, paranoia, psychosis, generalized anxiety disorder (GAD-7), and posttraumatic stress disorder (PCL-5)” (Tsai et al., 2017).
- “45% of [new parents] reported housing insecurity, with 28% reporting not having been able to pay rent or mortgage and 6% reporting eviction. ... Active MLP consultation involved an average of 2.3 telephone calls per family between the [family specialist] and MLP in Boston. Of these 75 consults, 72 (96%) were resolved without direct MLP involvement in the form of legal intake and representation” (Sege et al., 2015)
- When adults with poorly controlled asthma received legal assistance, “The number of ED (emergency department) visits and hospital admission declined from 22 ED visits and 11 admissions to 2 ED visits and 1 admission (91% reduction), respectively” (O’Sullivan et al., 2012).
- When legal service providers worked on health-related issues, researchers found, “The known monetary benefits per case exceeded the costs (\$270) by \$402 per case” (Teufel et al., 2009)

## **NARRATIVE OVERVIEW RE: IMPROVING HEALTH**

Despite the increases in the number of those insured following the Affordable Care Act, 27.6 million people as of 2016 (compared to more than 44 million in 2013) remain uninsured.<sup>2</sup> Besides cost, other reasons for being uninsured are the inability to access healthcare or to navigate it (Klein et al., 2013). This directly affects health outcomes: “One in five uninsured adults in 2016 went without needed medical care due to cost.”<sup>3</sup>

Access to medical care, health behaviors, the environment, and socioeconomic status are predictors of health. In particular, socioeconomic status has been shown over the years to be a significant predictor of health outcomes because socioeconomic status often shapes one’s environment and access to resources.<sup>4</sup> For example, low-income families are more likely to be asthmatic and suffer chronic illnesses due to exposure to allergens, such as mold and dust (O’Sullivan et al., 2012). Studies from the COVID-19 pandemic also found that housing instability was associated with higher transmission of the virus. Benfer et. al. (2020) found that “Eviction and housing instability provide a wide array of COVID-19 transmission opportunities that have had the effect of undermining mitigation strategies and stifling pandemic control efforts. Eviction immediately leads to overcrowding, doubling up, homelessness, and housing instability.” A similar study conducted by Leifheit, et al. (2020), found that, in states that lifted their eviction moratoriums during the pandemic, COVID-19 incidence was 1.6 times the of states that maintained their moratoriums.<sup>5</sup>

## **DATA AND STUDIES SHOW LEGAL AID HELPS:**

Access to justice has been directly linked to health, where those with less access have been shown to have poorer health.<sup>6</sup> Accessing legal aid services can improve access to healthcare, assist with medical debt, and improve health outcomes. The United States Interagency Council on Homelessness expands:

Medical bills, inappropriate mental health treatment, lack of medical care, and other health-related issues can lead to or prolong periods of homelessness. Legal services providers can assist individuals with accessing available health care benefits, navigating insurance issues to obtain necessary medical treatment, negotiating or correcting medical debt, and enrolling in federal, state, or local programs.<sup>7</sup>

Legal aid service providers can assist individuals with securing health care coverage or health benefits; providing self-help materials concerning benefits and health care coverage, assisting with outreach and enrollment efforts, protect individuals from fraudulent policies and identity theft, and assist with preparing wills and powers of attorney.<sup>8</sup> Legal aid providers can also assist families with education accommodations for sick children (Sege et al., 2015).

The literature on how access to legal services can improve health and wellbeing is well-documented. When parents had access to legal services through a medical-legal partnership (MLP) through a pediatric center, the number of parents who obtained public benefits, maintained employment, and received health care coverage increased.<sup>9</sup> Another study found that for families who have access to legal services through an MLP, more used food and income supports and fewer avoided health care due to lack of health insurance or concerns about cost. Further, two-thirds reported improved child health (Weintraub et al., 2010). A randomized control trial found that when low-income families had a specialist who could refer them to legal aid services and other service providers, their children were more likely to be immunized and have preventive care visits (Sege et al., 2015). Perceived stress before and after receiving legal services dropped significantly and wellbeing improved.<sup>10</sup>

Through a partnership between the Legal Aid Society of Greater Cincinnati and pediatric centers at the Cincinnati Children's Hospital Medical Center, 89 percent of closed cases had a positive outcome for the parents and children involved (Klein et al., 2013). Having access to a lawyer can also mean cost savings to health care providers. Researchers analyzed five years of baseline data and three years of follow-up data from a MLP to conduct a cost-benefit analysis.<sup>11</sup> They found that there was a 319 percent return on investment with health care recovery dollars.

Legal aid can also assist more vulnerable populations, such as LGBT seniors, who may experience discrimination in healthcare, be unsure of healthcare benefits with legal changes to same-sex marriage, and have legal questions about healthcare related to gender reassignment surgery.<sup>12</sup>

Legal services can respond to a variety of needs. For example, when individuals had access to legal services to reduce allergen exposure such as mold, cockroaches, and dust in their housing, they dropped in their asthmatic severity, reduced the number of systemic steroids, and reduced the number of visits to the emergency department (O'Sullivan et al., 2012).

## FEATURED FEDERAL RESOURCES:

### U.S. Department of Justice, Office for Victims of Crime *Vision 21 Report*

*Vision 21: Transforming Victim Services (TVS)* outlines a comprehensive and systematic approach to change how we meet victims' needs. TVS grew out of a series of meetings that were sponsored by OVC. The discussion and research focused on the role of victim assistance, how to better serve victims, addressing issues in the field, and identify emerging issues in the field.

This report dedicates an entire chapter to the importance of meeting the holistic legal needs of crime victims efforts made in the last decade to secure victims' rights, the difficulties victims face in navigating the justice system, and ways that legal networks can better address crime victims' needs. Chapter 2 also calls on community-based organizations and system-based agencies to address victims' multiple needs through a coordinated and collaborative network approach, which may include embedding lawyers in the healthcare system via medical-legal partnerships. The TVS statement reads: "Every state will establish wraparound legal networks that will help ensure that crime victims' rights are enforced and that victims of crime receive the broad range of legal services needed to help rebuild their lives in the aftermath of crime" (p. 9).

#### Highlights:

- "A staggering 42 percent of victims never report serious violent crime to law enforcement. We need to know why. Stakeholders described a maze of overlapping, complex legal issues facing victims; for example, a single victimization can involve immigration status, civil legal assistance, administrative law remedies, and rights enforcement" (p. vi).
- "Victims of crime all too often face a perplexing maze of coexisting, overlapping, and complex legal issues after their victimization. They must navigate multiple systems (i.e., the criminal, civil, and administrative justice systems), each with its own requirements and processes. One case of victimization may produce myriad legal issues for the victim, including orders of protection, victims' rights enforcement, compensation, employment, housing, home foreclosure, spousal support, and child custody, visitation, and dependency" (p. 12).
- "Serving crime victims in indigenous communities presents a special challenge to all members of the victim service community, particularly providers of legal services. American Indian and Alaska Native populations suffer significantly higher crime rates than the rest of the Nation—a fact that underscores the urgency of finding ways to deliver services more successfully or, in the case of legal assistance, to deliver services at all" (p. 12).
- "Compounding the lack of legal representation for crime victims is the absence of a single point of entry through which victims of all types of crime may access services to address the wide range of legal needs they may have as the result of their victimization" (p. 14).
- "A coordinated, collaborative, and holistic legal response has the potential to serve victims far better through an inherent capacity to provide the type of legal assistance needed at any given time. A network approach would also ensure that victims are connected to community legal resources that can help them address their administrative, civil, and other legal issues" (p. 14).

**Access this resource at:** US Department of Justice, Office for Victims of Crime. *Vision 21: Transforming Victim Services* (May 2013), available at [https://ovc.ncjrs.gov/vision21/pdfs/Vision21\\_Report.pdf](https://ovc.ncjrs.gov/vision21/pdfs/Vision21_Report.pdf)

### U.S. Department of Health & Human Services (HHS), Health Resources & Services Administration (HRSA), *Service Descriptors for Form 5A: Services Provided*

In 2014, HRSA modified its funding eligibility rules to allow health centers to use federal "enabling services" funds to pay for on-site civil legal aid to help meet primary care needs of the populations and

communities they serve. Legal services and legal aid are included in HRSA's Service descriptors for Form 5A: Services Provided document under "Eligibility Assistance" services (p. 16) and "Additional Enabling/Supportive Services" (p. 24). According to the National Association of Medical-Legal Partnership, this change allowed the 23 million people who receive health care at a health center to potentially also receive civil legal aid services and significantly increased the long-term sustainability of MLPs.

**Access this resource at:** U.S. Department of Health & Human Services, Health Resources & Services Administration (HRSA). *Service Descriptors for Form 5A: Services Provided* (2014), available at <https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5aservicedescriptors.pdf>

**See also:** Suma Nair, Director for the Office of Quality Improvement at the Bureau of Primary Care at HRSA, discussion about the beneficial impact this policy change had on civil legal aid and MLPs, available at [https://www.youtube.com/watch?v=\\_ijltVJvyw0](https://www.youtube.com/watch?v=_ijltVJvyw0)

**See also:** NCMLP's *Building Resources to Support Civil Legal Aid Access in HRSA-Funded Health Centers* (July 2016), described the policy guidance and profiled six MLPs who funded or expanded their legal services using Expanded Services supplemental funding from HRSA, available at <https://medical-legalpartnership.org/wp-content/uploads/2016/07/Building-Resources-to-Support-Civil-Legal-Aid-at-Health-Centers.pdf>

## HELPFUL RESOURCES:

- The National Center for Medical-Legal Partnership (NCMLP) at The George Washington University has a [Resources page](#) that contains legislation, regulations, and resolutions; reports and fact sheets; peer-reviewed research; stories and case studies; tools; and webinars and podcasts on MLPs in different populations and settings. To receive updates on MLP news, resources, and trainings from around the country, sign up for the [NCMLP newsletter](#).<sup>13</sup>
- NCMLP also has several publications on funding MLPs including a [fact sheet](#), a [brief](#) on operations and finances for health center-based MLPs, and a detailed [case study](#) on how the People's Community Clinic and Texas Legal Services Center partnered to develop an MLP in 2012. See their April 2019 fact sheet, [Financing Medical-Legal Partnerships: View from the Field](#), which contains national survey data from almost 350 health care organizations that have implemented MLPs across the United States.<sup>14</sup>
- Researchers at George Washington University published a [primer](#) on core components of medical-legal partnerships.<sup>15</sup>
- The U.S. Health Resources & Services Administration (HRSA) hosted a webinar in 2016 on addressing patients' health-harming civil legal needs as part of primary care through medical-legal partnerships called [From Zero to 60: Medical-Legal Partnership Fundamentals & Strategies](#).<sup>16</sup>
- The National Legal Aid & Defender Association held a technical assistance webinar on [Health Centers & Medical-Legal Partnerships](#) in November 2019. The webinar included information on MLPs from Ellen Lawton, former Director of the National Center for Medical-Legal Partnership, and experiences from legal aid organizations that successfully set up MLPs, how they fund their work, what types of legal services they provide, and tips for other legal aid organizations hoping to set up programs of their own.<sup>17</sup>
- The U.S. Census provides the [uninsured rate by state](#).<sup>18</sup>
- U.S. News & World Report [ranks](#) state healthcare access and public health.<sup>19</sup>
- Legal Services Corporation has collected client success stories [here](#).<sup>20</sup>
- For more information about civil legal aid messaging, communications, and story-telling, go to the [Voices for Civil Justice](#) and [All Rise for Civil Justice](#) websites.<sup>21</sup>
- For a more comprehensive repository of legal aid related research, go to the National Legal Aid & Defender Association's [LegalAidResearch](#) website.<sup>22</sup>

## Endnotes

- <sup>1</sup> Henry J. Kaiser Family Foundation, *Key Facts about the Uninsured Population* (Nov. 19, 2017), available at from <https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>
- <sup>2</sup> Supra note 1.
- <sup>3</sup> Supra note 1.
- <sup>4</sup> Nancy E. Adler et al., *Socioeconomic Status and Health: The Challenge of the Gradient*, 49 *Am. Psychologist* 15 (1994), available at [https://inequality.stanford.edu/sites/default/files/media/\\_media/pdf/Reference%20Media/Adler\\_1994\\_Health.pdf](https://inequality.stanford.edu/sites/default/files/media/_media/pdf/Reference%20Media/Adler_1994_Health.pdf); Amani M. Nuru-Jeter et al., *Socioeconomic Predictors of Health and Development in Middle Childhood: Variations by Socioeconomic Status Measure and Race*, 33 *Issues Comprehensive Pediatric Nursing* 59 (2010), available at <https://www.ncbi.nlm.nih.gov/pubmed/20384474>
- <sup>5</sup> Emily A. Benfer, David Vlahov, Marissa Y. Long, Evan Walker-Wells, J. L. Pottenger Jr., Gregg Gonsalves & Danya E. Keene. (November 2020), *Eviction, Health Inequity, and the Spread of COVID-19: Housing Policy as a Primary Pandemic Mitigation Strategy*, *J Urban Health*. available at <https://link.springer.com/article/10.1007/s11524-020-00502-1>; Leifheit, K.M. and Linton, S.L., Raifman, J., Schwartz, G., Benfer, E. and Zimmerman, F.J. and Pollack, C., *Expiring Eviction Moratoriums and COVID-19 Incidence and Mortality* (November 30, 2020) (under review as of 2/11/2021). Available at SSRN: <https://ssrn.com/abstract=3739576> or <http://dx.doi.org/10.2139/ssrn.3739576>
- <sup>6</sup> James Teufel & Shannon Mace, *Legal Aid Inequities Predict Health Disparities*, 38 *Hamline L. Rev.* 329 (2015), available at <https://digitalcommons.hamline.edu/cgi/viewcontent.cgi?referer=http://legalaidresearch.org/pub/4657/legal-aid-inequities-predict-health-disparities/&httpsredir=1&article=1061&context=hlr>
- <sup>7</sup> The United States Interagency Council on Homelessness, *Engaging Legal Services in Community Efforts to Prevent and End Homelessness* (2017), available at [https://www.usich.gov/resources/uploads/asset\\_library/Engaging\\_Legal\\_Services.pdf](https://www.usich.gov/resources/uploads/asset_library/Engaging_Legal_Services.pdf) at 3.
- <sup>8</sup> White House Legal Aid Interagency Roundtable, *Toolkit* (2015), available at <https://www.justice.gov/lair/toolkit>
- <sup>9</sup> Robert Pettingano, et al., *Medical-Legal Partnership: Impact on Patients with Sickle Cell Disease*, 128 *Pediatrics* 1 (2011), available at <https://pediatrics.aappublications.org/content/128/6/e1482>
- <sup>10</sup> Anne M. Ryan et al., *Pilot Study of Impact of Medical-Legal Partnership Services on Patients' Perceived Stress and Wellbeing*, 23 *J. Health Care Poor Underserved* 1536 (2012).
- <sup>11</sup> James Teufel et al., *Rural Medical-Legal Partnership and Advocacy: A Three-Year Follow-Up Study*, 23 *J. Health Care Poor Underserved* 705 (2012).
- <sup>12</sup> Denny Chan & Vanessa Barrington, *How Can Legal Services Better Meet the Needs of Low-Income LGBT Seniors?* *Justice in Aging* 1 (2016), available at <https://www.justiceinaging.org/wp-content/uploads/2016/06/How-Can-Legal-Services-Better-Meet-the-Needs-of-Low-Income-LGBT-Seniors.pdf>
- <sup>13</sup> See <https://medical-legalpartnership.org/resources/>; <https://medical-legalpartnership.org/about-us/newsletter/>
- <sup>14</sup> See *Financing Medical-Legal Partnerships* fact sheet (2019), available at <https://medical-legalpartnership.org/mlp-resources/financing/>; *A Closer Look at Operations and Financing for Health Center-Based MLPs* (2018), available at <https://medical-legalpartnership.org/mlp-resources/health-center-mlps/>; and *Medical-Legal Partnership Origin Story: People's Community Clinic in Austin* (2018), available at <https://medical-legalpartnership.org/mlp-resources/austin-story/>; and *Fact sheet: Financing Medical-Legal Partnerships: View from the Field* (2019), available at <https://medical-legalpartnership.org/mlp-resources/financing/>
- <sup>15</sup> Marsha Regenstien et al., *Addressing Social Determinants of Health Through Medical-Legal Partnerships*, 37 *Health Affairs* (March 2018), available at <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.1264>
- <sup>16</sup> HRSA, Office of Regional Operations, *From Zero to 60: Medical-Legal Partnership Fundamentals & Strategies* (2016), available at <https://www.hrsa.gov/about/organization/bureaus/oro/webinars-2015.html>
- <sup>17</sup> See <http://www.nlada.org/node/27846>
- <sup>18</sup> <https://www.census.gov/library/visualizations/2017/comm/uninsured-map.html>
- <sup>19</sup> <https://www.usnews.com/news/best-states/rankings/health-care>
- <sup>20</sup> <https://www.lsc.gov/what-legal-aid/client-success-stories>
- <sup>21</sup> See <https://voicesforciviljustice.org/> and <https://www.allriseforciviljustice.org/>
- <sup>22</sup> <https://legalaidresearch.org/>

## SUMMARIES OF KEY STUDIES

1. Emma James, Emily Samson, Megha Manek & Robert Robinson, *Impact of a Medical-Legal Partnership Program on Readmission to a Family Medicine Inpatient Service*, preprint (2020), available at <https://medical-legalpartnership.org/mlp-resources/article-study-shows-unaddressed-legal-issues-may-be-a-risk-factor-for-hospital-readmission/>

This study examined the relationship between unmet legal needs and hospital readmission at the SIU Family and Community Medicine inpatient service at Memorial Medical Center in Springfield, Illinois. Researchers analyzed data from 2,500 hospitals alongside unmet legal needs identified through an interview-based screening tool to determine if the need for legal services was a significant predictor of hospital readmission within 30 days of discharge. They found that unmet legal needs appear to be an independent risk factor for hospital readmission.

### **Methodology:**

Second-year medical students used a questionnaire developed by legal aid lawyers to screen patients at SIO-SOM Family and Community Medicine inpatient services, the MLP at Memorial Medical Center in Springfield. The researchers retroactively studied patients discharged from the MLP between January 2016 and March 2018 to determine if the need for legal services was a significant predictor of hospital readmission for any reason within 30 days of discharge.

### **Highlights:**

- “MLPs have the potential to improve health status by addressing unsafe housing, food insecurity, income for disabled individuals, orders of protection, and other unmet civil legal issues. ... The current investigation will explore if unaddressed legal needs, identified by the MLP screening tool, are significant predictors of hospital readmission” (p. 1-2).
- “The need for legal services through the MLP program was investigated as a predictor of any cause of hospital readmission within 30 days. ... Patients who had screened positive for unresolved legal issues and received linkage to legal services through the MLP program were more likely to be admitted (12% vs 3%,  $p < 0,001$ )” (p. 2-3).
- “Patients that screened positive for unmet legal issues and were subsequently linked to MLP legal aid lawyers were significantly more likely to be readmitted to the hospital within 30 days. This implies that unmet legal needs are an independent risk factor for hospital readmission, and therefore a potential point for intervention and reduction of 30-day readmission. Unaddressed legal issues may be a modifiable non-medical risk factor for readmission” (p. 4).
- “When patients reach resolution of their legal issues through the help of the MLP lawyers their readmission rate may return to baseline, potentially decreasing the healthcare system resources spent on preventable hospital readmission. Future analysis will focus on the effect of legal aid intervention on the modification of readmission risk” (p. 4).

2. Christine Timko, Emmeline Taylor, Amia Nash, Daniel Blonigen, David Smelson, Jack Tsai, & Andrea Finlay, *National Survey of Legal Clinics Housed by the Department of Veterans Affairs to Inform Partnerships with Health and Community Services*, *Journal of Health Care for the Poor and Underserved* (2020), available at <https://muse.jhu.edu/article/763705>

This study is the first to conduct a systemwide survey of Veterans Affairs-housed legal clinics. Researchers used an established framework composed of eight core elements of medical-legal partnerships (MLPs) to survey the lead attorneys of 95 VA-housed clinics across the United States about the populations their clinics serve, their clinics' characteristics, and challenges they face in service provision. Their findings suggest that VA and community agencies should enact policies that expand and fund veterans' legal services and health system interactions to address health inequities and improve health outcomes.

### **Methodology:**

The researchers sampled all VA-housed legal clinics in the United States (n=136) using a listing provided by the VA's Office of General Counsel in 2018. Between January and June 2018, 95 lead attorneys legal clinics across 36 states completed a survey about the characteristics of their programs, client populations, the types of legal services they provide, referral processes, staffing and training, information sharing, and resources and funding.

### **Highlights:**

- "Attorneys were asked what proportion of the clinic's clients receive each of the 24 types of legal services. ... the highest mean percentages were for estate planning, family problems (e.g., child support), obtaining VA benefits, and housing problems and rights. The next most frequent set of legal services were for expunging criminal records, consumer problems, and obtaining military discharge upgrades" (p. 1444).
- "38.7% of clinics did not have a defined client population. Of clinics with a defined client population, the most frequent specific focus reported was low-income veterans (Table 2). Roughly one-quarter to one-third of clinics focused on homeless or elderly veterans, or veterans with mental health or substance use problems, or those using VA services in the same location as the clinic" (p. 1445-1446).
- "Almost two-thirds of clinics stated that when clients are known to have mental health or substance problems, they provide legal services to them. In addition, 45.3% of clinics referred veterans with untreated mental health problems to mental health treatment, and 31.9% of clinics referred patients with untreated alcohol or drug problems to substance treatment" (p. 1446).
- "Clinics operated on a mean annual budget of \$73,631 (SD=159,404). On average the largest percentage of the budget, one-third, came from private foundations or donations; in addition, on average, about one-third of the operating budget came from government funding. Lower percentages of funding came from law schools or firms, and no funding came from veteran service organizations or clients" (p. 1450).
- "When asked whether clinics have the capacity to serve all or most veterans seeking legal services, 39.1% said yes. Reasons for lacking the needed capacity were most commonly lack of funding (83.9%) and lack of staffing time (57.1%), as well as lack of staff knowledge (26.8%)" (p. 1450).
- "The present study found that clinics were open on average only 25 hours each month, and 61% of clinics were unable to serve most veterans seeking legal services" (p. 1450).

3. John R. Blosnich, Ann Elizabeth Montgomery, Melissa E. Dichter, Adam J. Gordon, Dio Kavalieratos, Laura Taylor, Bryan Ketterer, & Robert M. Bossarte, *Social Determinants and Military Veterans' Suicide Ideation and Attempt: A Cross-Sectional Analysis of Electronic Health Record Data*, *J. Gen Intern Med.* (2019), available at <https://www.ncbi.nlm.nih.gov/pubmed/31745856>

In this study funded by the VA National Center on Homelessness Among Veterans, researchers analyzed the relationship between adverse social determinants of health (SDH) and suicide ideation and attempt among 293,872 veterans. The researchers found that veterans who had legal problems were 1.86 times more likely to experience suicide ideation and 1.57 times more likely to attempt suicide than those without legal problems. They also found that veterans with legal problems also experienced other co-occurring adverse SDH, including violence (19.8 percent), housing instability (66.1 percent), financial/employment problems (43.6 percent), familial/social problems (16.1 percent), lack of access to care/transportation (19.1 percent), and nonspecific psychosocial needs (30.2 percent).

### **Methodology:**

The researchers obtained administrative and electronic health record data from the Veterans Health Administration's Corporate Data Warehouse (CDW) for 293,872 veterans between October 2015 and September 2016. They also collected data on veterans' suicide ideation and attempt from the Suicide Prevention Applications Network (SPAN). After adjusting for mental health diagnoses, age, race, ethnicity, sex, and marital status, logistic regression was used to identify relationships between SDH and suicide ideation and attempt.

### **Highlights:**

- "... despite increasing prescriptions of antidepressants in the USA since 1999, the rate of suicide has not decreased over that same time period. Seemingly obscured are important social factors associated with suicidal crisis such as relationship failure, legal problems, and financial stressors, which often require more intensive, coordinated case management. However, best practices for health care systems to collect SDH data (e.g., conducting self-report surveys vs. provider-administered conversations, determining which SDH to prioritize) are largely unknown" (p. 6).
- "Among patients with housing instability, over 1/3 had employment/financial issues and over 1/3 had legal problems" (p. 4).
- "After adjusting for numerous socio-demographic factors and mental disorder diagnoses, adverse SDH showed robust and graded associations with both measures of suicide morbidity. For example, compared with patients who had no adverse SDH, patients with one adverse SDH had nearly 2.5 the odds of suicidal ideation ... two adverse SDH had over four times the odds ... three adverse SDH had nearly five times the odds ... and  $\geq 4$  adverse SDH had over 8 times the odds" (p. 4-5).
- Table 3 indicates that veterans with legal issues experienced co-occurring issues including violence (19.8), housing instability (66.1 percent), employment/financial problems (43.6 percent), social/familial problems (16.1 percent), lacking access to care/transportation (19.1 percent), and nonspecific psychosocial needs (30.2 percent) (p. 4).
- Table 5 indicates that veterans with legal issues are 1.86 times more likely to experience suicidal ideation and 1.57 times more likely to attempt suicide than veterans without legal issues (p. 7).

4. Omar Martinez, Jeffrey Boles, Miguel Muniz-Laboy, Ethan C. Levine, Chukwuemeka Ayamele, Rebecca Eisenberg, Justin Manusov, & Jeffrey Draine, *Bridging Health Disparity Gaps through the Use of Medical Legal Partnerships in Patient Care: A Systematic Review*. 45 J. L. Med. Ethics 260 (2017), available at <https://journals.sagepub.com/doi/10.1177/1073110517720654>

At the time of this study, MLPs had been established in 36 total states, with 292 healthcare and 142 legal aid providers. With physicians reporting patients' social needs as important to address alongside medical conditions, this study looks at how MLPs impact individuals and implications for individuals living with HIV. In their systematic review of studies on MLPs, they find that MLPs are overall very effective in addressing unmet legal needs and that they overwhelmingly have positive results in both patient

outcomes and how those unmet legal needs were addressed. They offer suggestions for researchers studying the effects of MLPs on patient and social outcomes.

### **Methodology:**

They conducted a systematic literature review. They searched PUBMED and EBSCOHOST database for articles. They identified 15 pieces for full-text review, using the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) guidelines, and excluded two for lack of data on patient outcomes.

### **Highlights:**

- “Significant strides have been made to demonstrate the impact and efficacy of medical-legal partnerships. Gaps exist, in particular when establishing key mediators impacting health outcomes, but studies show improvement and success in key MLP domains in addressing a range of health and (more frequently) legal needs” (p. 269).
- “The articles reviewed here demonstrate the value of tailoring interventions towards specific populations, as indicated by the extent to which the legal needs of cancer patients<sup>41</sup> differed from those of families with asthmatic children” (p. 269).
- “MLPs offer an integrated approach to healthcare delivery that seems promising for meeting the needs of individuals at high-risk of HIV acquisition and people living with HIV” (p. 271).
- “MLPs represent an innovative approach that could potentially close numerous gaps in health disparities; theory-grounded program designs and rigorous evaluations should go a long way towards realizing this potential” (p. 272).

5. Jack Tsai, Margaret Middleton, Jennifer Villegas, Cindy Johnson, Randye Retkin, Alison Seidman, Scott Sherman, & Robert A. Rosenheck, *Medical-Legal Partnerships at Veterans Affairs Medical Centers Improved Housing and Psychosocial Outcomes for Vets*, 36 *Health Affairs* 2195 (2017), available at [https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.0759?url\\_ver=Z39.88-2003&rfr\\_id=ori%3Arid%3Aacrossref.org&rfr\\_dat=cr\\_pub%3Dpubmed](https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.0759?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Aacrossref.org&rfr_dat=cr_pub%3Dpubmed)

Using data from medical-legal partnerships in New York and Connecticut, the researchers find the most common legal problems veterans reported were related to receiving benefits, housing, family issues, and consumer issues. The researchers found that when veterans received more services through the MLP, such as receiving full representation, in comparison to those who received less, the veterans experienced greater improvements in their housing and mental health. One of the study’s biggest findings is that for veterans who received services through the MLP showed improvements in mental health at both three and 12 months. At 12 months, those who had received services through the MLP also showed increases in income and housing.

### **Methodology:**

They analyzed data from two MLPs – one in Connecticut and the other in New York. In total, these two MLPs served 905 veterans between June 2014 through January 2016. They analyzed the characteristics of the veterans, their legal problems, the legal services they received, and the outcomes of the legal help. Of the 905 veterans, they followed a subsample of 148 who received full representation on housing, consumer debt, child support payments, or disability benefits. Of this subsample, the researchers assessed housing status, income, mental health, substance abuse, quality of life, sense of empowerment, and citizenship. The researchers are either affiliated with Yale University School of Medicine or with the two MLPs studied in this article.

### **Highlights:**

- “Veterans’ legal goals were achieved in 712 (51.4 percent) of the 1,384 issues addressed by the medical-legal partnerships. Their goals were not achieved in 117 issues (8.5 percent), and the remaining 555 issues (40.1.9 percent) were not resolved during the study period” (p. 2198).
- “In the first three months, veterans who received full legal representation showed significant reductions in symptoms of hostility, paranoia, psychosis, generalized anxiety disorder (GAD-7), and posttraumatic stress disorder (PCL-5)” (p. 2200).
- “At twelve months, veterans continued to show significant reductions in symptoms of hostility, paranoia, and generalized anxiety disorder and had improvements in housing status and total income” (p. 2200).
- “Mixed linear modeling revealed that more time spent receiving medical-legal partnership services was associated with greater improvements in housing, reduced spending on abused substances, and reduced symptoms of psychosis and posttraumatic stress disorder
- “The most common problems were related to applications for VA benefits, housing issues (for example, eviction), family issues (such as child support), and consumer problems (for example, credit card debt). Nearly half of the issues for which veterans sought VA partnership services were related to VA benefits or housing issues. On average, each issue took 5.4 hours of partnership time to resolve. That can be considered minimal compared to the amount of time it might take for a veteran to find another income source or housing arrangement” (p. 2201).
- “Importantly, fewer than 10 percent of the issues required a court appearance or attendance at a hearing— which, when required, was time-consuming for both lawyers and veterans. Medical-legal partnerships can address problems at an early stage through administrative or informal legal processes, thereby preventing them from requiring litigation. Such early interventions are of great value to both patients and the court system” (p. 2201).
- “A major finding of this study was that veterans who received medical-legal partnership services showed significant improvements in mental health within the first three months and continued to show these improvements at twelve months, at which time they also showed increases in income and days housed as their legal issues were resolved” (p. 2202).

6. Robert Sege, Genevieve Preer, Samantha J. Morton, Howard Cabral, Oluwatomisin Morakinyo, Vonne Lee, Catarina Abreu, Edward De Vos, & Margot Kaplan-Sanoff, *Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial*, *128 Pediatrics* 1 (2015), available at <http://pediatrics.aappublications.org/content/early/2015/05/26/peds.2014-2955>

At an urban hospital, intervention families were randomly assigned a specialist who provided support for six months to a low-income family with a newborn. In total, 300 families participated and for those who had assigned a specialist, they had approximately five hours of contact time. The specialist could also refer them to a legal service provider through a Boston MLP. They were more likely to have completed their six-month immunizations. They were also more likely to have had preventive care visits and were less likely to visit the emergency room. This study was funded by the Project Developmental Understanding and Legal Collaboration for Everyone from Boston Medical Center. The researchers work in or teach medicine.

#### **Methodology:**

This was a randomized control trial, where families in the treatment group received support and those in the control group did not receive support.

#### **Highlights:**

- “At baseline, most respondents (73%) reported at least 1 type of hardship during the 12-month period before the baseline survey, which included the entire pregnancy for all participants. More than half of participants (61%) reported food insecurity. Families also reported facing significant

housing concerns: 45% of respondents reported housing insecurity, with 28% reporting not having been able to pay rent or mortgage and 6% reporting eviction” (p. 5).

- “Active MLP consultation involved an average of 2.3 telephone calls per family between the [family specialist] and MLP in Boston. Of these 75 consults, 72 (96%) were resolved without direct MLP involvement in the form of legal intake and representation” (p. 5-6)
- “We observed a decrease in the proportion of infants who had at least 1 ED visit by age 6 months: 36.5% of intervention infants had at least 1 visit compared with 49.7% of control infants (P = .021)” (p. 6).
- “Compared with controls, research subjects had significantly more success in obtaining utilities assistance and in obtaining resources overall. Maternal age, education, and parity did not significantly modify these outcomes” (p. 6). There was also a significant difference between those who had access to the family specialist and those who accessed their benefits.

7. Melissa D. Klein, Andrew F. Beck, Adrienne W. Henize, Donita S. Parrish, Elaine E. Fink, & Robert S. Kahn, *Doctors and Lawyers Collaborating to HeLP children: Outcomes from a Successful Partnership between Professions*, 24 *Journal of Health Care for the Poor and Underserved* 1063 (2013), available at <https://www.ncbi.nlm.nih.gov/pubmed/23974381>

This study analyses three medical-legal partnerships in pediatric primary care centers between the Legal Aid Society of Greater Cincinnati and Cincinnati Children’s Hospital Medical Center over a period of three years. During the three-year study period, there were 1,742 positive outcomes for the families of 1,808 total referrals (a rate of 89%). The remaining 11 percent were due to the inability to reach the family or the issue being resolved without legal advocacy (p. 1069).

#### **Methodology:**

This is a case study where they analyze the outcomes of the MLP over the first three years and look for asthma, developmental delays/behavioral disorders, housing, income and health benefits.

#### **Highlights:**

- “Referrals led to 1,742 (89%) positive legal outcomes affecting nearly 6,000 cohabitating children and adults and translating into nearly \$200,000 in recovered back benefits” (p. 1063).
- The reasons for referrals to the legal service provider varied: 37 percent was related to housing issues, 33 percent was related to income and benefits, 10 percent was related to family issues, 17 percent was related to education, and 3 percent was miscellaneous/other (p. 1069).
- Regarding the 89 percent of those who had legal outcomes: 42 percent of those who were referred received a consultation with a legal advocate (for example, how to request a school evaluation), 12 percent resolved legal problems related to health and well-being, 11 percent saw improved housing or prevention of homelessness, 9 percent secured or increased income, 5 percent secured education services, 5 percent obtained medical insurance coverage, and 5 percent resolved legal problems related to barriers of employment (p. 1069).
- “Implementation of a high functioning collaboration between pediatric primary care providers and community agencies can address pervasive and influential socioeconomic and environmental determinants of health.” (p. 1071).

8. Mary M. O’Sullivan, Julie Brandfield, Sumedh S. Hoskote, Shiri N. Segal, Luis Chug, Ariel Modrykamien, & Edward Eden, *Environmental Improvements Brought by Legal Interventions in the Homes of Poorly Controlled Inner-City Adult Asthmatic Patients: A Proof-of-Concept Study*, 49 *J. of Asthma*. 911 (2012), available at <https://www.ncbi.nlm.nih.gov/pubmed/23020301>

O'Sullivan and colleagues, who work in or teach medicine, studied the charts of adults with poorly controlled asthma despite receiving medical therapy. Those patients had reported allergen exposures such as mold, cockroaches, mice or rats, and dust. They received legal assistance to make landlords fix leaks, exterminate pests, or provide a different apartment. They found that after the legal intervention, the patients' asthma improved.

#### **Methodology:**

The researchers tracked 12 patients who had poorly controlled asthma at 9-12 months pre-intervention and 6-12 months post-intervention. They looked at peak expiratory flow rate, asthma severity class, medications needed, emergency department visits, hospitalizations, and requirement for systemic steroids.

#### **Highlights:**

- "The number of ED (emergency department) visits and hospital admission declined from 22 ED visits and 11 admissions to 2 ED visits and 1 admission (91% reduction), respectively" (p. 911).
- "Of the 11 patients requiring systemic steroids, only three required these post-intervention. All patients had reductions in the dose and/or number of medications" (p. 911).
- "During post-intervention, 11 (91.7%) patients dropped [two or more] classes in asthma severity" (p. 911).
- "Medical-legal collaboration is highly effective in improving the control of inner-city asthmatics by effecting improvements in the domestic environment" (p. 911).

9. Dana Weintraub, Melissa A. Rodgers, Luba Botcheva, Anna Loeb, Racheal Knight, Karina Ortega, Brooke Heymach, Megan Sandel, & Lynne Huffman, *Pilot Study of Medical-Legal Partnership to Address Social and Legal Needs of Patients*, 21 *Journal of Health Care for the Poor and Underserved* 157 (2010), available at <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.890.3723&rep=rep1&type=pdf>

The researchers investigated the effectiveness of medical-legal partnerships in pediatrics to determine whether access to legal and social services increased families' awareness of and access to legal and social services, decreased barriers to health care for children, and improved health. Families received help with problems including denial or discontinuances of government benefits, erroneous medical billing, family law and domestic violence issues, and housing violations and evictions through the Peninsula Family Advocacy Program (FAP) (a collaboration between Lucile Packard Children's Hospital at Stanford, Ravenswood Family Health Center, and Legal Aid Society of San Mateo County). Six months after case closure, participants were asked about their case outcomes and their perceptions of FAP.

The researchers found that the addition of a legal aid attorney to the medical team resulted in increased access and social services and decreased barriers to health care. 68.4 percent of participants reported that issues handled by FAP were entirely or partially resolved within six months. They also observed significant increases in the proportion of participants receiving food and income supports after six months. Post intervention, 66.1 percent of parents thought that their children's health and well-being had improved because of FAP. Children experienced fewer hospitalizations (32.6 percent versus 16.3 percent), and parents reported that they avoid health care less often due to lack of insurance (27.3 percent versus 9.1 percent) and worry about the cost of health care (31.8 percent versus 13.6 percent).

#### **Methodology:**

The researchers studied the case outcomes of families who had received legal assistance from FAP between December 2004 and June 2007. Upon referral from health care providers, the researchers conducted baseline measures of participants' socioeconomic status, health insurance, child health

status, and need for legal and social services. They then conducted follow-up assessments of these baseline measures and participants' perceptions of FAP six months after case closure.

### Highlights:

- “Health care providers are well-positioned and trained to identify salient social factors; however, they often lack the expertise to address these factors, particularly in the arena of poverty and health care disparities. In contrast, legal aid attorneys are trained to address health care disparities related to poverty; however, they frequently do not see families until a situation has become a crisis, long after the legal issues have begun to affect family health and well-being” (p. 158).
- “As a preliminary investigation of the effectiveness of medical-legal partnership in pediatrics, we conducted a 36-month prospective cohort study of the impact of clinic- and hospital-based legal services. We hypothesized that integration of legal services into pediatric settings would increase families' awareness of and access to legal and social services, decrease barriers to health care for children, and improve child health” (p. 159).
- “Assessments were conducted at the initial legal intake (baseline) by [the Legal Aid Society of San Mateo County] and at six months after legal case-closing (follow-up) by an independent evaluator. ... Baseline assessment included demographic information, insurance status of all family members, self-reports of well-child care, immunization status, school days missed due to illness or transportation, avoidance of health care for child due to perceived barriers, and use of public benefits. ... Follow-up assessment included identical questions from baseline, as well as questions about prior knowledge and use of legal services and satisfaction with FAP services. Participants were also asked open-ended questions about the outcome of the issue for which they received help from FAP” (p. 160).
- “During the six-month follow-up assessment, we asked study participants to describe the issue that was handled by FAP and the outcome. Two-thirds of participants (68.4%) noted that the issues handled by FAP were entirely or partially resolved” (p. 163).
- “Comparison of pre- and post-intervention responses showed significant increases in receipt of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (35.2% versus 50.0%,  $p=.01$ ), CalWorks (0.0% versus 9.3%,  $p=.02$ ), Food Stamps (13.0% versus 29.6%,  $p=.01$ ), Supplemental Security Income (SSI) (5.6% versus 16.7%,  $p=.01$ ) and Child Support (7.4% versus 16.7%,  $p=.04$ ). No significant change was found for Child Care Assistance (1.9% versus 5.6%,  $p=.16$ )” (p. 163).
- “At follow-up assessment, participants were asked to estimate the degree to which their children's health and well-being had changed because of FAP services. Almost two-thirds of parents (66.1%) thought that their children's health and well-being had improved because of FAP” (p.164).
- “For ‘recent hospitalization’ values, the Wilcoxon signed rank test showed statistically significant differences between pre- and post-intervention proportions of children with hospitalization in the previous six months (32.6% versus 16.3%,  $p=.02$ )” (p. 164).
- “The proportion of participants who reported avoiding health care for their child due to perceived barriers showed significant changes for “did not have health insurance” (27.3% versus 9.1%,  $p=.02$ ) and “worried about the cost of health care” (31.8% versus 13.6%,  $p=.046$ )” (p.164).

10. James A. Teufel, Stephen L. Brown, Woody Thorne, Diane M. Goffinet, & Latesha Clemons, *Process and Impact Evaluation of a Legal Assistance and Health Care Community Partnership*, 10 *Health Promotion Practice* 378 (2009), available at <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.890.3723&rep=rep1&type=pdf>

Teufel and colleagues, who work as public health scholars or lawyers, conducted a cost-benefit analysis with a secondary data from a legal aid program that helped with health-related issues, such as

medication coverage, Social Security benefits, and Medicaid reimbursement. The researchers found that 25.5 percent of the closed cases resulted in a win for the client; 42.7 percent of the closed cases were referred to the appropriate legal aid entity; and 18.7 percent were lost to follow up or closed due to a changing need. Only 13.4 percent of cases were lost for the client. The researchers also conducted a return on investment and found that, for the cost of providing a legal service in comparison to the amount of Medicaid the client and hospital received, resulted in a large return on investment.

### **Methodology:**

They conducted a cost-benefit analysis, including a return on investment.

### **Highlights:**

- “From 2002 to 2006, 428 cases were reviewed by the legal assistance partner, and 372 referred clients had their cases closed by the legal assistance service” (p. 381).
- “Of the closed cases, 95 (25.5%) resulted in positive outcomes for clients, meaning that a case was decided in the client’s favor (“winning cases”). Of the winning closed cases, 32 clients received Social Security benefits, 28 clients received Medicaid benefits and reimbursement, 15 clients received power of attorney rights; 6 clients had a property or housing dispute resolved, 4 clients received assistance with wills, 4 clients received a divorce, 1 client received child support, 3 clients received medication benefits or reimbursement, and 2 clients received employment benefits ... Of the closed cases, 159 (42.7%) resulted in clients receiving legal advice and/or referrals to an appropriate legal assistance entity. ... The remaining 118 closed cases were either not won (50), lost to follow-up (52), or closed due to a change in client’s interest or need (16)” (p. 382).
- “Simple return on investment for the funding partner was calculated by taking the difference between the documented Medicaid adjusted reimbursement collected by the funding partner, which resulted from the health and law program, and the funding partner’s original funding for the program. Based on this calculation, the known ROI for the funding health care organization was \$172,135 ( $\$287,573_{\text{Collected by funder}} - \$115,438_{\text{Funder expenditure}} = \$172,135$ ) or 149% ( $\$287,573/\$115,438$ ) more than the amount invested. The known monetary benefits per case exceeded the costs (\$270) by \$402 per case” (p. 382)
- "Gaining access to Social Security benefits directly increased total income, whereas medication reimbursement influenced disposable income. In addition, due to high poverty, low Medicaid reimbursement rates, and shortage of medical providers, the process of receiving Medicaid reimbursements in many rural areas can be stressful for both the patient and health care provider ... In this regard, the health and law program assisted individuals living in rural southern Illinois to navigate the complex medical and legal systems by establishing a health care legal navigator system that referred patients to pro bono legal aid, thereby facilitating legal solutions to health-related problems and improving access to legal counsel from credentialed, trained, and experienced legal aid staff” (p. 382-383).