



# ALAMEDA HEALTH SYSTEM: HEALTH ADVOCATES PROGRAM FINAL EVALUATION REPORT

2016-2017

*Prepared by: Bright Research Group*



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## INTRODUCTION

Health Advocates was founded in 2012 with the goal of expanding Alameda Health System's (AHS) ability to address consumers' social needs, reduce health care costs and improve health outcomes. Health Advocates deploys college and community volunteers to help desks within AHS's clinics and hospitals. Consumers can learn about community resources, access information about temporary housing, apply for benefits and permanent housing, navigate the health care system and troubleshoot issues with health care coverage and other public benefits.<sup>1</sup> Consumers facing legal issues can get connected to an attorney free of charge through a collaboration between the program and legal assistance organizations. The program educates physicians and other clinic staff about the resources available to address patients' needs. The Health Advocates program refers to the individuals it serves as consumers, which reflects the program's value around patient choice and consumer-centered services. "Patients" and "consumers" are used interchangeably throughout this report.

Most of the volunteers are college students who volunteer five hours a week for three semesters. Through their experience and training, the Health Advocates gain a holistic vision of health, an understanding of the human experience through the eyes of the patient and exposure to a broad range of health professions. During the past year (2016–2017), the program trained and deployed 120 volunteers and served over 2,000 consumers at help desks located at AHS's Highland campus, Fairmont Hospital and Hayward Wellness. The help desks are staffed between three and five days a week during business hours and operate up to 40 weeks per year.

With funding from The California Endowment and Alameda County Health Care Services Agency, AHS commissioned an independent evaluation of the Health Advocates program. The evaluation provides information about the contributions and impact of the program, patients' experiences with the program and lessons learned that might inform similar clinic- and hospital-based efforts to address social determinants of health (SDOH). This report provides a summary of key findings and recommendations.

### The Changing Landscape in Health Care

Safety-net hospitals and clinics like AHS witness a complex interplay between social needs and health on a daily basis. Health care reform has brought about important changes in the way health care is or will be delivered, emphasizing whole-person care, prevention, cost savings and improved health outcomes. Whole-person care is based on the premise that considering a person's full spectrum of needs, including those that are physical, behavioral, social and economic, as well as their health in an integrated way, is the best way to improve health outcomes. Health care reform has brought about an increased interest in models for health care providers and clinics to address the social needs that contribute to or create poor health outcomes, or social determinants of health (SDOH). However, safety-net providers have had limited funding to support upstream strategies to address these SDOH, a domain traditionally held by public health departments and community-based partners. At the same time, the future of the Affordable Care Act and health care reform are uncertain under the current political administration. The roles of safety-net hospitals and clinics within this landscape are still being charted.

## METHODS

Bright Research Group, a women- and minority-owned research and strategy firm based in Oakland, California, was selected to conduct the evaluation. The evaluation began with a review of available data and an assessment of evaluation readiness. “Evaluation readiness” refers to the infrastructure, culture and practices associated with the collection and analysis of data.<sup>ii</sup> Then Bright Research Group interviewed the program staff and volunteers, observed the help desk at the Highland Campus and developed an updated evaluation design on the basis of this assessment. Because of the issues with evaluation readiness, a mixed-method and developmental approach were used to answer the following evaluation questions: What is the program model and theory of change on the basis of the current implementation of Health Advocates? What are the contributions of the program to consumers, volunteers and AHS as a whole? What are the lessons learned and best practices? Who are the consumers of Health Advocates’ services, and what benefit has the program provided to them? The methods are captured in the table below. The Institutional Review Board at AHS deemed the evaluation to be exempt from review because of its emphasis on quality improvement and its developmental nature. The evaluation was conducted during the 2016–2017 fiscal year.

Method	Description	Sample
<b>Interviews with consumers</b>	Phone and in-person interviews in English and Spanish with consumers who were repeat utilizers of the program. The program staff selected high utilizers who had visited the help desk more than two times. The evaluators conducted outreach and interviews in English and Spanish.	15
<b>Interviews with medical legal partnership clients</b>	Phone and in-person interviews with clients who accessed legal services (extensive support) were conducted in English and Spanish. Legal aid organizations provided client contacts.	5
<b>Interviews with physicians and staff</b>	Phone and in-person interviews with AHS leadership, physicians, social workers and founding residents. The program staff provided a list of AHS stakeholders to interview.	17
<b>Health Advocates survey</b>	Survey of current and former Health Advocates. The program staff emailed all current and former volunteers to complete the survey online.	52
<b>Observation</b>	Help desk observation and interviews with the Health Advocates.	4
<b>consumer profile and output analysis</b>	Analysis of consumers served, problem resolution and numbers served on the basis of information in the Access database. The information spanned 2014–2016.	Main data set: 2,078 Consumer notes: 2,019

**Limitations:** It is important to note that the scope of this evaluation was limited by the program’s lack of evaluation readiness. The primary barrier is that the data systems used to capture client-level information are not structured to capture quantitative outcomes. Health Advocates transitioned from an Access database to a new information management system in 2016. The Access database was structured to capture qualitative notes in the form of case notes about the services and supports provided by the program and the result, if



any, of the interactions with consumers. Quantitative information about what specific assistance was provided and how social needs were resolved (termed resolutions) was not captured in the Access database. The new system, Symphony, is structured in a similar way. Capturing outcomes in case notes facilitates the transfer of information between staff and volunteers but is not conducive to outcome evaluation. Legal assistance organizations also collect client-level information and outcomes in case notes, which limited an outcome analysis of the benefit of legal services.

The data set for the output analysis was missing fields for some consumers. The total N is noted on each chart. Similarly, legal assistance organizations captured their data in case notes or did not have outcome data available for the evaluation. For the quantitative analysis, nearly all (over 80%) of the consumers had accessed services at the Highland campus. Demographic and social need information may not be representative of consumers at other sites. Finally, qualitative research was conducted with frequent users or those who had accessed an extensive level of support through the help desk or legal partners. Their stories and feedback may not be representative of the experiences of consumers who received a lower level of support. The analysis of program contributions included consumers served during the 2016–2017 year and was conducted by Health Advocates' staff on the basis of a review of the data in the Symphony database.

## BACKGROUND

AHS is a leading public health care provider and medical-training institution recognized for its patient- and family-centered system of care. The heart of its mission is to promote wellness and eliminate disparities within the diverse communities of Alameda County, California. The overwhelming majority of AHS consumers live in poverty. Social, economic, environmental and legal conditions mean that poor communities face higher incidences of chronic conditions, acute illnesses and injuries. These determinants of health have a profound and persistent impact on individual and population health and are responsible for disparities in health across groups. Patients residing in the poorest communities served by AHS experience high rates of community and family violence and have an average life expectancy that is 15 years lower than that of those who reside in more affluent communities. Rates of cancer mortality, low birth weight and cardiovascular disease are all significantly higher in poor communities, particularly among African American patients.<sup>iii</sup> There is significant research showing that connecting patients to housing, food, legal support and other community resources can mitigate SDOH and improve health outcomes.<sup>iv</sup> AHS's Highland campus, the County's safety-net hospital, has been at the forefront of addressing patients' social needs for many years.

### About Alameda Health System

AHS's network includes Highland Hospital, Alameda Hospital and San Leandro Hospital (acute, general-care hospitals); four Federally Qualified Health Centers; Fairmont Rehabilitation Hospital (*a long-term care facility*); and John George Psychiatric Hospital. The network includes 1,100 physicians. In 2015, AHS had 329,000 visits in outpatient care, 113,000 visits to the emergency room and close to 20,000 visits through inpatient services.

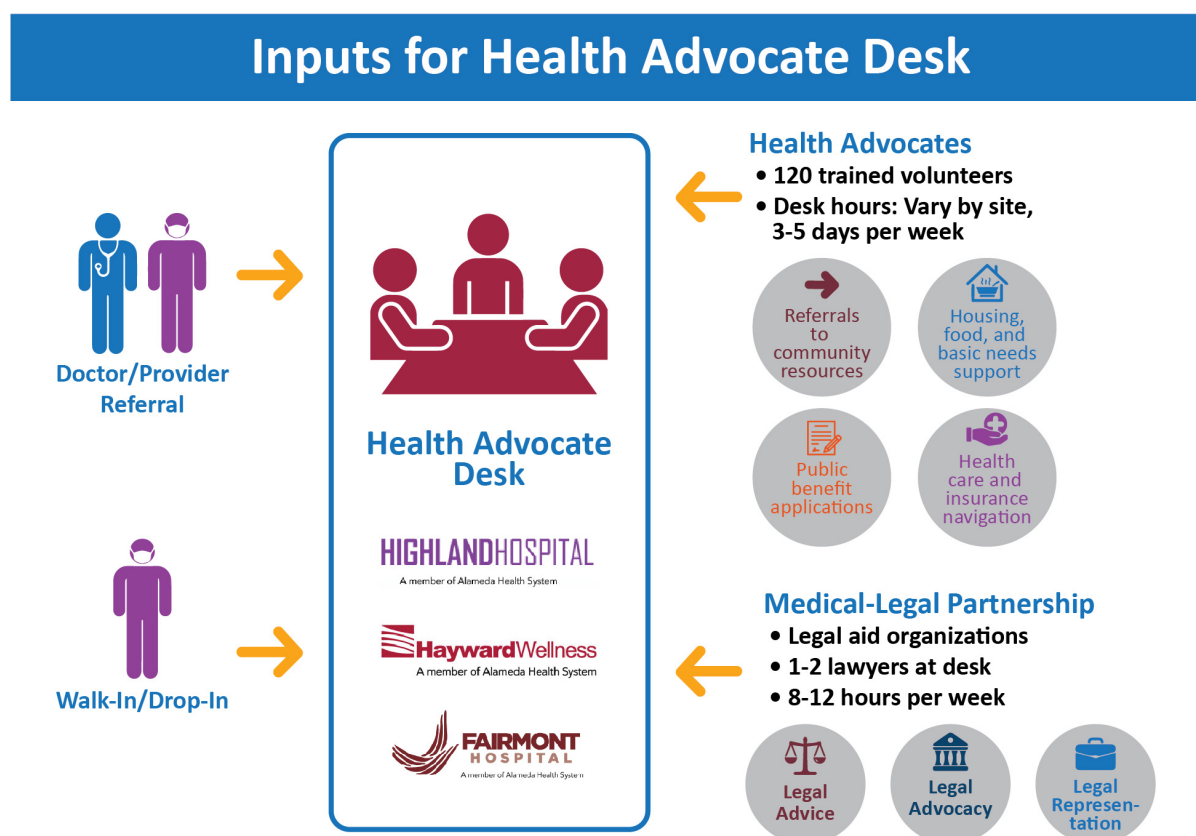
*"Health care providers have no choice but to design programs based on the stubborn relationship between poverty and ill health, and to start from the premise that health care must mean more than medicine."*

—Rebecca Onie

*Founder and CEO of Health Leads, with Paul Farmer and Heidi Behforouz*

However, AHS, like most safety-net health care providers, faces many challenges when it comes to meeting patients' social needs, which are immense. There is no funding stream to support staff who can connect patients with community resources in health care settings, and physicians do not have the time nor the training to resolve social problems.<sup>v</sup> In 2012, physicians in Highland's emergency room began to explore similar clinic-based efforts to address social needs, including the Health Leads model, the Bay Area Help Desk Consortium and medical legal partnerships. Health Leads is a national model that deploys college volunteers to clinics and hospitals to work alongside physicians. Patients can receive a prescription for specific social needs, and college volunteers work to connect them to community resources. Health Leads was built on the premise that placing community resources in hospital and clinic settings can improve quality of care and health outcomes.<sup>vi</sup> An evaluation study of Health Leads found that 50% of patients were connected to at least one community resource and that half of those facing a challenge with a basic need had that need successfully addressed. In addition, 90% of volunteers planned to enter the health professions.<sup>vii</sup>

**Figure 1.** Inputs for the Health Advocates Help Desk



Research suggests that access to legal assistance reduces community health disparities; however, less than 20% of low-income consumers' legal needs are addressed by attorneys.<sup>viii</sup> Medical legal partnerships place legal assistance attorneys and paralegals alongside health care providers in health care settings to screen for unmet needs and provide legal solutions to SDOH for low-income and medically vulnerable individuals, families and communities.<sup>ix</sup> Informed and inspired by these models, AHS collaborated with the Andrew Levitt Center for Social Emergency Medicine to develop the program. Health Advocates began serving consumers in the emergency room at Highland Hospital in 2012. The program was primarily run by volunteers until 2014,




when a program manager was hired through generous funding from Alameda County Health Care Services Agency. Today the program has scaled to locations on three campuses and is currently housed in the Care Management Unit within Population Health.

## THEORY OF CHANGE

*The Health Advocates program hypothesizes that deploying college and community volunteers to help desks, coupled with a medical legal partnership, can expand the system's capacity to meet patients' social needs, allow physicians and social workers to practice at the top of their licenses and enhance patients' experiences when they interface with the safety-net health care system.*

The original aim of Health Advocates was to improve the health of low-income consumers, provide a consumer-driven experience, increase access to primary care and ultimately reduce health care costs. The help desk operates as a patient concierge where consumers can seek help with their own self-identified needs and barriers at a time that is most convenient to them. The most indigent consumers served by AHS interface with many public systems, case workers, case managers and other bureaucracies where they face administrative and logistical barriers to accessing services and supports. Bringing community resources to a single help desk where consumers already find themselves saves time for licensed health care providers (physicians and social workers) as well as consumers. Providing low barriers to entry (no appointment is needed) and minimal intake/administrative steps, as well as emphasizing patient choice in regard to the issues they would like assistance with, provides consumers with a positive and patient-centered experience and builds trust in the institution. The program activities are outlined below.

**Figure 2. Activities of the Health Advocates Program**

HEALTH ADVOCATES ACTIVITIES		
 <b>Consumers</b>	 <b>Health System</b>	 <b>Volunteers</b>
<ul style="list-style-type: none"> <li>• Brokering, linkage and warm handoff to community agencies</li> <li>• Health-system navigation</li> <li>• Referral to legal services</li> <li>• Application assistance (housing, in-home support services, victims of crime, transportation, etc.)</li> <li>• Connections to public benefits (SSI, CalFresh, etc.)</li> <li>• Consumer education on how to access community resources</li> <li>• Coaching and social-emotional support</li> </ul>	<ul style="list-style-type: none"> <li>• Community partnership</li> <li>• Referral source to address social needs not meriting licensed staff (physicians and social workers)</li> <li>• Physician and workforce education on SDOH and social need resolution</li> <li>• Continuity of care regardless of acuity (bridging gap between outpatient, inpatient and emergency room settings)</li> </ul>	<ul style="list-style-type: none"> <li>• Training on SDOH for future health care professionals</li> <li>• Career exposure to a range of public health professions</li> <li>• Career pathways and advancement in the program</li> </ul>



## FINDINGS

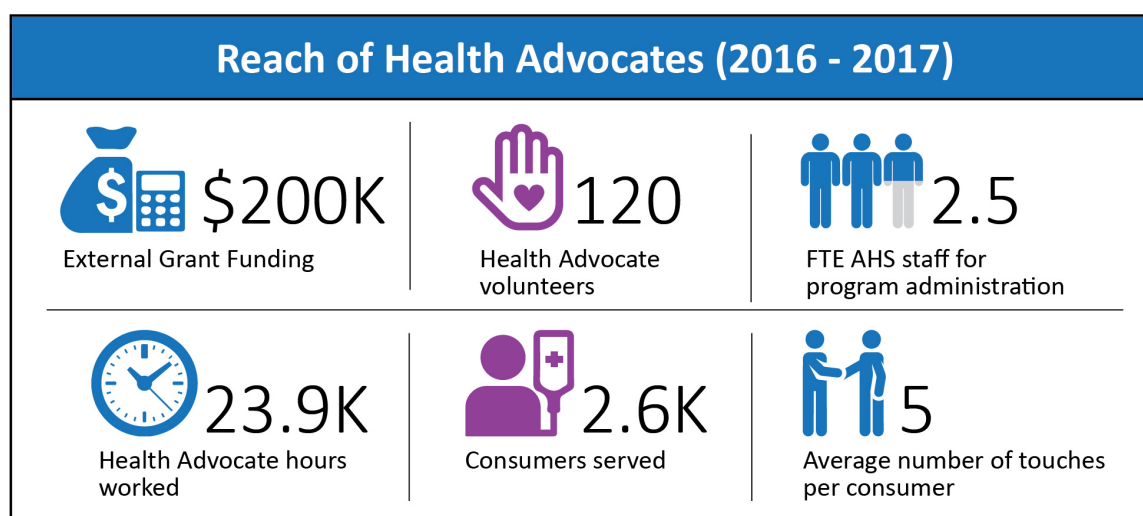
This section of the report documents the key findings from the evaluation.

### Contributions of Health Advocates

The evaluation found that many of the original goals of the program are being achieved. Specifically, Health Advocates offers AHS a scalable and cost-effective platform for meeting patients' social needs. Health Advocates has grown from a small volunteer-run pilot to a program with a staff of three (social work supervisor, program coordinator and community health worker) and a volunteer force of 120. Over the past year, the program has done the following:

- Offered AHS patients a consumer-driven customer service experience. Over 2,600 patients visited the help desks at three AHS campuses during the 2016–2017 year
- Enabled physicians and social workers to practice at the top of their licenses by staffing help desks 40 weeks per year at the Highland Campus, Fairmont Hospital and Hayward Wellness.
- Engaged and trained 120 future health care professionals, enabling them to contribute 23,900 hours of service and exposing them to a range of public health professions, SDOH, the needs of low-income patients, and customer service
- Resolved social needs for a quarter of the consumers experiencing one social need.<sup>x</sup> The evaluation was limited by a lack of evaluation infrastructure within the program to assess program outcomes. Symphony, the information management system, is not structured to capture this data.

**Figure 3.** Contributions of the Health Advocates Program in 20162017<sup>xi</sup>



Having a resource to address SDOH within a clinic setting offers benefits to consumers, providers, AHS and advocates themselves, in alignment with AHS's mission.

## Health Advocates Program Outcomes and Contributions to the AHS Mission



**Mission:** Caring, Healing, Teaching, Serving All

**Vision:** AHS will be recognized as a world-class patient- and family-centered system of care that provides wellness, eliminates disparities and optimizes the health of our diverse communities.



### CARE

Address Patients'  
Social Needs

- Increased housing stability
- Increased access to housing options
- Access to public benefits that provide financial security
- Improved food security and access to CalFresh
- Legal services and supports
- Social-need problem resolution
- Social support and connection



### HEAL

Transform to  
Population Health

- Patients have a primary-care provider
- Increased preventive care
- Decreased uninsured rate
- Decreased emergency room visits
- Increased ability to navigate and access health services
- Increased physician referrals to social supports for their patients
- Culturally competent, community-based services and supports
- Increased community partnerships
- Expanded platform of resources to meet SDOH needs of patient population



### TEACH

New Diverse Generation  
of Health Care Workforce

- Hundreds of trained volunteers with health care experience
- Trained physicians, staff and volunteers in SDOH
- Future health care professionals with experience with identifying and supporting social needs
- Empathy for the lived experiences of patients
- Formalized partnerships with universities, colleges and training institutions to recruit volunteers
- Expanded internship opportunities



### SERVE

High-Quality  
System of Care

- Increased capacity to enable licensed staff doctors, nurses and social workers to practice at the top of their licenses
- Increased staff morale
- Improved customer service and brand recognition
- Increase in selection of AHS as provider of choice
- Increased capacity to resolve social needs, enabling physicians and social workers to practice at the top of their licenses
- Integrated system-wide solution for addressing patient needs

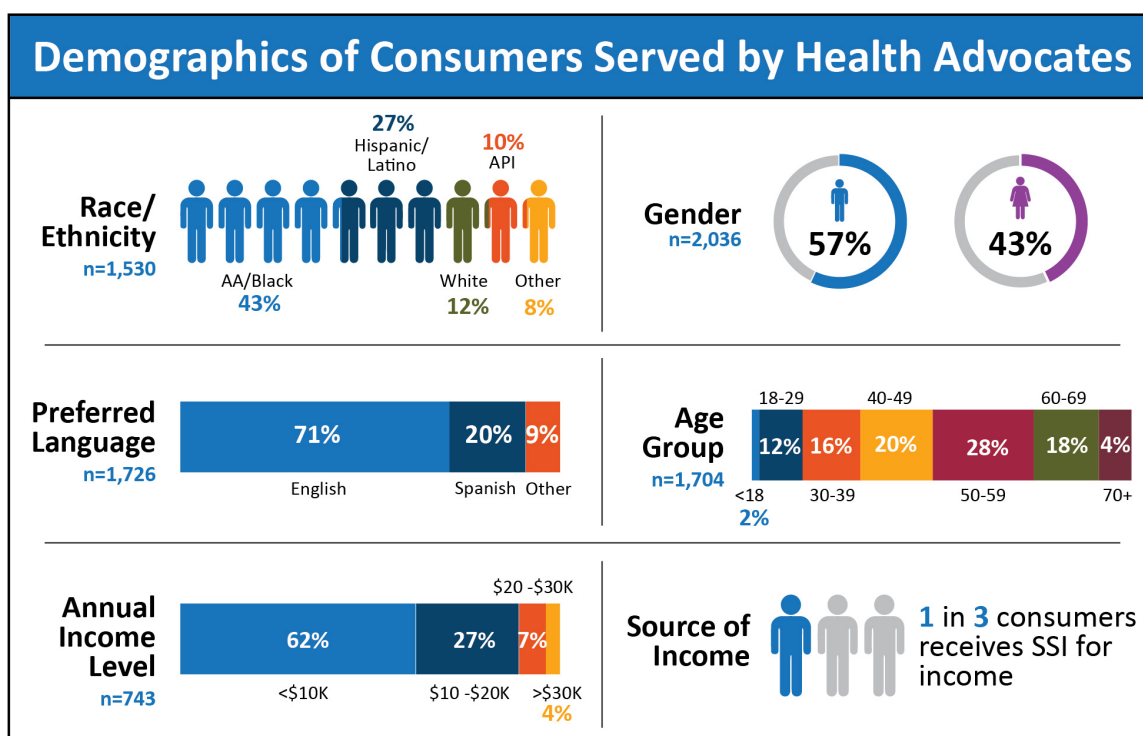
## Consumer Experience and Benefit

***The patient population accessing Health Advocates has low or no income and fair to poor health.***

When consumers get to Highland Hospital, it is often in a moment of crisis, when a chronic or sudden health issue is complicated, compounded and/or caused by the social conditions they are facing. More than half of the consumers served by Health Advocates have a chronic health issue and rated their own health as fair or poor. The program serves a no- or low-income patient population, with close to two-thirds (62%) earning less than \$10,000 per year.<sup>xii</sup> Over half are female (57%). It is important to note that the evaluation studied consumers who accessed services from 2014 to 2016 and primarily reflects the patient population of the Highland campus. As the consumer population grows at Health Advocates' other sites, the demographics will likely shift.

*The typical consumer served by the program is a 50- to 59- year-old African American woman who lives on less than \$10,000/year.*

**Figure 4. Demographics of Consumers Served by the Health Advocates Program.**<sup>xiii</sup> Consumers are coming to the help desk for assistance with food and housing, and with navigating public benefits.



The majority of the consumers come to the help desk with one social need (two-thirds), with about a quarter of all visits resulting in the successful resolution of the need. African American patients make up over 40% of all the consumers at the Highland help desk and have a social need resolution rate of about 20%. Latino consumers comprise 28% of all the clients and have a social need resolution rate of 29%.<sup>xiv</sup>

**Figure 5. Data on the Social Needs of Consumers and the Social Needs Resolved by Health Advocates.<sup>xv</sup>** Most of the consumers come to Health Advocates seeking support with finding affordable and safe housing; about 25% of housing-related concerns are resolved

## Consumer Needs and Problems Resolved by Health Advocates

### Health Self-Assessment (n = 837)

#### Overall Health Status



Poor  
24%



Fair  
32%



Good  
27%



Very Good  
10%



Excellent  
6%



2 out of 5 have a chronic health condition



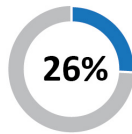
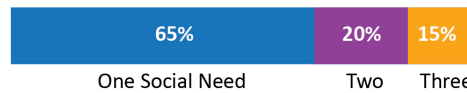
2 out of 5 have been to the ER two or more times in the last year



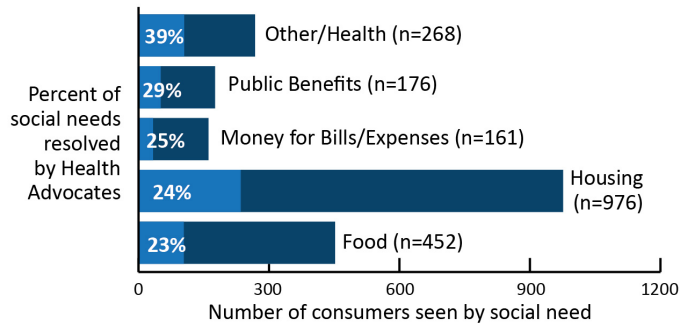
1 out of 3 do not have a primary care doctor

### Social Needs + Resolutions

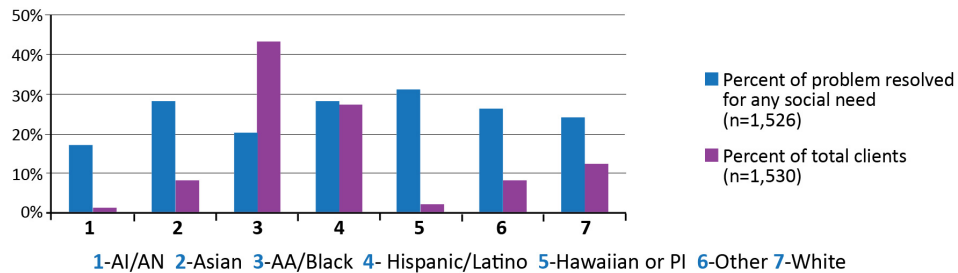
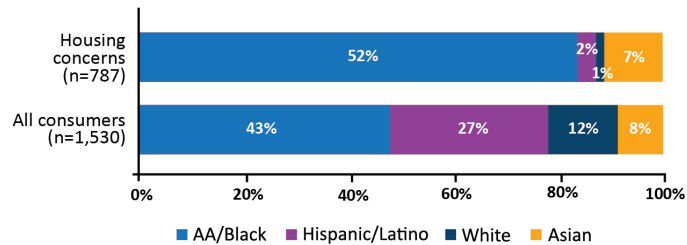
Consumer's Self-Identified Social Needs n= 2,033



26%  
of consumers had 1 or more social need resolved by Health Advocates



1 out of 2 African-American/Black patients were worried about their housing



Nearly 1,000 consumers came to the help desk for help with a housing-related issue from 2014 to 2016. The lack of affordable and safe housing in the Bay Area is the most significant challenge facing low-income communities and the patient population served by Health Advocates. Living in substandard housing (15%), being able to afford their rent or mortgage (23%), or finding temporary or permanent housing (22%) are the most common housing issues consumers are experiencing. One-fifth (22%) of those seeking assistance with housing are homeless. Research has shown that individuals who live in substandard housing conditions, public housing or unaffordable housing have higher rates of chronic disease, injury, poor mental health and poor health status.<sup>xvi</sup>

*The pressures of gentrification and displacement are disproportionately affecting African American consumers. Half of African American consumers had a social need related to housing.*

**Safety and Housing:** Among the consumers interviewed, some are chronically homeless or unstably housed. For others, their living situation has become untenable because of a violent incident or assault. For example, several consumers who were interviewed were looking for housing after being sexually abused or physically assaulted in their homes or neighborhoods. Prior to coming to Health Advocates, most were unaware of the different wait-list options and eligibility requirements.

**Displacement:** Elderly consumers who live in substandard housing come to Health Advocates for help with finding new housing because of issues with stairs, neighbors, safety or other health concerns. In these instances, consumers are living on fixed incomes and have not been in the housing market for decades. Health Advocates assist consumers with Internet searches and explain to them how the housing market has changed in Oakland and the broader Bay Area. Some consumers have begun to seriously consider moving to new communities outside of the Bay Area, while others have expressed frustration that more could not be done to resolve their housing issues.

Given the affordable-housing shortage, the time it takes to place consumers in new housing can range from months to years. The consumers valued the support they received with filling out applications, accessing a fax machine or completing each step of a required application process for public, private and subsidized housing, including Section 8 and housing wait lists. For a few, this led to an improvement in their housing situation. One respondent found housing in Livermore after a Health Advocate helped her with placement on Section 8 wait lists. Another qualified for HomeStretch affordable housing after being homeless for eight years. The tough housing market means that these types of outcomes are few and far between.

#### Health Advocates Services to Address Housing Issues

- MLP referral
- Housing search
- Education on the housing market and Section 8 wait lists
- Housing application assistance
- Information and referral to housing resources
- Warm handoff to shelters and temporary housing
- Housing enroll-a-thons for wait-list enrollment

**Expectations around Housing:** The staff, including AHS leadership and the physicians who refer patients to the program, are aware of the challenges with housing that their patients face. They expressed high hopes



for the program's capacity to solve housing-related issues. The staff may not know the full menu of what the program can offer, the length of time that it takes to solve housing-related issues and the myriad of barriers and administrative steps that must be completed. However, because volunteers have the time to follow up on each administrative step, monitor lists and conduct enroll-a-thons, they are well positioned to support consumers in this way.

*"I have a Health Advocate that I talk to. She helped me get into HomeStretch. I was homeless since '09. HomeStretch is a program that helps disabled people who are homeless. Then HomeStretch came through for me. They had the police; my uncle, who is a pastor; and a doctor fill out medical forms. Not sure if it was my advocate who got them to fill out the forms. I ended up finding permanent housing at 30% of my income. It took a couple of visits with the help desk. I was approved for housing on January 18, 2017."*

— Consumer

*"I had four stomach surgeries. I went for help with housing. I didn't have anywhere to go. I just happened to walk by the desk. They helped me to sign up for housing. I had to relocate because I got assaulted here in Oakland. The home that I did have was not a place where I could go back. Right now, I have a place to stay, but it's a temporary thing. But they put me on the list for Section 8, and now I'm just waiting."*

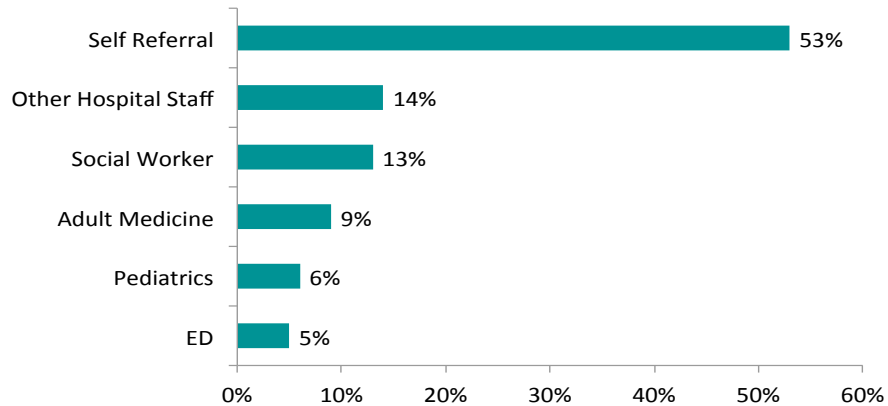
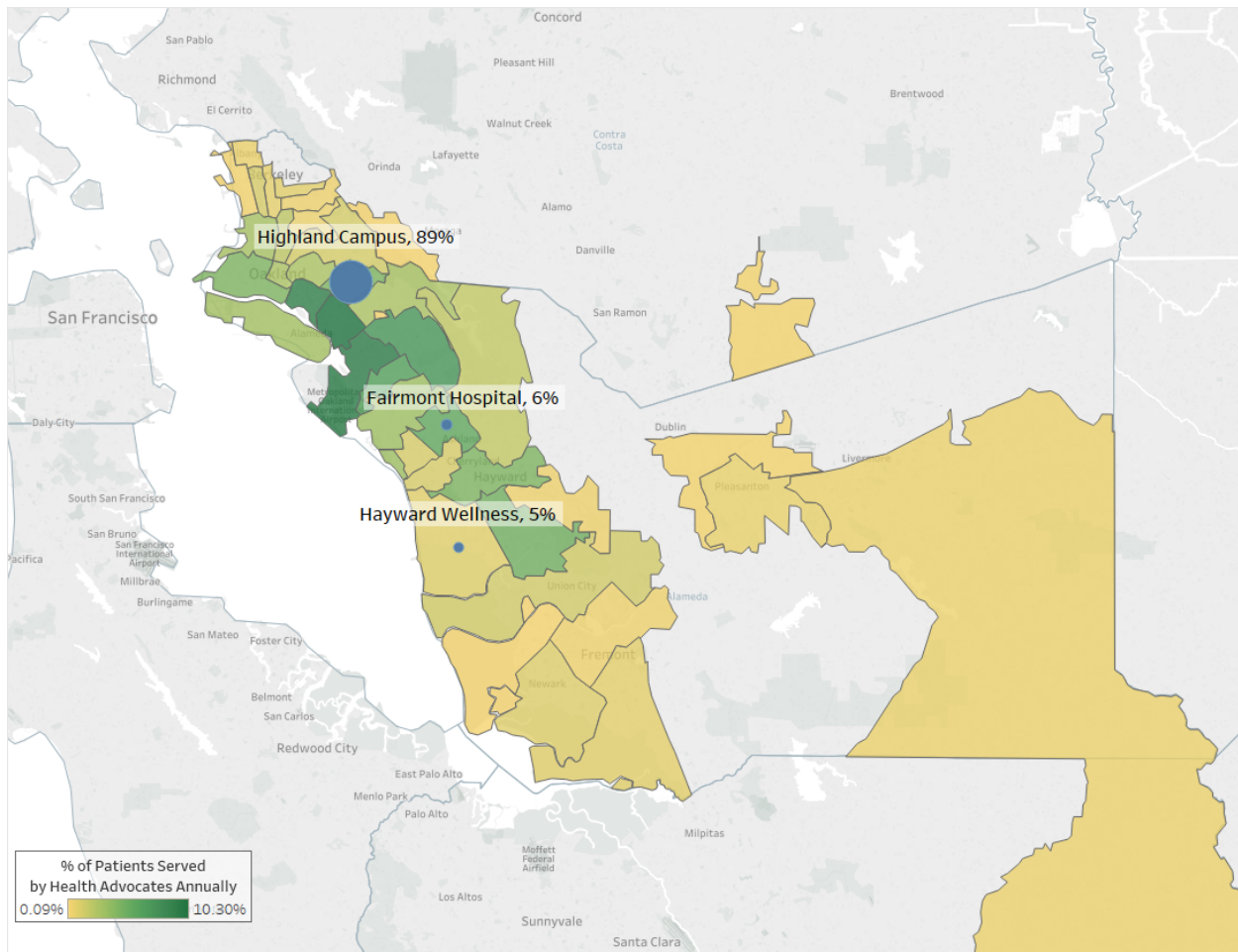
— Consumer

## Experience with the Health Advocates Help Desk

**Consumers learn about the help desk through their provider or a community-based program, or simply by walking by a help desk.**

While Health Advocates offers services at the Highland campus, Fairmont Hospital and Hayward Wellness, the vast majority of consumers are getting help at the help desk located in the outpatient building that houses Adult Medicine, Pediatrics and the Women's Clinic at the Highland campus or over the phone. Consumers are learning about the help desk through a variety of sources, including registration clerks, social workers, physicians and nurses; brochures in AHS waiting rooms; other community-based programs; or self-referral. Most of the respondents are longtime Highland consumers who have visited Health Advocates before or after a visit with a primary-care doctor in an outpatient clinic. A few had never been to Highland before but received a referral to the Health Advocates from another organization or site.



**Figure 6.** Source of Referral to Health Advocates (n = 1,864)**Figure 7.** Map of ZIP Codes of Consumers Served by Health Advocates Annually<sup>xvii</sup>

## Value to Consumers

***Being able to access assistance with their self-identified needs through the help desk at Highland Hospital is important to consumers.***

The consumers who were interviewed were grateful to have a place to visit to get help with the issues they are facing. They experienced a high level of customer service and a willingness on the part of Health Advocates to do whatever it took. The Health Advocates program values patient choice as a core pillar of its service and trains volunteers to interact with patients as consumers. Whereas many of the consumers are case-managed by systems or programs with more prescriptive services and supports, the consumers felt that the Health Advocates focused on the concerns they brought to the table. They appreciated the time the Health Advocates took to listen to their whole story. This consumer-centric approach to support differentiates their experiences with Health Advocates from their experiences with other social services and supports. Consumers are used to being told no, having to wait for an appointment or facing administrative hoops. One patient shared that they walked up to the help desk when it was closing one day, and the Health Advocate reopened it to talk to them. Another patient grew to trust a particular Health Advocate and called for support as needed. For many, this felt like a more human experience.

The help desk has the potential to become a resource hub that provides and brokers services for Alameda County's most vulnerable communities. Consumers come to the help desk with multiple co-occurring social issues for which they need support, and they come because they want and/or need to—not because someone has told them that they must. That is, it is their choice. They must choose which issue they are going to focus on, because they regularly face multiple obstacles (finances, health, safety, housing, etc.) that they need help navigating. They appreciate being able to get help—when they want it—with one or more issues that they are most concerned about. Of particular value to consumers are the following:

- Getting application assistance
- Having someone make calls, send faxes, write emails and conduct Internet searches on their behalf
- Learning about program eligibility
- Getting help with filling out paperwork
- Having someone follow up on administrative steps
- Having someone listen to their story / having someone to talk to
- Not having to make an appointment

***The Health Advocates Highland help desk is a recognized brand and resource among the consumers they serve.***

Most of the consumers (86%) currently access the help desk at the Highland campus. During phone and in-person interviews, the consumers remembered receiving assistance from the Health Advocates program. This is unusual for system-based resource programs that do not provide case-management services. Typically, consumers recognize the host institution (i.e., Highland) but not necessarily the particular service-delivery program that is housed within that institution. Consumers remembered the help desk, cited the enthusiasm of the college volunteers as a program benefit and felt confident about the volunteers' ability to assist them. Consumers appreciated receiving social support through a program affiliated with and co-located at the Highland campus. The consumers who did hear about it from their doctor emphasized their trust in their provider as a good source of information. Overall, they felt they had received good care from the physicians and staff at Highland.

*“I’ve never opened up and had someone really listen. But the student [Health Advocate] gave me all of their attention and really looked for what they could do. Last week, I sat with the student, and she helped me fill out the application for about an hour. I had never told my story to anybody. She listened to all of it and wanted to hear it. I felt really good after I talked to her. I was in prison before. In prison, they don’t care about what you are saying.”*

—Consumer

*“They were very patient at the desk. They had a lot of patience with my parents. My parents don’t speak English. A lot of the time I was late to come to talk to them. When I wasn’t around, they actually did translation by phone.”*

—Consumer / Family Member

*“Highland is where I go. My family and me, we come here. It is good. We know it. The doctors are good. The only thing bad is when you have to go to Emergency.”*

—Consumer

### Improvements

In general, the consumers offered few criticisms of the help desks. While the flexibility of the help desk is a benefit to many, some frequent visitors prefer to have a single point of contact and found interacting with different Health Advocates each time to be emotionally exhausting. Some of the consumers also described feeling overwhelmed by the number of Health Advocates at the help desk.

### Consumer Experience with Accessing Legal Services

Health Advocates has established medical legal partnerships with three legal services organizations: Housing and Economic Rights Advocates, East Bay Community Law Center and Centro Legal de la Raza. Attorneys from participating organizations hold office hours at the help desk on a weekly basis and receive referrals from Health Advocates and other AHS clinics. The types of issues and number of clients they see is influenced by each legal partner’s specific area of expertise and the location of their offices in the County. The evaluation examined the impact of Health Advocates’ partnership with legal assistance partners through an analysis of service data provided by East Bay Community Law Center and Centro Legal de la Raza, interviews with attorneys, a literature review and interviews with the consumers who had accessed legal services.

### Benefits

*Increased access to legal services is an outcome for program consumers.*

Through partnerships with legal assistance organizations, the Health Advocates program provides legal help that would otherwise be costly and difficult to obtain. The volunteers assess the need for legal services during intake and refer clients to legal partners. The services are provided at the help desk or at legal partner sites on the basis of client-identified priorities. The legal partners conduct their own intakes as well. A majority of the clients receive brief service, advice and counsel. A small percentage receives extensive service. The legal assistance organizations do not track the outcome of legal services in a way that is accessible to the evaluation.

*“Before I was very nervous, and I was depressed. I was taking pills. The truth is, what I was experiencing was very intense...And [the lawyer] helped me with a lot of things. I feel a lot better. Now I feel protected, like I have someone who really cares about me and my children.”*

— Consumer

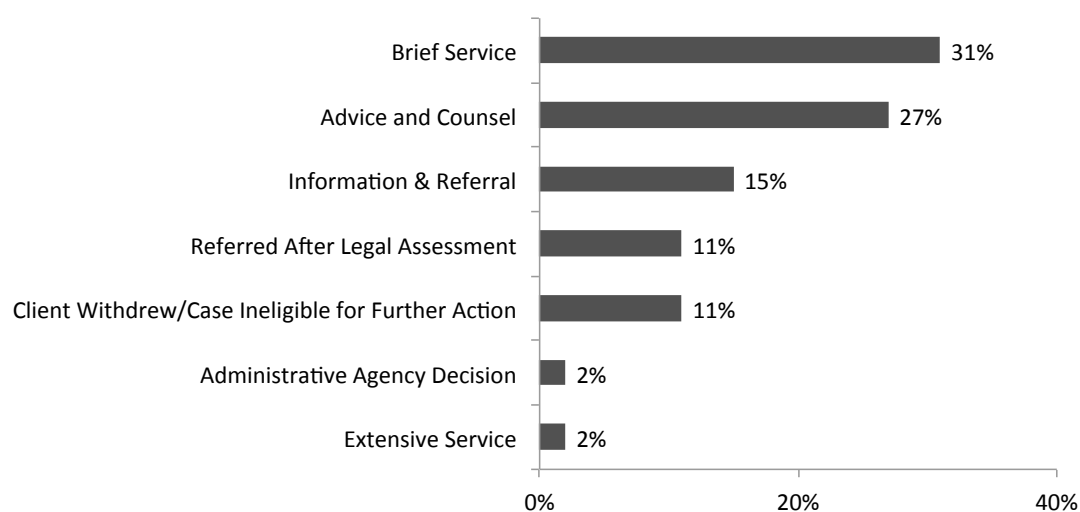
*“My doctor at Hayward Wellness told me about the program. The last person who helped me out was a law student. He went through the disability interview with me. I did qualify for some time from the moment that my surgeon put me on as a disabled—I wasn’t able to work. It took me four to six months. My insurance took a while for them to approve my surgery. So finally, I did, and I got compensated for the time lost. I have nothing bad to say about the program. The girls were very nice. They helped me fill out the form. I didn’t know that this program existed—that I could get disability.”*

— Consumer

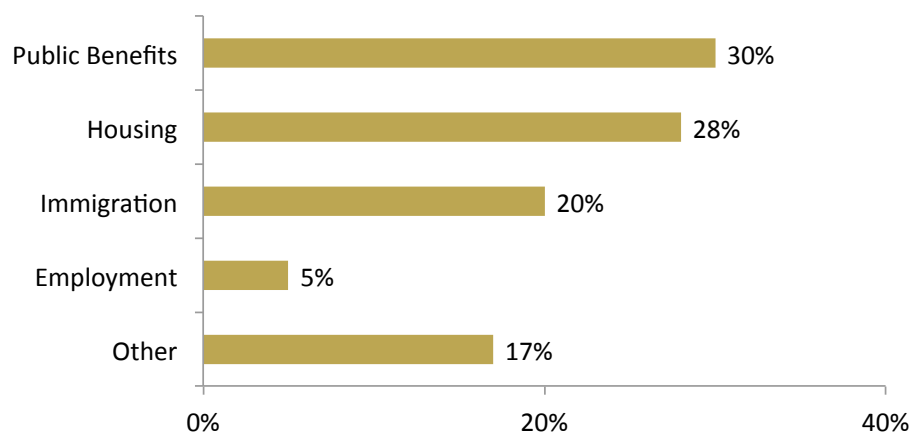
*Consumers receive legal assistance in the areas of public benefits, housing and immigration.*

The program consumers are working poor, non-working poor or homeless, and are faced with landlords, banks, employers and others who subject them to predatory, discriminatory or unfair practices. Consumers primarily receive assistance in the areas of public benefits, housing, immigration and employment. While cost-savings information was either not collected or was not made available to the evaluation, the clients who participated in the interviews (five) were all able to reach some sort of resolution or reported financial savings as a result of the legal help they received. These consumers sought legal help to resolve an issue related to a financial loss related to unpaid wages, unfair charges from a landlord, the loss of disability status or the loss of health insurance. The attorneys also connected clients and their families to other resources, such as food banks or enrollment in CalFresh. The legal partners have different areas of expertise, which also impacts the type of assistance they are able to provide.

**Figure 8. Types of Legal Services Provided to Health Advocates’ Consumers<sup>xviii</sup>**





**Figure 9. Types of Legal Cases from Health Advocates' Referrals<sup>xix</sup>**

*The consumers of legal services feel less stressed and more stable after getting assistance.*

Consumers reported positive experiences with legal assistance organizations. Consumers came to the attorneys feeling stuck and unable to resolve their issues on their own. Some had been seeking but had been unable to afford legal assistance. Others had experienced trouble with getting an appointment with a legal assistance organization prior to being connected with one through Health Advocates. For those who were interviewed, getting legal services made them feel more supported, less stressed and better able to take action to resolve their challenges. Legal services consumers wished that the much needed free legal services were more widely available and suggested that outreach be increased to raise awareness of the availability of free legal services.

### **Improvements**

***In its current form, the legal partnership leverages AHS clinics' relationships with indigent consumers to connect them with legal assistance but is not currently operating as a medical legal partnership as defined in the literature.***

The literature describes medical legal partnerships as placing legal assistance attorneys and paralegals alongside health care providers in health care settings. Medical legal partnerships that have demonstrated positive patient and health-system outcomes in the literature have focused on a subset of patients with a specific health condition, such as asthma, and have targeted resources to address those social needs, such as substandard housing, that result in negative patient and system outcomes. In these instances, physicians, social workers and outreach workers collaborate closely within the clinical setting to identify legal challenges that may be contributing to a negative health outcome.<sup>xix xx</sup> This level of collaboration is not evident in the current structure of the partnership between Health Advocates and legal assistance organizations. Rather, the partnership leverages the health care setting of AHS clinics as a point of entry into legal services. The collaboration is focused on the referral and ends once a referral is made. Legal partners receive referrals from throughout AHS, not just Health Advocates, and may deliver legal services at the help desk or at their organization's offices.

### Outcomes of the Legal Partnership in the Literature

Though individual program evaluations have documented positive outcomes for patients, providers and health systems, health-related outcomes as a result of legal services provided in the community have not been well studied.<sup>xxi</sup> The frameworks below outline the major categories of outcomes documented in the literature. As noted above, the infrastructure for collecting and sharing data related to program activities and outcomes is not well developed.

**Figure 10. Categories of Medical Legal Partnership Outcomes Documented in the Literature<sup>xxii</sup>**

Patient Outcomes					
Housing and Stability	Access to Income and Insurance	Other Family-Stability Needs	Education and Employment	Stress and Well-Being	Physical and Mental Health
Health-System Outcomes					
Utilization and Adherence	Process Improvements	Public Perception and Satisfaction	Cost Savings and Revenue	Staff Morale and Stress	Collaboration

## BENEFIT TO ALAMEDA HEALTH SYSTEM

### Provider Experience with Health Advocates

*There is a high degree of support and respect for Health Advocates among the physicians who were interviewed as part of this evaluation.*

The physicians who refer to the program value having a resource available to address social needs among their patients. They emphasized that the Health Advocates program is important to fulfilling AHS's mission to serve the medically indigent. Prior to Health Advocates, physicians were reluctant to screen consumers for social needs because they felt ill equipped to deal with the myriad issues many face.

They are unfamiliar with available community resources and are trained to diagnose and treat illness, as opposed to social issues. Knowing that there is a resource to help support consumers with their social needs means that they are now looking for or "diagnosing" the social determinants that may be affecting the medical needs of their consumers. Physicians emphasized that this type of program allows them to practice at the top of their licenses and makes them feel more supported in serving their consumers.

*"So many of our clinical outcomes are dependent on SDOH for which we don't have a therapy. I don't have a prescription to address SDOH that undermine the issues that I'm prescribing for. If their basic needs are not going to be met, they can't focus on their health. With Health Advocates, I am allowed to focus on health- and disease-related issues. It's been liberating. We were keeping little lists of resources I knew about. It's liberating to not have to think about that. We can practice at the top of our license."*

— Referring Physician

### *The physicians are interested in scaling the program, expanding help desk hours and strengthening the referral pathway to Health Advocates.*

While Health Advocates has established the strongest referral relationships with the outpatient clinics due to the location of the help desk at the Highland campus, most of the consumers come to the help desk on their own. There is strong support among physicians for scaling the program to serve consumers in more of AHS's

primary-care clinics, expanding help desk hours and increasing physicians' awareness of the resource. The physicians would like to see improved referral and communication protocols between Health Advocates and their program, and greater integration of the program into the clinical team.

Physicians work in teams with social workers, nurses and specialists. They are used to having information readily available from team members about what is happening with each patient when it comes to their medical or complex care needs. Physicians expect the Health Advocates to alert them about the social needs that are being addressed on an immediate or ad hoc basis. The deployment model does not always allow for this because most Health Advocates come in for one shift per week. Some doctors would like more communication about when and whether or not the social need was met, and recommended that Health Advocates "close the loop" on all referrals.

## Improvements

### Year-Round Staffing at the Help Desk

The physicians cited the lack of year-round availability as a barrier to integration. To be able to regularly refer patients to the help desk, physicians need to know that someone will be there to assist them. By relying on volunteers, the program solves a key challenge facing most safety-net hospitals: a lack of financial resources to fully staff a help desk focused on consumers' social needs. The Health Advocates are college students who volunteer approximately five hours per week over the course of one or more semesters. The Highland help desk is open 40 weeks per year, Monday through Friday, from 9:00 a.m. to 5:00 p.m. The other help desks were open three days per week during the evaluation period. The deployment model is currently aligned with the student volunteer calendar, which means that all students are guaranteed and agree to a certain number of volunteer hours. There are periods of up to a month when the help desk is not covered, though phone consultation is available during that time. At other times, the number of volunteers at the help desk exceeds patient demand. In considering an expansion of help desk hours, AHS will need to consider investing in additional staff positions.

#### Staffing Infrastructure

*The staffing infrastructure necessary to manage 120 volunteers includes a community health worker, a program coordinator and a supervising social worker. Their responsibilities include the following:*

- Program development and design
- Volunteer recruitment and training
- Deployment and supervision
- Outreach to clinics
- Physician presentations and education

## Physicians' Recommendations

Physicians shared the following recommendations for deepening the integration of the Health Advocates program into their provision of care:

- Universal screening for social needs during primary-care visits
- Increased physician education about the program, including brochures and presentations
- A menu of the social need services offered through the program
- An improved referral process, including closing the loop on physician-generated referrals
- A notification process for consumers served through the program to primary-care providers
- Dedicated teams of Health Advocates assigned to specific units or clinics
- Year-round availability and staffing at the help desk

### ***Diverse Ideas on Social-Need Resolution***

The evaluation found a diversity of expectations around what a program like Health Advocates could accomplish when it comes to social need resolution. Health Advocates are college students or community members who volunteer approximately five hours per week over the course of three or more semesters. Some stakeholders hold unrealistic expectations about the time frame and resolutions for housing-related referrals. The program would benefit from articulating more explicitly what volunteers can do to support social need resolution and the time frame it typically takes to address the most common social needs. Because of its customer-centric approach, Health Advocates is also well positioned to gather deeper insight and information about the nature of consumers' social needs, including barriers to public benefit enrollment, which can help inform AHS's strategic approach to addressing SDOH. AHS would also benefit from developing a shared understanding of the purpose and value of the program in relation to AHS's broader population health priorities. The bulk of Health Advocates' budget comes from external funding sources, which can lead to instability and a lack of clarity regarding the program's purpose.

***While the evaluation found qualitative and quantitative evidence of the program's impact at the consumer, provider and system levels, the infrastructure necessary to collect outcome data is emergent.***

The evaluation found anecdotal, qualitative and—in some instances—quantitative evidence of the value of Health Advocates to consumers, providers, AHS and volunteers. However, the limitations of the information management system pose challenges to outcome evaluation. The program was able to build out an initial information management system (Symphony) in 2016 that allows volunteers to enter client-level information. However, the system is not set up to track outcomes or manage performance, which means that reports that would be valuable for learning about the current and potential outcomes and social needs of consumers are not readily available. AHS will need to continue to invest in Symphony if it wishes to conduct outcome evaluation and other inquiries about the value of Health Advocates.

## **VALUE FOR HEALTH ADVOCATES**

*Volunteer training on SDOH, customer service and community resources are program strengths.*

Health Advocates uses volunteers recruited from local colleges and universities, including UC Berkeley, California State University East Bay and Mills College, among others. About 70% of the 120 volunteers come from UC Berkeley; most grew up in California outside of Alameda County; and about 20% speak Spanish. The typical volunteer is an Asian / Pacific Islander female and comes to the program with an interest in the health professions. Prior to being deployed to assist consumers, the volunteers go through an extensive training and receive special topic training throughout the year. The advocates volunteer for three or more semesters. They find the training, support and supervision to be particularly valuable and emphasized that skills related to customer service, SDOH and understanding the lived experiences of low-income consumers will help them interact with consumers with greater empathy should they pursue a career in health professions.

**Figure 11.** Training and Professional Development for Health Advocates.

Topic	Curriculum
<b><i>Social Determinants of Health</i></b>	<ul style="list-style-type: none"> <li>• Lived experiences of low-income consumers, including social, economic, environmental and legal conditions that influence health</li> <li>• Systemic and institutional barriers to good health</li> <li>• Social justice and community empowerment</li> </ul>
<b><i>Customer Service</i></b>	<ul style="list-style-type: none"> <li>• Excellence in implementing a customer-centered approach; a refined AHS model to deepen volunteers' focus on providing positive consumer experiences</li> <li>• How to foster trusting relationships</li> <li>• Cultural humility</li> </ul>
<b><i>Community Resources and Social Supports</i></b>	<ul style="list-style-type: none"> <li>• Available community resources</li> <li>• Escalation protocols for consumers requiring a higher level of support (referral to a social worker or other program)</li> <li>• Special topic trainings (e.g., housing resources, CalFresh applications, legal services)</li> </ul>

***The program offers volunteers a pathway for advancement within the program and results in increased interest in public health professions for volunteers.***

The program offers a professional-development pathway for the Health Advocates. New Health Advocates start by shadowing more experienced Health Advocates. Their interactions with consumers are gradual and supported by a senior Health Advocate until they are ready to hold one-on-one patient interactions on their own. This method allows the new Health Advocate to gain on-the-job knowledge about their role and resources and bear witness to the customer service framework in practice. As Health Advocates gain experience, they may advance to a shift lead. The Health Advocates expressed interest in staying with Health Advocates the program for additional semesters and pursuing careers as community health workers, social workers, nurses or doctors, or in other health professions.

While many volunteers came to the program because of an interest in public health, they identified the opportunity to give back to their community and to learn about the needs of low-income communities as the greatest benefits of participating in the program. Health Advocates are interested in pursuing a greater diversity of health professions after volunteering with the program.



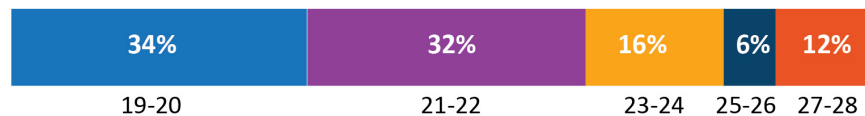
**Figure 12. Demographic and Motivations of Health Advocates<sup>xxiii</sup>**

## Characteristics of the Health Advocate Volunteers

### Race/Ethnicity of Health Advocates



### Age of Health Advocates



### What was your primary reason for volunteering as a Health Advocate?



46%

To gain relevant experience  
to enter the health professions



33%

To learn about needs of low-income  
communities

### What was most valuable about your experience as a Health Advocate?\*



54%

Giving back to community  
or society



52%

Serving low-income communities  
and patients



44%

Learning about public  
health system



21%

Networking with other Health Advocates



19%

Health Advocates training

\*Advocates were asked to select the top two values from a list.

### What goals do you have for the future?



94%

Planning to pursue a career in  
the health professions



80%

Planning to work with low-income  
communities

*“I was allowed to realize that medicine should be much more than treating an individual’s acute condition, and that social circumstances have an immense impact on someone’s ability to care for themselves.”*

— Health Advocate

*“Volunteering as a Health Advocate has been one of the best experiences I have had so far during my undergraduate career. Every patient and case I have worked with is unique and an educational experience. I enjoy collaborating with my peers and learning more about the health care system in the US. I also really enjoy giving back to the community.”*

—Health Advocate

## CONCLUSION AND RECOMMENDATIONS FOR STRENGTHENING THE ALAMEDA HEALTH ADVOCATE PROGRAM

The evaluation sought to document Health Advocates as it is currently implemented; profile the consumers who have received assistance with a social need at one of the three help desks; and identify priorities for continual improvement. The evaluation found that the program is of high value to the consumers, volunteers and physicians. However, the program is also at a crossroads as it moves from being a pilot program toward achieving greater integration into the provision of care to AHS’s patient population. On the basis of these findings, the evaluation makes the following recommendations:

1. Determine priorities for the Health Advocates program’s deployment and scaling and how it fits into AHS’s broader priorities with respect to population health and SDOH.
2. Diversify funding sources to support program sustainability and provide for year-round staffing of the help desk. The program is currently primarily grant-funded. AHS should invest directly in the program to ensure sustainability and offer year-round coverage at the help desks.
3. Engage the physicians and other clinic staff to improve the process flow for referrals, follow-ups and other physician recommendations. Consider the feasibility of a more team-based approach and deeper collaboration with primary-care clinics.
4. Develop collateral material, presentations and curriculum that more explicitly support system understandings of SDOH and social need resolution.
5. Study consumer demand for Health Advocates and legal services, and better align the deployment model with consumers’ needs.
6. Clarify the purpose of legal services and improve the coordination and reporting relationship with legal assistance organizations.
7. Determine the cost and staffing options for operating the program year-round.
8. Invest in upgrades to the information management system, Symphony, to better capture program outcomes, build the program’s capacity to use data and increase its readiness for evaluation.
9. Leverage patient interactions and trust at the help desk to generate data and insights about the social needs of consumers and the role of Alameda Health System in addressing them.

## ENDNOTES

<sup>i</sup> In this report, “consumers” refers to individuals accessing support from the Health Advocates program. In most but not all instances, the program consumers are also AHS patients. “Patients” (i.e., of AHS) and “consumers” are used interchangeably throughout this report.

<sup>ii</sup> Goodman, I., and C. Manning. “Are you Ready? Assessing Your Organization’s Readiness to Conduct Evaluation” (April 2016).

<sup>iii</sup> Public Hospital Redesign and Incentives in Medi-Cal (PRIME) 5-Year PRIME Project Plan, Alameda Health System (April 4, 2016).

<sup>iv</sup> Simon, Alan E., Andrew Fenelon, Veronica Helms, Patricia C. Lloyd and Lauren M. Rossen. “HUD Housing Assistance Associated with Lower Uninsurance Rates and Unmet Medical Need.” *Health Affairs* 36, no.6 (2017): 1016–1023.

<sup>v</sup> Onie, Rebecca, Paul Farmer, and Heidi Behforouz. “Realigning Health with Care.” *Stanford Social Innovation Review* (2012).

<sup>vi</sup> Ibid.

<sup>vii</sup> Garg, Arvin, Mark Marino, Ami R. Vikani, and Barry S. Solomon. “Addressing Families’ Unmet Social Needs within Pediatric Primary Care: The Health Leads Model.” *Clinical Pediatrics* (March 2, 2012).

<sup>viii</sup> Warren-Clem, K., D. M. Goffinet, and A. M. Weaver. *CHART-IT: Capturing Health—An Attorney Reporting Tool for Impact Tracking: A Framework for Systematically Documenting the Impact of Legal Assistance on the Health of Low-Income Individuals and Families* (University of Southern Illinois, 2016). Retrieved from the National Center for Medical-Legal Partnership: <http://Medical.legalpartnership.org/wp-content/uploads/2015/08/CHART-IT-Health-Impacts-White-Paper.pdf>.

<sup>ix</sup> Milken Institute School of Public Health, *Framing Legal Care as Health Care: A Guide to Help Aid Practitioners Message Their Work to Health Care Audiences* (George Washington University, 2015). Retrieved from the National Center for Medical-Legal Partnership website: <http://Medical.legalpartnership.org/wp-content/uploads/2015/01/Framing-Legal-Care-as-Health-care-Messaging-Guide.pdf>.

<sup>x</sup> It is important to note that the structure of the database did not enable an analysis of outcomes for consumers seeking assistance with two or more social needs.

<sup>xi</sup> This analysis was produced by Alameda Health System using 2016–2017 data. Alameda Health System staff extracted data on the number of patients served during this period from the Symphony patient database. The average number of touches per patient was determined using the Patient Notes data set, n = 2,109 clients (unduplicated), June 2014–August 2016.

<sup>xii</sup> The program collects income information to determine whether a consumer qualifies for different public benefit programs; individual- versus household-income information is not distinguished in the data set.

<sup>xiii</sup> Data source: Main Health Advocates data set, n = 2,078 clients (unduplicated), June 2014–August 2016. Some of the clients had missing information for some of the demographic fields.

<sup>xiv</sup> Data source: Main Health Advocates data set, n = 2,078 clients (unduplicated), June 2014–August 2016.

Limitation: Many consumers received help from a Health Advocate in more than one area of need. The number of consumers seen by social need is the total number of consumers who received help from a Health Advocate in each area of need. Patients who received assistance in more than one area of need are counted more than once (once in each area in which they received assistance). The structure of the database allowed for problem-resolution data to be collected only once per patient, not per individual issue. For clarity, the percent of social needs resolved by the Health Advocates was calculated using patients who received help for only one social need.

<sup>xv</sup> Ibid.

<sup>xvi</sup> Simon, A., A. Fenelon, V. Helms, P. Lloyd, and L. Rossen. “HUD Housing Assistance Associated with Lower Uninsurance Rates and Unmet Medical Need,” *Health Affairs* 36, no. 6 (June 2017).

<sup>xvii</sup> Data source: Main Health Advocates data set, n = 2,078 clients (unduplicated), June 2014–August 2016. There is some variation in the clients served by site over time. The current percentages of clients served by site may differ slightly from those presented in the map.

<sup>xviii</sup> Data source: extract of EBCLC and Centro Legal’s medical legal partnership database, June 2013–February 2017, n = 483.

<sup>xix</sup> Fleishman, S. B., R. Retkin, J. Brandfield, and V. Braun. "The Attorney as the Newest Member of the Cancer Treatment Team," *Journal of Clinical Oncology* 24, no. 13 (2006): 2123–2130. doi: 10.1200/JCO.2006.042788.

<sup>xx</sup> Ryan, A. M., R. M. Kutob, E. Suther, M. Hansen, and M. Sandel. "Pilot Study of the Impact of Medical Legal Partnership Services on Patients' Perceived Stress and Well-Being," *Journal of Health Care for the Poor and Underserved* 23, no. 4 (2012): 1536–1546. Retrieved from the Project Muse website: <https://muse.jhu.edu/article/488862/summary>.

<sup>xxi</sup> Teufel, J. A., S. L. Brown, W. Thorne, D. M. Goffinet, and L. Clemons. "Process and Impact Evaluation of a Legal Assistance and Health Care Community Partnership," *Health Promotion Practice* 10, no. 3 (2008): 378–385. Retrieved from the National Center for Medical-Legal Partnership website: <http://Medicallegalpartnership.org/wp-content/uploads/2014/03/Process-and-Impact-Evaluation-of-a-Legal-Assistance-and-Health-care-Community-Partnership.pdf>.

<sup>xxii</sup> Warren-Clem, K., D. M. Goffinet, and A. M. Weaver. *CHART-IT: Capturing Health—An Attorney Reporting Tool for Impact Tracking: A Framework for Systematically Documenting the Impact of Legal Assistance on the Health of Low-Income Individuals and Families* (University of Southern Illinois, 2016). Retrieved from the National Center for Medical-Legal Partnership website: <http://Medicallegalpartnership.org/wp-content/uploads/2015/08/CHART-IT-Health-Impacts-White-Paper.pdf>.

<sup>xxiii</sup> Data source: Survey of Health Advocates, administered by Bright Research Group, November 2016, n = 52.