EDITORIAL

Medical-Legal Partnership: A New Model to Reduce Health Disparities

Lisa Zingman

Across the country, millions of Americans are dealing with social and economic hardships that prevent them from achieving good health. Take, for example, the case of a teenager with asthma named Jane*, who was being treated at the Boston Medical Center. Jane lives in a low-income neighborhood with substandard housing conditions and a mold infestation that exacerbates her asthmatic condition. Jane's doctor at the hospital could prescribe her medication to take home, but her asthma would keep recurring if her living environment did not improve.

But, Jane's physician did more than prescribe medicine – he asked her questions that led to recognition of the underlying cause of her asthma. He then referred her to the Medical-Legal Partnership (MLP) office on-site, which assigned a lawyer who worked with Jane and her family to have renovations done, including mold removal from her apartment building. Following the MLP intervention, Jane's health was restored and her asthma came under better control.

Jane is one of an increasing number of people benefiting from a new model of care that closely links healthcare providers with legal advocates. As David Williams et. al. explains in his article "Moving Upstream: How Interventions That Address the Social Determinants of Health Can Improve Health and Reduce Disparities," Medical-Legal Partnerships bring together healthcare providers and lawyers to collaboratively devise legal remedies to previously unaddressed issues impairing the health and well-being of vulnerable individuals. In an MLP, healthcare providers are trained to recognize adverse social conditions that have legal remedies. MLP lawyers provide legal assistance that the person would be otherwise unable to access. MLP lawyers also become an integral part of the healthcare team, advising staff on the wide variety of resources that may be available to their patients.

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Jane was lucky enough to have access to the resources of health and legal professionals because of the MLP program. Similar programs have been developing across the country, part of a broader movement to address health disparities among vulnerable, low-income, largely minority populations with high rates of disease, disability and premature death. According to the Office of Minority Health, these disparities typically exist because of inadequate access to healthcare and other resources, as well as a substandard quality of care.

Vulnerable populations often have trouble getting the care they need because of social, linguistic and economic barriers. For example, many people have trouble understanding the complex rules regarding eligibility for public benefits and are unaware of the availability of professionals who can help them. They need support in confronting those who may improperly deny them resources, entitlements, and equal rights.

Social determinants of health play a major, though largely unaddressed, role in health disparities. According to the World Health Organization, social determinants of health are the circumstances in which people are born, live, and work, including the health system. The distribution of power, money and resources globally, nationally, and locally influence these conditions and are influenced by policy choices. Those with less means have a harder time accessing the resources they need and therefore have worse health outcomes than those with more resources. By enlisting the help of healthcare and legal professionals, disadvantaged populations can improve their situation, even if it is just by attaining food stamps to feed their families.

Founded upon this idea, MLPs help individuals and families get and stay healthy by addressing social conditions in their lives. The goal of MLP is to ensure that individuals' and families' basic needs, such as food, housing, education and healthcare, are met. MLPs seek to reduce health disparities through three core activities: health systems improvement, direct assistance to patient-clients, and systemic advocacy.

MLPs improve health systems by training healthcare providers, helping case management staff to become more effective, and helping to prevent otherwise unnecessary visits and hospitalization. Direct legal advice and assistance is provided to patient-clients regardless of their ability to pay. As a result, they may have improved access to income support and food stamps, insurance and medication coverage, appropriate living conditions, and educational opportunities. On a broader level, the MLP model is also effective as a systemic advocate for reduction of health disparities. When healthcare and legal professionals join together, they are a powerful voice in the setting of policy. They are better able to push for legislation, policy changes, and improved benefits. The result of MLP activities is healthier lives.

This summer, I worked at the National Center for Medical-Legal Partnership, which supports the expansion, advancement and integration of the MLP model across the country according to their website. There are now MLPs in more than

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225 hospitals and health centers in 38 states. Through the training I received and the research projects that I completed, I gained an in-depth appreciation of the MLP model.

As a Community Health major I can tell you that the Tufts Community Health Program shares many of the same values and goals of MLP. Both are part of a movement in healthcare towards preventive and more comprehensive care. The Community Health Program teaches students from their first class about the importance of addressing social determinants of health. MLP educates medical and law school students, along with residents, attending physicians, and support staff about the relationship between basic legal needs and health.

While many papers have been written about the benefits of MLP, the full extent of the model and its cost-effectiveness have not been rigorously studied. There are presently bills pending in the House and Senate to fund a nationwide demonstration project for MLPs and more fully evaluate its effectiveness.

Medical and legal communities, including the American Medical Association and the American Bar Association, have already stepped up to support MLPs. There remains a great opportunity for the public health community to also get involved. Public health professionals could help to further evaluate the benefits and effectiveness of MLPs, promote the model more widely if further study is supportive, and partner with MLPs to reduce health disparities and improve the health of vulnerable populations.

**Name changed to protect privacy.*

References

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RESEARCH HIGHLIGHT

Infant Mortality Strongly Linked to Years of Women's Education

Caroline Melhado

A decrease in infant mortality is strongly correlated to an increase in women's education. A review of census and national surveys conducted over the past forty years, funded by the Bill and Melinda Gates Foundation, found that infant mortality rates declined 7-9% with every additional year of education women obtained in a country.

Secondary reports from 175 countries were reviewed to find the mean years of education in women and infant mortality during the years 1953 to 2008. Confounding variables such as HIV seroprevalence and income were taken into account in calculating the correlation of education to infant mortality. Researchers found that education during this time period has greatly increased, while the infant mortality has decreased. However 46 countries still have a mean of less than 6 years of education for women in 2008. Not surprisingly, these countries also have high rates of infant mortality. The pattern remained true across the spectrum, for countries with the highest rates of education for women had the lowest rates of infant mortality.

This strong correlation between women's education and infant mortality should spur education advocates and Millennium Development Goal supporters. While many herald the economic impact of education for a developing nation, education can also strongly affect the health of a population as well

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