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Bachelor of Science (B.S.): Health Administration & Policy, May 2015

*Quality Improvement: Assessing the Gaps in Education and Training among Staff at Health,
Education, and Law Project Hospital Sites in Nebraska*

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Abstract

This research study was completed at Legal Aid of Nebraska's Health, Education, and Law Project. The goal of this quality improvement study was to enhance the effectiveness of future Health, Education, and Law Project (HELP) training sessions for staff members of HELP sites in Nebraska. Through the use of an online survey tool, we received staff members' input on the current training program, assessed their knowledge on relevant topics, and gave respondents an opportunity to include any appropriate suggestions. By means of this study, we were able to conclude that although staff members seemed to appreciate the training sessions overall, more trainings are needed on immigrant and family-related social and legal issues that affect patient health.

Introduction

Placement Site

Legal Aid of Nebraska (LAN) is a not-for-profit civil law organization which serves people in all 93 counties of Nebraska. Legal Aid's attorneys, paralegals and support staff assist low-income men, women and children with their professional legal expertise. Legal Aid's Health Education & Law Program (HELP) assists hospital patients specifically with civil legal issues that may be negatively affecting their health and well-being. Legal Aid's mission statement is the following: "To promote justice, dignity, hope and self-sufficiency through quality civil legal aid for those who have nowhere else to turn."

The Legal Aid of Nebraska website provides the best description of the important work they do.

For more than 50 years, Legal Aid of Nebraska has provided dignity, hope, self-sufficiency and justice through quality civil legal aid. That's the important job of Legal Aid of Nebraska. Legal Aid is a problem solver, standing side by side with low income, diverse Nebraskans – enforcing laws, protecting rights, all the while addressing urgent needs and shining a light on what more could be done. Each morning, in homes across Nebraska, proud yet low-income families rise and spend another day struggling to make ends meet, to keep their children safe, to protect what little they have in the world — simply to keep it all together in the face of life's curveballs and crises (About Legal Aid of Nebraska, n.d.).

Purpose of Research

A person's health is determined by much more than personal behavior and access to health care services; it's shaped by a person's environment- where someone learns, plays, works and lives. Specifically, 60 percent of a person's health is determined by social factors, including: housing and utilities; income and health insurance; education and employment; legal status; and personal and family stability (The Need, 2017).

According to research, the U.S. ranks 42nd in life expectancy and 169th in low birth weight, yet it spends by far the most on healthcare expenditures compared to any other industrialized country in the world. To drill it down even further, the U.S. spends \$0.90 on social services for every \$1 spent on health care. To put this into perspective, other industrialized countries spend \$2 on social services for every dollar spent on health care (The Need, 2017).

The site location for this research study was at Legal Aid of Nebraska's Health, Education, and Law Project (HELP). HELP is also known as a medical – legal partnership, which is a collaboration between Legal Aid of Nebraska and several of the major health systems in the state. Medical – legal partnerships provide legal intervention to help address those social and environmental factors that may be negatively contributing to patient health and well-being. HELP is currently working with approximately 18 health care facilities across 8 different health systems in the Omaha and Lincoln metropolitan areas. For health systems to qualify for LAN's services, they must pay a fee and sign an agreement with Legal Aid of Nebraska. HELP lawyers work on approximately 1,400 cases per year.

Attorneys and poverty lawyers have “have an in-depth understanding of relevant policies, laws, and systems, and seek out solutions at the individual and policy levels to a range

of health-related social and legal needs” (The Need, 2017). With proper training, lawyers can solve complex problems in non-clinical areas that can positively affect a person’s health. As the National Center for Medical Legal Partnerships puts it, “Using legal expertise and services, the health care system can disrupt the cycle of returning people to the unhealthy conditions that would otherwise bring them right back to the clinic or hospital” (The Need, 2017). The Medical Legal Partnership runs throughout the U.S. at 155 hospitals, 139 health centers, 34 health schools, 126 legal aid agencies, 52 law schools, and 64 pro bono partners.

Patients at HELP hospitals need staff members who are up to date with training and education on social factors that affect health outcomes and identifying possible health harming legal issues. The hospital staff, including social workers, clinicians, and even administrators have gaps in their training and education that need to be addressed in order to best serve the Nebraska patient population. This quality improvement study provided an in-depth understanding of what the current training and education needs are among HELP hospital staff. Eventually, the program will turn these findings into a revised training and education program.

Literature Review

To fully understand the impact of a medical-legal partnership on patient health, it’s first important to grasp societal factors that affect a person’s health, specifically, social determinants of health. Social determinants of health are environmental and societal factors that contribute to a person living either a healthy or unhealthy life. One study explained social determinants of health as;

The conditions in which people are born, grow, live, work and age, conditions or circumstances that are shaped by families and communities and by the distribution of money, power, and resources at global, national, and local levels and affected by policy choices at each of these levels (Viner et al., 2012).

Viner et al. outlines some of the major determinants of health, especially for adolescent youth. First, the study argues that nation wealth plays a pivotal role in a person's health. Specifically- the greater the country's wealth- the better the citizens' health outcomes. In a recent ecological study from birth to old age, researchers found that adolescents living in less affluent nations and countries with greater socioeconomic inequalities have inferior health outcomes (Viner et al., 2012).

Not surprisingly, education plays a significant role in a person's health. Completion of secondary school provides tremendous benefits for adolescents. Examples include improved overall health and wellbeing and increased ability and motivation to prevent pregnancy. Additionally, the study pointed out that higher education levels was also associated with lower HIV status prevalence, and interestingly, lower injury rates, and fewer teenage pregnancies. Besides just education levels, there is also strong evidence that in high-income countries in which there are strong connections between parents and students in schools, there is greater health equity. Specifically, leadership and safety in schools positively impacts many direct health outcomes (Viner et al., 2012).

In a study by Ahnquist et al., researchers wanted to specifically examine the economic and social factors affecting health. It was concluded from the research that there are a few major factors that contribute to poor health outcomes; low social capital, poor individual

economic situation, and when shared- researchers found they seem to contribute to even poorer health outcomes (Ahnquist, Wamala, & Lindstrom, 2012).

A nonmodifiable risk factor that impacts health is gender. According to Viner et al., “Girls consistently have poorer wellbeing indicators, such as self-rated health, psychosomatic complaints or symptoms, and life satisfaction, whereas boys have consistently higher levels of injury and being overweight” (Viner et al., 2012).

A person’s neighborhood also plays an important role in a person’s health. Examples include access to services and resources, supervision and safety, social norms within neighborhood communities, and connections to others outside the family can all potentially affect health. There is an assortment of evidence in the literature which states that across cultures, young people in lower socioeconomic situations are more likely to engage in unhealthy behaviors. These behaviors include everything from substance abuse, sexual intercourse, exercise, diet, even and self-management of chronic disorders (Viner et al., 2012).

Legal services have been shown to impact social determinants of health among low-income populations. One study specifically examined the effect of legal help on patient health and wellbeing. The study looked at a medical-legal partnership in the San Francisco Bay Area between Lucile Packard Children’s Hospital at Stanford, Ravenswood Family Health Center in East Palo Alto, California and the Legal Aid Society of San Mateo County. The goal of the program is to form collaborations between providers and attorneys and address health care disparities resulting from poverty that may lead to potentially adverse health outcomes for low-income families (Weintraub et al., 2010).

Study participants received legal support services and were given assessments before the intervention and 6 months afterwards to test effectiveness of the medical-legal partnership. The results showed a significant improvement of many social health factors due to the legal help. For example, 66.1% of parents surveyed said their child's health and well-being improved due to the free legal advice. Additionally, there was a 15% increase in the use of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program. Overall, some of the most salient findings from the study include: increased awareness and use of free legal services, increased access to income support and food and nutrition assistance programs, decreased obstacles to health care services and reported improvement in child health and wellbeing (Weintraub et al., 2010).

Another similar study by Cohen et al. looked at the impact of training services of hospital staff on social health disparities in four different medical-legal partnerships across the country. At a medical-legal partnership in New York, for example, training was provided by attorneys specifically for the medical staff at the hospital. The resulting pre and post test data indicated the following:

Changes in attitude about the responsibility of the physician to help patients find free legal services (21% to 52%) and changes in behavior in referring patients to legal services (15% to 54%), in assisting patients with obtaining government benefits (45% to 54%) or obtaining appropriate housing (24% to 37%) (Cohen et al., 2010).

In another medical-legal partnership site in Boston, an advocacy boot camp was developed dealing with areas such as health insurance, food stamps, disability benefits, etc. The

training program was delivered to providers and the goal was to increase knowledge about the social determinants of health. Some of the more noticeable survey results include:

89% indicated that they would make changes in their practice after attending the session; 83% reported they planned to make changes to their practice after training..., 97% participants reported they could 'screen' for two unmet basic needs after training (Cohen et al., 2010).

A medical-legal partnership (MLP) helps to combat health disparities by assisting with legal and civil needs. A recent study titled "The State of the Medical-Legal Partnership Field" evaluated the effectiveness of MLPs and showed success in improving access to social services and improved health outcomes. Patients surveyed stated that they had improved access to housing and utilities (82%). Additionally, patients reported a reduced level of stress by 79% and reported improved access to income and insurance needs by 79%. At a rate of 73%, patients said they had improved access to personal and family stability needs and improved access to education and employment needs (53%).

Besides the patients, researchers also wanted to study the effectiveness of Medical-Legal partnerships from the perspective of the health organizations. Data showed that 39% reported (on behalf of clinicians) better patient compliance with medical treatment and a staggering 66% of clinicians reported improved patient health outcomes (Regenstein, Trott, & Williamson, 2017).

Aside from a health outcomes perspective, MLPs also bring a positive financial impact on patients and participating health care organizations. Although not all MLPs collect financial information, the average dollar amount of the full financial assistance received by all patients

served by each MLP in the past year was as astounding \$81,595. Maybe the most important finding from the study deals with the overall importance of the program. Results show that 81% of hospitals agreed that staff fully embraced the MLP approach as an important part of patient care (Regenstein et al., 2017).

In reality, without MLPs across the country, providers, other health professionals and staff members at the hospitals simply do not always have the necessary tools and resources to assist with the home environments of their patients. Because few tools truly diagnose and combat the issues of the social determinants of health, many providers are reluctant to screen for issues for which they cannot address effectively (McCabe & Kinney, 2010). MLPs help to bridge the gap because of the multi-disciplinary approach to help with patient care outside the walls of the hospital.

To put this all into perspective, it's important to understand the history of medical – legal partnerships in the United States. The first MLP was started by Barry Zuckerman, MD, at Boston Medical Center in 1993. Hospitals, community health centers, and clinics in 38 states are currently utilizing a medical – legal partnership. In 2010 alone, more than 13,000 people (and families) received some type of legal assistance through MLPs. Additionally, more than 10,000 health care staff members received training MLP-related education. Interestingly, the American Medical Association and the American Bar Association have even endorsed this program (Huston, 2011).

As more attention is paid to social determinants of illness, medical – legal partnerships around the country are trying to combat social factors that may be contributing to adverse health. In general, MLPs have three main focus points. First, they deliver legal assistance in a

wide variety of health care settings (hospitals, clinics, community health centers, etc.).

Attorneys meet with families to identify and address those circumstances affecting their health and fix them in a practical way. Second, MLPs “work to transform health care practice by educating health care professionals about the significance of social determinants of health” (Huston, 2011). And last, MLPs work toward initiating policy changes by addressing local, state, and federal regulations and regulations that may be standing in the way of sustaining good health (Huston, 2011).

Research Methods

The research question being addressed in this study was, “What are the gaps in education and training among HELP health care staff for assessing patients’ legal needs?” The development of the survey was be done by the graduate student researcher, along with the help of the research manager (preceptor), and HELP managing attorney. From discussions between the team of three, they agreed and decided upon the most relevant and important questions to ask in the survey.

Additionally, the medical – legal partnership team at Nebraska Medicine (including providers, social workers, and administrators) was given a draft version of the survey and then gave comments and recommendations to the graduate student researcher. The survey was analyzed for face/content validity by the LAN research manager along with one other survey expert, Dr. Brandon Grimm.

After the survey was reviewed by experts in survey design and end users at Nebraska Medicine, the survey questions were entered in to SurveyMonkey. SurveyMonkey is an online survey deployment and management system. There are several benefits to online surveys, including, “low cost, wide availability of survey design and implementation tools, ease of implementation including reminders, and built-in features that facilitate data cleaning and improve the survey experience for respondents and researchers” (Monroe & Adams, 2012).

Before the survey was launched via SurveyMonkey, the potential respondents were notified via email about the forthcoming survey by LAN’s HELP Managing Attorney. The email provided information about the purpose of the survey, the importance of completing it, and included information on the goals of the survey.

Two days after the letter was sent, surveys were dispersed electronically via either SurveyMonkey email invitation or URL link to approximately 182 people representing 7 different health systems and 6 different disciplines. The email invitation from SurveyMonkey included the first question which, after responding, takes the respondent to the SurveyMonkey online survey page. Another batch of surveys (approximately 65) were sent via email with the applicable URL link from the CEO at one of the medical – legal partnership sites. To increase the response rate, we sent several reminder emails via SurveyMonkey to those who had not completed the entire survey. According to Nulty, 2008, sending repeat reminder emails boosts online survey response rate significantly. The reminder emails occurred on February 22nd , February 27th, and March 1st.

The survey included 17 closed-ended questions along with 1 open-ended question. Click [here](#) to see the full list of questions located in Appendix A. The survey was organized into 6

distinct sections with each segment have either one or multiple questions that related to each other. These sections included: “Medical – Legal Partnership Awareness;” “Medical – Legal Partnership Trainings;” Social Determinants of Health and Legal Issue Identification;” “Screening Tool;” Background / Demographic Information;” “Additional Comments.”

There were several different types of questions used in the survey. These included Likert scale questions, multiple choice questions, self-assessment questions, and one open-ended question. One example Likert scale question from the survey included, *“Please rate your level of awareness of Legal Aid of Nebraska’s Health, Education, and Law Project (formally known as the Medical – Legal Partnership Project)?”* The responses included different levels of awareness, including everything from “Extremely Aware” to “Not at all aware.” The other Likert scale questions dealt with overall quality and likelihood of something.

The self-assessment questions assessed respondents’ honest personal assessment on social determinants of health and legal issue identification in patients. In one of those questions, they rated themselves on a scale of 1 to 4 based upon their knowledge level of the given social factors and its linkage to health. Specifically, question number 8 asks, *“Please rate your ability to explain the link between each of the following items and a person’s health.”* In the other self-assessment question, they rate their own confidence in identifying possible patient legal issues in the given categories. They can select everything from “Extremely confident” to “Not at all confident.” Specifically, question 9 asks, *“Please rate the level of confidence in your ability to identify possible patient legal issues in the following areas.”*

11 questions are simple multiple choice questions in which respondents select the most appropriate answer from the response options. For example, question 11 asks, “Would you be

willing to pilot test a screening tool with your patients?” with the answer selections including “Yes” or “No.” And last, there was 1 open-ended question relating to recommendations on HELP trainings in which respondents were able to type as much or as little as they would like with no restrictions on the word limit.

Study participants who were asked to complete the survey included health care staff (social workers, clinicians, and administrators) at Omaha and Lincoln HELP hospital and clinic sites. The HELP health systems in Nebraska include: Nebraska Medicine (including clinic sites), CHI hospitals (including clinic sites), Children’s Hospital (including clinic sites), Methodist Hospital (including clinic sites), Bryan East and West Hospitals, Douglas County Health Center and Health 360. The total completion rate for the survey was 69%.

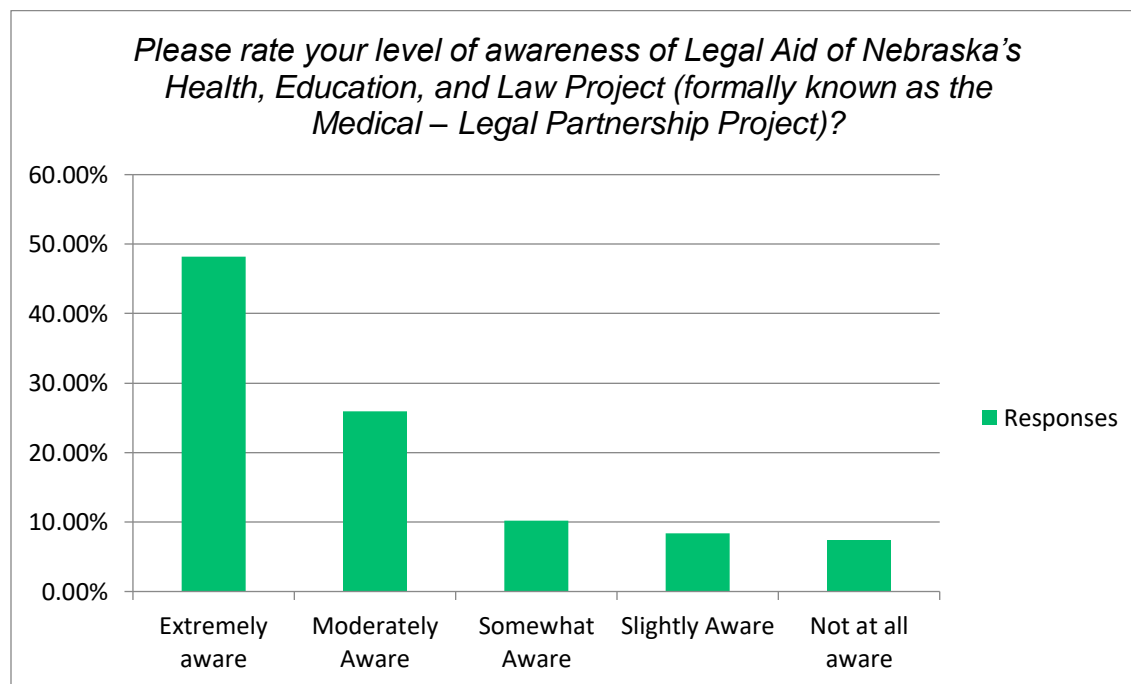
The survey closed on March 6th. Data analysis was based on the results from the SurveyMonkey questionnaire. Additionally, SPSS software was used to test significance between occupation types and the linkage between social factors and health as well as legal issue identification. Specifically we used the ANOVA test to determine if there was a statistical significance between question numbers 8 (*“Please rate your ability to explain the link between each of the following items and a person’s health”*) and 9 (*“Please rate the level of confidence in your ability to identify possible patient legal issues in the following areas”*) and occupation type. Results from this study will aid LAN in addressing education and training needs of HELP health care staff which will yield improved health outcomes for the HELP patient population.

Results

In this survey, there were 6 distinct sections that were examined. These sections included: “Medical – Legal Partnership Awareness;” “Medical – Legal Partnership Trainings;” Social Determinants of Health and Legal Issue Identification;” “Screening Tool;” Background / Demographic Information;” “Additional Comments.”

Medical - Legal Partnership Awareness

The first question we asked respondents was about their awareness of the Health, Education, & Law Project (n = 108). Approximately 74% of respondents were either “Extremely aware,” (48.15%) or “Moderately Aware,” (25.93%) while only roughly 16% said they were either “Slightly” (8.33%) or “Not at all aware” (7.41%).



Medical – Legal Partnership Trainings

This section addressed past, current, and future trainings for the medical – legal partnership. Within this section, we first asked respondents if they had ever been to a HELP training session (n = 96). 12 people chose not to answer this question, which is why the number of respondents answering this question decreased to 96. For all other questions, this is also true- not all 108 respondents answered every single question. 36.46% said they have been to one before, 54.17% said they have never been to one before, while 9.38% answered that they were unsure.

Next, we used skip logic functionality within the survey to ask questions specifically to people who said they had been to a training session before. We asked those who had been to a training session to identify which session(s) they had attended in the past (n = 25). A total of 16 people (68%) indicated they had been to a “Social Security Disability and Medicaid” session, 64% had been to a “Power of Attorney and wills” session, and 60% had been to a “Guardianships” training session. The least attended training sessions included, “Legal Urban Myths” (0%), “Patient Dumping” (16%), “HELP Project and social determinants of health” (20%), and “Housing - landlord dumping” (20%).

Additionally, we also wanted to ascertain which training sessions the respondents would attend again if offered in the future (n = 25). The training sessions with the highest percentages included “Social Security Disability and Medicaid” (76%), “Legal Urban Myths” (72%), “Guardianships” (68%), and “Housing - landlord dumping” (68%).

Next, we wanted to ask those same individuals about their impressions of the overall quality of the training sessions they had attended in the past (n = 25). 76% of respondents

identified the training(s) as either “Excellent” (36%) or “Very good”(40%). Only 4% of respondents identified the sessions as either “Fair” (4%) or “Poor” (0%). We then asked respondents about the likelihood of attending a training session in the future if given the time and opportunity (n = 89). Approximately 78% said they would either be “Extremely likely” (43.82%) or “Likely” (33.71%) to attend one again in the future, and only about 3% said they would be “Unlikely” (2.25%) or “Extremely unlikely” (1.12%) to attend a future training session.

The last question from this section asked respondents about their preferred method of training for the medical – legal partnership (n = 87). The majority of respondents said in-person training sessions (57.47%) were their preferred method, although 37.93% identified either in-person or module/video based training sessions as their preference. Only 4.60% of respondents classified only video/module based training sessions as their preference.

Social Determinants of Health & Legal Issue Identification

In this subsection of the survey, we wanted to gain a better understanding of the staff members’ current strengths and weaknesses (or gaps) in education and training in relation to the medical – legal partnership. First, we asked respondents to self-assess their ability to explain the link between a list of social factors and a person’s health (n = 79). Respondents were asked to choose from 1 – 4 for each possible social determinant of health (1 = I am unaware, or could not explain at all; 2= I have heard of it; limited knowledge and/or ability to explain; 3 = I am comfortable with knowledge or ability to explain; 4 = I am very comfortable, an expert; could teach this to others).

Determinants of Health	1	2	3	4
Income level affecting health	2.53%	22.78%	59.49%	15.19%
Employment status affecting health	2.53%	32.91%	53.16%	11.39%
Access to food affecting health	1.28%	19.23%	60.26%	19.23%
Health insurance status affecting health	1.27%	24.05%	53.16%	21.52%
Housing situation affecting health	3.85%	30.77%	51.28%	14.10%
Access to disability benefits affecting health	5.06%	37.97%	46.84%	10.13%
Access to education affecting health	2.53%	41.77%	43.04%	12.66%
Immigration status affecting health	11.39%	37.97%	39.24%	11.39%
Surrogate decision-maker status affecting health	20.51%	44.87%	24.36%	10.26%
Child custody status affecting health	24.05%	35.44%	36.71%	3.80%
Divorce and/or protective orders affecting health	20.51%	38.46%	35.90%	5.13%

The highest percentage category with “I am aware, or could not explain at all,” includes “Child custody status affecting health” (24.05%), “Surrogate decision-maker status affecting health” (20.51%), and “Divorce and/or protective orders affecting health” (20.51%). The highest percentage category of “I have heard of it; limited knowledge and/or ability to explain,” includes “Surrogate decision-maker status affecting health” (44.87%) and “Access to education affecting health” (41.77%). For #3 (“I am comfortable with knowledge or ability to explain”) the highest categories include “Access to food affecting health” (60.26%), and “Income level affecting health” (59.49%). And last, for level #4 (“I am very comfortable, an expert; could teach

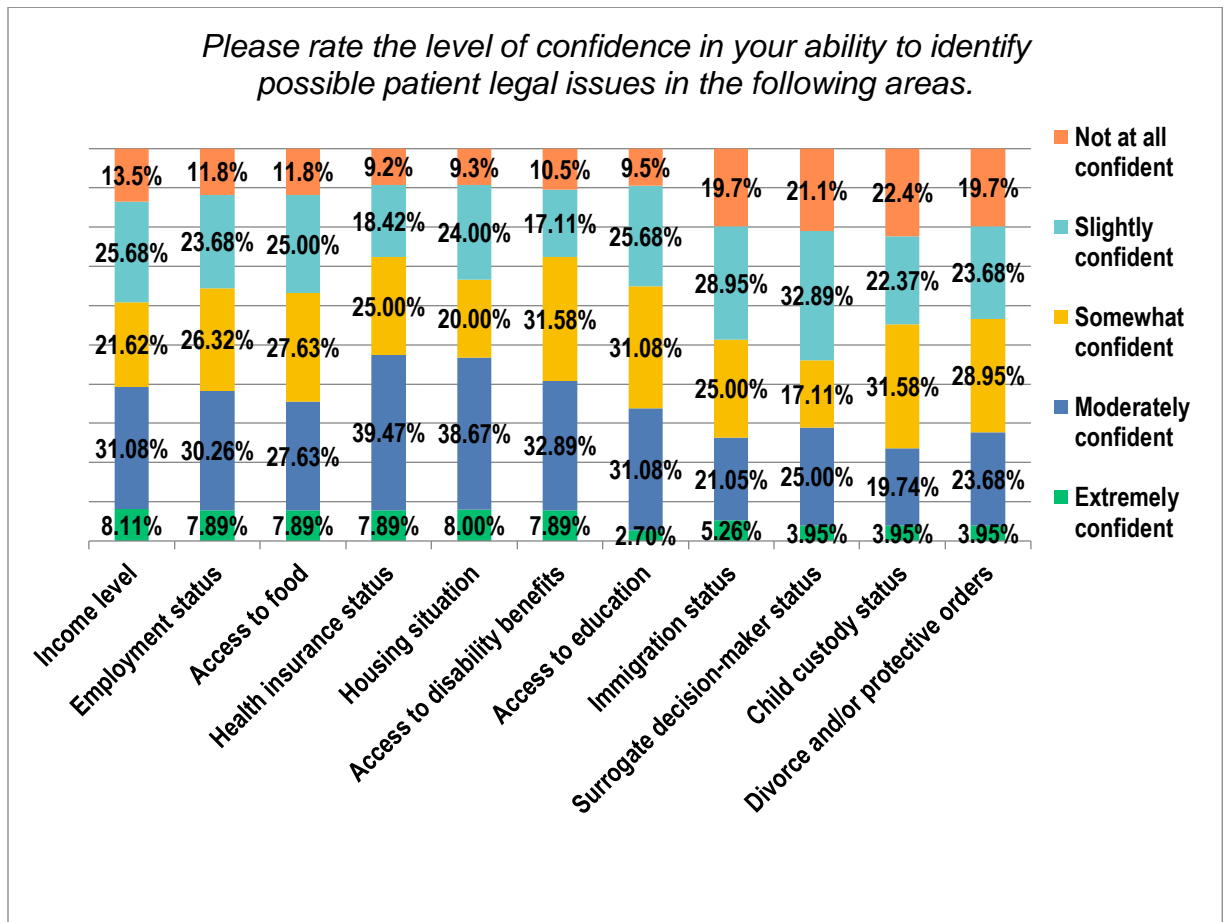
this to others”) the highest categories were “Health insurance status affecting health” (21.52%), “Access to food affecting health” (19.23%) and “Income level affecting health” (15.19%).

The next question was in regards to respondents’ abilities to identify patient legal issues (n = 76). Respondents rated their level of confidence from “Extremely confident” to “Not at all confident” in identifying possible patient legal issues within those same social factors.

	Extremely confident	Moderately confident	Somewhat confident	Slightly confident	Not at all confident
Income level	8.11%	31.08%	21.62%	25.68%	13.51%
Employment status	7.89%	30.26%	26.32%	23.68%	11.84%
Access to food	7.89%	27.63%	27.63%	25.00%	11.84%
Health insurance status	7.89%	39.47%	25.00%	18.42%	9.21%
Housing situation	8.00%	38.67%	20.00%	24.00%	9.33%
Access to disability benefits	7.89%	32.89%	31.58%	17.11%	10.53%
Access to education	2.70%	31.08%	31.08%	25.68%	9.46%
Immigration status	5.26%	21.05%	25.00%	28.95%	19.74%
Surrogate decision-maker status	3.95%	25.00%	17.11%	32.89%	21.05%
Child custody status	3.95%	19.74%	31.58%	22.37%	22.37%
Divorce and/or protective orders	3.95%	23.68%	28.95%	23.68%	19.74%

The social factors with the highest percentages under “Extremely confident” included “Income level” (8.11%) and “Housing situation” (8.00%). The highest percentages under the category of respondents saying they were “Moderately confident” in identify legal issues includes “Health Insurance status” (39.47%) and “Housing situation” (38.67%). The highest percentages of respondents saying they were “Not at all confident” in identify patient legal

issues is within the categories of “Child Custody status” (22.37%) and “Surrogate decision-maker status”(21.05%).



Screening Tool

We then asked respondents about the likelihood of them using a step-by-step screening tool as a guide when assessing a patient’s legal needs (n = 76). 69.74% of respondents said they would be either “Extremely likely” (25.0%) or “Likely” (44.74%) to use it. A mere 10.53% said they could be either “Unlikely” (9.21%) or “Extremely unlikely” (1.32%) to use it in their respective healthcare systems. Furthermore, we asked them if they would be willing to pilot

test this screening tool for their patients (n = 75). 73.33% said they would be willing to test it out, while 26.67% said they would not.

Background / Demographic Information

In this section of the survey, we wanted to gain a better understanding of not only the respondents and their backgrounds, but also develop a better feel for the people who work with the medical – legal partnership in some capacity. First, we asked respondents which health system they work at currently (n = 73). The majority indicated that they worked at Health 360 (46.58%) and Nebraska Medicine (17.81%).

At which health care system do you currently work?		
Answer Choices	Responses	
Nebraska Medicine	17.81%	13
CHI	10.96%	8
Children's Hospital and Clinics	5.48%	4
Methodist	5.48%	4
Douglas County Health Center	8.22%	6
Bryan Health	5.48%	4
Bluestem Health / Health 360 / Lutheran Family Services	46.58%	34
	Answered	73
	Skipped	35

Next, we asked respondents how long they have worked at their respective health system (n = 73). 21.92% said they had worked there for 0-2 years, 34.25% said they had worked there for 2-5 years, 15.07% said they had worked there for 5-10 years, and 28.77% said they had worked there for at least 10 years.

How long have you worked there (in any job capacity)?		
Answer Choices	Responses	
0-2 years	21.92%	16

2-5 years	34.25%	25
5-10 years	15.07%	11
10 + years	28.77%	21
	Answered	73
	Skipped	35

In regards to respondents' current occupations (n = 73), the majority of the sample was either a social worker (42.47%) or has an administrative role (31.50%) such as billing, medical records, receptionist, etc. Clinicians such as nurses and providers registered the fewest occupational response rates.

What is your current occupation?		
Answer Choices	Responses	
Social Worker	42.47%	31
Care Manager	4.11%	3
Nurse (RN)	4.11%	3
RN Case Manager	4.11%	3
Physician	4.11%	3
Administrative	31.50%	23
Therapist	6.80%	5
Dentist/Dental Hygienist	2.70%	2
	Answered	73
	Skipped	35

Then, we inquired about how long they have worked in that specific occupation (n = 72). 52.78% said they had worked in that job for at least 10 years, 16.67% said 5-10 years, 19.44% said 2-5 years, while only 11.11% said they had worked in that occupation for 0-2 years.

How long have you worked in this occupation?		
Answer Choices	Responses	
0-2 years	11.11%	8
2-5 years	19.44%	14

5-10 years	16.67%	12
10 + years	52.78%	38
	Answered	72
	Skipped	36

Additional Comments

Last, we asked them for additional comments about the program, hoping to elicit either efficiencies or inefficiencies within the program, or more specifically, with the training program. Some of the more prominent positive comments included, “Thank you for providing trainings in the past. They have been useful and I look forward to more trainings with you;” “Good communication is essential to an effective partnership, you guys are great!!”

Some areas of improvement from respondents included, “Promote it more widely in organization;” “Communication on the status of a referral (receipt, progress or even non-progress) every couple of days would be appreciated. Faster turnaround for getting guardianships in place. Prior HELP being involved with my organization, my organization was used to a 48 hour turnaround from referral to having letters of temp guardianship. Additional days/hours of having a representative on-site would be helpful;” “I would find a brief summary of your services and how we can use you better.” To see a complete (unedited) list of all of the responses from the survey, click [here](#).

Statistical Tests

Researchers also performed an ANOVA test to see if there were any significant differences in question 8 (knowledge on linkage between social factor and health) and question 9 (legal issue identification) with occupation type.

For question 8, nearly all of the social factors were not associated with a significant difference between the occupation’s knowledge level. However, there was a statistically significant difference in “Income level affecting health,” ($p = 0.029$). Meaning, when it comes to the staff’s understanding of the linkage between income and health, there is a statistical difference in the knowledge level between the different occupations at the health system.

		Sum of Squares	df	Mean Square	F	Sig.
Income level affecting health	Between Groups	7.146	7	1.021	2.414	.029
	Within Groups	27.484	65	.423		
	Total	34.630	72			

For question 9 regarding legal issue identification, there were two social factors with a statistically significant difference between the occupations in their confidence in identifying legal issues. Housing situation ($p = 0.024$) and Surrogate decision-maker status ($p = 0.002$) were both significant, meaning- within those social factors, there is a statistical difference between the occupations in terms of their confidence in identifying patient legal issues.

		Sum of Squares	df	Mean Square	F	Sig.
Housing situation	Between Groups	20.207	7	2.887	2.513	.024
	Within Groups	72.384	63	1.149		
	Total	92.592	70			
Surrogate decision-maker status	Between Groups	27.681	7	3.954	3.617	.002
	Within Groups	69.972	64	1.093		
	Total	97.653	71			

Discussion / Recommendations

This project helped LAN's Health, Education, & Law Project improve upon their project by evaluating their strengths and weaknesses in training and education among the health care staff. The results from the project gave the HELP managing attorney a better idea about which areas of training are already understood by the staff, and which areas need to be taught in a new or revised manner.

The results from this quality improvement study helped researchers to conclude a few major findings. First, HELP health care staff members are clearly aware of the medical – legal partnership. Most respondents were either “Extremely aware” or “Moderately aware” of the existence of program which is good news for Legal Aid.

Second, there are several training sessions that staff members feel would benefit them going forward with the medical – legal partnership. These include “Social Security Disability and Medicaid,” “Legal Urban Myths,” “Housing - landlord dumping,” and “Guardianships.” It is also recommended that “Power of Attorney and wills” should be considered last when assessing the need for future trainings.

Furthermore, it is clear that trainings done in the past were done very well because most respondents said the overall quality of them was either “Excellent” or “Very good.” One interesting finding from the study was that staff members may be open to being trained in a module or video based manner. The majority of respondents indicated their preferred method of training is only through in-person sessions. It is recommended that LAN still has in-person

sessions, but also develops video/module based sessions for those who cannot attend the in-person training sessions.

In terms of the research question that was asked, “What are the gaps in education and training among HELP hospital staff for assessing patients’ legal needs?” there are a few key findings and recommendations. First, there is a major need for more training and education on the social determinants of health. Although staff members seem to understand the linkage between employment status, access to food, and health insurance status to health there are some clear gaps in education for a few topic areas. Specifically, there needs to be more trainings offered on family-related social factors that affect health (i.e. Surrogate decision-maker status, child custody status, and divorce and/or protective orders).

Additionally, there is a clear gap in education on identifying possible patient legal issues within those same family-related social factors as well as on immigration status. More training and education needs to be done on how to identify possible patient legal issues with family and immigration related factors. In contrast, a strength in education on legal issue identification exists in health insurance status, housing situation, and access to disability benefits. We can see from the data that however they are presenting this information, it is clearly effective.

From this information, we would recommend that HELP staff provide more training opportunities for the topic areas of family and immigration law. Furthermore, HELP attorneys may also need to consider how they are currently presenting this complex information. Tailoring the training sessions into an easier to understand manner may pay dividends in the staff’s understanding of the topics.

We can also conclude that staff members overwhelmingly responded positively to piloting a screening tool to use with their patients. Many of the staff even included their contact information so Legal Aid can give them an opportunity to test out this tool with their patients.

In terms of the makeup of the staff members who took this survey, we can conclude a few different themes. First, the majority of respondents worked at either Health 360 or Nebraska Medicine. Next, we found that through our sample, most of the HELP staff members have worked at their respective sites for either “0-2 years” or at least “10 years or more.” Interestingly, most staff members also stated that they have worked in their respective occupation for at least 10 years, giving them quite a bit of experience in their discipline.

Many of the staff members who took the survey were either social workers or part of the administrative staff (billing, medical records, receptionist, etc.) Some of the other staff members who participated in the survey and work with HELP include physicians, nurses, case managers, dentists, and therapists.

Major strengths of this study include its ability to collect responses from all of the HELP sites within Nebraska. Obtaining these data results will help future trainings and the overall improvement of the Health, Education, and Law Project. Another major strength of this study includes the ability for HELP to identify which training sessions staff members have the most desire to attend in the future. This study also gauged staff members’ interest levels on using a step-by-step screening tool in the future, and received some contact information from those who would be willing to test out the guide.

While there were many strengths in the study, it wasn't without its limitations. One major limitation included mostly receiving responses from social workers and administrators and only a small sample from clinicians. A second limitation included only receiving data results from staff members (study participants) who were willing to partake in this quality improvement study. Limitations of online surveys in general include a person's access to the internet, honesty of responses, and answer completeness to responses (Fricker & Schonlau, 2002). Furthermore, respondents were not evenly dispersed from the HELP health care sites, as many of the completed surveys came from Health 360 in Lincoln, NE, giving us an uneven sample population distribution among all of the HELP sites. Another limitation of this study was the survey tool, itself. Because the survey was done online, we can assume that HELP staff members who do not keep up to date with their email or who are not proficient on computers would be less likely to take the survey.

Conclusions

This study demonstrates that current health care staff working with the Health, Education, and Law Project at partner sites are overall very satisfied with the program. Staff indicated the past trainings as excellent and applauded the work of Legal Aid of Nebraska's HELP attorneys. The study found that staff members identified as competent in linking income, access to food, and even health insurance status to overall health but not as competent in linking family and immigration issues (such as child custody and divorce) to health. Additionally, staff members feel confident in identify possible patient legal issues in relation to one's health insurance status and housing situation, but do not feel confident in identifying legal issues

relating to immigration status and families factors (such as divorce, surrogate decision-maker status, child custody status). Overall, there is a need for more training sessions to be done on family and immigration issues in relation to health.

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Service Learning/Capstone Experience Reflection

My service learning/ capstone experience at Legal Aid of Nebraska was a very enjoyable experience. Working within their Health, Education, and Law Project exposed me to different aspects of social determinants of health I had never thought about before this experience. I gained a tremendous amount of respect for the work the attorneys do to combat those health harming social factors in the work they do for their clients.

Two of the major products of my service learning activities include four professional data reporters and a detailed list of questions to assess legal issues based on an extensive literature review. The 4 data reporters (Consumer Debt, Family, Housing, Income and Benefits) were based off an internal needs assessment completed by Legal Aid within the past year. The data reporters highlighted some of the major data findings. They will be disseminated to online media platforms for stakeholders, clients, and the community for all to examine. This was a

fantastic learning experience for me to develop professional documents. It goes without saying that being able to translate data into easy to understand documents is an important skill to learn in public health. Having this experience in written communication will undoubtedly help me as I transition into a career within public health.

One of the great challenges and learning experiences of the service learning/capstone experience was the development of the survey. Because I had never put a survey together before, I had to spend some time reading about best practices in survey development. I also spent quite a bit of time thinking logically about what questions to include in the survey to help reach our end goal of obtaining important information to help in the development of a new training program.

Besides the self-education part of the survey development, I also had to listen and appease several stakeholders who had differing opinions about what should and should not be included in the survey. Although it was great to get feedback from several people, I knew that no survey would please every stakeholder. Having Kelly along the way was a great asset for me. She was willing to help when I needed guidance, giving her opinions when necessary, and helped to build my self-confidence when I needed it most.

Another challenge I ran into while working on service learning was during my literature search. The goal of the literature search was to look at validated legal assessment tools- and more importantly- how and why they were used in the context of the setting. As I began my search, I started to come to the conclusion that there was little, if any literature, on the effectiveness or ineffectiveness of such tools. However, I was able to find ample literature on

several survey tools used by other medical – legal partnerships (albeit without any research in their validated effectiveness/ineffectiveness).

Through communications with my preceptor, Kelly and I came to the conclusion that although there was little literature on the research of the tools, using the questions from these survey tools at other MLPs is sufficient enough for Legal Aid of Nebraska's use. The end product of the literature search was shared with the HELP managing attorney to create a new screening tool to be used in an important research collaboration between Legal Aid and UNMC's College of Public Health.

In conclusion, I had a very rewarding learning experience at Legal Aid of Nebraska. While working with the Health, Education, and Law Project I came to realize the immense impact this program has on the Omaha and Lincoln communities. The work they do to solve complex legal-related social problems in patients' lives is truly public health at its best. Although I gained valuable career skills in this experience, I was also inspired to use my education to help the vulnerable populations that Legal Aid serves each and every day.

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related to the project. They both allowed me to work on my project independently while also giving helpful advice along the way when needed.

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Appendices

A: Survey Monkey Questions

1. Please rate your level of awareness of Legal Aid of Nebraska's Health, Education, and Law Project (formally known as the Medical – Legal Partnership Project)?
2. Have you ever been to a medical-legal partnership training session before?
3. Please select any of the following subject areas that were presented on at the training session(s) you previously attended.
4. Which session(s) would you attend if offered again?
5. Please rate the quality of the training session(s) you previously attended.
6. What is the likelihood that you would attend a training session in the future if given the time and opportunity?
7. What is your preferred method of training?
8. Please rate your ability to explain the link between each of the following items and a person's health.

9. Please rate the level of confidence in your ability to identify possible patient legal issues in the following areas.
10. If you were given a step-by-step screening tool to use as a guide when assessing a patient's legal needs, what is the likelihood that you would use it?
11. Would you be willing to pilot test a screening tool with your patients?
12. Please provide us your contact information so we may contact you.
13. At which health care system do you currently work?
14. How long have you worked there (in any job capacity)?
15. What is your current occupation?
16. How long have you worked in this occupation?
17. Please identify the health care setting in which you typically work the most hours per week.
18. Do you have any additional comments you would like to give us so we can improve the medical – legal partnership training program?

B: Additional Respondents' Comments

"Promote it more widely in organization"

"Communication on the status of a referral (receipt, progress or even non-progress) every couple of days would be appreciated."

"I appreciate all you do for our patients!"

"Love the work you do!"

"Andrew has been a huge help for my clients."

"no comments, Legal Aid help people a lot. Thank you."

"Having Andrew Schill here with us has been a great asset - he has been really helpful for several of my clients!"

"no"

"I appreciate having legal aid to make legal referrals to our clients who have limited or no resources."

"Good communication is essential to an effective partnership, you guys are great!!"

"no"

"I would find a brief summary of your services and how we can use you better useful."

"I've had great experiences with both Ann and Andrew. It's clear they genuinely care about our clients. Thank you for the work you do!"

"I think it's a great service to provide to our patients."

"It is an excellent resource for staff and families/patients."

"thank you for providing trainings in the past. they have been useful and I look forward to more trainings with you."