

Medical Legal Partnership: Community Legal Aid & UMass

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INTRODUCTION

Worcester's Community Legal Aid (CLA) was created with the intention of providing free legal assistance to those without means to afford a private attorney. They provide counsel for problems, including housing insecurity, domestic violence, educational needs, and disability needs. Not limited to Worcester proper, CLA offers services to residents of Berkshire, Franklin, Hampden, and Hampshire counties. Individuals eligible for civil legal aid must be residents of Central or Western Massachusetts, have an income under 125% of the federal poverty guidelines, and have a legal issue aligned with a social justice priority.

In 2015, CLA partnered with UMass Memorial Health Care to create the Medical Legal Partnership (MLP). The partnership's goal was to develop a program to assist low-income and minority community legal needs via a clinic-based outreach. The partnership has prioritized Medicaid patients at 3 specific primary care clinics within the UMass system. Legal service providers have been added to the care team at these clinical sites to address barriers.

BACKGROUND

The Public Health Clerkship (PHC) program, in 2015, immersed medical students within the MLP and allowed students to learn from the collaboration while assisting in the evaluation of needs amongst the Worcester population. The students previously surveyed patients across 3 sites (Nashaway Pediatrics, Benedict Pediatrics, and Benedict Family & Adult Medicine). This needs assessment project was conducted to better help the MLP attend to areas of high level need amongst the eligible patient population.

As a follow-up, in October 2017, a second needs assessment was conducted to re-evaluate the areas of concern, taking into account a potential shifting of needs. The 3 clinical sites taking part in the second assessment were Hahnemann Family Health Center, Benedict Pediatrics, and Benedict Family & Adult Medicine.

The goals of the needs assessment are to re-identify the highest areas of unmet legal needs in the community, as well as to find any correlations that may appear within the data. The information obtained may be used to help tailor pre-existing services or target new areas of need. In addition, the assessment served to raise more awareness of the different legal resources available to the patient population.

RESULTS

Overall, the needs assessment looked at areas of concern across all 3 clinical sites, which included some of the following:

- Housing
- Health insurance
- Food access
- Daily and monthly living expenses (bills)

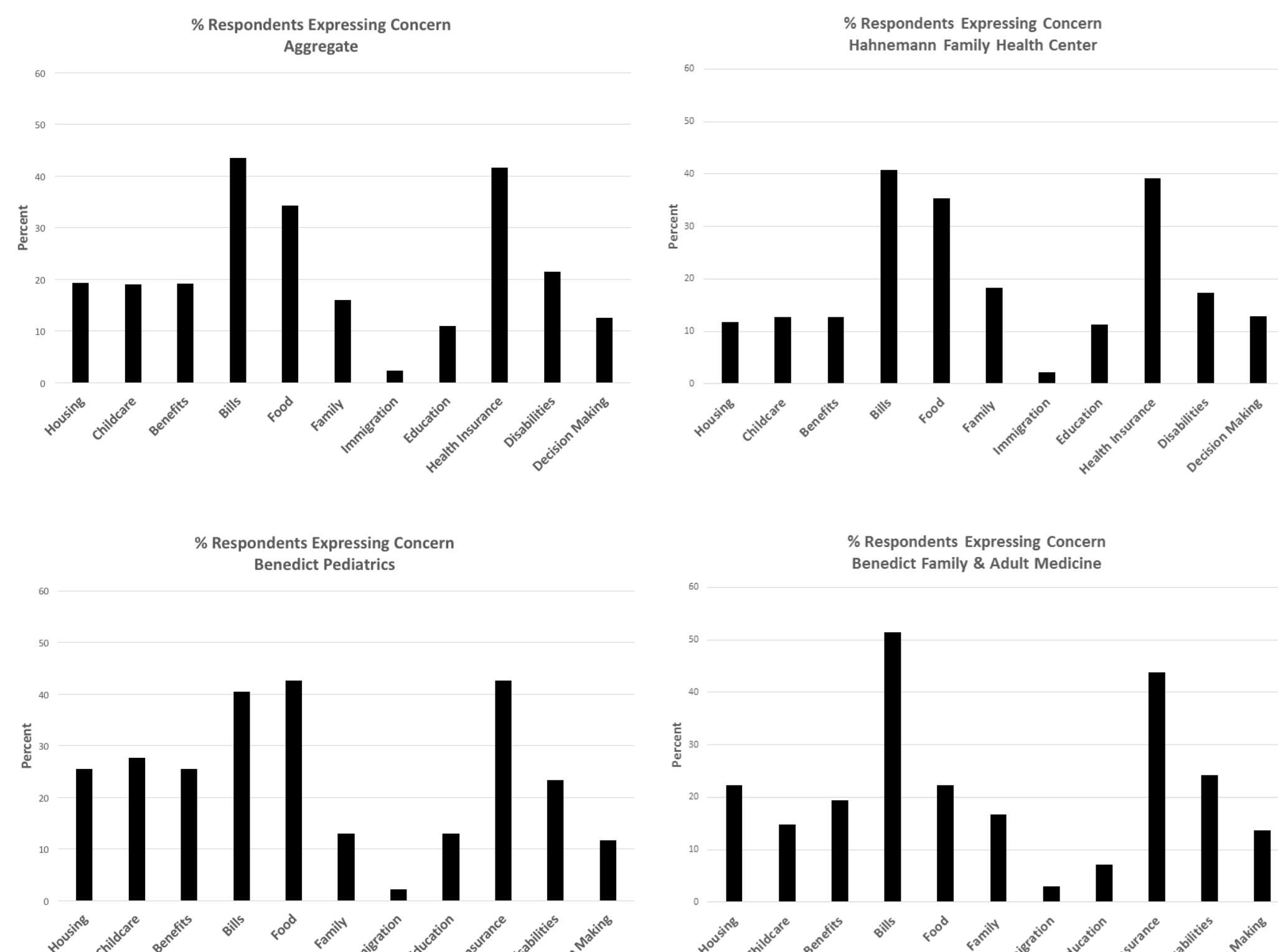


Figure 1. Percentage of respondents expressing concern in different areas of need from the following sites: (top left) Aggregate across all 3 clinical sites, (top right) Hahnemann Family Health Center, (bottom left) Benedict Pediatrics, (bottom right) Benedict Family & Adult Medicine.

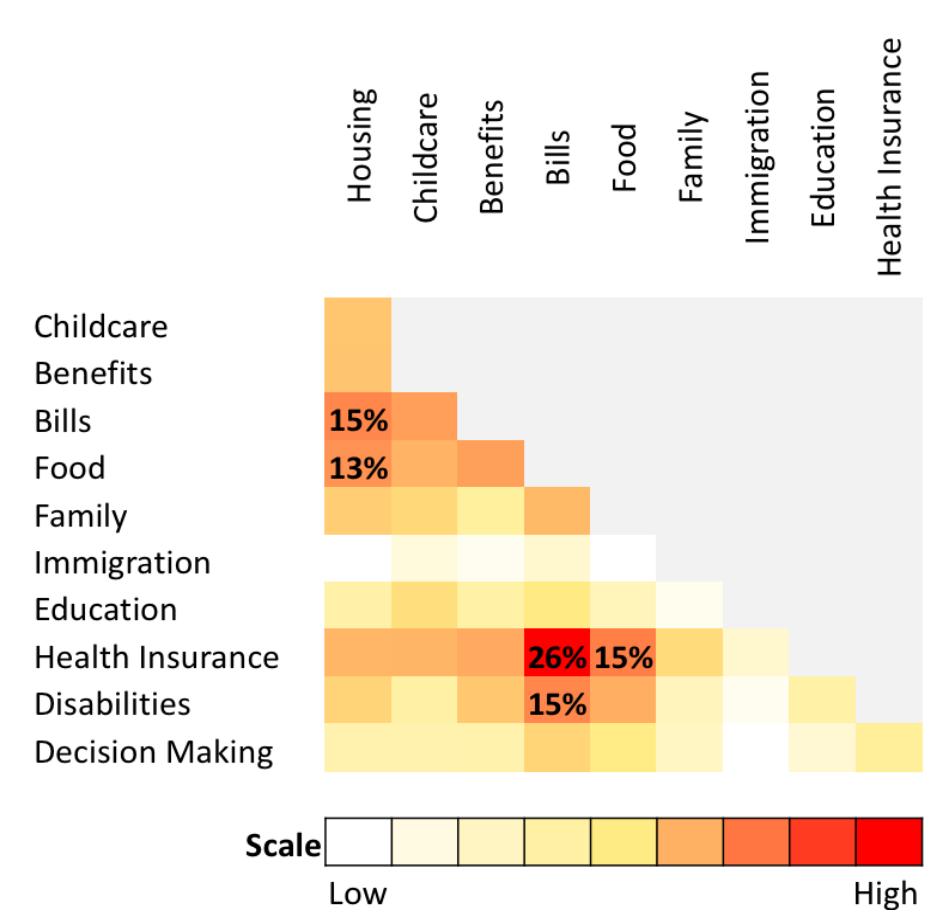


Figure 2. Correlation of different areas of need across all 3 sites.

The strongest correlation was between patients who were having difficulties with bills and difficulty with health insurance. The effect of bills as a category may be overestimated due to the phrasing of questions.

DISCUSSION

After administering surveys, it was found that the areas of greatest need are: daily and monthly expenses (bills), food, and health insurance.

While the second round of needs assessment was completed, the project would greatly benefit from increasing the volume of collected surveys to ensure that a larger portion of the population is being sampled. To accomplish this, surveys could be handed out to patients along with their intake forms upon arrival. Changing to this method would allow surveys to be administered and collected over a longer period of time, and future PHC groups could assist in analyzing the data to reach more robust, informative conclusions.

Furthermore, after multiple iterations of needs assessment, an updated version of the survey is suggested. Changes can be made to confirm that question clarifications are not confusing and that the questions are all uniform and consistent. Potential changes to the survey are having:

- More inclusive disability language (e.g. guardianship of adults with disabilities).
- Answer options as a Likert scale (1-6), and the option of N/A for appropriate questions (e.g. for adults without children).
- Numbering of the questions for ease of reference.
- Questions all with a positive response if there is a concern and a negative response if there is no concern.
- Clarification to questions phrased as a statement and not as a further question.
- The beginning of the survey starting with demographics, including a question about MassHealth and town/city of residence.

Moving forward, we hope that these data can help direct the CLA's resources and allow for an improved connection between the patient population and legal services.

ACKNOWLEDGEMENTS

In collaboration with UMASS Medical School | Population Health Clerkship with special thanks to Heather-Lyn Haley and the:

Community Legal Aid (CLA) Team:
Weayonnoh Nelson-Davies, Staff Attorney
Valerie Zolezzi-Wyndham, Managing Attorney
Community Legal Aid Staff

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Colleen Bregman, Stacey Mosley (Hahnemann Family Health Center)
Beverly Nazarian, Natasha Rodriguez (Benedict Pediatrics)
Lauren Fletcher (Benedict Family & Adult Medicine)