



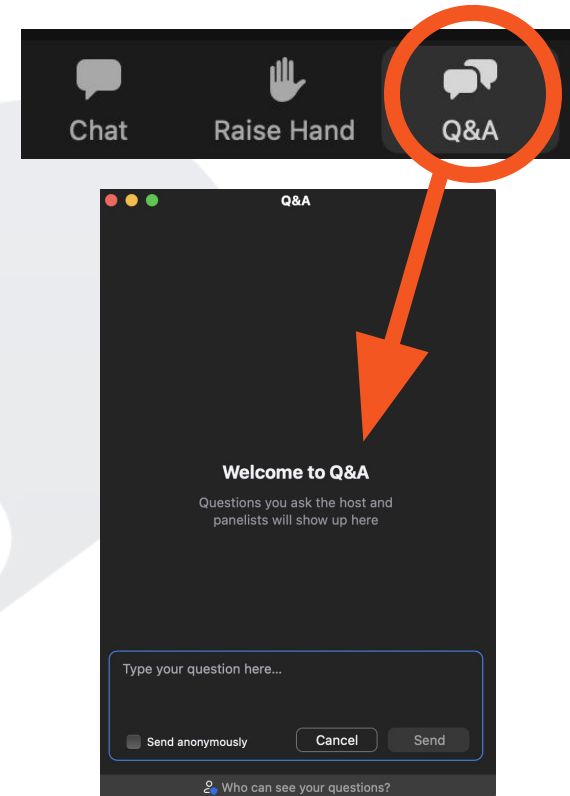
USING LEGAL SERVICES
AS PART OF A
COMMUNITY STRATEGY
TO IMPROVE
MATERNAL HEALTH IN HEALTH CENTERS

2023 LEARNING COLLABORATIVE

• SESSION 1: MARCH 1, 2023

Housekeeping

- Attendees are muted throughout the webinar.
- Type questions into **Chat**.
- To activate captions, select “Captions” and “Show Captions.”
- This webinar will be recorded and shared at medical-legalpartnership.org/resources/
- Send your questions into the chat for help.





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).



About this Learning Collaborative

- Using legal services as a community strategy to improve maternal health in health centers
- 4 sessions
 - 90 mn long
 - Didactic portion and guided discussion
- Overview and Discussion of an MLP model



Today's Agenda

1

Introductions

Objectives
Guest
Speaker &
Faculty

2

Presentations

Guest Speakers
Lessons for the
Day

3

Discussion

Guiding Questions

4

Closeout

Next Session



Learning Collaborative Objectives

1. **Understand MLPs** and their role in maternal health
2. **Understand how to detect and address unmet legal** needs that negatively impact maternal health outcomes
3. **Develop strategies to collaborate across health and legal settings** for integrating civil legal services, e.g, such as MLP activities, with your health center's maternal priorities.



Meet the Faculty



Courtney Mendoza, JD
Mental Health Advocacy
Services



Nola Booth, JD
Legal Assistance of Western New
York (LawNY)



**Amanda Elkanick
Oder, JD**
Texas Advocacy Project



Bronwyn Blake, JD
Texas Advocacy Project



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



Today's Special Guest



John Richards,
Executive Director for the National Center
for Education in Maternal and Child
Health (NCEMCH)



Icebreaker Activity

Get to Know your Cohort

What is ...

Your Name

Your Title

Your Organization Name &
Location

At the top of your bucket list

Introducing our Guest Speaker



John Richards

White House Blueprint for Addressing the Maternal Health Crisis



❖ *“The Biden-Harris Administration is committed to cutting the rates of maternal mortality and morbidity, reducing the disparities in maternal health outcomes, and improving the overall experience of pregnancy, birth, and postpartum for people across the country.*

❖ *Our vision for the future is that the United States will be considered the best country in the world to have a baby.”*

❖ Goals

- Goal 1: Increase Access to and Coverage of Comprehensive High-Quality Maternal Health Services, Including Behavioral Health Services
- Goal 2: Ensure Those Giving Birth are Heard and are Decisionmakers in Accountable Systems of Care
- Goal 3: Advance Data Collection, Standardization, Harmonization, Transparency, and Research
- Goal 4: Expand and Diversify the Perinatal Workforce
- Goal 5: Strengthen Economic and Social Supports for People Before, During, and After Pregnancy



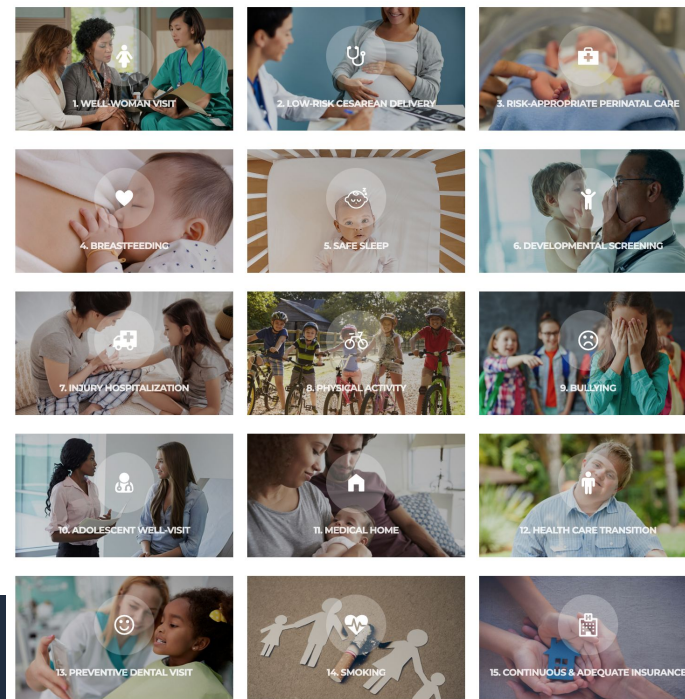
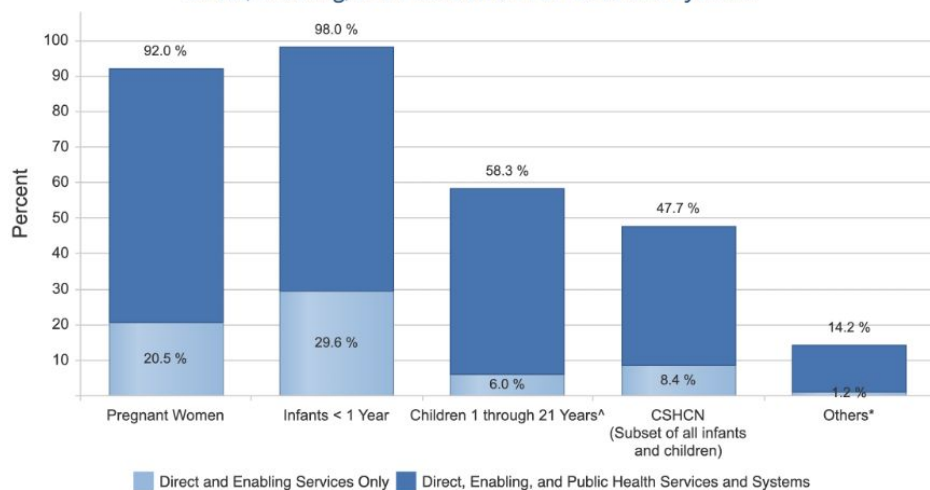
**National Center for Education
in Maternal and Child Health**
Georgetown University



MCHB and BPHC Work Hand-in-Hand: How Title V Assists Pregnant Women



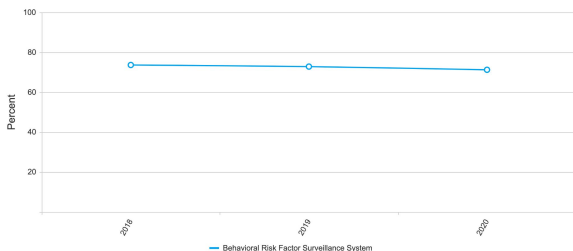
FY 2021 Percentage Served by Title V
Direct, Enabling, and Public Health Services and Systems



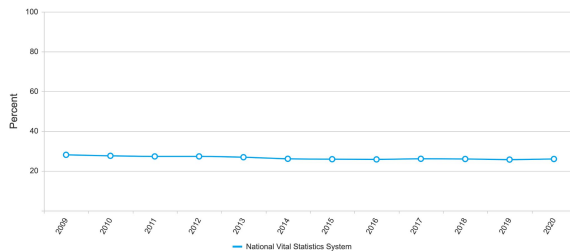
MCHB and BPHC Work Hand-in-Hand: How Title V Assists Pregnant Women



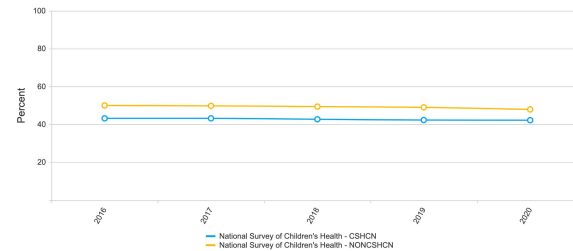
NPM 1: Well-Woman Visit
Total



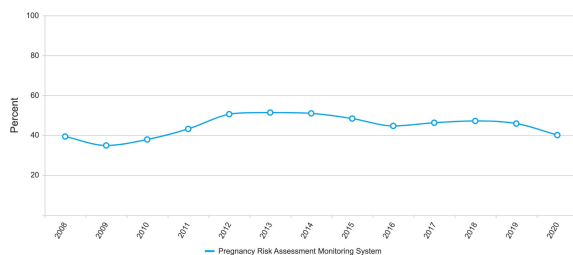
NPM 2: Low-Risk Cesarean Delivery
Total



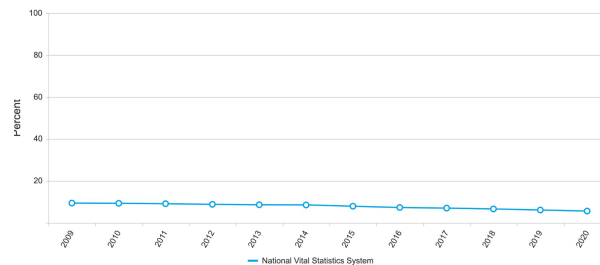
NPM 11: Medical Home
Total



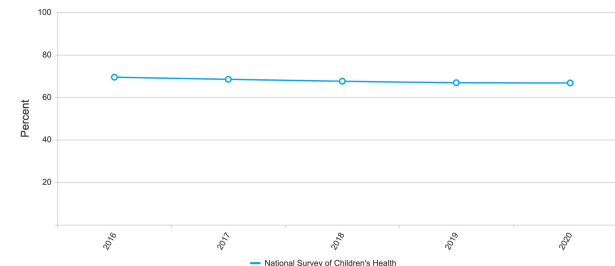
NPM 13.1: Preventive Dental Visit - Pregnancy
Total



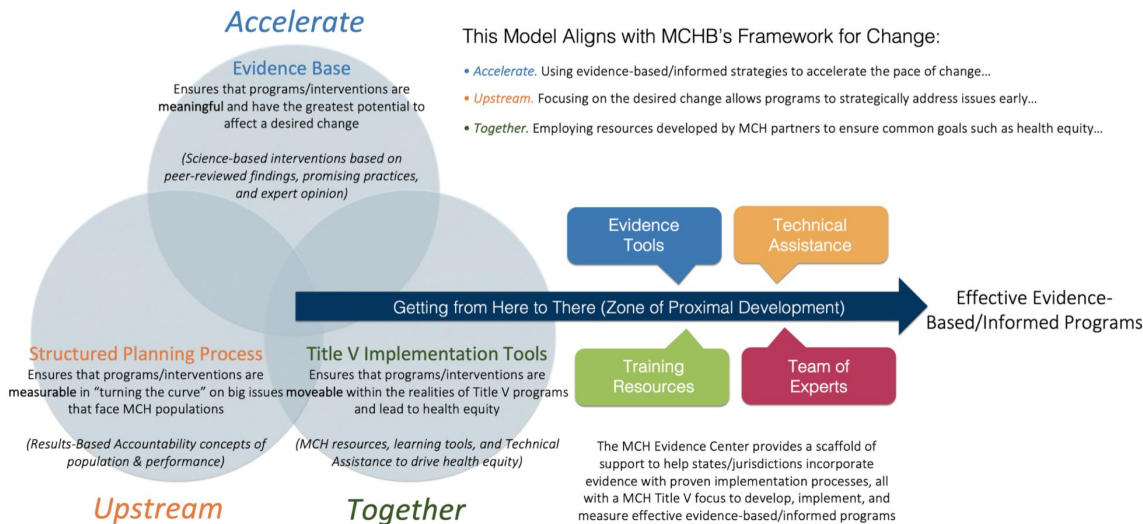
NPM 14.1: Smoking - Pregnancy
Total



NPM 15: Adequate Insurance
Total

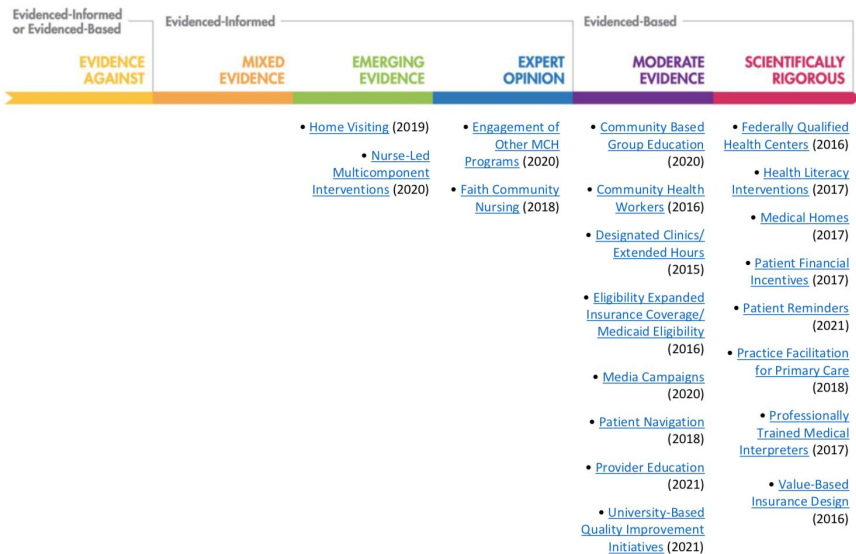


MCHB and BPHC Work Hand-in-Hand: Start with the Science <https://www.mchevidence.org/about/evidence.php>



<https://www.mchevidence.org/tools/strategies/>

MCHB and BPHC Work Hand-in-Hand: Start with the Science



NATIONAL PERFORMANCE MEASURE 1 | WHAT WORKS evidence accelerator



MCHB and BPHC Work Hand-in-Hand: Start with the Science



Strategy. Designated Clinics/Extended Hours

Approach. Increase access and visibility to clinics that offer extended hours of service within close proximity to MCH populations.

[Return to main MCHbest page >>](#)



Overview. Increase access to and visibility of clinics that offer extended hours of service within close proximity to MCH populations.

Evidence. *Moderate.* Multiple access, scheduling, and time-related factors contribute to 'missed opportunities' in providing comprehensive preventive care. "Designated clinics and extended hours have been shown to address some of these missed opportunities in providing preventative services to women."¹ [Access the peer-reviewed evidence](#) through the MCH Digital Library. (Read more about [understanding evidence ratings](#)).

Target Audience. Provider/Practice.

Outcome. Percent of women with a past year preventive visit. For detailed outcomes related to each study supporting this strategy, click on the peer-reviewed evidence link above and read the "Intervention Results" for each study.

Examples from the Field. [Access descriptions of ESMs](#) that use this strategy directly or intervention components that align with this strategy. You can use these ESMs to see how other Title V agencies are addressing the NPM.

The Role of Title V. Title V agencies can support organizations that offer extended hours through a number of approaches:

- > Coordinating clinics across the state/jurisdiction to schedule extended hours through the week/month to give women options to access services.
- > Reaching out to women focused on clinic services and availability of extended hours (direct or through other service programs such as women's shelters).
- > Helping to evaluate utilization of the well-woman visit by analyzing BRFSS data by key data demographics and state geographic markers.

For additional suggestions on how to develop programs to support this strategy, see [The Role of Title V in Adapting Strategies](#).

Sample ESMs. Using the approach "Increase access and visibility to clinics that offer extended hours of service within close proximity to MCH populations," *here are sample ESMs you can use as a model for your own measures* using the Results-Based Accountability framework:

Sample ESMs. Using the approach "Increase access and visibility to clinics that offer extended hours of service within close proximity to MCH populations," *here are sample ESMs you can use as a model for your own measures* using the Results-Based Accountability framework:

<p>Quadrant 1: Measuring Quantity of Effort ("What/how much did we do?")</p> <p>> Number of clinics that offer extended clinic hours within close proximity to MCH populations.</p>	<p>Quadrant 2: Measuring Quality of Effort ("How well did we do it?")</p> <p>> Percent of clinics that offer extended clinic ours within close proximity to MCH populations.</p>
<p>Quadrant 3: Measuring Quantity of Effect ("Is anyone better off?")</p> <p>> Number of women seen in clinics who report extended hours were instrumental in attending an annual preventive visit.</p>	<p>Quadrant 4: Measuring Quality of Effect ("How are they better off?")</p> <p>> Percent of women seen clinics who report extended hours were instrumental in attending an annual preventive visit.</p>

Note. ESMs become stronger as they move from measuring *quantity* to measuring *quality* (moving from Quadrants 1 and 3, respectively, to Quadrants 2 and 4) and from measuring *effort* to measuring *effect* (moving from Quadrants 1 and 2, respectively, to Quadrants 3 and 4).

Learn More. Read [how to create stronger ESMs](#) and [how to measure ESM impact more meaningfully](#) through Results-Based Accountability.

MCHB and BPHC Work Hand-in-Hand: Proceed with a Planning Process <https://www.mchevidence.org/about/planning.php>



Incorporating Equity into Result-Based Ability:

Two Evidence Center Tools

Turn-the-Curve Strategy Tool
Developing Population-Level Strategies

ESM Quadrant Measurement Tool
Developing Performance-Level Evidence-Based Informal Strategy Measures

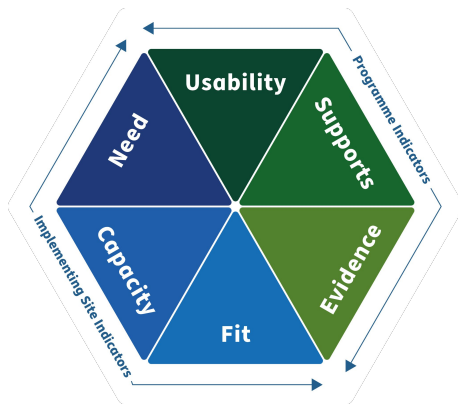
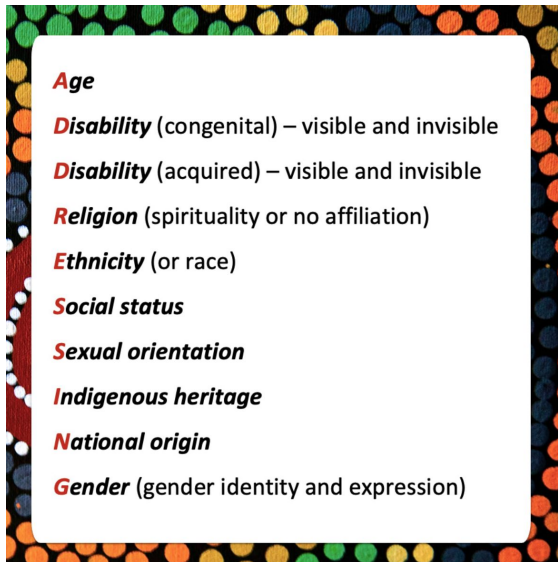
The forms include sections for:

- Introduction:** Purpose and scope of the tool.
- How Much?** Questions about the extent of the problem and the impact of the intervention.
- How Well?** Questions about the quality of the intervention and the outcomes.
- Work Space:** A large area for notes and reflections.
- Quadrant 1: Measuring Quantity of Effect (Counts and 'They/Our' Attribution):** A table for recording data.
- Quadrant 2: Measuring Quality of Effect (Of All Results, Satisfaction):** A table for recording data.
- Quadrant 3: Measuring Quantity of Effect (How Are They Better Off?):** A table for recording data.
- Quadrant 4: Measuring Quality of Effect (How Are They Better Off?):** A table for recording data.



MCHB and BPHC Work Hand-in-Hand: Extend with Equity Tools

<https://www.mchevidence.org/about/tools.php>



Hexagon Tool

- ✂ **Collaborating for Equity and Justice Toolkit:** Case Studies, Resources, and Tools
- 🔗 **Community Commons:** Our Favorite Equity Data Tools
- 📋 **Cultural Competence:** Tools from the National Center for Cultural Competence
- 📄 **Disparities Impact Statement:** A Five-Step Worksheet from CMS
- ♥ **Family Engagement:** A Systems Assessment Tool
- ✓ **Health Equity Report Card:** Create Your Local Report
- 📋 **Hexagon Tool:** A Six-Step Process
- 📋 **Is My Implementation Practice Culturally Responsive:** A 38-Question Assessment
- 👤 **People with Lived Experience:** Six Considerations when Making Evidence-Based Decisions
- 📋 **Promoting Health Equity:** A Resource to Help Communities Address SDOH
- ♥ **REIA:** Race Equity Impact Assessment Tool
- 🔗 **SDOH Crosswalks:** Linking the Ten Essential Public Health Services to Addressing SDOH
- 🔗 **SDOH Screening and Policy Tools:** Multiple Tools with Common Goals
- ★ **Systems Change:** "The Water of Systems Change" Approach

MCHB and BPHC Work Hand-in-Hand: The Right Information at the Right Time

<https://www.mchlibrary.org>



Priorities (maternal/women health identified through TVIS)

High levels of maternal mortality
Lack of preventative dental visits
behavioral mental and behavioral health information, training, and resources for parents and caregivers who serve women, adolescents, children
Improve social supports, with a focus on wellbeing, resilience and to prevent and reduce the impact of ACEs.
Women have access to and receive coordinated, comprehensive services before, during and after pregnancy.
Reduce and eliminate barriers to ensure equitable and optimal health for women
Oral Health
Well – Woman Care
Increase social-emotional well-being
Maternal Mortality and Morbidity
Preconception and Interconception Care
Access to health screenings (cervical cancer screening and anemia screening)
Improve screening and treatment for behavioral health, substance use disorders, trauma, depression, IPV during well woman visits
Promote tobacco cessation to reduce adverse birth outcomes and 2ndhand smoke exposure to children
Increase percent of women accessing prenatal and well-woman care
Decrease substance abuse among maternal and child health populations
Assure accessibility, availability, and quality of preventative primary care for all women, especially of reproductive age
Comprehensive, cohesive and informed system of care for all women to have a healthy pregnancy, labor and delivery and 1 st year of postpartum
Reduce preventable deaths in the MCH population with a focus on reducing and eliminating racial disparities in mortality rates
Improve birth outcomes for birthing persons and infants
Address the racial disparities in SMM rate among Black NH and White NH women
Strengthen the capacity of the health system to promote mental health and emotional well-being
Address equity, bias, QOC, barriers to access in health care services for women and families, especially for communities of color and low-income communities
Decrease PTB and LBW infants

The screenshot shows the MCH Digital Library homepage. At the top, there's a navigation bar with links for MCH Evidence, MCH Navigator, NCDEMCH, and Georgetown University. Below this is a header section with the MCH Digital Library logo and the tagline "Strengthen the Evidence for Maternal and Child Health Programs". A search bar is prominently displayed with options to find evidence, resource guides, search the catalog, special collections, and a topic list. The main content area features a section titled "CITATIONS FROM THE MCH LIBRARY DATABASES" which lists several databases and the number of publications found in each:

- MCHLine[®]**: 5,329 publications found in the Library Catalog.
- MCH Organizations Database**: 245 organizations found.
- State ESMS Database**: 118 State ESMS found.
- Established Evidence Database**: 97 peer-reviewed research articles found.
- MCH Projects Database**: 680 projects funded by the Maternal and Child Health Bureau.

MCHB and BPHC Work Hand-in-Hand: Stay Connected



MCH ALERT <https://www.mchlibrary.org/connect/alert.php>

The **MCHAlert** is a free quarterly electronic newsletter that provides quick access to resources in five areas:

1. **From the Field** showcases the latest trainings gathered by the MCH Navigator and resources collected by the MCH Digital Library.
2. **New from NCEMCH** introduces new resources developed by the National Center for Education in MCH (NCEMCH) for immediate use in your daily work or research.
3. **What Works** highlights evidence-linked resources from the MCH Evidence Center to ensure that your programs have impact with the communities you serve.
4. **Advancing Academics** provides the latest news and resources from the Association of Teachers in MCH (ATMCH) for student and current/emerging teachers of MCH.
5. **Leveraging Learning** shares implementation resources from the National MCH Workforce Development Center that lead to real-time impact and advance health equity.



Email Me:

jrichards@ncemch.org

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





D.C. Safe Babies Safe Moms.



GEORGETOWN UNIVERSITY

HEALTH JUSTICE ALLIANCE

*Adding MLP to help reduce disparities in
maternal & infant mortality in Washington, D.C.*

Laying the Foundation: What is a Medical-Legal Partnership?

MLPs embed lawyers as members of the health care team, creating:

- Healthier patients
- A stronger health center workforce
- Improved health equity





Where do legal services fit within a health center's response to SDOH?

SOCIAL DETERMINANTS OF HEALTH

are broadly defined by the World Health Organization as the conditions in which people are born, grow, work, live, and age. These circumstances are shaped by economic and social policies, political systems, and social norms, and they contribute significantly to health disparities.

SOCIAL NEEDS

are the more immediate, individual needs that patients enter the health center with every day as a result of social determinants of health.

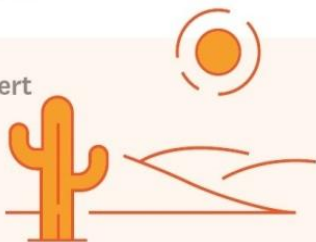
LEGAL NEEDS

are, simply put, the subset of social needs that have legal solutions. The distinction in this guide is made to help health centers understand where lawyers can be helpful*.

**Table 1 on page 8 highlights a variety of legal needs that MLP lawyers can address for patients.*

FOR EXAMPLE

A food desert



A family's need for fresh produce today



A family's need to file an appeal after their SNAP benefits are incorrectly cut



Amanda Elkanick Oder

VP of Advocacy and Outreach



Bronwyn Blake

Chief Legal Officer



Texas Advocacy Project Maternal Health MLP

WHO WE ARE

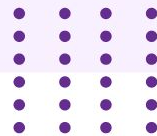
Texas Advocacy Project is a non-profit organization providing **FREE** legal and social services to survivors of:

- Domestic & Dating Violence
- Sexual Assault
- Child Abuse
- Stalking
- Human Trafficking

We believe prevention efforts are fundamental to our mission of helping all Texans live free from abuse, and have an Advocacy & Outreach team dedicated to survivor services, outreach, and community education.



TEXAS
ADVOCACY
PROJECT



WHO WE HELP



Provided free legal services to 4,765 primary survivors in power-based abuse cases



Supported clients from ages 13 to 84 years old



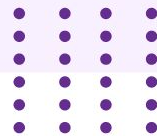
Served 10,502 clients and children across the state



Served survivors in 58% of all counties in Texas



TEXAS
ADVOCACY
PROJECT



Texas Advocacy Project - Agency Services PSA

<https://www.youtube.com/watch?v=CK4kAOorzKU>

Trigger warning: The series of videos we will share may be triggering. Please take care of yourself. If you need to step away for a moment, please do so.



TEXAS
ADVOCACY
PROJECT

NEEDS OF PATIENTS

PREVALENCE OF INTIMATE PARTNER VIOLENCE

1 in 3

WOMEN WILL EXPERIENCE SOME
FORM OF INTIMATE PARTNER
VIOLENCE IN THEIR LIFETIME
WORLDWIDE



TEXAS
ADVOCACY
PROJECT

PREGNANCY AND INTIMATE PARTNER VIOLENCE

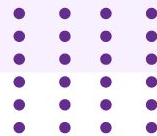
A background image for the infographic showing a calendar page with a red marker and a pregnancy test strip. The calendar has dates from 1 to 31, with some dates highlighted in yellow. The red marker is positioned over the date 15. The pregnancy test strip is white with a blue line indicating a positive result.

324,000

**PREGNANT WOMEN AFFECTED
BY INTIMATE PARTNER
VIOLENCE EACH YEAR IN THE
UNITED STATES**



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WHY ARE WE HERE?

Research shows that only 10-15% of victims seek services from traditional family violence centers.



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HEALTH CONSEQUENCES

Abuse & Trauma

Fatal Outcomes

Non Fatal Outcomes

Homicide

Suicide

HIV/AIDS
Related

Maternal
Mortality

Negative Health
Behaviors

Repro
health

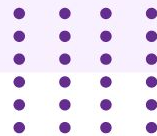
Physical health

Chronic
Conditions

Mental Health



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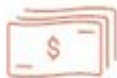


SOCIAL DETERMINANTS OF HEALTH

RESEARCH SHOWS:

1

60% of a person's health is determined by social factors, including:



Income & Health
Insurance



Housing
& Utilities



Education
& Employment



Legal Status



Personal & Family
Stability



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SCREENING AND BEST PRACTICES TO INTEGRATE INTO YOUR PRACTICE

RECOGNIZING ABUSE IN YOUR CLINIC

- Health-care providers are trained
- Standard operating procedures are in place
- Consultation takes place in a private setting
- Confidentiality is guaranteed
- A referral system is in place to ensure that patients can access related services.
- Healthcare settings are equipped to provide a comprehensive response, addressing both physical and mental consequences.
- Healthcare providers gather forensic evidence when needed.



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Physical	Sexual and reproductive
<ul style="list-style-type: none"> • acute or immediate physical injuries, such as bruises, abrasions, lacerations, punctures, burns and bites, as well as fractures and broken bones or teeth • more serious injuries, which can lead to disabilities, including injuries to the head, eyes, ears, chest and abdomen • gastrointestinal conditions, long-term health problems and poor health status, including chronic pain syndromes • death, including femicide and AIDS-related death 	<ul style="list-style-type: none"> • unintended/unwanted pregnancy • abortion/unsafe abortion • sexually transmitted infections, including HIV • pregnancy complications/miscarriage • vaginal bleeding or infections • chronic pelvic infection • urinary tract infections • fistula (a tear between the vagina and bladder, rectum, or both) • painful sexual intercourse • sexual dysfunction
Mental	Behavioural
<ul style="list-style-type: none"> • depression • sleeping and eating disorders • stress and anxiety disorders (e.g. post-traumatic stress disorder) • self-harm and suicide attempts • poor self-esteem 	<ul style="list-style-type: none"> • harmful alcohol and substance use • multiple sexual partners • choosing abusive partners later in life • lower rates of contraceptive and condom use



Universal screening and resource card

Youtube link: https://www.youtube.com/watch?v=-SS1XzO_Rqc

UNIVERSAL SCREENING AND EDUCATION



Special thanks to our partners at the Stanford Law School Community Health Access Project for this legal research!

- **CALIFORNIA**- hospitals must have policies for detecting IPV, documenting, providing resources including legal
- **ILLINOIS**- hospitals must have policies for detecting IPV
- **OHIO**- hospitals must have policies for interviewing patients that experience IPV
- **TEXAS**- State must provide resources on best practices for verbally screening for IPV and regional resources (not mandated that these be implemented)
- **NEW YORK**- hospitals (with maternity/newborn services) must provide IPV info to all parents prior to mother's discharge



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CDC SCREENING RECOMMENDATIONS



Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings



<https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandscreening.pdf>



EXAMPLE: DOMESTIC VIOLENCE INITIATIVE SCREENING QUESTIONS



Health worker to ask the following questions of ALL female patients on their own:

1. Are you ever afraid of your partner? YES NO
2. In the last year, has your partner hit, kicked, punched or otherwise hurt you? YES NO
3. In the last year, has your partner put you down, humiliated you or tried to control what you can do? YES NO
4. In the last year, has your partner threatened to hurt you? YES NO

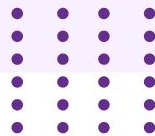
If domestic violence has been identified in any of the above questions, continue to questions 5 and 6.

Would you like help with any of this now? YES NO 6.

Would you like us to send a copy of this form to your doctor? YES NO



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SAFETY PLANNING

Recognition and validation of a survivor's experience is a critical first step in safety planning with a survivor.

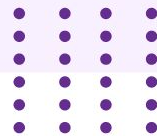
Women who talked to their healthcare provider about abuse were:

2.6 times more likely to
exit the abusive relationship



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OUR MEDICAL LEGAL PARTNERSHIP INITIATIVE



TWO CRITICAL PARTS

1. Outreach and Training
 - Identifying partners that have survivors at increased risk
 - Provide 6 pack of training
2. Individualized legal services
 - Individualized referral form ☐ truly integrated care

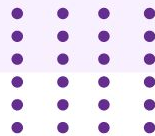


SOLUTIONS TO HEALTH-HARMING LEGAL NEEDS

1. Safety
2. Privacy
3. Employment
4. Family law
5. Criminal justice
6. Education
7. Housing
8. Financial
9. Civil legal liability



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LEGAL CARE = IMPROVED MATERNAL HEALTH

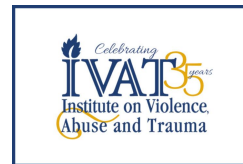
How TAP legal solutions help improve health and wellness for survivors

- Free legal assistance = Reduces stress
- Divorce = Can provide closure / financial support
- Protective Orders = Security
- Safety-planning = Reduces risk of injury



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National Center for Medical  Legal Partnership

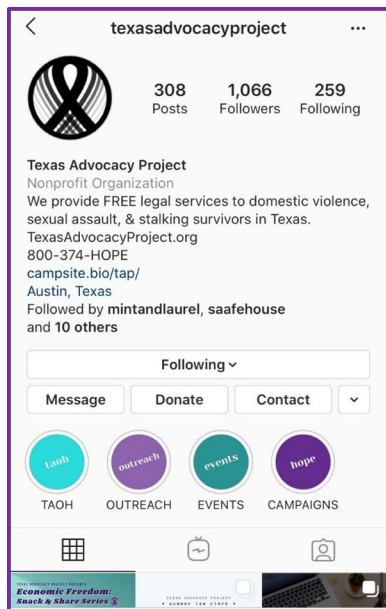


CASE STUDY

SOCIAL MEDIA

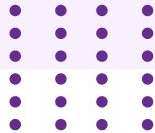
FOLLOW, LIKE, SHARE!

Instagram @TexasAdvocacyProject



Facebook.com/TexasAdvocacyProject





"The #1 thing that can help
(a survivor)...
are legal services...
That's what
Texas Advocacy Project is.
It's the rainbow
after the rain. "

TEXAS ADVOCACY PROJECT CLIENT
&
2018 COURAGE AWARD RECIPIENT



TEXAS
ADVOCACY
PROJECT

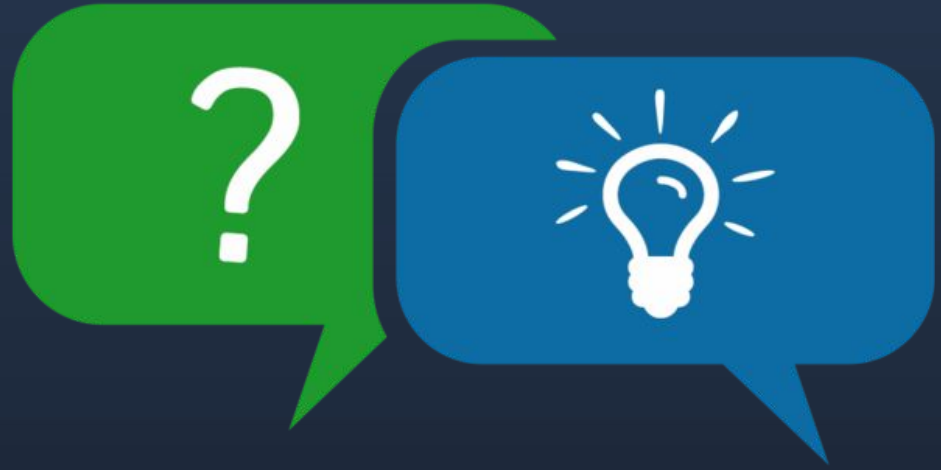
THANK YOU FOR JOINING US TODAY!

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Guided Discussion





DISCUSSION QUESTIONS

1. How are survivors intersecting in your practice now?
2. We practice and train our partners on empowerment-based and trauma-centric patient care. Can you identify aspects of visiting a medical service provider that can be disempowering? (Naked, rushed, intimidated...) In what ways have you addressed these barriers?
3. How are you Screening?
4. Do you have strong referral partners with legal service providers that specialize in these areas?
5. In what ways are social workers utilized to help?
6. What follow-up is happening?

Survey QR Code and Link



<https://www.surveymonkey.com/r/GRSLRNT>



Next Session

March 8, 2023, 1-2:30 PM ET
led by **Mental Health Advocacy Services, Inc.**

Contact the NCMLP Team at ncmlp@gwu.edu for assistance.