



USING LEGAL SERVICES
AS PART OF A
COMMUNITY STRATEGY
TO IMPROVE
MATERNAL AND CHILD HEALTH



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$625,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).



Today's Agenda

1

Introductions

Objectives
Faculty

2

Subcohort Activity

Icebreakers
Comfort Break

3

Presentations

Guest Speakers
Lessons for the Day
Faculty Remarks

4

Closeout

Homework
Next Session



Learning Collaborative Objectives

1. **Understand how unmet legal needs can negatively impact maternal and child health outcomes**
2. **Collaborate across health and legal settings to develop strategies and plans for integrating civil legal services, e.g, such as MLP activities, with your health center's maternal and child health priorities.**
3. **Identify a priority focus area and resources**, such as screening or a policy intervention to improve maternal and child health outcomes in your communities in a sustainable way.
4. **Engage in continuous learning and improvement** by sharing lessons learned, challenges and questions with other participating teams and faculty.



Meet the Faculty



Ada Fenick, MD, FAAP
Yale School of Medicine



Vicki Girard, JD
Georgetown University
Health Justice Alliance



**Loral Patchen, PhD,
MSN, MA, CNM, IBCLC**
Medstar Washington
Hospital Center



Roxana Richardson, JD
Georgetown University
Health Justice Alliance



Alice Rosenthal, JD
Center for Children's
Advocacy



Today's Special Guests



Funmi Makinde, MPH
Association of American Medical Colleges
Center for Health Justice



Kimá Taylor, MD, MPH
Anka Consulting, LLC



Icebreaker Activity

Get to Know your Cohort

What is your...

Name

Title

Organization Name & Location

Favorite Children's Book



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We will
continue
in 3 minutes.



Introducing our Guest Speaker



Funmi Makinde, MPH

Disparities and Social Barriers for Maternal Health

Funmi Makinde, MPH, CHES
Health Equity Research Analyst,
AAMC

March 3, 2022

AAMC Center for Health Justice

- Created in response to one of the main goals within AAMC's strategic plan.
- Aims to build a case for health justice through strategic, innovative, and community centered collaborations.
- Grounded in community engagement, bidirectional partnership, and the belief that solutions for health equity do not lie solely within the field of medicine.
- Key areas of focus include the Principles of Trustworthiness, Maternal Health Equity, and Data for Health Equity.

Learn more about the Center by visiting aamc.org/healthjustice.

Historical & Present Context

- Maternal health disparities have negatively affected racial/ethnic minority groups in the U.S. for years, dating back to slavery.
- According to the CDC, Black and American Indian/Alaska Native (AI/AN) birthing persons are 2-3 times more likely to die from pregnancy-related complications than their White counterparts.
- The disparity increases with age and exists across all age groups and education levels.
- Both maternal mortality (**and** morbidity) disparities are present even when controlling for factors such as education and income.

Source:

<https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm>



**Kira
Johnson**



**Shalon
Irving**



**Stephanie
Snook**



**Serena
Williams**

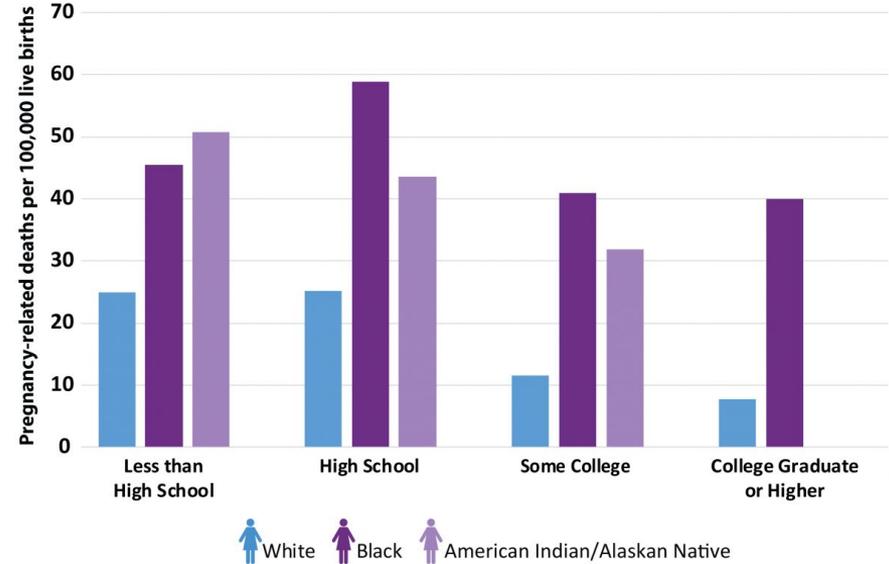
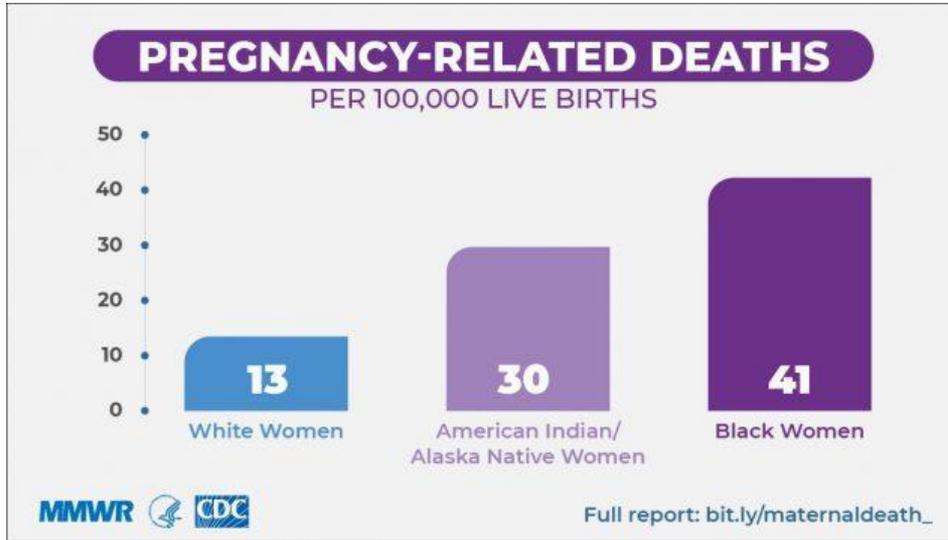


**Allyson
Felix**

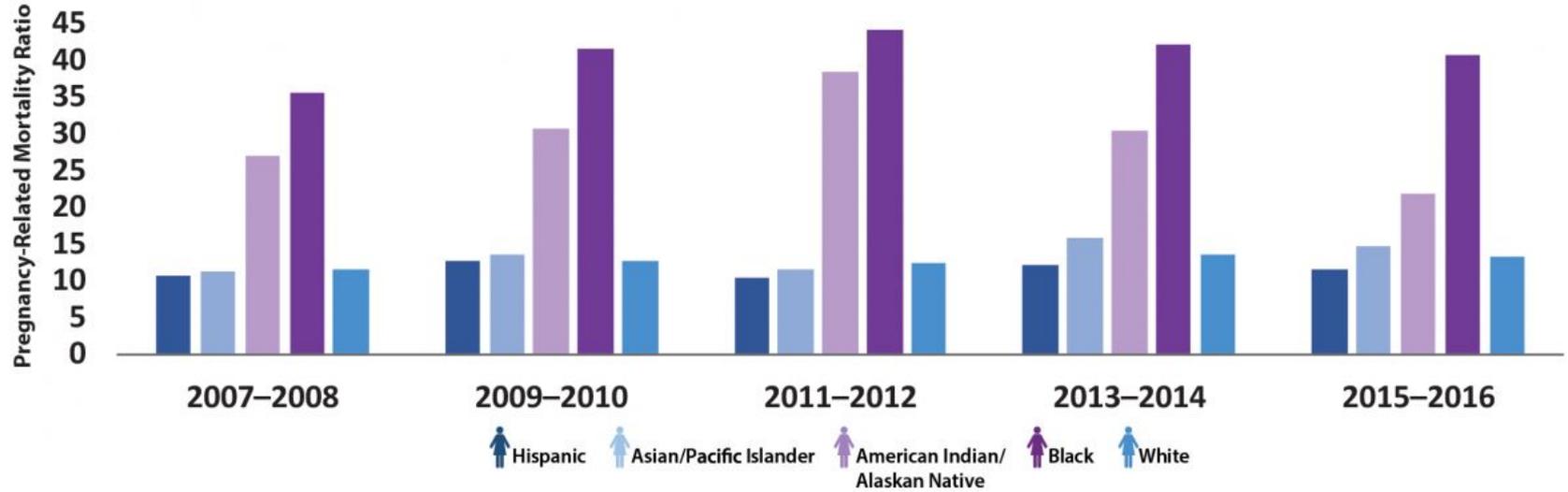


**Beyoncé'
Knowles-Carter**

Historical & Present Context (cont.)



Historical & Present Context (cont.)



COVID-19

The pandemic has also presented new challenges for birthing people, who had to navigate:

- imposed isolation or separation from partners and support systems during critical parts of their care journey;
- alternate, delayed, or no care due to fear of risking COVID-19 exposure and
- mistrust in the health care system, exacerbated by the paucity of data (though growing) on the impacts of COVID-19 on pregnancy and birthing outcomes.

Source:

<https://www.urban.org/sites/default/files/publication/104306/maternal-health-inequities-during-the-covid-19-pandemic.pdf>

Root Causes & Systemic Barriers

- Maternal health is impacted by factors beyond clinical care, and multisector collaborations are necessary to achieve maternal health equity
- Factors such as transportation, environment, housing, education, and other social determinants of health can contribute to or exacerbate poor health outcomes for birthing persons.
- Structural racism/"weathering" also cited as key contributors
- Other considerations include gaps in care access/coverage, workforce, and data

How Do We Move the Needle?

Advocacy

- Social determinants of health
- Workforce development

Accountability

- Multisector data collection/sharing
- Quality improvement evaluation

Authentic community engagement and humility

- Principles of Trustworthiness

Maternal Health at AAMC

The AAMC works to **raise awareness** of the severity and complexity of maternal health disparities, **advocate** for related policy solutions, and **support innovative research** to eliminate inequities that threaten the health and wellbeing of all birthing persons.

The AAMC Center for Health Justice develops resources, convenes experts, and provides opportunities to strengthen efforts around maternal health.

- External/internal workgroups
- Health Impact Assessments
- Public Polling
- Maternal Health Incubator

<https://www.aamchealthjustice.org/our-work/maternal-health-equity>

THANK YOU!

Please feel free to reach out with any questions.

healthjustice@aamc.org

omakinde@aamc.org

You can also stay connected by following @AAMCjustice on Twitter and signing up for our newsletter at aamchealthjustice.org

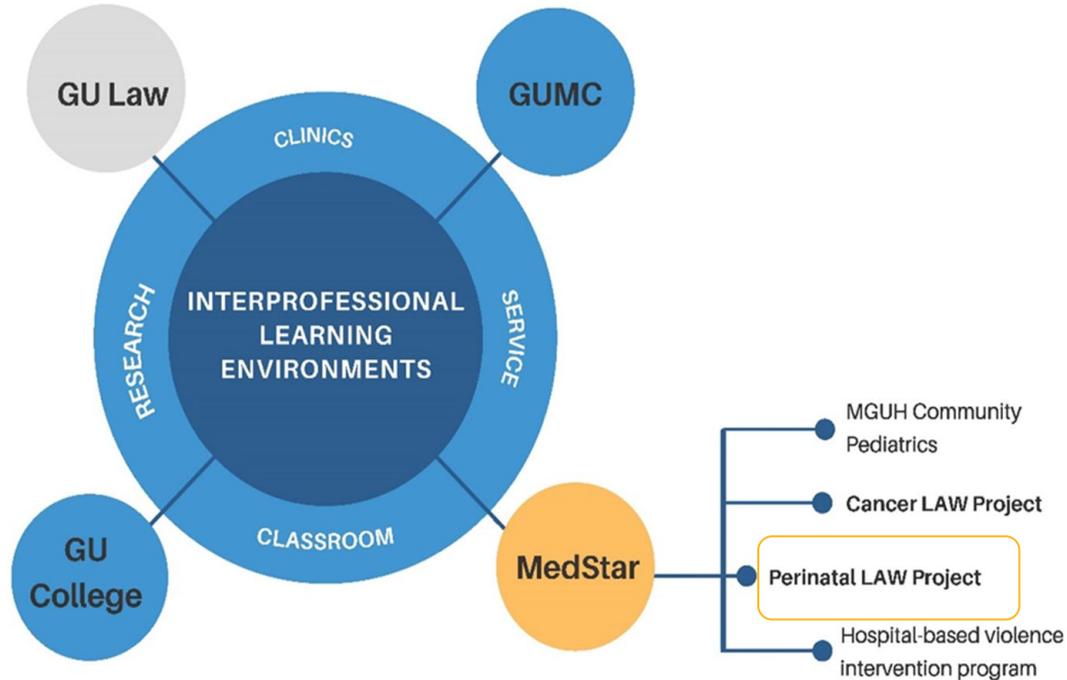
Introducing our Guest Speaker



Dr. Kimá Taylor



Georgetown University Health Justice Alliance





Perinatal/Maternal Health-Specific Literature



Housing insecurity during pregnancy associated with increased risk of low birth weight and/or preterm birth and extended hospitalization ¹



Food insecurity/material hardship is associated with perinatal/maternal depression and anxiety ²



Low birth weight and preterm births are increased among women exposed to domestic violence ³

1. Severe housing insecurity during pregnancy: Associated with adverse birth and infant outcomes; Leifheit et. al.; 2020

2. Material hardship and mental health symptoms among a predominantly low income sample of pregnant women seeking prenatal care; Katz et. al.; 2018

3. Maternal exposure to domestic violence and pregnancy and birth outcomes: a systematic review and meta-analyses; Shah et. al.; 2010

Center for Children's Advocacy & Yale New Haven Children's Hospital



@drmaypole

Center for Children's Advocacy & Yale New Haven Children's Hospital



To improve health outcomes for children of families with low-income through interdisciplinary medical-legal collaboration in the health care/clinical setting.



CENTER FOR CHILDREN'S ADVOCACY & YALE NEW HAVEN CHILDREN'S HOSPITAL



ADDRESSING
PATIENT'S HEALTH
HARMING LEGAL
NEEDS



Didactics
Experiential
Resources

**Education
& Training**

**Systemic
Advocacy**

Translate patient advocacy
to systemic change

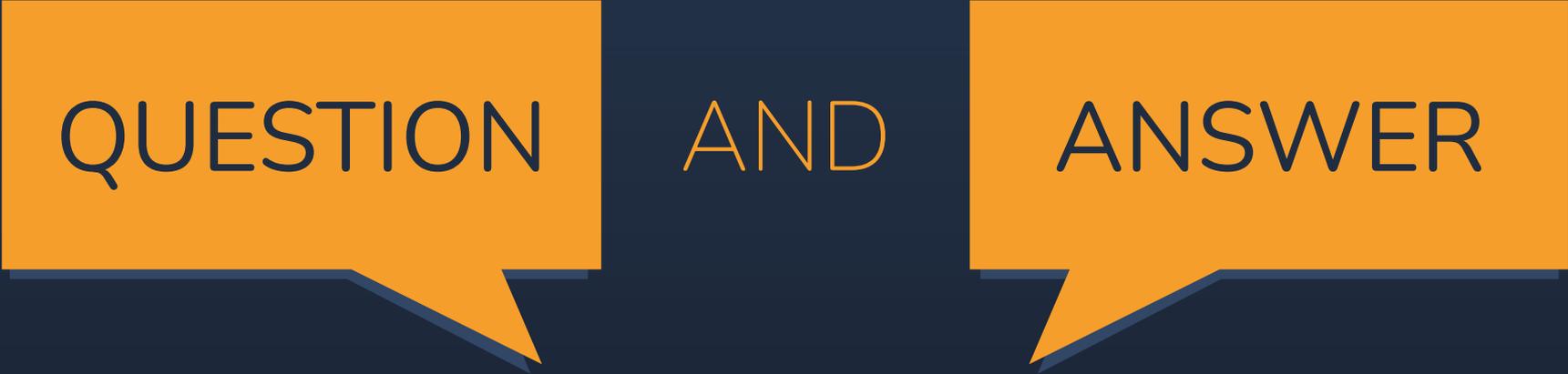
**Consultation &
Representation**

Consultation to Providers
Direct to families

Center for Children's Advocacy & Yale New Haven Children's Hospital



- *Legal issues impacting children's health - what makes child MLP's different?
- *Patient story - MLP in action (a.d.a. Case study)
- *Nuts and bolts of YNHCH CCA MLP
- *Deep dive into the three-legged stool
- *Implementation strategies for your site



QUESTION

AND

ANSWER

* NCMLP will email an updated Welcome Packet with the homework after every session.

Homework Questions

Health Care Team

1. What are the non-medical barriers your patients face that negatively impact health or make it difficult for you to deliver care? What do you think are the most prevalent?
2. How (if at all) do you try to address these needs? Have you ever engaged patients with legal services and how has that gone?
3. What are you most interested in learning more about based on the first session?

Legal Services Team

1. What types of legal issues do you see relating to Maternal or Child Health in your practice?
2. Do you receive referrals from any medical partners? A formal MLP?
3. For legal issues your team does not address, what do you do?
4. What areas of your practice would benefit from direct healthcare provider input or expertise? (e.g., letters, testimony, medical explanations, medical record reviews, etc.)
5. What are you most interested in learning more about based on the first session?



Next Session

March 17, 2022, 2-3 PM ET
with a focus on Maternal Health

led by **Georgetown University Health Justice Alliance**

Contact Danielle Rahajason nrahajas@gwu.edu for assistance.