

HEALTH JUSTICE PROGRAM



St. Michael's
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Inspiring Science.

Improving Housing Conditions, Improving Health:

Final Report of a Community Engagement Project for Low-income Tenants – to Identify Joint Strategies to Improve Tenant Health from a Medical-Legal Partnership Perspective

March 2020

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Executive Summary

By engaging directly with low income tenants who are living with housing issues that raised health concerns with their family doctors, this project investigated where legal service gaps exist and generated ideas for strategies to improve health and wellbeing.

The project was initiated by the Health Justice Program (HJP) and led by a project team (see Appendix A for a list of people involved). The Health Justice Program provides legal support to clients who are referred to them from the St. Michael's Hospital Academic Family Health Team (SMHAFHT). The HJP team found that the bulk of its referrals for housing-related legal help were for non-eviction issues. Most legal clinics choose to dedicate resources towards eviction prevention, creating a gap in service on non-eviction related matters. As a result, resources for tenants to address issues such as maintenance and disrepair or harassment from their landlord are limited, and take the form of self-help online legal information, or brief summary advice. HJP staff saw an opportunity to provide more substantial support for non-eviction housing issues and initiated this project to examine where and how legal support services can be most useful.

Through a series of roundtable discussions with tenants and housing service providers, participants discussed the housing-related issues they have faced and their experiences in accessing legal support or interventions. Service providers also discussed the challenges they face in providing timely and adequate support to clients. Community engagement consultants MASS LBP facilitated and analyzed the results of all the sessions and identified four main barriers that people encounter when faced with housing-related legal issues:

1. There is a lack of access to good information and the processes are confusing.
2. Tenants feel disempowered and the fear of eviction acts as a barrier to seeking help.
3. Health issues exacerbate housing issues and vice versa.
4. Service providers are over-stretched, leading to inconsistencies in the quality of service they can provide.

The preliminary results of the roundtable sessions were brought before an Advisory Committee and then to Neighbourhood Legal Services/Health Justice Program staff and St. Michael's Hospital Academic Family Health Team staff for discussion. From these sessions, a list of ideas emerged for how to improve existing services and possibly expand the range and features of legal services to meet the needs of clients from a medical-legal partnership (MLP) perspective. These ideas fall into five categories:

1. Advocate for better recognition of the links between housing and health.
2. Advocate at the structural and political levels for stronger mechanisms to support tenant health.
3. Provide and encourage access to better education for tenants and landlords about housing and legal issues.

4. Provide and encourage professional development options for health service providers and housing workers.
5. Expand existing service models of embedded legal services in a health setting.

Based on what we heard in this community engagement project, and drawing on the body of research on housing as a social determinant of health, the project team recommends that the St. Michael's Hospital Academic Family Health Team, in partnership with the Health Justice Program, adopt a proactive role throughout its 180+ primary health care team, to take a more comprehensive look at the impact of housing and to embed a more housing support lens into its practice.

Current funding of legal clinic services, social services, and medical services is inadequate to provide meaningful support in all but the most urgent cases. This project therefore demonstrates that adequate funding of legal aid services is also a medical need.

A human-rights based approach to housing demands meaningful supports to prevent tenants from getting to the point of eviction in the first place. Some jurisdictions have adopted a “no evictions to homelessness” framework wherein a plan must be put in place before a vulnerable tenant can be evicted from their unit. Eviction-defence legal work is an inadequate emergency-room approach to housing support.

While this project primarily considered non-eviction housing issues at the level of the individual tenant, there are other structural factors that exacerbate the poor housing conditions that many tenants experience. These include the poor enforcement of property standards, the complexities of the Landlord and Tenant Board processes, and the general housing crisis currently facing Toronto.

Tackling these issues will require advocacy across sectors, and from a variety of perspectives. Medical-legal partnerships are the link between two key fields that must be strengthened. By combining the systemic knowledge and understanding of legal workers with the institutional power and legitimacy of health centres such as the St. Michael's Hospital Academic Family Health Team, we can take a community-based and provider-supported approach to fighting for adequate, accessible and affordable housing. Small pilot projects can be initiated and then scaled up to chip away at the bigger and more complex issues. The ingredients to support a radical shift are all there. We must take action; our society will be better for it.

This project included workshops with tenants just weeks before the COVID-19 pandemic shone a bright spotlight on the need for safe and stable housing, and led the world to appreciate the strong link between housing and health. The timeliness of this community engagement project gives us clear recommendations to act upon collectively once this public health crisis is over, to truly implement the human right to adequate, accessible and affordable housing.

1. Introduction

The purpose of this community engagement project was to investigate the needs, gaps and opportunities in the field of health and housing research and to come to an understanding of where legal interventions are most likely to have a positive impact on health outcomes. By engaging directly with people living with health-harming housing issues and with housing service providers, this project develops strategies – both community-driven and provider-led – to improve health and wellbeing.

The results of this study are summarized here as a resource for community legal clinics, family health teams and other practitioners engaged in housing-related health issues. Results from this study can contribute to the development of targeted legal interventions that positively impact health.

2. Methodology

The Health Justice Program launched the *Improving Housing Conditions, Improving Health* project in March 2019. With this final report, the project team presents recommendations for interventions that medical-legal partnerships like the HJP could pilot. These recommendations come from a literature review, analysis of data about HJP clients, and a series of community engagement events designed to investigate the links between housing-related issues and health. While the project team took advice and input from its Advisory Committee, it takes full responsibility for these final recommendations and for any errors or omissions within this report.

Literature review

The Health Justice Program hired a graduate student to review literature on medical-legal partnerships (MLPs) and investigate any studies that explored housing-related legal interventions – particularly interventions prior to evictions – in partnership with a health agency. The literature review began with a review of existing literature compiled by the Upstream Lab, a research lab at St. Michael's Hospital that evaluates interventions targeting the social determinants of health.

Data analysis

Since the Health Justice Program was launched in late 2014, the health care providers in the St. Michael's Hospital Academic Family Health Team have referred low-income patients with unmet health-harming legal needs to its service for in-depth legal triage, assisted referrals, advice and sometimes representation. As part of this study, the intake data on clients referred to the Health Justice Program for legal help with a housing matter between April 2017 and March 2019 was analyzed to better understand the housing-related trends that drive clients to access the HJP. The data also identified a pool of potential participants for the community engagement portion of this project.

Advisory Committee

In designing the community engagement process, the project team met with public engagement consultants MASS LBP and developed a strategy for recruiting participants to the roundtables. MASS LBP suggested that the project team also put together an Advisory Committee made up of representatives from the housing advocacy, legal, and health sectors. An Advisory Committee was formed to help develop the lines of inquiry, to ensure that the highest ethical standards were followed in recruiting participants, to process the results of the community engagement events, and to contribute recommendations for specific interventions that would be most likely to improve health in partnership with the St. Michael's Hospital Academic Family Health Team.

The Advisory Committee will also be the champions of the results of this study; helping to build support for the recommendations within their own networks in both the health care and legal spheres.

Community Engagement

The engagement process was designed by MASS LBP in collaboration with the project team and was delivered by MASS LBP between December 2019 and February 2020.¹ It consisted of:

- Two two-hour roundtables with the Advisory Committee in which the project team summarized the concerns they are seeing among clients seeking legal help for housing issues. The team shared the results of the data analysis and the literature review, and developed the lines of inquiry and processes for the subsequent sessions with tenants and housing workers.²
- Two two-hour roundtables with housing workers and St Michael's Family Health Team doctors, each attended by 7 to 10 frontline workers.

These service providers responded to three questions during their roundtables:

1. What are the most significant barriers that are preventing your patients or clients from resolving their non-eviction housing issues? What gaps do you see in terms of legal services in particular?
2. What services (legal and non-legal) are already working well in helping tenants resolve their non-eviction housing issues? How could we build on what's working?
3. What new interventions could the Health Justice Program and Neighbourhood Legal Services introduce to better support tenants?

¹ A full summary of the community engagement events was prepared by MASS LBP and submitted to the project team. Some text from that report is adapted for this summary.

² MASS LBP helped our team prepare for and lead these Advisory Committee meetings which took place before their work facilitating the workshops with tenants and service providers; these were not led by MASS but they attended in order to take notes, help us make sense of what we heard, and to stay apprised from the start of this project.

- Two two-hour roundtables with tenants who had accessed the Health Justice Program to get help with their housing as described above. Each was attended by 10 to 12 tenants.

Tenants responded to four questions during their roundtables:

1. What didn't work when you were seeking help with your housing issue?
2. What worked when you were trying to get help?
3. What was your impression of the Health Justice Program?
4. What kinds of supports and resources do you think would be helpful to tenants?

Testing outcomes with Advisory Committee and staff

The results of the roundtable discussions were summarized by MASS LBP and the preliminary results were brought for discussion at a final meeting with the Advisory Committee and a workshop with core Health Justice Program partners and staff.

Challenges and Limitations of the Project:

When the Advisory Committee members first met, they discussed some of the limitations of the project. Translation services are rarely used at the HJP which indicates that the majority of people who access the service – and therefore the people who participated in this project – are English speakers. This means that this project is limited because it excludes those who are marginalized due to language barriers.

A significant number of people who access the HJP for housing issues self-disclose mental health issues. This is encouraging because that by being attached to a health care team, the HJP is accessible to people who otherwise face multiple barriers to accessing justice. However, it also creates a challenge because mental health disabilities increase the access to justice barriers such clients are facing.

3. Findings

Literature Review

The literature review (Appendix B) confirms that there is a clear link between housing and health and that housing is a key social determinant of health. This literature review also sought to investigate the outcomes of housing-related interventions piloted by medical-legal partnerships. Although the number of related studies is small, the review did establish that MLPs that made housing-related legal interventions upstream of eviction issues did improve tenant health.

MLP Boston, the first MLP in the USA, provides legal assistance for unmet needs in the healthcare setting by having legal professionals as part of the healthcare teams. MLP Boston also trains healthcare and legal personal to detect and address legal needs early and promotes

policy change to leverage health and legal experts to improve laws and regulations impacting the health of the vulnerable populations they serve. A 2016 study investigated the outcomes of MLP interventions for housing and compared to results for similarly disadvantaged participants without access to MLP services. The 'treatment' group consisted of MLP clients and a 'comparison' group consisted of non-MLP clients. Those who received support through the MLP were more likely to improve their housing conditions. Non-MLP families faced significant barriers to receiving legal assistance for their housing issues. The results show that MLPs can effectively target complex housing issues of affordability, adequacy, and stability, and issues that cause health problems. Including a lawyer on a healthcare team can also increase a patient's awareness and knowledge of how legal processes and solutions might remedy their housing and health issues.³

Another study examined the Cincinnati Child HeLP (Health Legal Partnership) project. Child HeLP was created to identify, treat and improve a substandard housing cluster in Cincinnati using an MLP based in a pediatric primary care facility. Substandard housing is associated with causing asthma, developmental and behavioural concerns, elevated lead levels, injury, and transmission of infectious diseases. Cincinnati Child HeLP is a prime example of MLPs intervening to improve poor housing conditions upstream of evictions. Children were referred to Child HeLP because of conditions in their places of residence including cockroach infestations and water damage. Child HeLP was able to identify a cluster of 19 buildings, owned by a single landlord, with health-harming housing issues and initiate orders for repairs. The lawyers also helped form a tenants' association to promote advocacy and repairs.⁴

The literature review also highlighted the fact that many legal aid offices focus efforts on supporting clients faced with eviction, at the expense of intervening in other non-eviction-related housing issues. The evidence demonstrates, however, that direct legal interventions for other issues related to unhealthy housing can yield considerable health benefits for clients.

Data Analysis

The intake data on clients of the Health Justice Program revealed that housing matters was the top reason for referrals (16% of all referrals) overall. All of the people who participated in this project rent their housing. A typical client can be described as being between the ages of 41 and 64, single, lacking in assisting contacts, and using limited-income support programs such as Old Age, Ontario Disability Support Program, or Ontario Works benefits. Most are English speakers and self-disclosure of mental health issues is very common. The housing-related legal issues bringing them in include evictions, but overwhelmingly relate to non-eviction issues such as landlord harassment, maintenance, safety, housing transfers, the noise or behaviour of neighbours, and rental arrears. A representative from the Federation of Metro Tenants

³ Hernández D. "Extra Oomph:" Addressing Housing Disparities through Medical Legal Partnership Interventions. *Hous Stud.* 2016;31(7):871-890. Epub 2016 Apr 13.

⁴ Beck AF, Klein MD, Schaffzin JK, Tallent V, Gillam M, Kahn RS. Identifying and treating a substandard housing cluster using a medical-legal partnership. *Pediatrics.* 2012 Nov;130(5):831-8. doi: 10.1542/peds.2012-0769.

Associations (FMTA) on our Advisory Committee shared that these statistics mirror those of the FMTA hotline, where 80% of calls relate to non-eviction housing issues.

Roundtable Results: What we heard

In the roundtable discussions with tenants, people discussed the housing-related issues they have faced and their experiences in accessing legal support or interventions. Service providers also discussed the challenges they face in providing timely and adequate support to clients. MASS LBP analyzed the results of all the sessions and identified four main barriers that people encounter when faced with housing-related legal issues:

1. There is a lack of access to good information and the processes are confusing.
2. Tenants feel disempowered and the fear of eviction acts as a barrier to seeking help.
3. Health issues exacerbate housing issues and vice versa.
4. Service providers are over-stretched leading to inconsistencies in the quality of service they can provide.

The preliminary results of the roundtable sessions were brought before the Advisory Committee and then to Health Justice Program and SMHAFHT staff for discussion. From these sessions, a list of ideas emerged for how to improve existing services and possibly expand the range and features of legal services to better meet the needs of clients. These ideas fall into five categories:

1. Advocate for better recognition of the links between housing and health.
2. Advocate at the structural and political levels for stronger mechanisms to support tenant health.
3. Provide and encourage access to better education for tenants and landlords about housing and legal issues.
4. Provide and encourage professional development options for service providers (health care providers and housing workers).
5. Expand existing service models.

1. There is a lack of access to good information and the processes are confusing.

Information gaps are a significant contributing factor to the stress and confusion that tenants experience in trying to solve housing issues. Tenants, service providers and landlords all need a better understanding of:

- the *Residential Tenancies Act* and the associated legal rights and responsibilities of tenants;
- how to navigate processes and procedures within the housing system;
- where and how to access support and information resources;
- landlords' responsibilities toward tenants;

- tenants' responsibilities in upholding certain terms of their lease such as not withholding rent or ignoring maintenance issues; and
- how unit transfers work in TCHC buildings.

There is a lack of consistent knowledge among housing workers about housing law, policies, and programs, and sometimes a lack of confidence in their ability to give their clients good advice and direction.

2. Tenants feel disempowered and the fear of eviction acts as a barrier to seeking help.

Both tenants and service providers felt that the fear of reprisals or being evicted was a serious barrier in addressing housing issues, leading to tenants underreporting or not escalating issues through the right channels. At the roundtable sessions, participants acknowledged that many tenants feel bullied by landlords or even by other tenants, and that many are exhausted by the process of trying to resolve their housing issues. Several service providers felt that this stress might be causing tenants to choose to leave their units when faced with an issue or an eviction notice, rather than seeking recourse, although all acknowledged that due to high rents in Toronto there is increasingly nowhere else to go. Tenants frequently shared that they feel isolated, alone, and disconnected from others experiencing the same issues. Several also talked about feeling generally disrespected and disempowered by their experience of seeking help, sometimes because of negative interactions they had with landlords and sometimes with service agencies and legal clinics.

3. Health issues exacerbate housing issues and vice versa.

Tenants shared stories about the various ways that their health had been negatively impacted by their living conditions, both physically and mentally. Several tenants also shared that their health issue made it more difficult for them to seek help.

Service providers were similarly concerned that people living with addiction or mental health conditions experience disproportionate housing issues because their health concerns make it more challenging to manage conflicts, pay rent, or deal with maintenance issues.

Some tenants expressed concern that people with disabilities are more likely to have housing issues because of a lack of capacity to self-advocate, and proposed that the law should prevent people with disabilities from being evicted if all legal remedies have not been exercised.

Some participants felt that inadequate support for people living with mental health issues can have ripple effects on the health of people around them. For example, several tenants living in apartments shared that they feel afraid and stressed at home due to having neighbours who are inadequately supported.

Participants at all roundtables discussed the importance of ‘wrap-around’ support for people living with mental health issues and disabilities; particularly when transitioning from being homeless to being housed, or when moving between different types of housing. Service providers talked specifically about the need to support tenants who may never be able to successfully live alone. Several service providers emphasized the need for a much greater supply of supportive housing and long-term care facilities in Toronto, though they also acknowledged this is a larger structural problem that will require legislative and policy interventions.

Some service providers also noted that many tenants don’t meet the criteria for long-term care beds because of mental health conditions or behaviours like smoking. Some service providers felt that barriers to long-term care should be lowered so that people can live in more appropriate housing, which will help to limit their risk of eviction.

4. Service providers are over-stretched leading to inconsistencies in the quality of service they can provide.

Service providers agreed that they are necessarily focused on evictions and crisis situations due to resource constraints, which leaves less time for addressing the upstream issues that impact quality of housing. They acknowledged that when these issues are left unaddressed, they can lead to eviction and exacerbated health issues.

Both service providers and tenants felt that tenants are often ‘bounced around’ between different service providers, which might be a result of capacity constraints. Service providers and tenants agreed this can be frustrating to tenants, and may lead to people giving up on seeking help.

Service providers and tenants commented on what they saw as a variation in the type and quality of service that tenants receive at different legal aid clinics and other service providers. While generally tenants were appreciative of any help they could access, they sometimes had mixed experiences dealing with these agencies and legal clinics. Several gave examples, such as being promised letters that weren’t delivered, or experiencing long timelines and delays in receiving assistance. Similarly, several service workers shared that they felt they could not always help people adequately. They noted that frontline workers must deal with challenging demands on their time and capacity, and that not all frontline workers are trained or supported to manage these difficult cases. There was a lot of discussion about the interpersonal conflict that can arise in these situations, and the additional stress and frustration that this puts on both tenants and frontline workers.

4. Results and Impact of the Project

The anticipated objectives and outcomes of this project were:

- to contribute to greater tenant awareness of the links between their health, their living conditions, and what remedies might be available to them;
- to contribute to greater tenant awareness of what free legal and health resources are already available, and where the gaps exist;
- to understand from talking to tenants and other stakeholders where limited legal resources should be directed to improve their health; and
- to increase collaboration, engagement and alignment with community stakeholders to build common research goals around health for vulnerable tenants.

The project achieved progress toward meeting all four of these objectives. The tenants who participated in the workshop sessions already had some understanding of the HJP and the kinds of legal support services are available, and were provided with supplementary resources they could access such as FMTA's Tenant School program. They shared stories of what worked in accessing and using the services and many felt that making the Health Justice Program service more widely available would be beneficial. One outcome of the project was that it allowed participants to hear each other's stories and realize that they may have had common experiences. One noted: "I came today because I finally have hope and I was heard. So now I'm not going to shut up, because the more I talk about it the more I hear about others in the same boat."

The hope is to build on what we started here and expand awareness of existing resources for patients, providers, and community members.

The primary goal of the project – to understand, through consultation, where legal resources should be directed to improve health – has been met to the extent that the project team has generated a series of ideas for where to target legal resources and how to pilot a more robust orientation of its work to support tenant health. Further progress will be measured in the coming months and years as the lessons learned through these consultations are crafted into concrete actions.

Ideas for Action

1. Advocate for better recognition of the links between housing and health.

The link between housing and health is irrefutable and appropriate housing is a significant social determinant of health. More can be done to strengthen the ties between healthcare workers and legal services so that housing support becomes embedded in healthcare practice.

Ideas for strengthening these links include:

- Making the case to governments that eviction prevention is essential work that must be funded, and that poor-quality housing and eviction have demonstrable health impacts.

- Building capacity in the SMHAFHT to support patients with their housing. The tendency is for healthcare providers to refer patients externally for housing issues. The Health Justice Program could work to improve in-house expertise within healthcare settings. Embedding the issue more in the roles of healthcare staff would be an effective way to more seamlessly help tenants with less complicated housing issues. Neighbourhood Legal Services (the lead clinic for the Health Justice Program) could help improve the capacity of doctors, social workers, nurses, and health promoters on the SMHAFHT to support patients with housing.
 - Further exploring the role of social workers in supporting HJP clients to determine whether social workers could benefit from an increased understanding of the housing issues that patients/clients are facing, and bringing case management related to housing into the scope of practice.
2. Advocate at the structural and political levels for stronger mechanisms to support tenant health.

Together with members of the Advisory Committee, the project team acknowledge that part of their role is to advocate for and engage with the larger structural issues that lead to housing challenges. These issues encompass everything from policy and legislation around housing, to the way that support systems like ODSP are structured. Addressing those structural issues may involve longer-term strategies that can be built into current modes of practice. Broad structural and policy issues that are making it difficult for tenants to find and keep safe, healthy, affordable housing include the overall lack of affordable housing supply in Toronto, a surge in no-fault evictions and a general lack of funding for social services which makes it difficult for people to address housing issues. Ideas for addressing these larger issues include:

- Undertaking more strategic advocacy that demonstrate medical-legal solidarity with tenants including lobbying for changes to local, provincial, and national policies and legislation that might improve the welfare of tenants.
- Prioritizing more rights-based advocacy on behalf of tenants living with disabilities who may have particularly critical interrelated health and housing needs.
- Advocating that legal aid certificates be issued for housing to allow people greater access to legal representation.
- Working with tenant advocacy groups to replicate some initiatives support affordable housing happening elsewhere in Toronto.⁵

⁵ The work of the Parkdale Neighbourhood Land Trust in advocating for the preservation of rooming houses was discussed as an example. See <http://www.pnlt.ca>

- Taking the results of this study to a cross-sector group to try to broaden the community of practice around how medical-legal partnerships can help address housing.
 - Prioritizing service provision at legal clinics to put more of a focus on non-eviction issues. More robust data on the health impacts of poor housing might help make a case for why helping people with other types of housing issues should be prioritized.
 - Encouraging and supporting hospitals in taking a stand against evictions to homelessness. This could also include a toolkit that screens patients for risk of homelessness. This might help to highlight the relationship between health and housing within the medical system.
 - Looking for opportunities to unlock funding to support accommodations for HJP clients. Staff find that there are often financial barriers for HJP clients related to things like transportation or obtaining their medical or other files, and they suggested that more budget dollars set aside to accommodate these barriers may make a positive impact on clients.
 - Conducting further research to follow up on the HJP's outcomes. Further research into how client health is impacted in the long term by the HJP's interventions will shed light on which actions can be effectively promoted and expanded.
3. Provide and encourage access to better education for tenants and landlords about housing and legal issues.

The lack of access to good information about the legal issues related to housing was a theme that ran through all of the community engagement sessions. There is therefore an unmet need for better education for both tenants and landlords, despite all the online and telephone resources that exist. Ideas for addressing these unmet needs include:

- Playing a greater role in convening and connecting both tenants and service providers by bringing them together to talk about their issues and organize individual or collective solutions.
- Being more visible and active in the community and building trust through active partnerships with other service providers. This could include setting up services in the places that tenants are already visiting such as shelters, agencies, or community centres, rather than expecting tenants to come to legal services. The HJP could also look for opportunities to collaborate with partners in specific neighbourhoods where housing-related legal issues are concentrated.
- Providing both tenants and service providers with more information and training about rights, responsibilities, and resources available in the community. This could include hosting information sessions and workshops for tenants, and focusing these efforts on

buildings that are ‘hot spots’ for housing issues, improving online resources for tenants on the Neighbourhood Legal Services website, and creating a neighbourhood-specific toolkit or map for tenants with information on where to seek legal advice.

4. Provide and encourage professional development options for service providers and housing workers

Because service providers are over-stretched there is some inconsistency in the level of service they are able to provide. Service providers themselves identified a need for professional development and training to help them better meet the needs of their clients. Ideas for addressing these needs include:

- Facilitating gatherings for service providers to share ideas, support one another and coordinate cross-sectoral support.
- Offering training and workshops to frontline housing workers to better equip them to support and advise tenants dealing with housing issues.
- Facilitating more gatherings for service providers and developing a community of practice around the links between housing and health.

5. Expand existing service models.

Throughout the community engagement process the existing service model of having legal services embedded where tenants receive their healthcare was praised as being effective. Many tenants credited the HJP service with helping them to successfully resolve their housing issues. To build on these successes, the project team proposes that existing services be enhanced and expanded, while being cognizant of the current model’s limitations in terms of patients needing to be rostered (with provincial health coverage or Interim Federal Health) at the Family Health Team. With better funding, existing programs can address unmet needs. The Advisory Committee emphasized that focusing on what already works and making it better (and better funded) will be more productive than developing entirely new programs. Ideas include:

- Advocating for better funding for existing programs. Alliances with SMAFHT and other health partners can be strengthened to amplify calls for increased funding for housing services as a way to promote health.
- Continuing to connect people to dedicated housing workers to ensure that tenants receive some hands-on help with their non-eviction housing issues. This is particularly crucial when the legal clinic cannot provide representation or support.
- Creating more community partnerships.

- Connecting to mediation services between tenants, as well as tenants and landlords, to help address issues before they escalate.
- Promoting the Health Justice Program more widely within the Family Health Team system so that tenants are aware they can ask for a referral.

5. Lessons learned

Based on what we heard in this community engagement project, and drawing on the body of research on housing as a social determinant of health, the project team recommends that the St. Michael's Hospital Academic Family Health Team, in partnership with the Health Justice Program, adopt a proactive role throughout its 180+ primary health care team, to take a more comprehensive look at the impact of housing and to embed a more housing support lens into its care model. The following discussion section expands on this recommendation and explores some concrete ways that the results of this project can be put into action.

Discussion

It is well-established in the literature that affordable, accessible, and adequate housing is a key social determinant of health.⁶ This was confirmed in the literature review for this project and in the qualitative data collected from roundtable participants. While it is well understood that loss of housing into homelessness has a catastrophic impact on health (with significant cost to the health care system),⁷ the data emerging out of the Health Justice Program demonstrated that in approximately 85% of cases where a connection between housing and health was identified, eviction was not the primary issue. This project was initiated to identify how legal and other community supports can best address these issues, particularly given that legal resources have generally been directed towards preventing evictions – an issue which accounts for only about 15% of housing referrals to the HJP.

⁶ See World Health Organization. Commission on Social Determinants of Health. Geneva; 2008; Bonnefoy X. Inadequate housing and health: an overview. *Int J Environ Pollut*. 2007;30 3/4:411–29; Hwang SW. Homelessness and health. *CMAJ*. 2001;164:229–33; Argintaru N, Chambers C, Gogosis E, Farrell S, Palepu A, Klodawsky F, et al. A cross-sectional observational study of unmet health needs among homeless and vulnerably housed adults in three Canadian cities. *BMC Public Health*. 2013, 13:577. doi:10.1186/1471-2458-13-577; Dunn J, Hayes M, Hulchanski J, Hwang S, Potvin L. Housing as a socio-economic determinant of health. *Can J Public Heal*. 2006;97:S11–5; Lu C, Adamkiewicz G, Attfield KR, Kapp M, Spengler JD, Tao L, et al. Household pesticide contamination from indoor pest control applications in urban low-income public housing dwellings: A community-based participatory research. *Environ Sci Technol*. 2013;47:2018–25; Wang C, Abou El-Nour M, Bennett G. Survey of Pest Infestation, Asthma, and Allergy in Low-income Housing. *J Community Health*. 2008, 33:31–9; Mackay K, Wellner J. Housing and health: *Ont Med Rev*. 2013; July/August; Solari C, Mare R. Housing Crowding Effects on Children's Wellbeing. *Soc Sci Res*. 2012;41:464–76; World Health Organization. Child abuse and neglect by parents and other caregivers. http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap3.pdf. Accessed 13 Feb 2018.

⁷ Vicky Stergiopoulos, Pat O'Campo, Stephen Hwang, Agnes Gozdzik, Jeyagobi Jeyaratnam, Vachan Misir, Rosane Nisenbaum, Suzanne Zerger, & Maritt Kirst (2014). At Home/Chez Soi Project: Toronto Site Final Report. Calgary, AB: Mental Health Commission of Canada. Retrieved from: <http://www.mentalhealthcommission.ca>

We sought answers from our clients – the people with lived experience of inadequate housing. We also sought answers from other service providers who work closely with our client populations.

We heard about the importance of getting legal information into the community and giving tenants and service providers the tools and information necessary to advocate around various issues, such as maintenance and disrepair. **This requires legal clinics to be visible and active in the community, including providing services in locations that are convenient to tenants.**

We heard about the need to build capacity among service providers to support tenants in addressing these issues. We also confirmed the importance of tenants getting together and sharing their experiences with each other. While this project did not give us the opportunity to organize with tenants, it was clear that simply by getting together and talking about their situations, tenants felt empowered, validated, and less isolated – all of which are positive health outcomes. **Tenant organizing may therefore have potential for improving both the material and mental health circumstances of tenants.**

This project left many structural and systemic factors largely uninterrogated. This was a deliberate decision which was made in an effort to gain immediate, practical guidance for HJP staff and stakeholders. Many of the recommendations emerging out of this project inevitably lead to the conclusion that current funding of legal clinic services, social services, and medical services is inadequate to provide meaningful support in all but the most urgent cases. This also limits the ability of legal clinics to provide services offsite and connect with tenants directly, both to build capacity within the community and to support tenant organizing to fight for better living conditions. **This project therefore demonstrates that adequate funding of legal aid services is a medical need.**

Resources could also be freed up for legal clinics by shifting eviction prevention work upstream. A human-rights based approach to housing, as advocated for by the UN Special Rapporteur on Adequate Housing⁸ and embodied in the *National Housing Strategy Act* and the *Toronto Housing Charter – Opportunities for All*,⁹ demands meaningful supports to prevent tenants from getting to the point of eviction in the first place. Some jurisdictions have adopted a “no evictions to homelessness” framework wherein a plan must be put in place before a vulnerable tenant can be evicted from their unit.¹⁰ **We must move away from an emergency-room**

⁸ See <http://www.unhousingrapp.org/user/pages/04.resources/Thematic-Report-7-Responsibilities-of-Local-and-SubNational-Governments.pdf>

⁹ Housing TO 2020-2030 Action Plan, November 2019, p. 1, accessed at: <https://www.toronto.ca/community-people/get-involved/public-consultations/toronto-housing-strategy-2020-2030/>

¹⁰ Stephen Gaetz & Erin Dej. (2017). *A New Direction: A Framework for Homelessness Prevention*. Toronto: Canadian Observatory on Homelessness Press. Accessed at: <https://homelesshub.ca/sites/default/files/attachments/PreventionFramework-Summary.pdf>. See, for examples, a Welsh social housing provider experience in adopting this approach: <https://www.insidehousing.co.uk/insight/insight/how-to-end-evictions-from-social-housing-64836;>

approach wherein issues are allowed to fester and are not addressed until they require serious, immediate and intensive intervention. We believe a primary healthcare setting is a great place for unhealthy housing to start to get addressed, with the right partnerships, since housing is a key social determinant of health.

While this project primarily considered non-eviction housing issues at the level of the individual tenant, there are other structural factors which exacerbate the poor housing conditions that many tenants experience, namely:

- **The poor enforcement of property standards.** Despite the City of Toronto implementing its RentSafeTO program, which is intended to provide for the proactive inspection of apartment buildings, the program continues to be ineffective in addressing issues in individual units. Municipal law enforcement rarely orders landlords to undertake maintenance work, and even more rarely issues fines for non-compliance.
- **Landlord and Tenant Board (LTB) processes are long and complicated, and difficult for tenants to navigate, particularly those with mental health challenges or language barriers.** The LTB is particularly fruitless for social housing tenants, because awards are issued based on a percentage reduction in rent. For tenants paying subsidized rent rates (sometimes as low as \$85 per month), the landlord often has no financial incentive to address tenant maintenance concerns.

While these issues have been the subject of tenant advocacy for many years, they would benefit from having the institutional heft and alliance of the St. Michael's Hospital Academic Family Health Team supporting them.

Finally, it is impossible to discuss housing conditions in Toronto without considering the housing crisis currently facing the city. The easiest solution for tenants who have issues with their landlord, other tenants, or disrepair in their buildings and units, would be to move. This is impossible for low-income tenants in a city with a 1% vacancy rate and skyrocketing rents. Toronto's social housing waitlist has over 100,000 households on it, with wait times of over 12 years, largely because the responsibility for social housing has been downloaded from the federal to provincial governments, and subsequently from provincial governments to municipalities. Toronto Community Housing, the largest landlord in Canada, has a repair backlog of \$1.6 billion,¹¹ forcing many thousands of tenant households to endure severe disrepair issues with no resolution in sight.

The need for meaningful enforcement of property standards combined with real rent control (including an end to Above-Guideline Rent Increases and an end to vacancy decontrol)¹² and

¹¹ The Government of Canada has provided \$1.3 billion to address this backlog as part of its National Housing Strategy: see <https://www.cbc.ca/news/canada/toronto/trudeau-tory-affordable-housing-toronto-crisis-1.5086114>

¹² "Vacancy decontrol" permits landlords to charge any amount of rent they so choose for a new tenancy. In jurisdictions with "vacancy control", landlords are only allowed to raise rent by a certain amount between tenancies.

strong investment in social housing is a massive project that will require advocacy across sectors, and from a variety of perspectives. By combining the systemic knowledge and understanding of legal workers with the institutional power and legitimacy of SMHAFHT, we can take a community-based approach to fighting for adequate, accessible and affordable housing.

Examples of truly transformative housing and health advocacy initiatives abound, even within Toronto where, for example, the University Health Network is actively supporting the creation of affordable housing. Adding the voices of more legal and health care teams to concrete initiatives like these is a place to start. Taking a holistic look at housing-related issues, viewing them through a medical lens, and assembling all the parts of the puzzle to create a system that is more responsive to people's needs and makes more responsible use of health care and legal aid resources is a daunting task. But it is not unachievable. Medical-legal partnerships are the link between these two fields that must be strengthened. Small pilot projects can be initiated based on the ideas we heard from tenants and service providers and, as teams develop insight into what works best, initiatives can be scaled up to chip away at the bigger and more complex issues. The ingredients to support a radical shift are all there. We must take action; our society will be better for it.

Appendix A: Project Team and List of Participating Organizations

Project Team:

Jennifer Stone, Manager, Health Justice Program and Interim Executive Director, Neighbourhood Legal Services

Dr. Rami Shoucri, St. Michael's Health Academic Family Health Team

Jack DeKlerk, Neighbourhood Legal Services Executive Director (now retired), replaced by Brendan Jowett, Health Justice Program Onsite Lawyer and Staff Lawyer, Housing, Neighbourhood Legal Services

Dr. Andrew Pinto, Upstream Lab, St. Michael's Hospital

Support:

Amanda Steger, Law Student

Nihal Navqi, Paralegal

Leah Birnbaum, Writer

Community engagement consultants

MASS LBP: Katelynn Northam, Rukhsaar Daya, Alex Way, Laurie Drake

Advisory Committee:

William Soukoreff, Tenant Representative from Akelius building

Benjamin Ries, Housing Review Counsel at Downtown Legal Services

Greg Suttor, Senior Researcher at Wellesley Institute

Geordie Dent, Executive Director of Federation of Metro Tenants Associations

Judy Duncan, Head Organizer at ACORN Canada

Dr. Andrew Bond, Medical Director at Inner City Health Associates

Dr. Samantha Green, Family Physician at St. Michael's Hospital Academic Family Health Team

Kenn Hale, Executive Director at Advocacy Centre for Tenants Ontario (ACTO)

Linda Jackson, Executive Director of the St. Michael's Hospital Academic Family Health Team

Dr. Patricia O'Campo, Interim VP of Research, Li Ka Shing Knowledge Institute

Ryan Peck, Executive Director, HIV and AIDS Legal Clinic of Ontario (HALCO)

Nassim Vahidi, Patient Engagement Specialist at St. Michael's Hospital Academic Family Health Team

Housing services providers attending the Roundtables:

- St Michael's Family Health Team
- Dixon Hall
- Woodgreen
- Covenant House
- The Office of the Commissioner of Housing Equity
- East York Housing Help
- Shelter Support and Housing Administration (City of Toronto)
- Regent Park Community Health Centre
- All Saints Church & Community Centre
- Housing Help Centre
- Good Shepherd

Appendix B: Literature Review

There is a considerable literature on the effects of poor quality housing conditions have on health. Housing is a critical social determinant of health with vast effects. It is widely agreed upon that there is a correlation between an individual's mental and physical health and the quality of their housing. Several studies demonstrate that environmental exposures, like mould, pests, and smoke, may be associated with poor health outcomes. There is also an association between household disrepair and symptoms of psychological distress and mental health issues in those tenants. Tenants living in distressed housing are more likely to have poor perceived health, and also be diagnosed with asthma and COPD, compared to residents of other public or private housing (Howell et al, 2005). Finally, neighbourhood also potentially has an important influence on mental health for tenants.

There is also a clear link that increasing housing can decrease healthcare expenditures. There is significant research showing that increasing supports for homelessness can save money in the healthcare system (Goering et al, 2014). The lines of inquiry for this literature review, however, do not fall within homelessness and the benefits to housing homeless individuals; this is already well researched. The lines of inquiry fall within housed tenants, in poor quality housing, and how this is impacting their health. The data from the Health Justice Program acknowledges that housing is the most common referral to the program from the family health teams. Tenants are visiting their doctors because their housing is in such poor condition, but there are so few state funded legal resources for housing help, that they do not know where else to turn for assistance. There is research being performed outside of Canada on how medical-legal partnership interventions for housing can beneficially impact patients' health. More often the studies are of non-legal housing interventions than of legal interventions to address housing concerns. Although the lack of Canadian studies is a limitation of this literature review, the studies performed in the United States provide insights to medical-legal interventions and the benefits to clients.

MLPs

Medical-legal partnerships (MLPs) are uniquely situated to advance the social determinants of health through legal remedies. Housing is a social determinant of health that, when undermined, has critical health impacts. MLPs have three core components designed to improve health (Sandel et al, 2010). First, MLPs provide legal advice and assistance to patients, by attempting to detect legal problems early to prevent legal crises and health consequences. Second, MLPs improve healthcare systems by training health teams to be informed of legal

needs and remedies. Third, to protect health, MLPs promote change through advocacy and policy initiatives. Clinicians are in a unique position to detect vulnerabilities in their patients, so by providing a referral service to legal assistance within the healthcare setting, MLPs can transform primary care. The first MLP, MLP Boston, was designed in 1993 to provide legal assistance in a healthcare setting. MLP Boston provides a strong example of a success story for subsequent and future MLPs.

MLPs, as a public health law intervention, can detect injustices by working directly with patients and their health team. They can illuminate systemic barriers that drive health disparities in order to find gaps for policy changes to decrease the barriers (Tobin-Tyler & Teitelbaum, 2019). Since MLPs can address barriers on the ground, and often those invisible to healthcare administrators, they can inform health teams about the barriers, but also the legal needs and provide recommendations for interventions to address the needs. MLPs have eight core elements (Tobin-Tyler & Teitelbaum, 2019; Regenstein et al, 2018): they are created through a formal agreement between a healthcare organization and a legal service provider; the partnership is for a defined patient population; the partnership has a strategy to screen patients for legal needs; the partnership receives legal staffing from the legal services provider; the lawyer is available on site with close proximity to clinic staff; the lawyers train healthcare providers; there is an information sharing agreement between healthcare teams and legal staff; and the partnership has funding arrangements from grants, donations, organizations, etc. HJP meets all elements; an on-site service for the patients of St. Michael's Hospital, staffed by Legal Aid Ontario lawyers, funded by the legal aid clinic system.

MLPs exist in three main models (Regenstein et al, 2018). First, a general population model, where legal services are available to the healthcare organization's general patient population. Second, a special population model, which is a focused intervention to address the legal needs of subsets of the general patient population and requires legal expertise. Third, an alternative legal services model, which uses novel organizational arrangements to respond to local or community needs.

One of the keystones of MLPs, and HJP in particular, is shifting value systems to recognize that poor housing conditions merit legal attention. Many legal aid offices only intervene when clients have eviction concerns, not when the concern is regarding the unhealthy state of the home (Cherayil, 2005). Typically, when clients are being evicted, the legal aid office can represent them and use the defense of unsanitary conditions against the eviction claim. However, for effective legal intervention, lawyers' views must shift to acknowledge unhealthy housing as a worthy legal issue. Medical-legal partnerships are a key player in creating this shift in thinking, especially in representing tenants with substandard housing.

HOUSING MLPs

Medical-legal partnerships are much more common in the United States than in Canada; there are over 300 MLPs in the US. Thus when looking at the literature for studies to inform HJP, MLPs with housing interventions came from US sources.

The first study is the Cincinnati Child HeLP (Health Legal Partnership) Study. The Child HeLP Study was created to identify, treat and improve a substandard housing cluster in Cincinnati using an MLP based in a pediatric primary care facility, Cincinnati Children's, and the Legal Aid Society (Beck et al, 2012). Substandard housing is associated with causing asthma, developmental and behavioural concerns, elevated lead levels, injury, and transmission of infectious diseases (Beck et al, 2012). Those in substandard housing may be in a clinically significant housing risk, and potentially one with known adverse health outcomes that can be remediable. Some examples might be, cockroach or rodent infestation, water damage, poor ventilation, or a combination of risks.

Cincinnati Child HeLP is a prime example of MLPs intervening to improve poor housing conditions upstream of evictions. Children are referred to Child HeLP because of appalling conditions in their places of residence, including cockroach infestations and water damage. The disrepair in the buildings exposes the children to asthma triggers, like mould and dust. One pivotal referral of a child with asthma to Child HeLP uncovered a much larger problem in his entire neighbourhood. The MLP discovered 16 families (45 children) had been referred to Legal Aid for housing issues, and all were living in a cluster of 19 buildings owned by a single landlord. Over a third of the referrals involved patients with asthma. The 19 buildings had code violations that the owner had not dealt with, so the lawyers at the MLP were able to reissue orders for the repairs. The lawyers helped form a tenants' association to promote advocacy and repairs. Repair occurred in about 80% of the cases, and since the repairs, the number of emergency department cases of asthma coming from that cluster neighbourhood decreased.

The Child HeLP study results demonstrate that the children living in the cluster units were more likely than the clinic population to be diagnosed with asthma, developmental delays, or behavioural disorders (Beck et al, 2012). The results also show that the use of the MLP improved health among these children. There is limited generalizability of this study, however, as the retrospective EMR review might have missed other children, potentially siblings, living in the case units. However, proving causation may not be relevant since environmental conditions are known to negatively impact symptoms of existing conditions, like asthma.

A second study is the Atlanta HeLP program. Atlanta HeLP is another MLP established in a pediatric hospital setting with a legal aid team (Pettignano et al, 2013). It is well founded that children who are of low socioeconomic status and live in urban communities have higher rates of hospital admissions, mostly due to high rates of asthma from the triggers in the urban environment (Pettignano et al, 2013). MLPs can intervene to improve health of clients with asthma through various legal routes.

This study hypothesized that the MLP could intervene to help legal concerns related to health and housing of families of children with asthma. It also hypothesized that the legal intervention would significantly improve care, costs, and overall benefits to the clients. To test the hypothesis, the database from the legal clinic was retrospectively queried for all patients diagnosed with asthma who had seen the MLP lawyers between April 2004 and June 2011. The data included information on income levels, reason for doctor appointment, legal issues and type of legal assistance provided. The study found that 313 children diagnosed with asthma were referred to Atlanta HeLP for legal assistance in that time period. There were a total of 450 social problems identified with the possibility for legal intervention. Of the 450 cases, 250 of them were eligible and actually received legal intervention. Housing was the most common issue; 121 people were assisted in their issues with housing and utilities.

A significant finding of the study was that around half of the patients reported missing school because of their illness. Ultimately children's asthma from poor quality housing is impacting other facets of their life and other social determinants of health. In this children's population specifically, the MLP had a positive effect on the clients due to the intervention of lawyers. The benefit was both in the overall quality of life in the clients, but also significant cost savings. One limit of this study is that it is retrospective in nature, so the data could be inaccurate by human error in responses.

A third study investigated the outcomes of MLP interventions in addressing housing disparities in Boston. MLP Boston, the first US MLP, provides legal assistance for unmet needs in the healthcare setting, by having legal professionals as part of the healthcare teams (Sandel et al, 2010). It performs capacity building by training healthcare and legal personal to detect and address legal needs early. It also promotes policy change to leverage health and legal experts to improve laws and regulations impacting the health of vulnerable populations they serve. As a well-established MLP, this comparator group study was undertaken to investigate the outcomes of MLP interventions for housing, compared to results for similarly disadvantaged participants without access to MLP services (Hernández, 2016).

The study had a 'treatment' group of MLP recipients over three community health clinics, and a 'comparison' group of non-MLP recipients over four community health clinics, totalling 72 participants. The groups were geographically paired. Housing issues were the most common issue raised by MLP participants, and most cases were from participants living in one neighbourhood, Dorchester community in Boston. The housing concerns fell into three main categories: affordability, adequacy, and stability. The study found that MLP participants, compared to non-MLP participants, were more likely to improve their housing conditions, since non-MLP families faced significant barriers and limitation to receiving legal assistance for their housing issues. The results show that MLPs can effectively target complex housing issues of affordability, adequacy, and stability, and issues that cause health problems in children. Including a lawyer on a healthcare team can also increase a patient's awareness and knowledge of how legal processes and solutions might remedy their housing and health issues. The main limitation of this study is that recall bias is a possible confounding factor in retrospective accounts of patient experience.

A fourth study looks at housing interventions from an MLP working with a specific population of veterans in Connecticut Veterans Legal Center partnered with the VA Connecticut Healthcare System (Tsai, 2017). This MLP works with veterans who are homeless or low-income and experience mental health illnesses, to help them surpass legal barriers to finding housing and healthcare. In this study, a subsample of 148 veterans received full legal representation for their housing issues, among other issues like debt, child support or disability benefits. Within a year, almost 76% of veterans had met their legal goal, which led to improvements in housing and overall quality of life.

A significant finding of this study, due to the target population, is in regards to improvements associated with housing, but also with mental health. Mixed linear modeling demonstrated that the longer the veterans had access to the MLP services and the greater their improvements in housing, the greater their reduction on spending on abused substances, symptoms of hostility, paranoia, psychosis, generalized anxiety disorder, and posttraumatic stress disorder. They continued to show these health improvements after 12-months of MLP services, and also showed increases in income and days housed. This study was mainly limited due to a lack of a comparison group.

A final study of note is the Family Advocacy Program (FAP), in California. The FAP provides legal services to families for housing issues, amounting to 34% of their cases, for habitability violations as well as evictions (Weintraub et al, 2010; Cherayil, 2005). This study presented an interesting limitation; participants were concerned that settling their housing issues would create difficulties. They were nervous that taking legal action was risky and could bring about

negative consequences, like landlord tenant issues, harassment and eviction. This is a concern for other MLPs, as the clients using them are often highly vulnerable. Any barriers or fears to using legal interventions ought to be accounted for in the MLP practice in order to reach those clients who need help the most.

Ultimately this review of the literature, and progression moving forward, is to acknowledge the importance of legal interventions in housing matters that are affecting tenants' health, and the importance of addressing legal needs of poor housing that are upstream of eviction issues. In order to create more effective and efficient housing interventions for tenants, engaging with tenants and community members to learn about tenant needs and gaps in services can help establish where to create legal interventions. Identifying a tenant population through tenant and community engagement can establish specifically where studies and research can develop for improvements in MLP interventions.

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