

THE ROLE OF MEDICAL-LEGAL PARTNERSHIPS FOR

SOCIALLY VULNERABLE OLDER ADULTS

JULY 2020

CONTACT

For more info about medical-legal partnerships:

**National Center for
Medical-Legal Partnership**
medical-legalpartnership.org

For more info about assessing the social needs of older adults:

**National Center for Equitable
Care for Elders**
ece.hsds.harvard.edu

Partnering with Legal Services to Address Social and Structural Issues that Impact Older Adult Health and Well-Being

Older Americans experience a range of complex and overlapping health and social challenges. These challenges include chronic disease management, functional limitations, emotional and financial abuse, understanding and accessing long-term care options, understanding and navigating insurance plans, social isolation, and barriers to accessing health care.¹ Even this non-exhaustive list makes it clear that socially vulnerable older adults—particularly those living in poverty—would benefit from cross-sector care management and an alignment of the health, social, and legal services that address these determinants of health and assist older adults in maintaining their dignity and quality of life. One approach used to achieve this type of holistic care is medical-legal partnership (MLP).

MLPs combine the expertise and resources of the legal, medical, and public health professions to identify and address the underlying social and legal causes of poor health. Because the medical-legal partnership approach is flexible, MLPs can exist in a range of settings, including health centers, and provide services to special and vulnerable patient populations, including older adults. However, 90 percent of health centers do not currently utilize medical-legal partnership services, and few MLPs specifically concentrate on the older adult population.² In response, this fact sheet aims to help health centers understand the benefits of MLPs for their older adult populations.

The Justice Gap: The Unmet Civil Legal Needs of Older Adults

According to a 2017 study by the Legal Services Corporation³, low-income (at or below 125% of the federal poverty level) adults of all ages struggle to access civil legal services to meet a range of basic needs. Out of the 2,000 respondents, roughly 20% were older adults (defined as 65 years and older).

56%
PERCENT

of low-income older adult households experienced a civil legal problem in the past year.

The **MOST COMMON PROBLEMS** reported in these households were related to:

33%
HEALTH

23%
CONSUMER & FINANCE

13%
INCOME MAINTENANCE

12%
WILLS & ESTATES

LOW-INCOME OLDER ADULTS only seek professional legal help for

19%
OF THEIR CIVIL LEGAL PROBLEMS.

10%
EXPERIENCED
6+
PROBLEMS.

87%
OF PROBLEMS

receive inadequate or no professional legal help.

THE TOP REASONS THIS POPULATION GIVES FOR NOT SEEKING LEGAL HELP ARE:



Not knowing where to look or what resources were available



Deciding to deal with the problem on their own



Not having time



Not being sure if it is a legal issue

This graphic is re-published with permission from the issue brief, *Socially Vulnerable Older Adults & Medical-Legal Partnerships*

The health and well-being of older adults can be supported through legal assistance in a variety of ways. For example:

- **When an older adult is at risk for falls at home**, legal advocacy can ensure safe and appropriate housing so that she/he/they can continue to age in-place.
- **When an older adult is diagnosed with dementia**, legal advocacy can help establish plans for long-term care that respect the wishes of the patient and her/his/their family.
- **When the caregiver of an older adult experiences burnout**, legal advocacy can connect caregivers to home and community services to reduce stress or secure long-term care supports.
- **When an older adult experiences abuse or exploitation**, depending on the severity of the situation, legal interventions can range from mediation to advocating for public benefits or arranging guardianship.

Coordinating Care to Address Legal Barriers

Older adults experience unique challenges to accessing legal services, including high costs and a lack of accessible legal information.⁴ The integration of medical and legal services for health center patients can help mitigate these challenges and begin to comprehensively address problems that directly impact a patient's health and well-being. Below are examples of how effective care coordination with MLPs can improve older adults' health and meet their social needs.



ADVANCE CARE PLANNING

Conversations with patients and their families about their preferences regarding current and future medical care allow health center clinicians to understand what matters most to patients and to define goals of care for those living with a serious illness. Primary care providers do not always feel comfortable initiating these discussions with their patients, which can leave many adults without completed advance directives.⁵ The presence of a collaborating lawyer on site or in the community can help providers understand the benefits of person-centered advance care planning (ACP), including the use of advanced health care directives and power-of-attorney agreements. These instruments can be informed by thoughtful discussions with patients about their preferences for their end-of-life care in the trusted environment of the health center.



FINANCIAL PLANNING

The ability to effectively plan for future financial needs is essential to ensuring continued access to care and making informed decisions about long-term care choices. Health center providers may not have the time or resources to guide patients and their families through the necessary conversations around insurance or public benefit programs. If older adults encounter barriers such as denied benefits or insurance coverage, they may require legal representation. Integrated legal services can provide support for a patient's health and financial needs as they change over time.



FOOD INSECURITY

Low-income older adults face many poverty-related social determinants of health (SDOH). One area that significantly impacts this population is the availability of resources to meet daily nutritional needs. Food insecurity is highly associated with a higher probability of chronic diseases⁶. Related financial limitations may further impact a patient's ability to adhere to their medication or treatment regimens. Health centers can use an assessment tool like the [Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences \(PRAPARE\)](#) to identify patients who have been unable to get food when needed. There are a variety of state and local food and nutrition assistance programs that provide both home-delivered and congregate meals, many of which are supported by the Administration on Aging (AoA). Programs like the Supplemental Nutrition Assistance Program (SNAP) may be able to provide older adults with benefits based on their income and medical expenses. Consulting legal experts around eligibility requirements may assist in addressing poverty-related concerns before they further impact the health of older adult patients.

Improving Health Equity for Older Adults

While at least one-third of current MLPs serve some older adults⁷, as this vulnerable population continues to grow there will be an increased need for partnerships that focus exclusively on their needs. Establishing a health center-based MLP requires sustainable funding through a commitment from all partners to ensure consistent and streamlined access to services. To learn more, please read the [Health Center-Based Medical-Legal Partnerships](#) issue brief, produced by the National Center for Medical-Legal Partnership.

MLPs already working to promote the health and well-being of older adults have identified several common goals for service integration⁸:

01

PROMOTE AUTONOMY AND SELF-DETERMINATION through a person-centered approach to legal, social, and health care.

02

FOCUS ON MEDICAL AGE, NOT LEGAL AGE to support individuals according to their life experience, circumstance, level of functioning, and unique needs, while helping them to access age-based government assistance programs and other services.

03

SCREEN FOR UNMET SOCIAL AND LEGAL NEEDS EARLY, especially with early signs of cognitive impairment, to facilitate planning and prevention and to optimize the patient/client's legal rights and care options.

04

INCORPORATE A LEGAL HEALTH CHECKUP that includes the common legal needs of older adults and that facilitates a holistic approach to health and well-being.

05

RECOGNIZE FUNCTIONAL LIMITATIONS AND OTHER BARRIERS that may make accessing services more difficult for older adults and bring assistance to them where they are (e.g. at home, in a nursing home, or at a medical visit).

06

SUPPORT THE DEVELOPMENT OF AN ELDER CARE WORKFORCE that is sensitive to the unique needs of older adults and is skilled at holistic problem-solving with the shared goals of promoting health, independence, and justice.

WHAT IT LOOKS LIKE ON THE GROUND:

Two Medical-Legal Partnerships Focused on Older Adults

	<p>Medical-Legal Partnership for Seniors (MLPS)⁹ San Francisco, CA</p> <p>A law school clinic provides training to health care partners and legal assistance to low-income older patients.</p>	<p>Aging Right in the Community (ARC)¹⁰ Boston, MA</p> <p>Legal expertise is embedded within an “extreme case management” team serving older adults at risk for homelessness.</p>
Health Partners	University of California San Francisco (UCSF), San Francisco VA Medical Center	Boston Medical Center (BMC), Elders Living at Home Program (ELAHP)
Legal Partners	UC Hastings College of Law	MLPB
Screening for Health-Harming Legal Needs	Clinicians focus on concerns pertaining to isolation, functional limitations, and transportation barriers.	The ELAHP intake manager meets with a client by phone or in person to determine whether there’s a match between the client’s needs and ELAHP service delivery.
Referral Process for Legal Assistance	Legal team consults with health care providers and social workers on patients’ legal needs, and accepts referrals. Once needs are identified, legal team members meet with clients in UCSF geriatric clinics, hospitals, long-term care facilities, or through home visits, in which they use a “mobile legal office.” When possible, visits include the law student, law faculty member, medical provider, and social worker.	Referrals to ELAHP can be made from BMC visits, by self-referral after seeing signage, or by a peer agency identifying an at-risk elder. MLPB also facilitates referrals to appropriately specialized lawyers in the subset of cases where downstream direct representation is required.
Unique Partnership Elements	<ul style="list-style-type: none"> At UCSF Center for Geriatric Care, law students participate in multidisciplinary case rounds with pharmacy, nursing, and medical students, as well as with residents. A capacity assessment—defined as a patient’s ability to make legally binding decisions for her/himself/themself—is often necessary in the case of older adults. A true partnership between the health care and legal teams can help facilitate a timely and efficient process. Further upstream, MLPs integrate comprehensive advance care planning into geriatric primary care to help patients plan for future incapacity. 	<ul style="list-style-type: none"> ARC focuses on the aging adult, offering services to individuals in their 50s, a decade sooner than many other elder-focused programs. Reaching vulnerable adults in their 50s can be critical to preemptive problem-solving with implications later in life. ELAHP typically follows clients for 6-12 months of in-home visits, but case managers intentionally create an “open door” environment where their clients, many of whom are un-befriended and otherwise socially isolated, remain connected for many years, when in other contexts the client might be “lost to follow-up.”

Endnotes

1. National Academy of Science. Health Literacy and Older Adults: Reshaping the Landscape: Proceedings of a Workshop. 2018; 1-2. Available at: <https://www.nap.edu/catalog/25188/health-literacy-and-older-adults-reshaping-the-landscape-proceedings-of>
2. The State of the Medical-Legal Partnership Field: Findings from the 2016 National Center for Medical-Legal Partnership Surveys. 2017. Available at: <https://medical-legalpartnership.org/wp-content/uploads/2017/07/2016-MLP-Survey-Report.pdf>
3. Legal Services Corporation. Justice Gap Report: Measuring the Civil Legal Needs of Low-income Americans. 2017:47. Retrieved from: <https://www.lsc.gov/media-center/publications/2017-justice-gap-report>
4. Legal Services Corporation. Justice Gap Report: Measuring the Civil Legal Needs of Low-income Americans. 2017:47. Retrieved from: <https://www.lsc.gov/media-center/publications/2017-justice-gap-report>
5. University of Arizona Department of Family and Community Medicine. Medical-Legal Partnerships to Enhance Residency Training in Advance Care Planning. 2019. Retrieved from <https://journals.stfm.org/media/2259/pettit-2018-0189.pdf>
6. Baker KA. Food Insecurity: A Public Health Challenge. Gastroenterology nursing: the official journal of the Society of Gastroenterology Nurses and Associates. 2018;41(2):91-92.
7. The State of the Medical-Legal Partnership Field: Findings from the 2016 National Center for Medical-Legal Partnership Surveys. 2017. Available at: <https://medical-legalpartnership.org/wp-content/uploads/2017/07/2016-MLP-Survey-Report.pdf>
8. National Center for Medical-Legal Partnership. Socially Vulnerable Adults & Medical-Legal Partnership. 2019. Retrieved from <https://medical-legalpartnership.org/wp-content/uploads/2019/03/Socially-Vulnerable-Older-Adults-and-MLP.pdf>
9. UC Hastings College of the Law San Francisco. Medical-Legal Partnership for Seniors (MLPS). Retrieved from <https://www.uchastings.edu/academics/centers/consortium/initiatives/mlps/>
10. Flacks J. Extreme Case Management with Legal Care: A Best Practice for Serving Elders at Homelessness Risk. Bifocal. 2015; 5. Available at: https://www.americanbar.org/groups/law_aging/publications/bifocal/vol_36/issue_5_june2015/extreme-case-management/

ACKNOWLEDGMENTS

The National Center for Medical-Legal Partnership

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$449,748 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

National Center for Equitable Care for Elders

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,333,971 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).