

Episode: *Author Interview: “What Are Epidemiological Foundations for Integrating Legal Services Into Health Care Settings?”*

Guest: Adrienne W. Henize, JD

Host: Tim Hoff

Transcript: Cheryl Green

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[bright theme music]

[00:00:03] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Adrienne W. Henize, an associate professor of pediatrics. She’s here to discuss her article, coauthored with Dr Andrew F. Beck, “[What Are Epidemiological Foundations for Integrating Legal Services Into Health Care Settings?](#)”, in the August 2024 issue of the Journal, [Standards in Medical-Legal Partnerships](#). Professor Henize, thank you so much for being on the podcast. [music fades]

ADRIENNE HENIZE: Thank you so much for having me. Happy to be here.

[00:00:46] HOFF: So, what’s the main ethics point that you and your coauthor are making in this article?

HENIZE: The key point we want to make is that there is a strong ethical basis for cross-sector collaboration and data sharing to improve both patient level and population level health outcomes. We use an example from our medical-legal partnership, Child HeLP, to explore how data-driven medical care can complement data-driven legal care to achieve the best possible outcomes. Cincinnati Children’s, working together with the Legal Aid Society and the City of Cincinnati’s City Manager’s Office and Law Department, promoted more informed care for our patients and enabled efficient pattern recognition and action at a population level in an unhealthy apartment complex where hundreds of children lived.

We recognize that sharing privileged, protected information should be done with caution and in alignment with legal and ethical standards. Cincinnati Children’s and Legal Aid, through our medical-legal partnership, share patient or client level data with consent from the family and only relevant data that promotes optimal service delivery, and when that information sharing can help improve the family’s medical and legal outcomes. This data sharing enables action at a patient level that is more proactive and tailored to a specific harm, for example, legal advocacy to address a patient’s health-harming housing conditions. And it facilitates mitigation of medical and legal risk and is not unlike data sharing between primary care and subspecialty medical providers.

[00:02:18] We also acknowledge that as medical professionals, we have a responsibility to contribute to the improvement of the community and the betterment of public health, and with that comes enormous privilege and responsibility to take care of our patients and improve children's health in the community. We strive to ensure that Cincinnati's kids are the healthiest in the nation. Thus, we share de-identified population level data, in this case, with the City of Cincinnati, when consent is difficult to obtain. But the anticipated benefits of sharing include the best interests of patients in aggregate, for example, in our case, where hundreds of children live in a deteriorating, health-harming apartment complex. This kind of data sharing that minimizes the potential for identification of individual patients and is guided by the population in question—in our case, a tenants' association that was actively seeking data and advocacy to better their living conditions—can better target risk patterns that might otherwise be ignored. We see an ethical duty to share information across sectors in this way to improve health at a community or population level.

[00:03:25] HOFF: And so, what do you see as the most important thing for health professions students and trainees specifically to take from your article?

HENIZE: The most important thing is that cross-sector collaboration is essential to optimize service delivery for their patients and families and improve patient and population medical and legal outcomes in the communities where they practice. And this kind of collaboration is bolstered enormously by data sharing, when done thoughtfully with the appropriate guardrails in place like consent and aggregation, following ethical and legal standards, and perhaps most importantly, with connection to and guidance by the community members affected.

[00:04:02] HOFF: And finally, to wrap up, if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

HENIZE: Another important point is that collaboration across sectors can be challenging and complex, but taking the time to build relationships and formalize partnerships with entities beyond the health care system is essential if we are to fulfill our duty to promote and improve patient and population health. And the strength and depth of those relationships are what will enable effective data sharing because the partners trust and value each other and recognize that the positive impact on patient and family outcomes when we work together is far greater than if we work alone. [theme music returns]

[00:04:41] HOFF: Professor Henize, thank you so much for your time on the podcast today, and thanks to you and your co-author for your contribution to the Journal this month.

HENIZE: Thank you so much.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, [journalofethics.org](http://journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.