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Training Future Health Justice Leaders – A Role for Medical–Legal Partnerships

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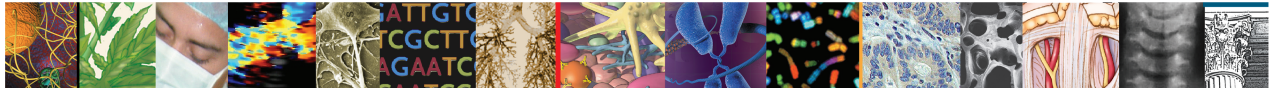
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Training Future Health Justice Leaders — A Role for Medical–Legal Partnerships

Edward B. Heaton, M.D., M.P.H., William M. Treanor, J.D., John J. DeGioia, Ph.D., and Vicki W. Girard, J.D.

IN JULY 2020, DR. LLOYD MINOR, dean of the Stanford University School of Medicine, cited the Covid-19 pandemic and life expectancy differences by neighborhood in Washington, D.C., as evidence that teaching hospitals and academic health centers must confront the effects of ZIP Code on health and well-being.¹ It's true — our city's residents face some of the worst health inequities based on race and socioeconomic status in the country. But we are not alone. Such inequities exist throughout the United States in communities of color, which are disproportionately affected by adverse social determinants of health (conditions related to where people are born, live, learn, work, and age, which drive health inequities).

As educators, we are responsible for teaching students how

they can support the health and well-being of all people, which requires addressing these determinants and the systems and policies that perpetuate them. Doing so demands that we reenvision both the role that access to justice plays in health equity and the way we train future health care teams. To accomplish these goals, medical, nursing, other health professional, and law schools could embrace the medical–legal partnership (MLP) approach to health care² as a strategy for supporting the next generation of health justice leaders. By recognizing lawyers as powerful allies in addressing some of the root causes of systemic health inequities, MLPs can expand institutional and professional boundaries and help students learn new ways to practice law and medicine together.

MLPs, endorsed by the Ameri-

can Medical Association and the American Bar Association for their potential to improve health and well-being, integrate lawyers directly into health care teams to help patients address legal barriers to good health (“health-harming legal needs”). Such barriers include food insecurity, poor housing conditions, insurance denials, unfair employment practices, family instability, and other issues. These challenges often require legal advocacy to overcome — for example, when the landlord of a patient with asthma refuses to take responsibility for eliminating mold that is exacerbating the patient's condition. Despite the important effect that legal needs have on patients' physical and mental health, most medical education programs don't teach future clinicians how to identify such needs. Still fewer programs teach students how to

leverage law and policy to address health-harming legal needs and the structural barriers that perpetuate them. Even when inter-professional education is presented as a strategy for improving health care delivery,³ educators rarely expand this vision to include integrating lawyers and law students into health care teams.

MLPs can fill these educational gaps and contribute to the pipeline of professionals who are prepared to work together to advance health equity. Some schools already incorporate MLP-related education in various ways, ranging from traditional lectures to simulations to opportunities to practice in MLP clinics. Existing academic MLPs include an Atlanta-based collaboration between the Georgia State University College of Law and the Morehouse and Emory University Schools of Medicine, among other organizations; a Rutgers initiative that includes social work students; and a University of New Mexico program serving previously incarcerated young people. Such programs provide powerful learning opportunities for students while they are forming their professional identities. Academic MLPs are ideally positioned to educate and train aspiring lawyers, doctors, nurses, social workers, case managers, and other health professionals to identify and understand people's health-harming legal needs, to collaborate with professionals in various disciplines to address these needs, and to use their collective expertise to transform the systems that prevent people from achieving optimal health and well-being. Universities also have the institutional resources needed to study the effects of MLPs at multiple

levels. Our MLP at Georgetown University, the Health Justice Alliance, was designed to fulfill these missions.

Launched in 2016, the Health Justice Alliance originally offered bidirectional learning opportunities for law and medical students and has since expanded to include nursing and postgraduate students. Our medical and law centers jointly fund several positions and support protected time for faculty on both campuses. Georgetown College is funding a new program in which students will help develop an MLP-based internship program for undergraduates, and MedStar Health, our academic health partner, provides student opportunities as part of its cancer and perinatal MLPs. The Health Justice Alliance supports innovative classroom, clinical, and service-based learning environments in which medical, law, and nursing students learn and practice together. Students move beyond awareness of inequities to practice addressing the social determinants of health in service of low-income and marginalized patients and communities.

The medical cornerstone of our MLP is the School of Medicine's Health Justice Scholars program. This 4-year academic track focuses on health justice and advocacy and regularly enrolls more than 15% of the incoming class. The legal cornerstone is the Health Justice Alliance law clinic. Participating students spend an intensive semester providing no-cost legal services to MedStar Georgetown Community Pediatrics patients. Law students work side by side with members of health care teams, including medical and nursing students rotating through the law clinic, to help low-income

patients and their families with unmet legal needs, such as those related to housing, education, and public benefits. Medical and nursing students learn the content and value of a legal checkup, the ways in which law and policy can be used to help improve health, and strategies for advocating for their patients. Concurrently, law students learn the importance of partnering with clinicians who can identify patients' legal needs and share expertise about health conditions.

In one case, for example, a law-clinic team helped a low-income family facing complex health care needs get their Medicaid benefits reinstated. In another case, understanding the neurologic consequences of lead exposure for developing brains helped students successfully advocate for an emergency housing transfer for a family with several young children with high blood lead levels. Law and medical students then testified before the D.C. Council in support of a bill to increase protections against residential lead hazards. This experience illustrates the power of MLPs to translate direct-service work into evidence and data to support broader advocacy surrounding changes to laws, policies, and practices.

The Health Justice Alliance provides various other inter-professional learning opportunities. Each year, dozens of law students participate in a pro bono program that helps medical students prepare to meet with congressional representatives to advocate for legislation supporting health equity during our Capitol Hill Advocacy Day.⁴ Other students come together to advance direct-service and policy work re-

lated to criminal justice. Medical students rotating in law clinics, for example, review the medical records of incarcerated people for information to support Covid-related compassionate-release requests. Other law and medical students are working on a tool kit for emergency department clinicians to guide their interactions with law enforcement officers and protect patients' rights. Many law, medical, and nursing students also contribute to our MLP research by collecting and analyzing data, conducting needs assessments, and coauthoring articles. Such collaborations often require students to navigate educational and professional differences. Working together to overcome potential barriers to serving health- and justice-related interests not only improves teamwork but also teaches students how much they have in common with each other. Participating students have reported that they are learning to practice medicine or law in a dif-

ferent way than they would have in traditional medical or legal tracks, and we have launched a prospective cohort study to assess the association between participation in the program and students' early-career trajectories.

Institutions of higher learning are well positioned to integrate MLPs into education and training and to assess the effects of such partnerships on students' knowledge, attitudes, skills, and career choices. They are also ideally resourced to help build the evidence base regarding MLP outcomes at the student, patient, and systems levels. We are encouraged by schools that are already using MLPs in some of these ways.⁵ Other universities could commit to developing a national pipeline of health justice leaders ready to transform health care, legal, and policymaking institutions and to fulfilling the promise that MLPs hold for advancing health equity.

Disclosure forms provided by the authors are available at NEJM.org.

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