MEDICAL-LEGAL PARTNERSHIPS AS A STRATEGY TO IMPROVE SOCIAL CAUSES OF STRESS AND DISEASE

Chronic stress negatively impacts an individual at any point during the life course, but is particularly detrimental during critical periods including preconception, maternity, and early child development. Strutz et al. found that preconception chronic stressors accounted for 38% of the total disparity in birth weight between Mexican-origin Latinas and Whites; 48% between other-origin Latinas and Whites; and 29% between Blacks and Whites for first births. Social determinants of health influence chronic stress but are not directly impacted by traditional medical care. There is a significant amount of literature that describes and quantifies inequity and its causes; however, there is considerably less literature on strategies to directly ameliorate the social causes of stress and disease.

The medical-legal partnership (MLP) model integrates legal care and medical care to effectively and sustainably reduce chronic stressors and their associated negative health impact among low-income populations. In this model, medical and legal providers work together as a team to help low-income individuals get the legal assistance they need for a wide range of social stressors. These teams have the ability to transform practices, policies, and systems. Attorneys advocate on behalf of patients to help them address legal concerns ranging from housing, to health insurance to immigration. Having these legal concerns met can dramatically reduce chronic stress and improve health outcomes in low-income populations. The MLP model is currently implemented in 35 states in a wide range of health care settings. Figure 1 presents an example of this model applied to serve pregnant women and their families.

The United States constitution does not include a provision of the right to counsel in civil law cases. This has resulted in a significant gap in legal care access. There is one private practice attorney for every 217 individuals earning above 200% of the federal poverty level, but there is only one civil legal aid attorney for every 14,229 people living at or below 200%. This disparity is especially significant considering almost all low income households have at least one unmet legal need. MLPs transform existing health care delivery systems to better address social determinants of health and thereby decrease preconception stress and adverse birth outcomes. Mothers and children embody social inequities that convert into health inequities. Reducing systemic social inequities translates into improved population health outcomes. To meet public health’s objectives, “fairness-in-all-policies” must be elevated to improve the health of vulnerable families. The MLP model provides a significant step in the right direction.

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J. Teufel and S. Mace Heller developed the concept for the letter. J. Teufel, S. Mace Heller, and D. J. Dausey contributed intellectually to the writing and editing of the letter.

References
### FIGURE 1—Example of the structures, processes, outcomes, and sustainability of a medical-legal partnership focused on maternal and child health.

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<th>Structures</th>
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| Maternal & Child Health Nurses | Nurses Screen for Legal Needs  
Attorneys Assess & Remediate Needs  
Share Expertise  
Advocate for Changes in Policy & Practice | Improved Patient Satisfaction with Services  
Decreased Stress  
Improved Maternal & Child Health Outcomes  
Avoided Preventable Health Care Expenditures | Monitor and Estimate Financial and Social Return on Investment  
Disseminate Findings for Replication  
Improve Policies & Practices |
| Medical Legal Partnership |                                                                 |                                                                 |                                                    |
| Legal Aid Attorneys |                                                                 |                                                                 |                                                    |