

**CHART-IT**  
**OR, CAPTURING HEALTH - AN ATTORNEY REPORTING TOOL**  
**FOR IMPACT TRACKING**

**A Framework for Systematically Documenting the  
Impact of Legal Assistance  
on the Health of  
Low-Income Individuals and Families**

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## ABOUT THIS WHITE PAPER

This white paper is designed to provide a framework for legal services practitioners to incorporate health indicators and concepts into their daily work. The authors are lawyers who practice specifically in the medical-legal partnership context, which has significantly informed their thinking and the development of this framework. This work would not be possible without the long-standing engagement and leadership of Southern Illinois Healthcare and Land of Lincoln Legal Assistance Foundation, Incorporated, who together are the Medical-Legal Partnership of Southern Illinois. This white paper is meant as a tool that should be used in tandem with the range of tools and resources available through the National Center for Medical-Legal Partnership.

## ABOUT MEDICAL-LEGAL PARTNERSHIP AND THE NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHIP

Medical-legal partnership (MLP) embeds civil legal aid lawyers and paralegals alongside health care teams to detect, address, and prevent [health-harming social conditions](#) for people and communities. MLP have been established in close to 300 health care institutions and in 36 states. MLP are particularly effective at addressing the social and economic determinants of health. For example, such partnerships can force landlords to remedy poor housing conditions that aggravate a patient's asthma, help patients establish eligibility for Medicaid, secure educational services for children with special needs, or help patients escape domestic violence situations.

The National Center for Medical-Legal Partnership (NCMLP) mission is to improve the health and well-being of people and communities by leading health, public health and legal sectors in an integrated, upstream approach to combating health-harming social conditions. Over the past several years, NCMLP has helped grow the number of medical-legal partnerships in settings that serve children, chronically ill adults, the elderly, Veterans, and Native Americans. It spearheads this work in four areas to: (1) transform policy and practice across sectors; (2) convene the field; (3) build the evidence base; and (4) catalyze investment in the field. NCMLP is a program of the Milken Institute School of Public Health at the George Washington University. See [www.medical-legalpartnership.org](http://www.medical-legalpartnership.org).

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## INTRODUCTION

### LEGAL NEEDS > LEGAL AID

Less than one in five legal needs for low-income persons are addressed by attorneys, whether through legal aid, pro bono, or paid legal services.<sup>1</sup> In this era of moving that dial to 100% access, including through obtaining increased funding,<sup>2</sup> we must embrace nontraditional means of collaborating and discussing the impact of legal aid.

### LEGAL AID IS GOOD FOR HEALTH

It has been shown that the overall health of a community is improved if legal aid is available.<sup>3</sup> As the National Center for Medical-Legal Partnership (NCMLP) notes, “[t]he civil legal aid community works to address many of these health-harming legal issues, but its role in improving health is largely invisible, and it is limited in its capacity and impact because it works in a silo separate from the health and public health communities.”<sup>4</sup>

### SO WE CREATED A FRAMEWORK

This paper describes the seminal attempt at establishing a comprehensive health-based framework for systematically recording legal outcomes that is exclusively targeted to all legal services practitioners. The framework is organized by the Legal Services Corporation problem codes that are utilized nationwide by legal aid organizations, and it is grounded in a lawyer-friendly adaptation of social determinants of health. The framework also synchronizes with toolkits and resources developed by the NCMLP.

### HEALTH MATTERS

Improving access to medical care has become a domestic and global priority. These efforts have broadened how we understand health: Beyond individual genes and constitution are other factors, including the healthcare system itself, that affect the ability to achieve and maintain a state of wellness.<sup>5</sup> These factors are known as the social determinants of health; but when they are not mitigated as social issues, they can become legal problems best addressed by an attorney.

The social determinants of health are the conditions in which people are born, grow, live, work and age. They are responsible for health inequities—the unfair and avoidable differences in health status—and they are controlled by law and policy.

### BUT LEGAL AID DOES NOT TRACK HEALTH

By systematically describing the outcomes of casework in terms of a projected impact on health, legal services organizations can engage in dialogue about the linkage between unmet legal needs and health. As importantly, they can make use limited resources in a way that both addresses legal needs and has a positive impact on health.

## METHODOLOGY

### WHO WE ARE

Capturing Health – An Attorney Reporting Tool for Impact Tracking (CHART-IT) is a framework that builds on the longstanding innovation and leadership at the Medical-Legal Partnership of Southern Illinois (MLPSI), a fourteen-year-old collaboration between Land of Lincoln Legal Assistance Foundation’s Southern Regional Office (LOLLAF) and Southern Illinois Healthcare, both located in Carbondale, Illinois.

### WHAT WE CREATED

Using our own data and experience, coupled with research on healthcare priorities, we created a robust framework that allows legal professionals to project a health impact in a manner similar to the way that legal outcomes are recorded when closing a case. The framework is designed to be easy for non-MLP lawyers to use, too.

### WHY WE DID IT

Although we knew from prior research and experience that legal interventions have a positive impact on health, it was not readily apparent in records of daily legal work what those impacts were. Indeed, despite resources developed by the National Center for Medical-Legal Partnership, including [“Framing Legal Care as Health Care,”](#) there appears a systemic difficulty with connecting legal outcomes and impact on health.

### HOW WE DID IT

#### *Getting started*

We began with informal interviews with half a dozen LOLLAF attorneys in fall 2014. From these we found a number of themes continually resurfaced. Those themes were used to create a list of health-related challenges, which we used to inform our literature review. The literature review helped us generate and support a list of “projected health impacts” that we then connected with the specific legal problems of the cases cited during the interviews. Finally, we consulted with the MLPSI medical partner champions, including specialists in public health, public health nursing, and healthcare administration. They found the list promising, and recommended that citations to our research remain on the list.

Drawing on an existing packet of closing outcomes, each LOLLAF attorney in the Carbondale office was provided a list of projected health impacts in January 2015. The attorneys were instructed to select one or more concepts that could reasonably result from the legal work upon closing a case. The three-month trial period made clear that the idea of tying health to legal casework was indeed workable by practicing attorneys, largely because the prescribed process of selecting a health impact deliberately mirrored the requirements that legal aid attorneys choose legal outcomes when closing a case.

### *Presenting trial data*

The theory, but not the impacts, was presented at the annual medical-legal partnership summit in April 2015. Through an interactive session designed to act as an informal survey of the field, we tested our assumptions and perceived limitations, discussed briefly in the final section.

In May 2015, with preliminary data in hand, we consulted James Teufel, MPH, PhD, in order to ascertain the usefulness of the information we proposed to track. This conversation led to the adoption of broad categories for reporting purposes. Dr. Teufel assisted in the construction of the six broad categories, tweaked the language of two proposed health impacts, and added one other impact.

The existing data was then tabulated again using the broad categories and the adjusted terminology. The results of the recalculation were re-presented to the MLPSI medical partner champions. Upon their recommendation, two more projected health impacts were added, and a six-month trial period began in July 2015.

### *Finalizing the framework*

The framework was reviewed in January 2016 by MLP attorneys and physicians in Austin, Texas, and Los Angeles, California, and put in place in the former. A mid-size and large metropolitan area, respectively, Austin and Los Angeles were selected to contrast with MLPSI's rural population. All parties agreed that the framework was easy to use and meaningful for both the legal and medical partners. Small linguistic changes were undertaken to two impacts, and two other impacts were combined. The final CHART-IT framework consists of sixteen projected health impacts across six reporting categories.

### *Revealing the results to the field*

The final framework and a year's worth of data was presented to practicing attorneys, physicians, and others in attendance at the medical-legal partnership summit in April 2016. Overall feedback was very positive, with no further changes to the framework recommended.

## **THE CHART-IT FRAMEWORK**

Figure 1 contains the CHART-IT health impact framework. The list of sixteen projected health impacts are designed to represent a potential effect of legal interventions on the client's health. The projected health impacts are then filtered into six categories that might be broadly considered the social determinants of health most amenable to remedy through legal advocacy. A description of the categories and examples of the projected health impacts follow.

**Figure 1: CHART-IT: Capturing Health - An Attorney Reporting Tool for Impact Tracking**

- Improved continuity of care
- Increased access to transportation
- Obtained health insurance
- Obtained insurance coverage of care/treatment/prescription

**Increased Access to Care**



- Improved habitability of living conditions
- Improved safety of workplace or school environment
- Increased access to healthy built environment
- Increased access to utility services
- Mitigated risk of homelessness

**Improved Physical Environment**



- Mitigated risk of low educational attainment

**Improved Health Literacy**



- Enhanced financial ability to access care and obtain medication
- Enhanced financial ability to purchase healthy foods

**Mitigated Low Income and/or Food Insecurity**



- Reduced likelihood of uncompensated care
- Reduced risk of injury

**Reduced Systemic Healthcare Costs**



- Improved ability to make health-positive decisions (where stress induces health-harming choices or coping mechanisms)
- Improved ability to prioritize health and health care (where stress interferes with care)

**Reduced Stress/ Improved Mental Well-Being**



## ACCESS TO HEALTH CARE

### *Why It Matters*

Access to care is critical to overall health.<sup>6</sup> Lack of access to care leads to unmet health needs, delays in receiving appropriate care, inability to obtain preventive services, and preventable hospitalizations.<sup>7</sup> Health insurance is the primary and most critical mechanism for financial access to care.<sup>8</sup>

LEARN THE LINGO  
**Continuity of care** embodies the notion that a patient should experience health care in a coordinated fashion and as seamlessly as possible.

### *How Does Legal Aid Improve Access to Care?*

- ✚ By improving continuity of care through advocacy or documentation that promotes continuous and consistent healthcare services, such as guardianship
- ✚ By resolving transportation barriers preventing attendance at medical appointments
- ✚ By increasing insurance coverage of local providers who offer the needed medical care
- ✚ By achieving eligibility for health insurance or coverage of a particular prescription, treatment, or service

## PHYSICAL ENVIRONMENT

### *Why It Matters*

Whether at home, school, or work, the physical environment plays a critical role in overall individual and population health. In addition to indoor conditions, the outdoor environment also affects health, including the design of one's neighborhood.

LEARN THE LINGO  
The **built environment** is generally understood to include the buildings, streets, and structure of a neighborhood, including parks and other areas of recreation.

### *How Does Legal Aid Improve the Physical Environment?*

- ✚ By increasing access to housing in neighborhoods built to include sidewalks, bike paths, doctor's offices, and grocery stores
- ✚ By advocating for a tenant's right to healthy living conditions
- ✚ By helping employees and students to work in a safe workplace or school environment
- ✚ By challenging threatened eviction and foreclosure
- ✚ By appealing termination of utility services

## HEALTH LITERACY

### *Why It Matters*

Knowing how to get needed health care when it is needed and how to follow medical advice are both important for meaningful access to care. These skills are developed through a solid education,<sup>9</sup> and, in turn, higher education is correlated with better health.<sup>10</sup>

### *How Does Legal Aid Improve Health Literacy?*

- ✚ By advocating for students denied enrollment in school due to homelessness, legal status, parental absence, or other reason
- ✚ By challenging alternative placement, suspension, or expulsion when a less restrictive alternative is available
- ✚ By advocating for appropriate accommodations of learning, sensory, and physical disabilities

#### LEARN THE LINGO

**Health literacy** is a set of skills that allow one to perform basic reading and numerical tasks for functioning in the health care environment and acting on health care information.

## LOW INCOME/FOOD INSECURITY

### *Why It Matters*

Poverty may be the single greatest indicator of poor health. Most diseases are more common among the poor, and those that are not, like breast cancer, tend to have worse outcomes for poor people.<sup>11</sup> Small increases in income have a greater effect on the poor than on those of greater income.<sup>12</sup> Poverty also keeps people from obtaining other keys to a healthy lifestyle. In particular, food insecurity is amongst the factors most correlated with death and disability.<sup>13</sup>

### *How Does Legal Aid Mitigate Low Income/Food Insecurity?*

- ✚ By maintaining SSDI, SSI, TANF, or other income support benefit or benefit amount
- ✚ By obtaining SNAP or WIC food benefits
- ✚ By mitigating negative credit history
- ✚ By negotiating fair repayment terms for benefit overpayments, taxes, or loans

#### LEARN THE LINGO

**Food insecurity** results when an individual or family has limited access to healthy food, either because of poverty or lack of grocery stores.

## SYSTEMIC HEALTHCARE COSTS

### *Why It Matters*

Reducing unnecessary usage limited medical resources is a major goal for systemic improvement. One source of financial inefficiency is uncompensated care, which can be reduced by making health care more affordable.<sup>14</sup> In other words, some legal interventions that increase individual financial access to care may also reduce population-wide expenditures. Other legal interventions may tend to reduce the likelihood of needing to go to the doctor.

#### LEARN THE LINGO

**Uncompensated care** is the set of costs that are borne by the system for which third-party payors or individual patients do not pay.

### *How Does Legal Aid Reduce Systemic Healthcare Costs?*

- ✚ By obtaining insurance coverage of denied preventive care before it becomes a need for emergency care
- ✚ By remediating an environmental circumstance worsening or making more likely a medical condition
- ✚ By obtaining a protective order that reduces the risk of injury
- ✚ By drafting an advanced directive that reduces the likelihood of undesired care

## STRESS/MENTAL WELL-BEING

### *Why It Matters*

When stress helps us get work done, it is a good thing. But too much stress can be toxic. When children experience too much stress, it makes them more likely to engage in health-harming behaviors as adults.<sup>15</sup> Adults who experience toxic stress are likely to be poorer, sicker, and die sooner.<sup>16</sup>

#### LEARN THE LINGO

Tolerable stress becomes **toxic stress** when it is experienced repeatedly.

### *How Does Legal Aid Improve Stress and Mental Well-Being?*

- ✚ By obtaining a protective order for a victim of domestic violence
- ✚ By drafting a legal document that documents future wishes
- ✚ By increasing income or preventing a loss of income
- ✚ By resolving a marital or custody dispute
- ✚ By obtaining a bankruptcy

## PRACTICAL IMPLEMENTATION OF THE CHART-IT FRAMEWORK

### SELECT FROM THE IMPACT LIST AT CLOSING

The CHART-IT teams have used the defined set of projected health impacts in the same way that they use a defined set of legal problem outcomes. Upon closing a case, the attorney, based on his understanding of the client’s circumstances, selects one or more projected health impacts that the attorney believes are potential effects of the case. As with other closing outcomes, the projected health impacts are embedded in the case management system or the electronic health record, and the attorney is able to select impacts via drop-down list or checkbox.

#### *How to Project a Health Impact*

For a client who is homeless, an increase in income means he may be able to obtain shelter, increasing access to a healthy built environment. For another client living in public housing with no need to move, an increase in income may not affect the neighborhood in which she lives, but it may mean improved ability to purchase healthy foods.

### REPORT USING CATEGORIES & PERCENTAGES

The individual health impacts are combined into larger categories for reporting purposes. The CHART-IT teams found it more helpful to use proportional results rather than raw numbers. Percentages allow the emphasis to remain on improved health, and they help make comparisons from one time period to another.

### IT IS PROJECTION, NOT DETERMINATION NOR AUTOMATION

Some patient-clients may not experience the benefit we hope for them. Like other healthcare providers, MLP attorneys are limited to professional assistance to help their clients achieve and maintain good health. The CHART-IT framework recognizes that clients have free will, and so it asks attorneys only to project what may reasonably result from the legal care. The CHART-IT teams found that two to three impacts per case was typical.

### THE APPENDICES

Appendix A organizes the projected health impacts by Legal Services Corporation legal problem category. Appendix B organizes the projected impacts by the five key areas of MLP practice ([I-HELP](#)) as developed by the NCMLP.

### OTHER WAYS TO ORGANIZE THE IMPACTS

Individual programs may want to organize the impacts differently. For example, MLPSI isolates the Supplemental Nutrition Assistance Program (SNAP) as a legal category when reporting health impact.<sup>17</sup> Academic literature suggests that SNAP not only increases access to healthy food, but also lessens stress.<sup>18</sup> Thus, the projected health impact list for a SNAP case under the MLPSI organization matches the “Income Maintenance” list (in Appendix A), but without the insurance-related options

## LESSONS LEARNED, ASSUMPTIONS, AND LIMITATIONS

### *“Health impact” does not necessarily equal “medical impact.”*

“Lawyers do not cure cancer” became our mantra as the CHART-IT framework was developed. If lawyers cannot treat or obviously affect medical conditions, how can they impact health? For our colleagues and us, it was important to realize that “health” is something broader than biomedicine: health is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”<sup>19</sup> And so to have an impact on health is to affect overall well-being—physically, mentally, and socially—not only to improve a medical condition, though that of course may be an intended side effect.

For this reason, the CHART-IT framework is founded on legal issues and social determinants of health, not medical conditions. We chose the language of public health because, in our experience, upstream legal care aligns with the goals of public health. Public health aims “to prevent problems from happening or recurring through implementing educational programs, recommending policies, administering services and conducting research.”<sup>20</sup>

### *Medical data can be useful for attorneys.*

The CHART-IT teams collect and track some medical data. We use the International Classification of Diseases, Version 10 (ICD-10).<sup>21</sup> All clinical settings in the U.S. use ICD-10 to identify and classify clinical and other

interactions. We collect an ICD-10 diagnosis on each patient referral because it encourages a link between the health and medical status of a patient and the legal referral. This matches non-legal patient referrals to specialists, which always contain a diagnosis. Most importantly for legal aid, tracking a primary diagnosis allows better targeting of limited resources to reach patient-clients whose illness may interfere with their ability to participate in the legal process.

### *Attorneys on the ground are not well-equipped to do traditional health services research.*

Traditional health services research is designed to document the health impact of a specific intervention or set of interventions; groups of patients are studied over a period of time to detect impact, often in a controlled experiment setting.<sup>22</sup> Broadly speaking, the civil legal aid community is only at the earliest stages of testing the impact of their work through a validated scientific methodology.<sup>23</sup>

Therefore, the CHART-IT framework is intended to be used contemporaneously with the resolution of a case, much the same as other legal outcomes are recorded when a case is closed. The framework ascribes potential improvement to a patient-client’s physical, mental, or social well-being at the time the legal care is rendered. For purposes of the framework, it is unnecessary to decide *when* the health impact accrues, but rather

the focus should *that* the health impact was a plausible projection.

*Data collection concepts are challenging to incorporate for practicing lawyers.*

Health needs and the ability of lawyers to positively affect health can vary greatly. It is not difficult to imagine a description of the impacts on health that is highly specific to a given patient or subset of a patient population.

For instance, we recall a client who took several anti-anxiety medications. Successful appeal of her denied claim for Supplemental Security Income generated an increase in income and eligibility for Medicaid. One source of her anxiety was thus mitigated—financial insecurity. As a result, the patient-client was able to stop taking one anti-anxiety medication.

It would be a valid description of the health impact to say that the legal intervention reduced use of the medicine. But for lawyers with a diverse client population, a health impact list built in this fashion would be narrow and impracticable.

On the other hand, we want to avoid meaningless, vague, or blanket statements, and so the CHART-IT framework seeks to allow for case-specific analysis while being broadly applicable.

*Attorneys have a unique and intimate perspective on their client’s physical, mental and social well-being—their health.*

The relationship between attorney and client provides an opportunity for insight that complements that of other members of the healthcare team. Some of this is because legal intake processes must be very thorough. But legal services attorneys also prioritize cases by asking about income, assets, household composition, and other qualities that align with social determinants of health.

Consider the case of an asthmatic child living in unhealthy housing. The desired health impact is clear—improve her physical environment—but the legal care will vary depending on the circumstances. If, for instance, the family were wrongfully denied income supports that would allow them to move to better housing, then appeal of that decision may be most appropriate.<sup>24</sup> For another family living in clean housing, the same intervention—appealing denied income supports—may mean improved access to healthy food.<sup>25</sup>

Lawyers know their clients intimately and routinely make health-inspired plans for interventions that are uniquely personal to the client. The CHART-IT teams found that in this light, describing legal outcomes in terms of projected impact on health creates little, if any, additional burden on the lawyer. This health impacts framework simply invites the lawyer to routinely chart it.

## RECOMMENDATIONS

*The framework should be incorporated into case management systems and electronic health record systems.*

To maximize the value of the CHART-IT framework, attorneys must be able to routinely project an impact on health. This means that case management systems should include a drop-down list of potential health impacts so that an impact is chosen for every case closed. The impacts should be included in regular and special reports. In the MLP setting, patient health records may include limited legal data, including the intended impact of legal care.

*The framework should be empirically validated.*

Using data from pre-intervention and post-intervention periods, specialists in public health may be able to empirically validate the CHART-IT framework. In particular, it may be possible to establish a measure for decreased risks, reduced stress, and increased access.

*The framework should be broadened to include sub-impacts that reflect the medical goals of specific sub-populations.*

It may be that for attorneys with a specific client population—such as children with sickle cell anemia, or adults with a specific behavioral diagnosis—more specific impacts can be useful. The framework may support linkage with other indicators of well-being, such as the viral load of HIV-positive patients or the A1C values of diabetic patients. We recommend that sub-impacts be established to capture this data in order to create uniform data on the framework nationwide.

*The framework should be connected with financial measures.*

Many legal outcomes have a fixed worth or other accepted measure of financial value. By tying the CHART-IT framework to financial metrics, it may be possible to establish a cost and benefit of legal interventions on both health and the bottom line for patients, entities, and the healthcare system at large.

## CONCLUSION

Attorneys have a positive impact on health whenever they provide legal care for patients, but current habits neither systematically emphasize nor record this benefit. Moreover, there is no established system for routinely documenting the health impact of a legal intervention. The CHART-IT framework fills this gap by providing a method for recording projected health impacts for every client, and it does so in a way that fits neatly within the practices of attorneys when they close cases. Legal services organizations should embrace the linkage between legal needs and health, using it to reconceptualize the value of legal assistance. By doing so, limited resources can be directed toward improving access to justice and improving health, both of which are national and global priorities. Making these connections may also assist in the development of nontraditional collaborations that help legal services organizations broaden their impact.

**APPENDIX A:**  
**Projected Health Impacts Arranged by LSC Problem Category**

CONSUMER/FINANCE	
<b>Legal Problems</b>	<b>Projected Health Impacts</b>
<ul style="list-style-type: none"> <li>• Bankruptcy / Debtor Relief</li> <li>• Collection (Including Repossession/ Deficiency / Garnishment)</li> <li>• Contracts / Warranties</li> <li>• Collection Practices / Creditor Harassment</li> <li>• Predatory Lending Practices</li> <li>• Loans / Installment Purchase</li> <li>• Public Utilities</li> <li>• Unfair and Deceptive Sales and Practices</li> </ul>	<ul style="list-style-type: none"> <li>✚ Increased access to transportation</li> <li>✚ Increased access to healthy built environment</li> <li>✚ Increased access to utility services</li> <li>✚ Enhanced financial ability to access care and obtain medication</li> <li>✚ Enhanced financial ability to purchase healthy foods</li> <li>✚ Reduced likelihood of uncompensated care</li> <li>✚ Improved ability to make health-positive decisions</li> <li>✚ Improved ability to prioritize health and health care</li> </ul>

EDUCATION	
<b>Legal Problems</b>	<b>Projected Health Impacts</b>
<ul style="list-style-type: none"> <li>• Discipline (Including Expulsion and Suspension)</li> <li>• Special Education / Learning Disabilities</li> <li>• Access (Including Bilingual, Residency, Testing)</li> <li>• Vocational Education</li> <li>• Student Financial Aid</li> </ul>	<ul style="list-style-type: none"> <li>✚ Improved continuity of care</li> <li>✚ Mitigated risk of low educational attainment</li> <li>✚ Improved safety of school environment</li> <li>✚ Reduced risk of injury</li> <li>✚ Improved ability to prioritize health and health care</li> <li>✚ Improved ability to make health-positive decisions</li> </ul>

EMPLOYMENT	
<b>Legal Problems</b>	<b>Projected Health Impacts</b>
<ul style="list-style-type: none"> <li>• Employment Discrimination</li> <li>• Wage Claims and other Fair Labor Standards Act Issues</li> <li>• Earned Income Tax Credit</li> <li>• Taxes</li> <li>• Employee Rights</li> <li>• Agricultural Worker Issues</li> </ul>	<ul style="list-style-type: none"> <li>✚ Increased access to transportation</li> <li>✚ Improved safety of workplace environment</li> <li>✚ Enhanced financial ability to access care and obtain medication</li> <li>✚ Enhanced financial ability to purchase healthy foods</li> <li>✚ Reduced risk of injury</li> <li>✚ Improved ability to prioritize health and health care</li> </ul>

## FAMILY and JUVENILE

Legal Problems	Projected Health Impacts
<ul style="list-style-type: none"> <li>• Adoption</li> <li>• Custody / Visitation</li> <li>• Divorce / Separation / Annulment</li> <li>• Adult Guardian / Conservatorship</li> <li>• Name Change</li> <li>• Parental Rights Termination</li> <li>• Paternity</li> <li>• Domestic Abuse</li> <li>• Support</li>   <li>• Delinquent</li> <li>• Neglected / Abused / Dependent</li> <li>• Emancipation</li> <li>• Minor Guardian / Conservatorship</li> </ul>	<ul style="list-style-type: none"> <li>+ Improved continuity of care</li> <li>+ Obtained health insurance</li> <li>+ Increased access to healthy built environment</li> <li>+ Enhanced financial ability to access care and obtain medication</li> <li>+ Enhanced financial ability to purchase healthy foods</li> <li>+ Reduced risk of injury</li> <li>+ Reduced likelihood of uncompensated care</li> <li>+ Improved ability to prioritize health and health care</li> <li>+ Improved ability to make health-positive decisions</li> </ul>

## HEALTH

Legal Problems	Projected Health Impacts
<ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Medicare</li> <li>• Government Children’s Health Insurance Programs</li> <li>• Home and Community Based Care</li> <li>• Private Health Insurance</li> <li>• Long Term Health Care Facilities</li> <li>• State and Local Health</li> </ul>	<ul style="list-style-type: none"> <li>+ Increased access to transportation</li> <li>+ Obtained health insurance</li> <li>+ Obtained insurance coverage of care/treatment/prescription</li> <li>+ Increased access to healthy built environment</li> <li>+ Enhanced financial ability to access care and obtain medication</li> <li>+ Enhanced financial ability to purchase healthy foods</li> <li>+ Reduced likelihood of uncompensated care</li> <li>+ Improved ability to prioritize health and health care</li> </ul>

## HOUSING

Legal Problems	Projected Health Impacts
<ul style="list-style-type: none"> <li>• Federally Subsidized Housing</li> <li>• Homeownership / Real Property</li> <li>• Private Landlord / Tenant</li> <li>• Public Housing</li> <li>• Mobile Homes</li> <li>• Housing Discrimination</li> <li>• Mortgage Foreclosures</li> <li>• Mortgage Predatory Lending / Practices</li> </ul>	<ul style="list-style-type: none"> <li>+ Improved continuity of care</li> <li>+ Increased access to healthy built environment</li> <li>+ Improved habitability of living conditions</li> <li>+ Mitigated risk of homelessness</li> <li>+ Improved ability to prioritize health and health care</li> </ul>

INCOME MAINTENANCE	
<b>Legal Problems</b>	<b>Projected Health Impacts</b>
<ul style="list-style-type: none"> <li>• Temporary Assistance for Needy Families</li> <li>• Social Security</li> <li>• Food Stamps</li> <li>• Social Security Disability Insurance</li> <li>• Supplemental Security Income</li> <li>• Unemployment Compensation</li> <li>• Veterans Benefits</li> <li>• State and Local Income Maintenance</li> </ul>	<ul style="list-style-type: none"> <li>+ Obtained health insurance</li> <li>+ Increased access to healthy built environment</li> <li>+ Enhanced financial ability to access care and obtain medication</li> <li>+ Enhanced financial ability to purchase healthy foods</li> <li>+ Reduced likelihood of uncompensated care</li> <li>+ Improved ability to prioritize health and health care</li> </ul>

INDIVIDUAL RIGHTS	
<b>Legal Problems</b>	<b>Projected Health Impacts</b>
<ul style="list-style-type: none"> <li>• Immigration / Naturalization</li> <li>• Mental Health</li> <li>• Disability Rights</li> <li>• Civil Rights</li> <li>• Human Trafficking</li> </ul>	<ul style="list-style-type: none"> <li>+ Improved continuity of care</li> <li>+ Increased access to transportation</li> <li>+ Obtained health insurance</li> <li>+ Improved habitability of living conditions</li> <li>+ Reduced likelihood of uncompensated care</li> <li>+ Improved ability to prioritize health and health care</li> <li>+ Improved ability to make health-positive decisions</li> </ul>

MISCELLANEOUS	
<b>Legal Problems</b>	<b>Projected Health Impacts</b>
<ul style="list-style-type: none"> <li>• Non-Profit Organization or Group (Including Incorporation / Dissolution)</li> <li>• Indian / Tribal Law</li> <li>• Licenses (Drivers, Occupational, and Others)</li> <li>• Torts</li> <li>• Wills / Estates</li> <li>• Advance Directives / Powers of Attorney</li> <li>• Municipal Legal Needs</li> </ul>	<ul style="list-style-type: none"> <li>+ Increased access to transportation</li> <li>+ Reduced likelihood of uncompensated care</li> <li>+ Improved ability to prioritize health and health care</li> <li>+ Improved ability to make health-positive decisions</li> </ul>

**APPENDIX B:  
PROJECTED HEALTH IMPACTS ARRANGED BY I-HELP**

I-HELPAREA	PROJECTED HEALTH IMPACT
Income & Insurance	Increased access to transportation
	Obtained health insurance
	Obtained insurance coverage of care/treatment/prescription
	Increased access to healthy built environment
	Enhanced financial ability to access care and obtain medication
	Enhanced financial ability to purchase healthy foods
	Improved ability to prioritize health and health care
	Improved ability to make health-positive decisions
	Reduced systemic healthcare costs
Housing	Increased access to healthy built environment
	Improved habitability of living conditions
	Mitigated risk of homelessness
	Increased access to utility services
	Improved ability to prioritize health and health care
	Reduced systemic healthcare costs
Education & Employment	Improved continuity of care
	Mitigated risk of low educational attainment
	Improved safety of school or workplace environment
	Enhanced financial ability to access care and obtain medication
	Enhanced financial ability to purchase healthy foods
	Reduced risk of injury
	Improved ability to prioritize health and health care
	Improved ability to make health-positive decisions
Legal Status	Improved continuity of care
	Increased access to transportation
	Obtained health insurance
	Improved habitability of living conditions
	Reduced likelihood of uncompensated care
	Improved ability to prioritize health and health care
Personal and Familial Stability	Improved continuity of care
	Increased access to transportation
	Obtained health insurance
	Increased access to healthy built environment
	Enhanced financial ability to access care and obtain medication
	Enhanced financial ability to purchase healthy foods
	Reduced risk of injury
	Improved ability to prioritize health and health care
	Improved ability to make health-positive decisions
	Reduced systemic healthcare costs

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