

# Evaluating the Impact of Health-Justice Partnerships: A Scoping Review

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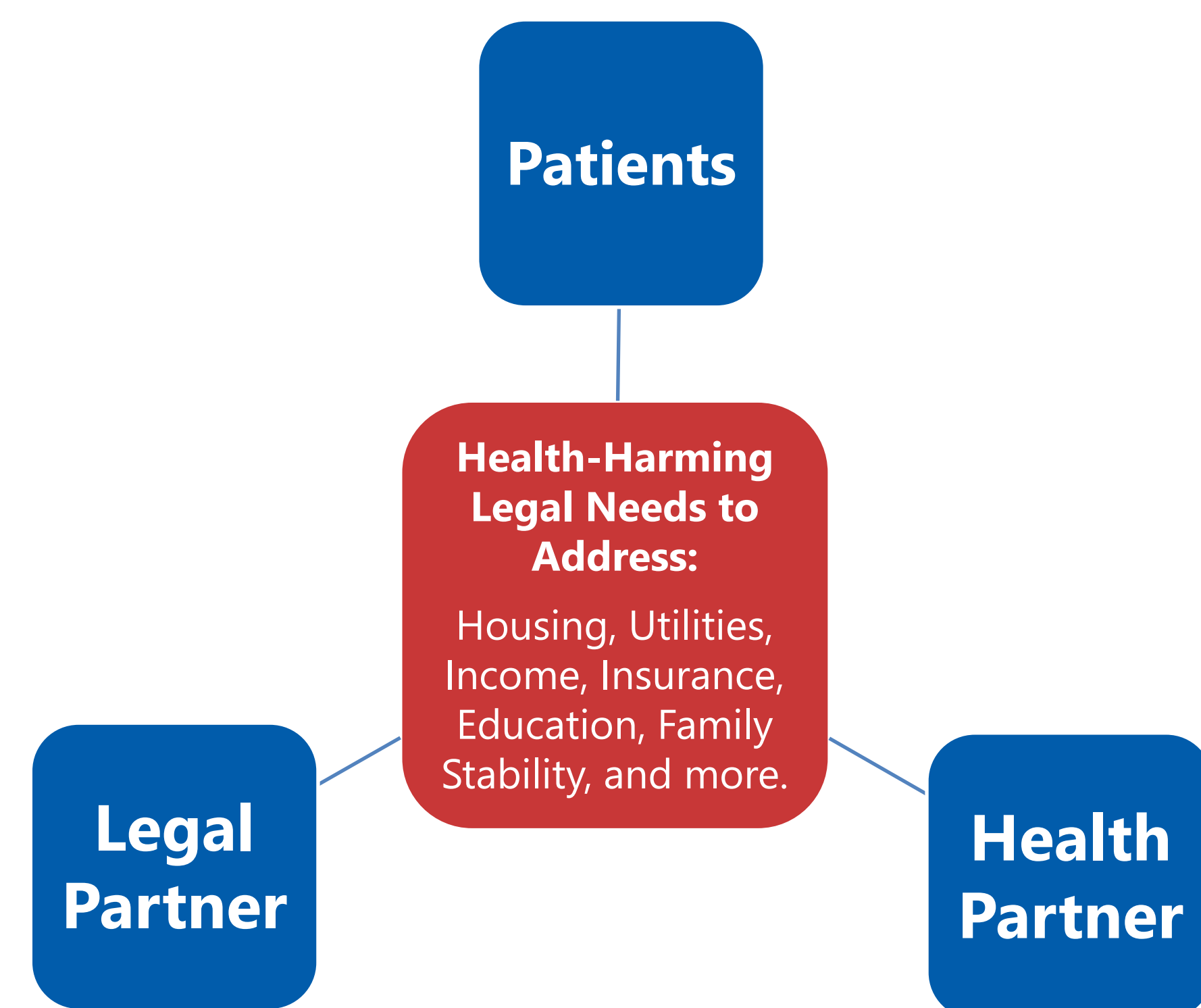
## Introduction

It is estimated that approximately 50% of one's health status is determined by social factors, such as income, education, early life, colonialism, racism, Indigeneity, and more.

- Many social determinants of health (SDoH) are connected to legal rights and entitlements and can be addressed through legal remedies (for example, substandard housing, immigration status, poor working conditions, access to government income supports, intimate partner violence, and discrimination).
- Legal needs studies conducted in different countries have demonstrated that health-harming legal needs create cycles of vulnerability and disadvantage. As a consequence, interconnected and unresolved legal problem clusters contribute to, and trigger, downward spirals in legal health and wellbeing.

**Health-justice partnerships (HJPs) describe collaborations between healthcare and legal services that aim to address health-harming legal needs.**

- These collaborations are referred to as HJPs in the United Kingdom and Australia, Medical-Legal Partnerships in the United States, and use both terms in Canada.
- Essential components of these collaborations include:
  - Formalizing partnerships between healthcare and legal providers with common goals; and
  - Identifying, assessing, and intervening in health-harming legal needs for vulnerable populations.



**HJPs are described in many peer-reviewed publications, but few have conducted empirical evaluations of their impacts.**

- While abundant literature has demonstrated links between SDoH and poor health outcomes, there is a need for rigorous evaluation of cost-effective clinical interventions that target these determinants.
- HJPs may be a practical and effective option to address many health-harming legal needs.

## Research Questions

We aimed to identify and summarize peer-reviewed evidence regarding the evaluation of HJPs, including factors associated with their effectiveness.

Our research questions were:

- Which health-harming legal needs are commonly addressed by HJPs and which populations are served?
- What are the impacts of HJPs on patients and populations?
- Which factors are associated with greater impacts of HJPs?

## Methods

**This scoping review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines.**

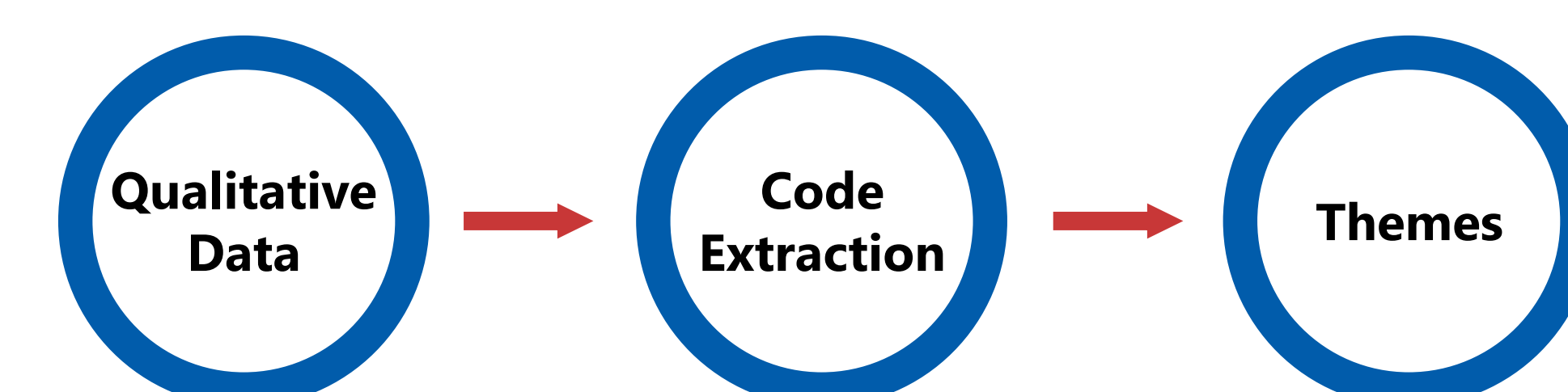
- Search terms and search strategies were developed with medical and legal librarians. Search terms included: 1) terms to describe legal services; 2) terms to describe interprofessional partnerships; 3) terms to describe HJPs; and 4) terms to describe evaluations.

### Box 1. Inclusion criteria.

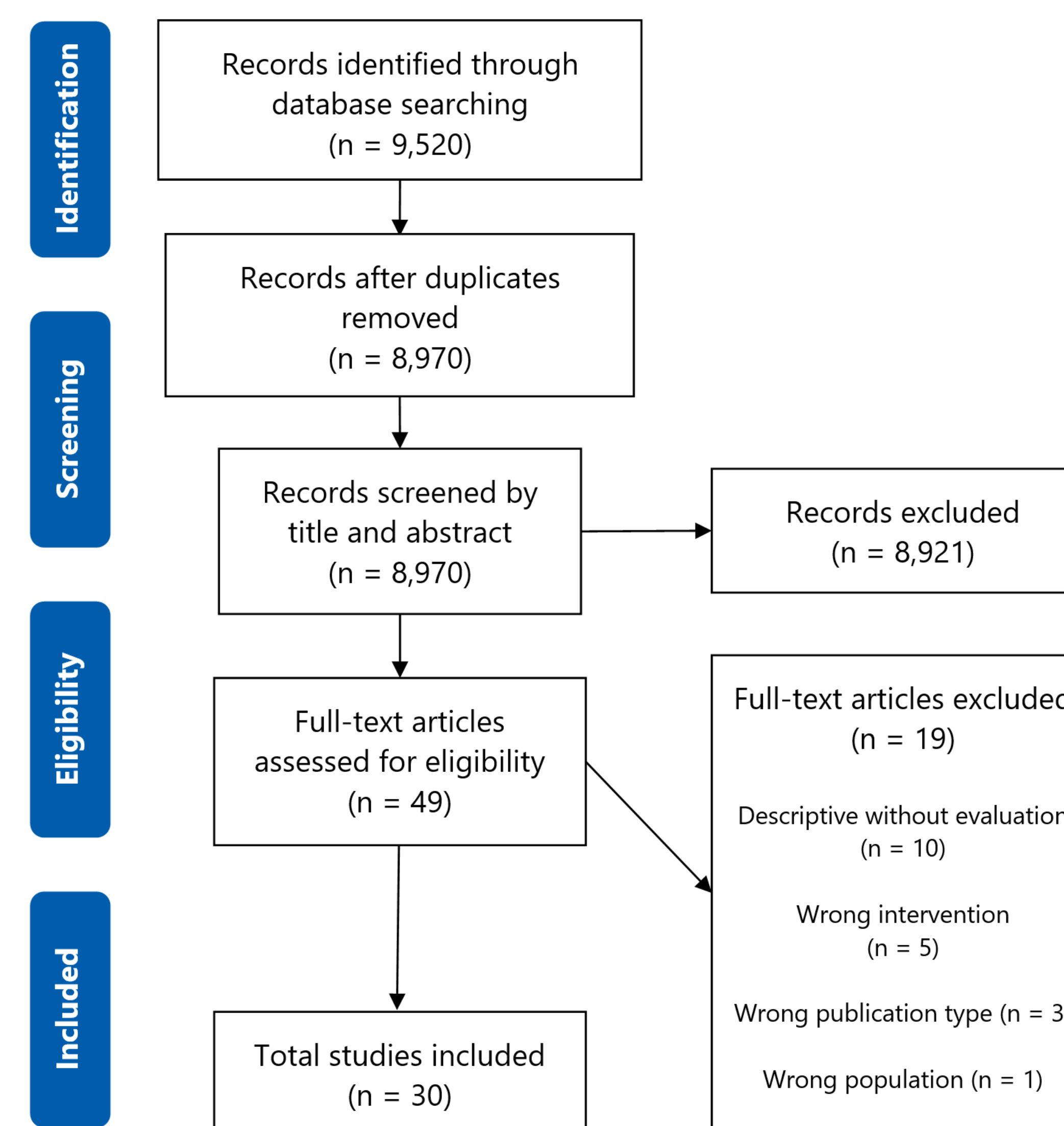
- Reported evaluation of a HJP
- Reported outcomes pertaining to HJP operations, SDoH, health status, healthcare utilization, cost, legal processes, policy, or systemic advocacy
- Peer-reviewed publications of original research
- Conducted between 1 January 2000 and 31 July 2019
- Published in English
- Conducted in an OECD country

Studies were excluded if they were reviews, commentaries, conference abstracts, unpublished abstracts, or pertained to specialized courts.

- Study screening and selection was managed in Covidence.
- Dual independent review was employed for title and abstract screening and full-text screening.
- Data was extracted from included studies by a single reviewer using a data extraction form.
- A thematic analysis identified key domains for reporting, including: geography, healthcare and legal settings, populations served, legal needs addressed, and measures of HJP performance.



## Results



**Figure 1. PRISMA flow diagram.** 9,520 studies were identified in the literature search. Title and abstract screening removed 8,921 studies. Full-text screening removed 19 studies which did not meet inclusion criteria. Thirty studies were included in the final analysis.

### Settings

#### Healthcare Settings

- 50% of studies (n = 15) took place in primary care centres
- 37% of studies (n = 11) took place in children's hospitals
- 2 studies used outreach models

#### Legal Settings

- 56% (n = 17) delivered legal services in healthcare settings
- 30% of studies (n = 9) used off-site legal services
- 20% (n = 6) used both on-site and off-site legal services

#### Geographic Settings

- 83% of studies took place in the U.S.; the remainder were in the U.K. (n = 2), Australia (n = 2), and Canada (n = 1).

### Populations & Legal Needs

#### Populations

- 50% of studies (n = 15) served children and families
- 30% of studies (n = 9) targeted low-income populations
- 30% (n = 9) targeted patients with specific medical diagnoses

#### Legal Needs

- The most common legal needs pertained to housing and/or utilities (n = 20 studies; 67%), income (n = 16; 53%), and personal and/or family stability (n = 15; 50%).

## Results (continued)

### Outcomes

Category	Definition	Example
<b>Patient Health Status and Healthcare Utilization</b>	Measures of patient health status, including subjective and objective measures of health or healthcare resource usage.	Reduction in emergency department utilization and/or hospital admissions.
<b>Justice, Social, and Economic</b>	The nature and outcomes of legal interventions, including changes to an individual's legal needs and social determinants of health after accessing legal services, as well as the economic return on investment for healthcare partners as a result of legal interventions.	Remediation of unsafe housing disputes with landlords.
<b>Health-Justice Integration</b>	Measures of the effectiveness of collaboration between health and legal providers and overall partnership functioning, including education to increase healthcare providers' knowledge of legal services, screening patients for legal needs, and referral to legal services.	Improvements in rates of identifying legal needs.

### Patient health status & healthcare utilization

- In 27% of studies (n = 8), HJPs were associated with improved diabetes control, asthma control, reduced hospitalization, parent-reported overall child health, access to healthcare, and improved mental health (lower stress, fewer PTSD symptoms).

### Justice, social, and economic

- 70% of studies (n = 21) identified that HJPs were associated with improved housing, including affordability, stability, habitability, and safer living conditions.
- HJPs were cost-effective (cost-benefit ratio of 321%, return on investment of 221%, based on recovery of Medicaid funding).

### Health-justice integration

- There were three primary means of enhancing health and legal collaborations: forming partnerships with varying degrees of formality, cross-disciplinary education of legal issues, and implementing legal screening tools.
- In 53% of studies (n = 16), healthcare providers received legal education to help them screen patients for legal problems. Eight studies (27%) implemented a specific screening tool for patients who would benefit from legal referral. Four studies (13%) combined all three means of integration.

## Discussion

**HJPs operate in a myriad of ways but all are designed to improve vulnerable peoples' health through greater access to justice.**

- HJPs have an important role in advancing health equity by intervening upstream to mitigate the health impacts of social factors and unrealized economic rights.
- Further research is needed to better understand the operational factors that lead to HJP success and the long-term health and legal outcomes of HJP users.

## Acknowledgements

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