

AN NTTAP LEARNING COLLABORATIVE



# Medical-Legal Partnership As A Community Health Strategy To Improve Maternal Health Access & Outcomes: Leveraging Clinical and Non-Clinical Data to Understand the Social Risk Factors

Session 1 of 4 | April 2, 2024 - 1 p.m. ET



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- Ensure your microphone is muted.
- Check how your name is displayed for others to see.
- If you have dialed in from your phone, unmute yourself when it is appropriate to speak.
- Please place your questions in the chat or Q&A box; we will review and answer as time permits.



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ABOUT

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The Health Center Excellence Academy: Accelerated Learning by Renaye James Healthcare Advisors is the training division of Renaye James Healthcare Advisors. The academy provides training, technical assistance, and tools to implement data-driven and team-based approaches for health centers and health care teams as they work to improve the clinical quality and patient safety of their patients and the communities they serve.







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### Advancing Health Equity

- Webinar  
April 25, 2024 | Noon ET  
Being a Champion for Cultural Humility:  
A Guide for Health Centers – Cultural Humility  
with LGBTQ Communities

### Chronic Disease Management

- Webinar  
April 30, 2024 | 2 p.m. ET  
Diabetes Care Management: The Right Way-Part 1

### Maternal Health

- Webinar  
May 8, 2024  
Maternal Health and Essential Community  
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For more information, visit  
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Throughout this presentation, we may discuss sensitive topics that arise for patients, clients, and provider within this space. All participants are encouraged to tune in or tune out as needed during those discussions.



## MEET THE PRESENTERS



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## COURSE INTRODUCTION



Welcome to **Medical-Legal Partnership as a Community Health Strategy to Improve Maternal Health Access and Outcomes: Leveraging Clinical and Non-Clinical Data to Understand the Social Risk Factors.**

This training is for health center and legal services staff who work with maternal health clients and patients who require resources and navigation assistance.

It will take approximately 90 minutes to complete.

## Purpose

The purpose of this Learning Collaborative is to provide participants with a deeper understanding of how the social drivers of health (SDoH) impact maternal health.

In addition, participants will learn how to use the medical-legal partnership approach to improve maternal and child health outcomes for health center patients and their communities.

During this Learning Collaborative, we will create a learning environment where participants can share and learn what strategies can be successful.



## GOALS AND OBJECTIVES

### At the end of this session, you should be able to

- Identify the social risk factors that impact maternal health disparities, access, and outcomes.
- Analyze the clinical and non-clinical data to better understand the social risk factors that can be addressed with medical-legal partnerships.
- Identify specific social risks factors in your clinical setting that can be addressed by medical-legal partnerships.







Because domestic and sexual violence are so prevalent, assume that there are survivors among us.

- Be aware of your reactions to the content and take care of yourself first.
- Respect confidentiality.
- Communicate concerns with us.

There are challenges with using socially constructed binary categories of gender in the data sources that inform this collaborative.

- Both *pregnant women* and *pregnant people* are acceptable phrases and may be used interchangeably.
- You may also see other gender-neutral terms like *pregnant patient* or *birth parent*.

Source: [NIH.gov](https://www.nih.gov)



# The Importance of Social Drivers of Health in the Management of Maternal Health Partners



# What Goes Into Your Health?

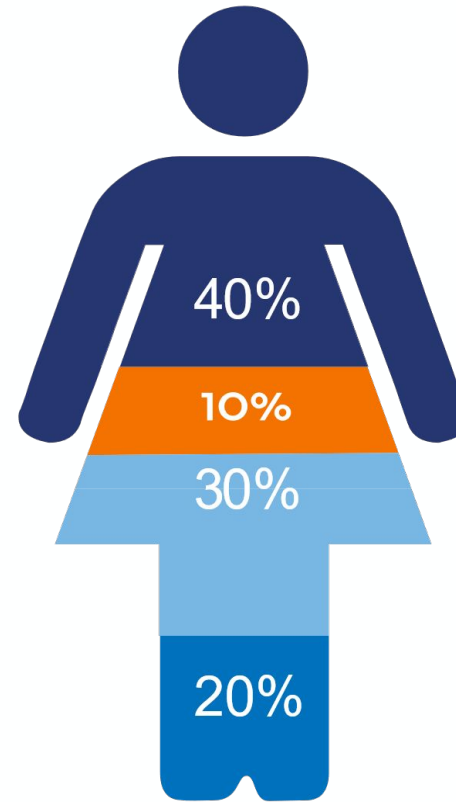
Health care providers in both acute care and office settings would like to believe that they have the greatest influence on the behaviors and outcomes of their patients.

The truth is that, overall, **80%** of health care influences occur outside of medical/clinical environments.

It is critical that clinicians understand this truth in order to have an impact on their patient outcomes and engage partnerships that address these social drivers.

**What social drivers impact our maternal health patients and their unborn children?**

**What can we do to improve outcomes?**



## Socioeconomic Factors

Education • Job Status • Family/Social Support • Income • Community Safety

## Physical Environment

## Health Behaviors

Tobacco Use • Diet & Exercise • Alcohol Use • Sexual Activity

## Health Care

Access to Care • Quality of Care

Source: [The Community Cure](#)







# What Social Drivers Impact Pregnant People?



Domestic Violence/Intimate Partner Violence



Homelessness/Housing/Utilities



Health Insurance



Disabilities/Veterans



Income/Asset Limited Income Constrained Employed (ALICE)



Incarceration



Food Insecurity/Food Deserts



Immigrant Populations/Legal Status



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# Intimate Partner Violence Statistics

**One-third** of women experience Intimate Partner Violence (IPV) over their lifetime.

Each year **324,000** pregnant people are battered by their partner.

**One-third** of women report some form of psychological abuse.

**Twenty percent** of women report sexual violence from an intimate partner during their lifetime.

Economic abuse occurs in **99%** of IPV.

On average, IPV **kills 3** women every day.

Pregnancy is an especially **risky** period, with many reporting that abuse started or intensified when they became pregnant.

Source: [Intimate Partner Violence](#)



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# Domestic Violence/Intimate Partner Violence and Pregnancy

- Abused women are **more likely** to receive poor or delayed prenatal care.
- Abused pregnant women are **3x more** likely to experience postpartum depression.
- Women exposed to domestic violence are at **increased risk** of delivering a baby with low birth weight or having a preterm birth.
- The risk of perinatal death is **3x higher**.
- Infants **exposed** to IPV can show signs of trauma including developmental delays, feeding issues, sleep disturbances, and higher irritability.
- Harm from IPV is compounded in women of color with **higher reports** of violent experiences and lower likelihood to seek medical care.
- Screening for IPV is **not consistent** during prenatal care.



Source: [Intimate Partner Violence](#)



# Exploring the Link Between Stable Housing, Health, and Homelessness

- Access to stable housing has been identified as one of the **most important** predictors of one's health.
- According to the U.S. Department of Housing and Urban Development (2023), **653,000** people were homeless (1/500 people).
- Housing instability is almost always accompanied by low income.
- People of color are **more likely** to be homeless compared to white people.
- Pregnancy can **increase** a person's risk of becoming homeless.
- Families often experience several months of **stress and financial hardship** prior to becoming homeless.



Source: [HUD Fact Sheet](#)



# Impacts of Homelessness on Pregnant People and Newborns

1

Pregnant people experiencing homelessness lack transportation and may feel **discriminated against** by health care providers.

3

They are **less likely** to have a first trimester prenatal visit, well-child visit, or breastfeed.

5

**More likely** to suffer from hypertension, anemia, hemorrhage, placental problems, and more.

2

Newborns have **longer** hospital stays and require more NICU time.

4

Homeless women also faced **significantly greater** physical risks in the periods during and surrounding pregnancy.

6

Homelessness and behavioral health disorders act as **independent factors** that can both contribute to pregnancy complications.

Source: [Homeless Hurts Moms and Babies](#)



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## Effects of Food Deserts

People living in food deserts are at an **increased risk** of gestational diabetes, excessive weight gain, obesity, and metabolic syndrome.

Women in food deserts are understandably at an **increased risk** of poor-quality diets, nutritional deficiency, and low socio-economic status.

Studies have reported an **increased risk** of gestational diabetes in people living in areas with fewer grocery stores.

Mothers using alcohol were **more likely** to live in food deserts.

These **issues overlap** with suboptimal prenatal care, chronic stress, and poorer newborn outcomes.

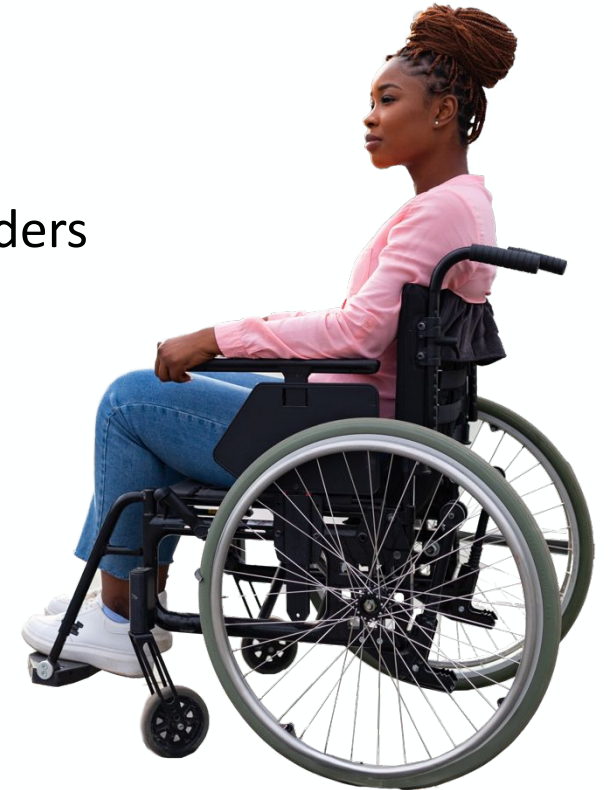






# Pregnancy and Health Care Access Challenges

- Pregnancy rates in the women with disabilities have **increased** in recent years.
- People with disabilities **face more challenges** accessing health care.
- This **challenge** is present both during pregnancy and postpartum.
- Persons who are pregnant and disabled encounter **negative** attitudes from health care providers regarding their decisions to become pregnant.
- Due to this perception, women may **avoid** both preconception counseling and prenatal care.





# Impact on Pregnant People With Disabilities

Pregnant people who **avoid care due to perceived** biases experience more stress that aligns with the hesitancy to seek care.

Pregnant people with sensory, intellectual, and developmental disabilities have an **elevated risk** for gestational diabetes and hypertensive disorders.

These same women have an **increased risk** of cesarean delivery.

**More research** is required to fully understand the perinatal impacts.





# Women Veterans and Maternity Benefits



Women veterans make up about **9.4%** of the veteran population.



**Twenty-six percent** are racial/ethnic minorities.



The number of deliveries that Veterans Affairs (VA) has paid for has **increased 14-fold** since 2000.



**About 4,000** women use their VA maternity benefits each year.

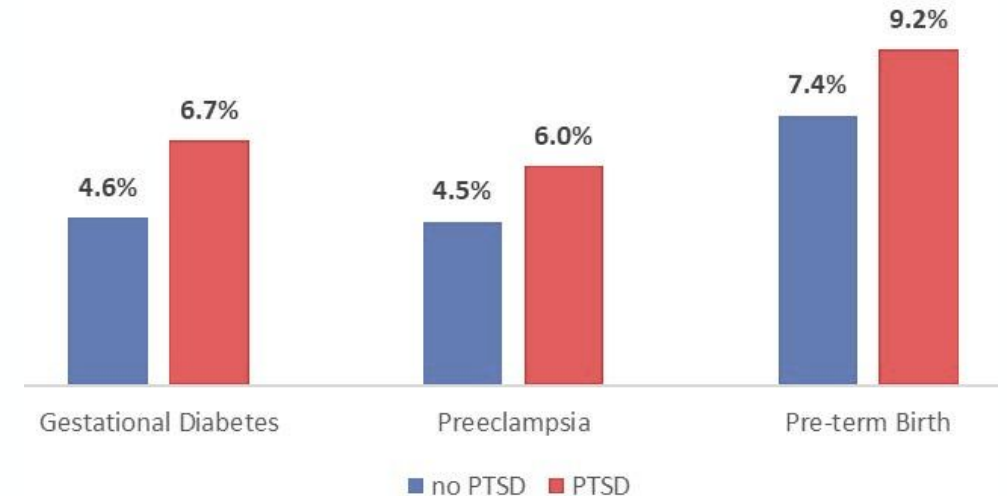
Source: [Women Veterans and Pregnancy Complications](#)



# Maternity Care Challenges for Women Veterans

- Women veterans who receive maternity care through the VA **often have multiple medical conditions**.
- These conditions **increase their risk** of pregnancy complications, especially in those with PTSD
- **Veterans may shy away** from VA coverage and seek external maternal health coverage.
- Deployment for active duty women may **increase the risk of preterm birth** as well as preeclampsia and gestational diabetes.

Risk of Pregnancy Complications in Women Veterans



Source: [Women Veterans and Pregnancy Complications](#)



## KNOWLEDGE CHECK

What percentage of healthcare or health influences can be tied to activities in the hospital or medical office environment?

- a. 100%
- b. 60%
- c. 40%
- d. 20%



# Impacts of Financial Resources on Pregnant People



Pregnant people without adequate financial **resources may have struggles** with nutrition, housing, transportation, childcare, prenatal vitamins/medications, or health care in general.



**More generous income assistance is linked** with healthier birth weights, lower maternal stress, lower rates of premature births, better childhood nutrition, and more success in educational settings.



Researchers have found links **between increased earned income tax credits (EITC) and improvements in infant health indicators.**






**Financial stability** is a protective factor against trauma from adverse childhood experiences.

Source: [Income Support](#)

Source: [CBPP](#)



# Inadequate Access to Maternity Care

-  Studies have shown that every **two minutes** a pregnant person somewhere in the world dies of pregnancy-related complications, yet most of the deaths could be prevented using proven interventions.
-  March of Dimes reports that **5.6 million women** live in U.S. counties with limited or no access to maternity care.
-  In the U.S. the Medicaid gap leaves over **800,000 women** of reproductive age without continuous health coverage.

Source: [Million of Women with Limited or No Access to Care, Closing the Coverage Gap and Effects of Health Insurance](#)



# Maternal Mortality Disparities and the Role of Prenatal Care and Health Coverage

- Pregnant people who do not have access to prenatal care are **3-4x more likely to die** compared to women with prenatal care.
- Black women continue to die at **higher rates** than other groups when in labor and are also **2x** as likely to experience severe maternal morbidity (SMM).
- Research shows that Medicaid **expansion** is associated with reduced rates of maternal death, particularly for Black women.
- Health coverage before and between pregnancies makes it **more likely** to address risks and screening prior to pregnancy, especially in the Black population.



Source: [Closing the Coverage Gap](#)





# Pregnancy and Motherhood in U.S. Prisons



The U.S. has **4%** of the world's female population but **30%** of its female incarcerated population.



Pregnancy, delivery, lactation, and parenting while incarcerated all **require special considerations**.



Women may experience pregnancy and mothering while incarcerated as a **challenge** in an environment originally designed for men.



There is a **lack** of mother-baby units across the country.



Pregnant people are often **single mothers** before incarceration.



Transportation to prenatal care and coordination of care are **special challenges**.

Source: [Realities of Pregnancy](#)

Source: [American Journal of Public Health](#)



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# Challenges and Outcomes of Pregnancy in Prison Settings

- **Lack of mother-baby units** makes breastfeeding extremely difficult.
- **Incarceration creates delays** in accessing emergency obstetric care.
- **Pregnant people lack control** over their environment, which can impact sleep, naps, diet, and medication administration.
- Incarcerated women have **risk factors** for poor pregnancy outcomes, as research shows they often have neglected their health before incarceration.
- Outcomes of pregnancy in prison may be better overall than for similarly **disadvantaged women** in the community, depending on the care.
- **Incarceration creates barriers** between newborns and their mothers.

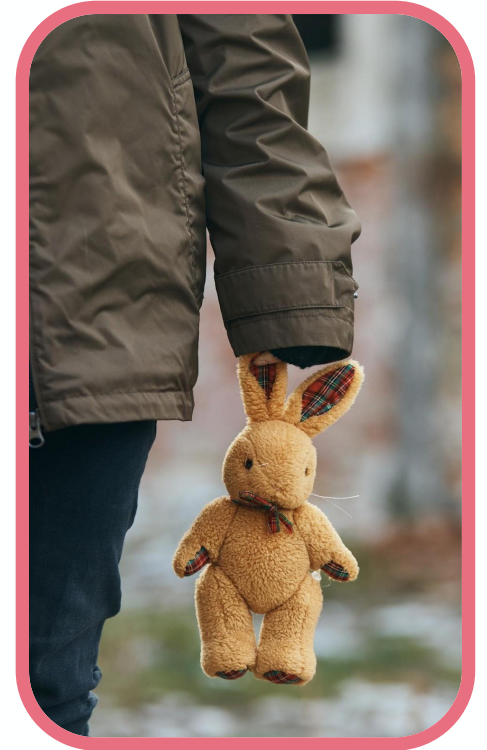


Source: [Realities of Pregnancy](#)



# Barriers to Pregnancy Outcomes in Immigrant and Refugee Populations

- **High costs**, lack of knowledge of the healthcare system, language barriers, and discrimination negatively impact outcomes.
- Health care providers may **not** practice cultural humility or have access to interpreter services.
- **Pregnant refugees** tend to initiate prenatal care late and have fewer care visits, resulting in expected poorer outcomes.
- They may be reluctant to agree to obstetric interventions such as **cesarean deliveries**.
- **More research is required** to truly understand how immigrant or refugee status impacts pregnancy outcomes.



Source: [Maternal Health Among Resettled Refugee Women](#)

## POLL QUESTION #1

# How many of these social drivers do you see in your practice as direct impacts on maternal outcomes?

(Check all that apply.)

- Homelessness
- Incarceration
- Disabilities
- Uninsured/underinsured
- Veteran status
- Immigrant status
- Poverty
- Intimate partner violence and/or domestic violence
- Food insecurity





## POLL QUESTION #2

# How do you manage these social drivers?

(Check all that apply.)

- Nurse navigator
- Dedicated social worker
- Community health workers
- Administrative staff support
- Medical-legal partnerships
- Referral platform (e.g., findhelp.org or Unite Us)
- Not currently managing/explain why





# About the National Center for Medical-Legal Partnership



**Medical-legal partnerships integrate the unique expertise of lawyers into health care settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities.**

Founded in 2006, the National Center for Medical-Legal Partnership (NCMLP) is a project in the Department of Health Policy and Management at the Milken Institute School of Public Health at the George Washington University. Our mission is to build an integrated health care system that better addresses health-harming social needs by leveraging legal services and expertise to advance individual and population health. NCMLP spearheads education, research, and technical support, aiming to integrate legal services seamlessly into the response to social needs for all healthcare organizations across the United States.

**Learn more at [medical-legalpartnership.org](https://medical-legalpartnership.org) and follow us on X (formerly Twitter) @National\_MLP**





# The Medical-Legal Partnership Approach



QUESTION

How can integrating legal services help a health center better serve its patients and the community?

Please unmute or type your response into the chat.



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# How can integrating legal services help a health center better serve its patients and the community?

- 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

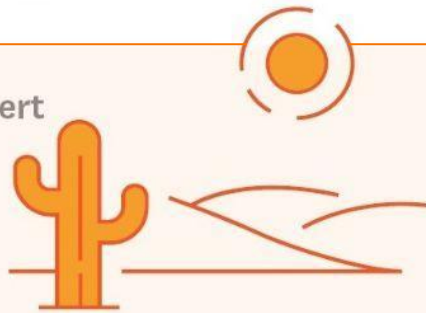
are the more immediate, individual needs that patients enter the health center with every day as a result of social determinants of health.

## 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\*.

FOR EXAMPLE

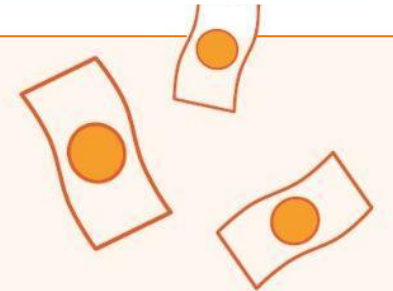
A food desert



A family’s need for fresh produce today



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



Source: The Health Center MLP Toolkit (NCMLP), found at <https://medical-legalpartnership.org/mlp-resources/health-center-toolkit/>.



# How Lawyers Help Address Patients' Social Needs

## I-HELP™

## How Lawyers Can Help

### Income & Insurance



Food stamps, disability benefits, cash assistance, health insurance

### Housing & utilities



Eviction, housing conditions, housing vouchers, utility shut off

### Education & Employment



Accommodation for disease and disability in education and employment settings

### Legal status



Assistance with immigration status (e.g. asylum applications); Veteran discharge status upgrade; Criminal background expungement

### Personal & family stability



Domestic violence, guardianship, child support, advanced directives, estate planning

This chart is reprinted from "[Framing Legal Care as Health Care](#)," a messaging guide created by the National Center for Medical-Legal Partnership. Please do not recreate it without permission.





# What is the Medical-Legal Partnership Approach?

Medical-Legal Partnership (MLP) is an **upstream** approach where legal services and health care professionals **collaborate to address and prevent the social, economic, and environmental factors that impact patient health and contribute to health disparities.**

## Core MLP activities include:

The MLP approach is a **flexible, evidence-based, public health, and social justice intervention** designed to disrupt the cycle of returning people to unhealthy conditions.

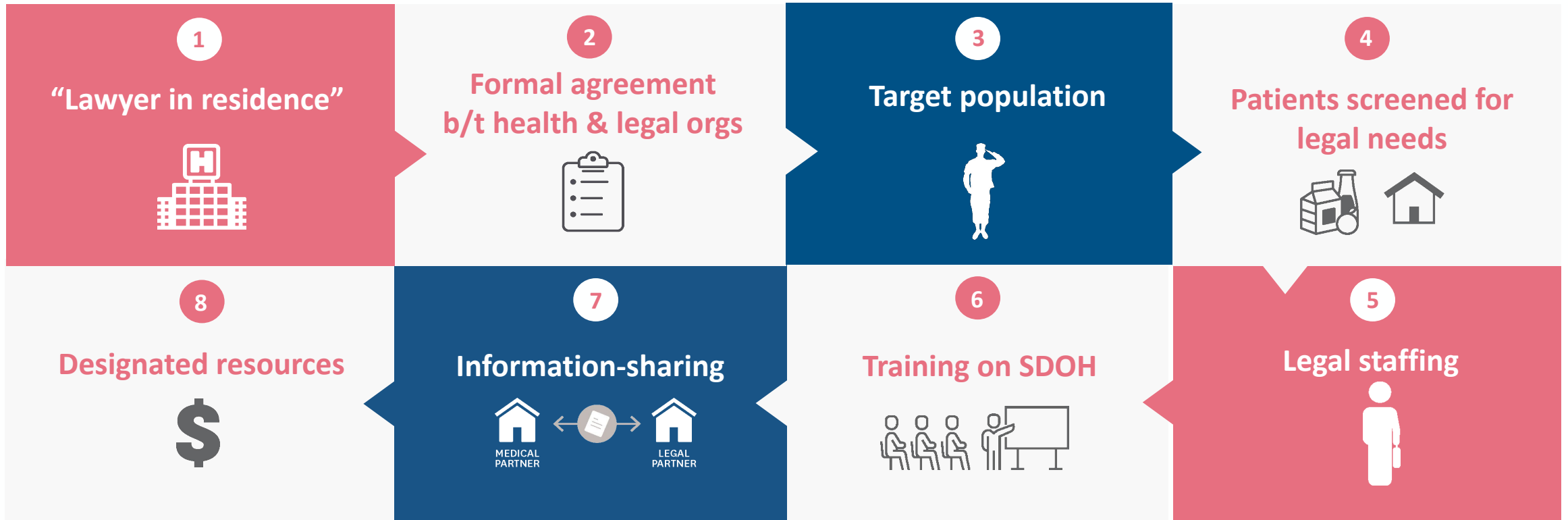
**Legal Assistance**  
to address patients' social needs & help the health center workforce operate at "top of license"

**Training**  
to build knowledge, capacity & skills that strengthen the health center workforce's response to SDOH

**Clinic-Level Changes**  
that leverage legal expertise to shape clinical practices to address many patients' needs at once

**Policy Change Strategies**  
that advance healthy regulatory, administrative, & legislative policy solutions for whole communities

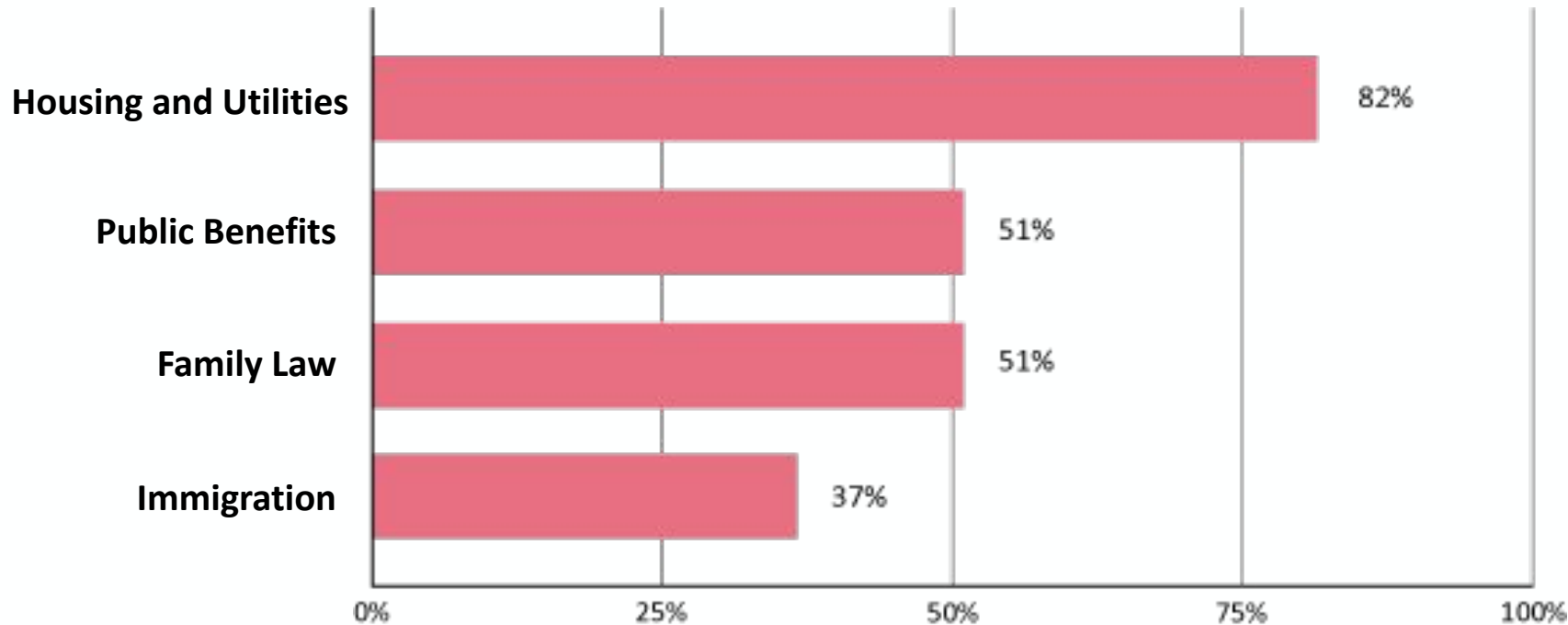
# What are the Basic Components of a Medical-Legal Partnership?





# Common Legal Issues Addressed by MLPs

Most common legal issues addressed by MLPs in health centers



Note: This table represents the percent of respondents that indicated the legal issue as one of their top three legal issues addressed by the MLP. We identified four issues that MLPs commonly addressed across all respondents.

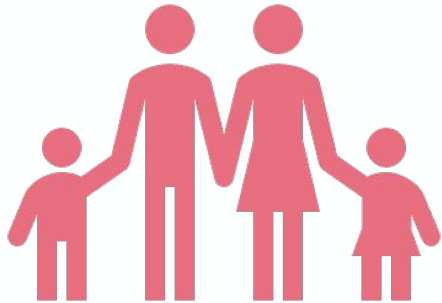
Read more, here: [NCMLP Report "Environmental Scan of Medical-Legal Partnerships in Health Centers"](#)



# How Different Team Members Address Social Needs While Working at “Top of Their License”- Here’s how

## A Family of 4

is struggling to make rent after one Mom is unable to work during her cancer treatment.



## A Community Health Worker

can help the patient fill out applications, pull documents together, and may go to benefits office with her.

## A Case Manager / Social Worker

may work with the patient to determine what housing, disability, insurance, and food benefits she is eligible for. They write support letters and gather medical documentation as needed.

## A Lawyer

may advise the patient about the Family Medical Leave Act and job protections to help ensure her job is waiting for her after treatment. They can help CHWs and case managers understand benefit eligibility and problem-solve as needed. They may assist the patient with appeals if benefits are denied.





# MLP is One of the Only Health Care Delivery System Interventions that Tackles Individual Needs AND Underlying Policies

**Training activities and direct legal services help health centers address individuals' legal needs.**

When a landlord refuses to make improvements to an apartment with mold, an MLP lawyer can enforce safe housing laws to get the mold



**By detecting patterns in patient's needs and using upstream strategies to target unhealthy policies, MLPS prevents future problems and advances health equity.**

An MLP team works together to change their cities lead ordinance to prevent children from being led poisoned at home



# Literature Review: Emerging Evidence of the Impact of Medical-Legal Partnerships (2013-2020)

## Outcome Examples from the Literature

**Changes in the health and well-being of patients**

Patients report less stress and mental health improvement.  
Patients more commonly comply with medical treatment.  
Patients have improved health outcomes.  
Adults and children have fewer ED visits.

**Improved housing and utility stability among patients**

Patients experience improved housing status.  
Utility shut-offs are prevented.

Read the full literature review: <https://medical-legalpartnership.org/download/literature-review-2013-2020/>





# Literature Review: Emerging Evidence of the Impact of Medical-Legal Partnerships (2013-2020) (continued)

Outcome	Examples from the Literature
<b>Improved access to financial resources among patients</b>	Patients are able to secure, retain, or recover financial benefits. Patients are able to access resources to meet their basic needs.
<b>Improvements to health care systems and workforce</b>	Families are more successful at navigating complex service systems. Patients are better able to connect with a medical home. Clinicians experience improved ability to perform at the top of their license.
<b>Improvements in policies, laws, and regulations</b>	Children are able to access at-home care. Elimination of hurdles to life saving medication.



# Resource from the National Center for Medical-Legal Partnership



# Toolkit: A planning, implementation, and practice guide for building and sustaining a health center-based MLP

A 4-part guide that provides the health center community with information and resources to start, strengthen, and sustain a MLP. The toolkit can be used both by health centers new to MLP who want help with the initial planning process and by health centers that are already actively providing legal services, but want help facilitating continuous quality improvement conversations to address issues like low/high referral volumes or funding instability.

Learn more and access the toolkit at: <https://medical-legalpartnership.org/mlp-resources/health-center-toolkit/>





# Breakout Rooms

- Discuss the social drivers that your patients/clients struggle with the most.
- Share what resources you utilize to address these challenges.
- Share any successes or case studies.



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# Report Out and Share



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# Things to Think About for Next Week

- Read the article: Patchen, L., Richardson, R., McCullers, A., & Girard, V. (2023). Integrating Lawyers Into Perinatal Care Teams to Address Unmet, Health-Harming Legal Needs. *Obstetrics & Gynecology*, 142(6), 1310. <https://doi.org/10.1097/AOG.00000000000005417>
- Be ready to discuss the following questions:
  - What social driver data is available to you for your maternal health patients?
  - What is your process to engage community-based organizations?



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## CONCLUSION

### Participants should now be able to:

- Identify the social risk factors that impact maternal health disparities, access, and outcomes.
- Analyze the clinical and non-clinical data to better understand the social risk factors that can be addressed with medical-legal partnerships.
- Identify specific social risks factors in your clinical setting that can be addressed by medical-legal partnerships.





# QUESTIONS?



# Sources

NIH Style Guide. Inclusive and Gender-Neutral Language | National Institutes of Health (NIH)

<https://www.nih.gov/nih-style-guide/inclusive-gender-neutral-language>

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

<https://www.bridgespan.org/insights/the-community-cure-for-health-care>

Intimate Partner Violence Endangers Pregnant People and their Infants. National Partnership for Women & Families. (2023, September

25) <https://nationalpartnership.org/wp-content/uploads/2023/02/intimate-partner-violence-endangers-pregnant-people-and-their-infants.pdf>

Fact Sheet: 2023 Annual Homelessness Assessment Report; Fact Sheet Summarized Findings.pdf (hud.gov)

[https://www.hud.gov/sites/dfiles/PA/documents/Fact\\_Sheet\\_Summarized\\_Findings.pdf](https://www.hud.gov/sites/dfiles/PA/documents/Fact_Sheet_Summarized_Findings.pdf)

VA.gov: Women Veterans and Pregnancy Complications - Office of Health Equity

[https://www.va.gov/HEALTHEQUITY/Women\\_Veterans\\_and\\_Pregnancy\\_Complications.asp](https://www.va.gov/HEALTHEQUITY/Women_Veterans_and_Pregnancy_Complications.asp)

CBPP: Sherman, A., Mitchell, T. 2017. Income Support Associated With Improved Health Outcomes for Children, Many Studies Show Refundable Tax

Credits Among Programs That Boost Income. <https://www.cbpp.org/sites/default/files/5-27-21tax.pdf>

Kindelan, K. (2023, August 1). Millions of women in US have limited or no access to maternal care, new report finds.

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# Resources

To learn more about topics discussed during this collaborative, please visit the following resources:

ACOG. Inclusive language: statement of policy. <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2022/inclusive-language>

American Medical Association. Advancing Health Equity: A Guide to Language, Narrative and Concepts. <https://www.ama-assn.org/about/ama-center-health-equity/advancing-health-equity-guide-language-narrative-and-concepts-0>

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MARK YOUR CALENDAR

# Upcoming Training Session Schedule



**APRIL 9, 2024**  
**1 p.m. ET**

Learning Collaborative Medical-Legal Partnership as a Community Health Strategy to Improve Maternal Health Access & Outcomes:  
Session 2: Planning and Implementing the Medical-Legal Partnership Workflow



**APRIL 16, 2024**  
**1 p.m. ET**

Learning Collaborative Medical-Legal Partnership as a Community Health Strategy to Improve Maternal Health Access & Outcomes:  
Session 3: Demonstrating Impact and Leveraging the Role of the Medical-Legal Partnership



**APRIL 23, 2024**  
**1 p.m. ET**

Learning Collaborative Medical-Legal Partnership as a Community Health Strategy to Improve Maternal Health Access & Outcomes:  
Session 4: Office Hours/Q&A

This webinar 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 \$1,499,661 with 0% 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).



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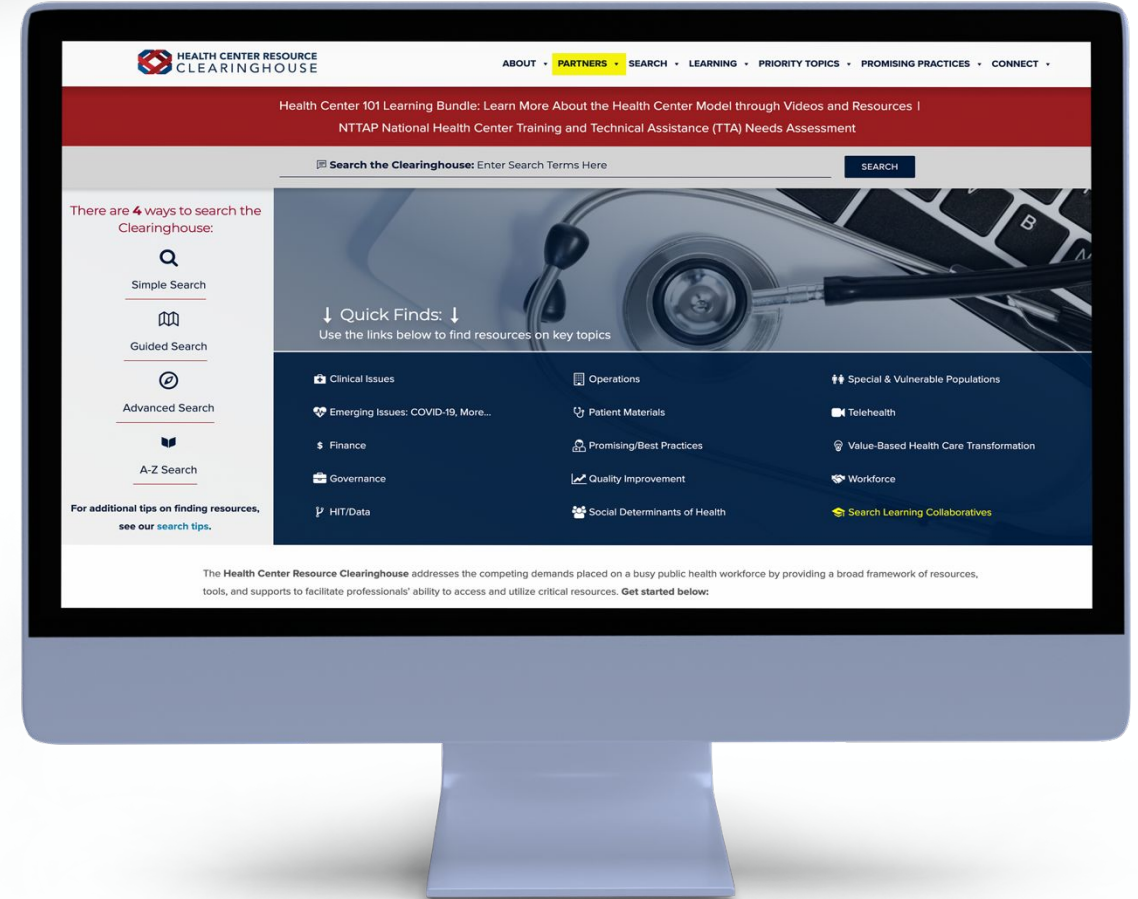
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