

AN NTTAP LEARNING COLLABORATIVE



Medical-Legal Partnership as a Community Health Strategy to Improve Maternal Health Access & Outcomes:

Demonstrating Impact and Leveraging the Role of the Medical-Legal Partnership

Session 3 of 4 | April 16, 2024 - 1 p.m. ET



SESSION REMINDERS

- 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.



HEALTH CENTER
Excellence Academy

Accelerated Learning
by Renaye James Healthcare Advisors



ABOUT

Health Center Excellence Academy

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.



Renaye James Healthcare
ADVISORS



Accreditations/
Recognitions/ Audits



Healthcare
Management



Diversity, Equity &
Inclusion Programs



Strategic
Planning



Behavioral Health
Programs



Healthcare Interim
Executive



Program and Project
Management



Quality and Performance
Improvement



Care Delivery



The Patient
Experience



Population Health
and Value-Based
Care



Clinical Leadership
Coaching

ABOUT RENAYE JAMES HEALTHCARE ADVISORS

Supporting Your Work

By working with your leadership, management, and frontline staff, we provide practical, consultative services to create a high-performing health care team for your organization.



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UPCOMING TRAINING ACTIVITIES



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Plan to Attend

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 | Noon ET
Maternal Health and Essential Community
Connections

For more information, visit
www.renayejames.com/HCEA



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 health care organizations across the United States.

Learn more at medical-legalpartnership.org and follow us on X (formerly Twitter) @National_MLP.



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UPCOMING TRAINING ACTIVITIES



Happening Soon. RSVP now !

- Health Center MLP Planning, Implementation & Practice (PIP) Webinar Series: How to Develop a Strong Memorandum of Agreement for a Medical-Legal Partnership
April 18, 2024 | 1-2:30 p.m. ET
- MLP in Action Webinar Series (Part 6): Advancing Health Equity for Patients Impacted by the Criminal Justice System
April 30, 2024 | 2-3 p.m. ET

New!!

- Pride Month 2024 Workshop: Create a New Tool to Promote LGBTQIA+ Health Access and Equity
May 7, 14, 21, and 28 (2 - 3 PM ET)

For more information, visit
<https://medical-legalpartnership.org/learning-opportunities/>

National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY

DISCLAIMER

The contents of this training are those of the presenters 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).

Throughout this presentation, we may discuss sensitive topics that arise for patients, clients, and providers within this space. All participants are encouraged to tune in or tune out as needed during those discussions.



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Perinatal LAW



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MEET THE PRESENTERS



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Georgetown University
Health Justice Alliance's
Perinatal Legal Assistance and
Wellbeing (LAW) Project
MWHC

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Loral Patchen

PhD, MSN, MA, CNM
Medical Champion for the
Perinatal LAW Project and
Associate Chair of Obstetrics and
Gynecology, Medical Director of
the MedStar OB/GYN Specialty
Center, and Section Director f
or Midwifery
MWHC
Loral.Patchen@medstar.net

COURSE INTRODUCTION



Welcome to **Medical-Legal Partnership as a Community Health Strategy to Improve Maternal Health Access & Outcomes: Demonstrating Impact and Leveraging the Role of the Medical-Legal Partnership.**

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.



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National Center for Medical  Legal Partnership



P-LAW

The Perinatal Legal Assistance & Well-being Project (P-LAW)





MedStar Washington Hospital Center

Our Team



Multidisciplinary Team

- Midwives, obstetricians, maternal-fetal medicine specialists
- Diabetes educators
- Social workers
- Nurse navigators
- Nurses, medical assistants
- Registration/front desk team





 MedStar Washington Hospital Center

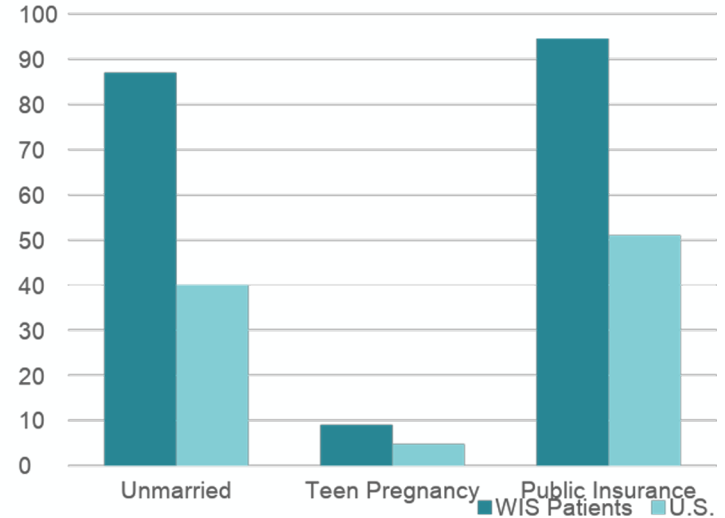
Our Patients



WIS Patient Population at High Risk for Negative Perinatal Health Outcomes

- **84 percent** of WIS patients are Black.
The majority of WIS patients (87 percent) are unmarried (single, divorced, or widowed).
 - **In the United States, 40 percent of births are to unmarried women.**
- More than half of WIS patients live in neighborhoods that are underserved by health and social services (DC Wards 5, 7, and 8).
- Teen pregnancy rate at WIS is nearly double that of national rate (9 percent vs. **4.8 percent**).
- **95 percent** of WIS patients are on public insurance.
 - **51 percent of births in the United States** are on public insurance.

Sources: 2020-2021 WIS (Women's and Infants Services at MedStar Washington Hospital Center) data refers to an internal data pull from our healthcare partners, [Unmarried Women](#), [Teen Pregnancy](#), [Public Insurance](#)





Why Did I Think An MLP
Could Help?



Day in the life.....



Typical OB-GYN Office Schedule

AM: 14 slots, *5 double book

- 8 10:30
- *8 10:45
- 8:30 *10:45
- 8:45 11
- 9 *11:15
- 9:15 11:15
- *9:15 11:30
- 9:30 11:45
- 9:45 *11:45
- 10

PM: 12 slots, *3 double book

- 1 3:30
- 1:15 3:45
- 1:30 *3:45
- 1:45 4
- 2 4:15
- 2:15 *4:15
- *2:15
- 2:30
- 3





Typical OB-GYN Office Schedule

AM: 16 slots, *5 double book

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- **1:15** 3:45
- 1:30 ***3:45**
- 1:45 4
- **2** 4:15
- **2:15** *4:15
- *2:15
- 2:30
- **3**



*9:15 Case Study 1: Ms. Jones

Ms. Jones added to the schedule at 9:15 because she had missed 2 prior appointments. I reviewed the chart and saw that her 2 most recent prenatal assessments noted fetal growth concern (but within the lower range of normal). I then considered the ultrasound and fetal growth was assessed as less than 50th percentile but above threshold for fetal growth restriction. I noted Ms. Jones had not yet experienced weight gain within the recommended range. My physical assessment indicated continued lag in fetal growth but still in the low end of normal. I asked about physical symptoms such as nausea.

While talking, I noticed our 3rd trimester assessment on a chair under her bag. I asked to see it and reviewed quickly. The food insecurity question was positive. Ms. Jones explained that she had applied for SNAP benefits more than once and was advised twice to re-apply. She expressed concern about her baby's growth and began to cry, sharing her fear, frustration, and sense of futility and loss of hope given her previous efforts.

She ended by stating "I'll go apply again tomorrow."





2:00 Case Study 2: Ms. Thomas

Ms. Thomas presented for her 30-week routine prenatal visit. In the exam room, I found her leaning on the desk, shoulders slumped over and head in her hand. She and her partner were talking loudly but stopped when I entered – there seemed to be tension. I asked Ms. Thomas how she was doing. She stated she was fine. Her partner did not say anything. I asked her the routine questions, and she did not express any symptoms or concerns. She continued to hold her head in her hand and lean on the counter. Gradually she settled back into her chair and lifted her head, she looked very slack and unwell. I asked if she had a headache. She responded no, she was just tired from work that day. Her partner let out a heavy sigh. When I asked if everything was OK at work, she didn't respond. Her partner jumped in and said, "Tell her how you can't even get extra water or time in the truck with the air conditioning. It's not good for you or the baby. Tell her." Ms. Thomas quickly responded with "Why? It's not like we can afford for me to quit?!" I asked what was happening at work. Ms. Thomas rolled her eyes and said, ***"Nothing. It's fine. It's just hot outside and my job is outside."***





28 Appointments, 8 Overbooks, 36 Total, ~30-40 Percent No show, 24 Patients Seen

AM: 16 slots, *5 double book

- 8 **10:30**
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- **1** 3:30
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- 1
- *2:15
- 2:30
- 3
- *4:15

18 minutes per patient (includes moving in and out of rooms, communicating with nurses/medical assistants/labs, charting, billing); also fit in phone calls and respond to portal messages (e.g., prescription refills).



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- *3:45
- 4
- 2 4:15
- 2:15 *4:15
- *2:15
- 2:30
- 3

An MLP helps with this.



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Legal Needs Assessment

Table 2. Responses to “What Kinds of Health-Harming Legal Needs Do Your Patients Have?”

Response	Frequency	Percent		
Domestic violence	48	68	Custody	24 33
Accommodation for pregnancy or other disability	43	59	Access to services for children with special health care needs or disabilities	24 33
Poor housing conditions (eg, mold, lead paint, roaches, rats)	43	59	Paternity designation	22 30
Child support	40	55	WIC (trouble accessing or denied)	19 26
Medical leave	37	51	Disability benefits (SSI or SSD) (trouble accessing or denied)	17 23
Debt	37	51	TANF (trouble accessing or denied)	14 19
Difficulty obtaining coverage	33	45	Obtaining vital documents (eg, birth certificate)	14 19
Denied claims for services or medications	32	44	Criminal background issues	13 18
Eviction	30	41	Harassment by creditors	10 14
Immigration status	27	37	Bankruptcy	9 12
Discrimination	26	36	Foreclosure	9 12
Food stamps or SNAP (trouble accessing or denied)	26	36	Power of attorney	6 8
Utility shutoff (eg, electricity, heat, running water)	25	34	Wills and estate planning	6 8
			Other*	6 8

SNAP, Supplemental Nutrition Assistance Program; WIC, Special Supplemental Nutrition Program for Women, Infants, and Children; SSI, Social Security Income; SSD, Social Security Disability; TANF, Temporary Assistance for Needy Families.

* Free responses included systemic racism, job opportunities, access to daycare, homelessness, language barriers, and low literacy on legal matters.





Launching Perinatal LAW

Unmet Legal Needs with Health-Harming Consequences

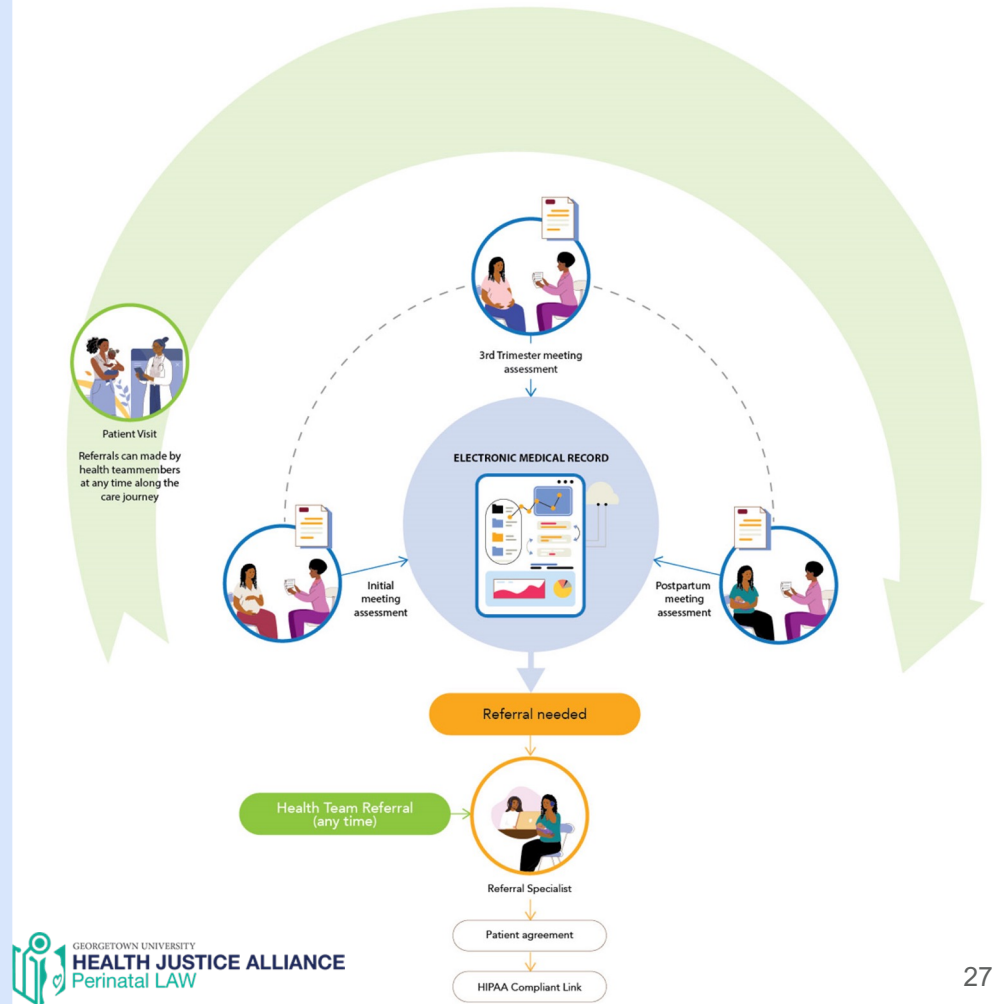
- Health care team identifies the following:
 - Person discloses to team member
 - Team member spots potential unmet legal need as part of their workflow
- Systematic assessment by asking birthing people directly
 - Joint process (attorney and medical champion)
 - Ask more than once
 - Hardwire as part of triage process

WORKFLOW

Workflow to Identify & Refer For Unmet Health-Harming Legal Needs

Key Elements

- Parallel Process
- EMR
- Consent
- HIPAA

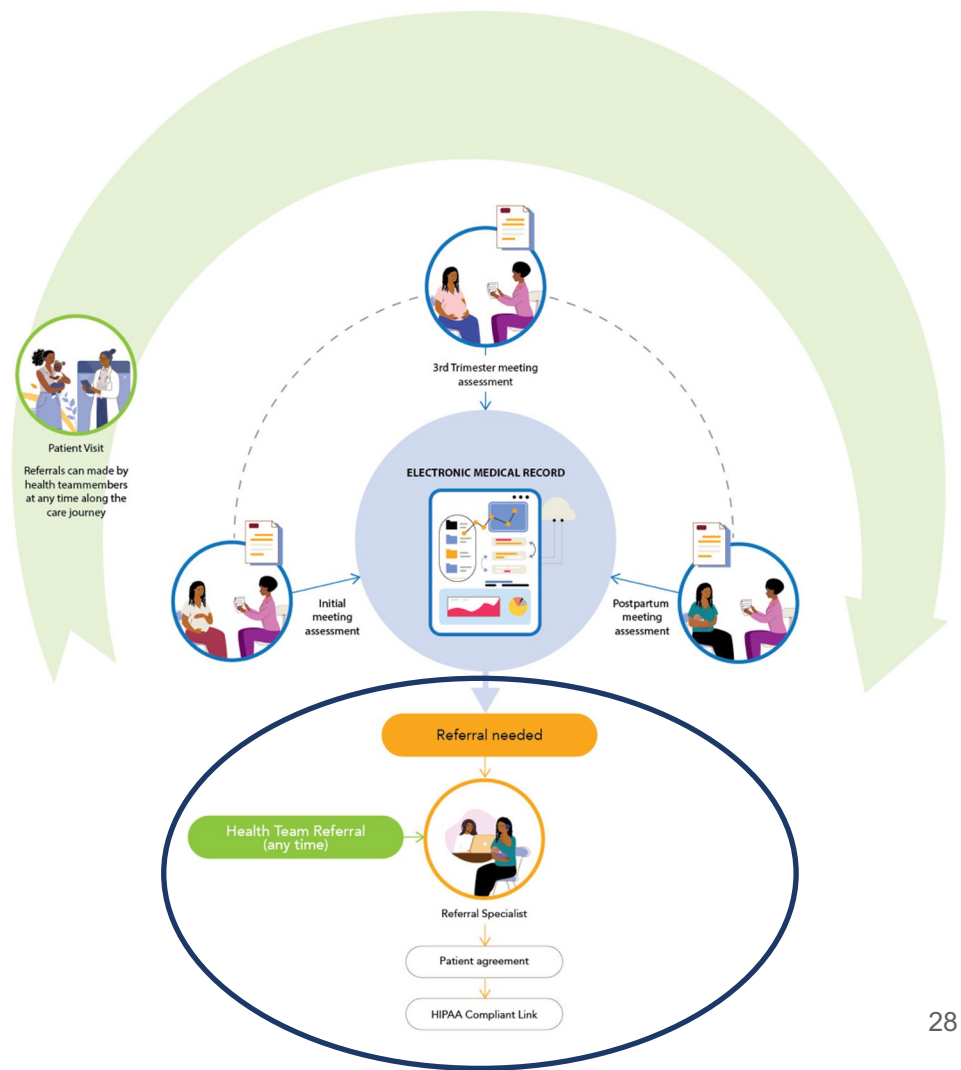


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Perinatal LAW Training

Training

- Required for health team
- Online videos (multiple, each brief, open access, certificate completion)
- Health team (not just provider-focused)





Perinatal LAW: Getting Started

Narrow Focus for Early Wins

- Employment leave and accommodations
 - Existing, direct responsibility often with significant knowledge limitations
 - Able to track number of denials/returns → improvement immediate positive impact on clinical workflow





Perinatal LAW: Early Wins

Expand Capacity

- Signed an emergency medical form resulting in a single mother who was nine-months pregnant getting her gas immediately reconnected after it was wrongfully shut off on a day when DC was under a hypothermia warning.
- Drafted a safety hazard letter based on mother being within a week of her expected due date and living in unhealthy conditions. Within 48 hours, the management company began working on her apartment unit.
- Educated P-LAW attorneys on crisis intervention strategies. When a patient was suffering from a mental health crisis while on a call with P-LAW, P-LAW was able to get her to check in to the hospital for intervention and treatment. Providers were able to write letters to her employer for an extended leave of absence and secured both short-term and long-term disability for her.





Perinatal LAW: Early Wins

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Impact of Perinatal LAW on Patients


OCTOBER-DECEMBER 2023 REPORT



 GEORGETOWN UNIVERSITY
HEALTH JUSTICE ALLIANCE
 Perinatal LAW


THE PERINATAL LEGAL ASSISTANCE & WELL-BEING (P-LAW) PROJECT PROMOTES THE HEALTH OF PREGNANT AND POSTPARTUM PATIENTS THROUGH LEGAL ADVOCACY AND INTERPROFESSIONAL COLLABORATION AT MEDSTAR WOMEN'S AND INFANTS' SERVICES

LEGAL SERVICES METRICS AND PATIENT HIGHLIGHTS

28	Referrals received from WIS providers and staff	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>Top Legal Issues this Quarter:</p> <p>“I tell everybody about you and what you did for me and my family! There are so many other [pregnant] people in my situation. I wish they all had you to fight for them.”</p> <p>-Former client who received help stabilizing her housing and has gone on to advocate for other pregnant women in her community.</p> </div> <div style="border-left: 1px solid black; padding-left: 10px;"> <p>Public Benefits 35%</p> <p>Housing 31%</p> <p>Employment 17%</p> </div> </div>
13	Legal intake appointments with new patients	
48	Total legal issues worked on	
24	Total legal issues resolved	
28	Total patients served	

 **\$44,541** in total financial benefits for P-LAW patients, in the form of SNAP and TANF benefits.

 Assisted a single mother of three in maintaining SNAP and obtaining TANF benefits, ensuring that her benefits included the addition of her newborn. In total, P-LAW's advocacy accounted for \$18,449 in economic benefits for her family.

 Assisted non-English speaking mother of five with navigating DC employment leave policies; successfully advocated for her to receive the maximum amount of job-protected leave available to her after she had previously only been approved for a fraction of the time.

INTERPROFESSIONAL COLLABORATION, CAPACITY-BUILDING, & DISSEMINATION

 Created a user-friendly template for pregnant P-LAW patients to request workplace accommodations from their employers, empowering them to advocate for their needs. This resource can be especially valuable during periods of limited P-LAW capacity and an upcoming delivery date.

 P-LAW featured on WUSA9, highlighting the positive impact of medical-legal partnerships for perinatal patients beyond the hospital setting. A former client shared her story of receiving crucial P-LAW support during a challenging time. Watch the full story here: DC hospital and law school team up to help pregnant women | wusa9.com.

 Published a commentary on *Integrating Lawyers Into Perinatal Care Teams* in the December 2023 Journal of Obstetrics and Gynecology

 Distributed Know Your Rights" flyers to 1,736 WIS patients via BabyScripts on DC Paid Family Leave, Tenants' Right to Heat, and the DC Emergency Rental Assistance Program.

 P-LAW developed 2024 Agenda Master Document to streamline information access by consolidating updates and key information into a single, searchable document, reducing reliance on multiple files.

With generous support from:



G. A. JAMES & ALICE B. CLARK FOUNDATION



DCBA FOUNDATION
WE BELIEVE IN JUSTICE



DCBF



MedStar Health



- **Care Team**
 - Communication outcomes (individual referrals and collective wins)
- **Clinical System**
 - Make service delivery easier for care team (employment law)
 - Tie to outcomes of interest (ED triage, PTB, LBW)
 - Billable service through insurance
- **Profession**
 - Publish and present (clinical services evidence-driven practice)
- **Community**
 - Media, public understand the solution and demand
 - Policy change and elevate LMP solution





Grant Funding

- Service delivery – likely necessary for start-up
- Evaluation of impact – essential for sustainability and policy change

Metrics of Interest/Opportunities to Illustrate Impact

- Address SDoH
 - E.g., Housing stability, employment leave and accommodations, food security
 - All of these areas have growing literature linking SDoH with maternity outcomes
- Clinical outcomes (e.g., PTB, LBW, SMM, ED visits)

Vision of Success:

Submit bill to payers for legal services, MLP reimbursed





MLP: Part of Our Solution to the Maternal Health Crisis

- **Improve Quality of Life for Birthing Individuals**
 - Directly impact chronic stress pathways linked to poor maternal outcomes
 - Weathering
 - Allostatic Load
- **Improve Clinical Outcomes (55-70 percent outcome due to SDoH)**
 - Direct: reduce preterm birth
 - Indirect: attend appointments



MLP: Part of Our Solution to the Maternal Health Crisis

Birthing People

- Time of increased, regular access and engagement with health care system
- Period of potential energy, urgency, motivation, and support from social systems to problem solve and make change





MLP: Part of Our Solution to the Maternal Health Crisis

Health Care Team

- Increase satisfaction with role and ability to focus on parameters of clinical expertise
- Pathway to address burnout and compassion fatigue





MLP: Part of Our Solution to the Maternal Health Crisis

Birthing Patient and Health Care Team

- Promote sense of agency
- Inspire hope



What does success look like?



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PM: 12 slots, *3 double book

- **1** 3:30
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- 1:30 ***3:45**
- 1:45 4
- **2-PLAW** 4:15
- **2:15-?** ***4:15**
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*9:15 Case Study 1: Ms. Jones

... She ended by stating "I'll go apply again tomorrow."

I knew to tell her not to reapply for benefits. I explained the P-LAW medical-legal partnership and asked for her permission to make a referral to the program. I explained next steps. Ms. Jones agreed and stated she would not reapply until she spoke to the MLP attorney.

Referral completed and accepted within one business day. P-LAW attorney completed legal intake and was able to reopen the case. Ms. Jones had her application approved and received backdated benefits.

Next time I saw her, gestational weight gain had normalized. Ms. Jones went on to deliver a healthy girl at term with normal birth weight. Her postpartum assessment was negative for food insecurity.



2:00 Case Study 2: Ms. Thomas

...“Nothing. It’s fine. It’s just hot outside and my job is outside.”

I asked Ms. Thomas if she would allow me to submit a request for a work accommodation to limit her heat exposure. I explained the consequence of dehydration in the third trimester and why I felt the accommodation was medically necessary, especially in light of the Heat Emergency. She was dubious, shrugging her shoulders. I explained P-LAW, and she accepted the referral.

P-LAW and I worked jointly to assist patient in obtaining an indoor job assignment for the duration of her pregnancy by submitting a health and safety hazard/accommodations letter. Ms. Thomas went on to delivery a healthy baby at term.



SUCCESS LOOKS LIKE



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P-LAW HIGHLIGHTS

April 2024 Update



APRIL 2024
UPDATE

ABOUT

Launched in January 2021, the Georgetown University Health Justice Alliance Perinatal Legal Assistance & Well-being Project (P-LAW) is a medical-legal partnership with MedStar Washington Hospital Center's Women's and Infants' Services (WIS) as part of the broader Safe Babies, Safe Moms initiative. Through interprofessional collaboration, P-LAW provides legal services to some of DC's most historically and intentionally marginalized expectant, birthing, and postpartum patients, most of whom are Black and live in communities underserved by health and social services. P-LAW focuses on resolving health-harming legal issues across a range of social determinants of health, including patients' employment / income, public benefits, and housing. All P-LAW clients are referred by WIS. P-LAW does not take external referrals.

AT A GLANCE (since Jan. 2021)

315 patient families served	352 legal issues addressed	\$365K patient financial benefits	20+ educational materials	34+ collaborator organizations
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S. Roxana "Roxy" Richardson, Esq.
Medical-Legal Partnership Director,
P-LAW

"Too often, pregnant and postpartum patients face health-harming legal issues that put their families in desperate situations. P-LAW helps tackle these issues by adding lawyers to the care team and creating a low-barrier path to access justice through early legal intervention."

WHY WE DO THIS WORK

Washington, DC has high maternal and infant mortality and morbidity rates, particularly among Black patients where preterm births are reportedly 1.8 times higher among Black patients compared to all other patients and Black patients account for 90 percent of pregnancy-related deaths. Social determinants such as financial insecurity, housing conditions, and employment discrimination are key drivers of these health disparities—they can contribute to chronic stress and a higher risk of dangerous health conditions. Too often, these issues require legal intervention to resolve. Working with our health partners at MedStar Washington Hospital Center, who "screen" for these issues, P-LAW steps in to assist patients when legal issues arise.

RECENT PROGRAMMATIC HIGHLIGHTS



Featured by WUSA 8

WUSA 8 highlighted P-LAW and MedStar Washington Hospital Center's work to address the racial disparities in maternal and infant health in Washington, DC. The coverage featured the story of a P-LAW client who faced legal challenges during her pregnancy.

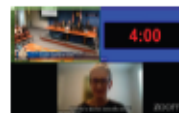
[Watch and read the story here.](#)

P-LAW Medical-Legal Partnership Director Roxy Richardson spoke at Mayor Muriel Bowser's 2023 Maternal and Infant Health Summit about medical-legal partnerships and P-LAW's work to reduce health-harming legal barriers for perinatal patients in DC.



Presented at Mayor Muriel Bowser's 2023 Maternal and Infant Health Summit

Other members of the P-LAW and WIS team participated in the event and engaged with community members and other organizations.



Testified before DC Council Committee on Housing

P-LAW Medical Champion, Lorai Patchen, and Equal Justice Works Fellow, Courtney Bernard, testified at the DC Council Committee on Housing at the Performance Oversight Hearing for the DC Department of Human Services about barriers to accessing public benefits and the health impact of economic insecurity on perinatal patients.

[Watch the testimony here.](#)

FURTHER READING & VIEWING

- **Obstetrics & Gynecology:** [Interpreting Lawyers Into Perinatal Care Teams to Address Unmet Health-Harming Legal Needs](#)
- **Journal of Maternal and Fetal Health:** [Safe Babies, Safe Moms: A Multifaceted, Trauma Informed Care Initiative](#)
- **Medscape:** [The Doctor \(and Lawyer\) Will See You Now](#)
- **AAMC Maternal Health Incubator Panel on "Leading by Example": Using Legal Services to Address Maternal Health Outcomes: An Introduction to the Medical-Legal Partnership Approach** (start at 06:30)
- **DC Committee on the Judiciary & Public Safety:** [Testimony on Access to Justice](#) (start at 07:01:44)

CONTACT P-LAW

If you would like to learn more about our work, we will host virtual "office hours" this summer for interested parties. E-mail us for available dates.
Email: PLAW@georgetown.edu - Website: bit.ly/PerinatalLAW



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Breakout Session

- What does success look like (e.g., for starting or maintaining your maternal health focused MLP)?
- What are the domains (medical, legal, community) of success?
- What systems do you have in place to measure success?
- What is your sustainability strategy for your MLP?



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Report Out and Share



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Things to Think About for Next Week

Session 4 will not be recorded. Prepare to have a candid discussion about:

- The multifaceted nature and extent of maternal health inequities across various dimensions.
- Facilitating patient empowerment to overcome systemic barriers within health care structures.
- Having a sense of professional worth within the health care hierarchy and fostering provider appreciation.
- Enhancing cultural proficiency within perinatal health care contexts.
- Pursuing health justice amidst constraints in legal services availability and resources.
- What motivates us to strive for progress despite the obstacles?
- What challenges do you anticipate/face?
- How you will remain in contact with peers for continued collaboration on using MLP to improve maternal health access and outcomes?



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QUESTIONS?



Sources/Citations

1. 2020-2021 WIS (Women's and Infants Services at MedStar Washington Hospital Center) data refers to an internal data pull from our healthcare partners.
2. Childstats.gov - America's Children: Key National Indicators of Well-Being, 2023 - Births to Unmarried Women. (n.d.). <https://www.childstats.gov/americaschildren/family2.asp#:~:text=The%20percentage%20of%20births%20to%20unmarried%20women%20of%20all%20ages,stable%20through%202021%20at%2041%25>
3. Trends in Teen Pregnancy and Childbearing. (n.d.). HHS Office of Population Affairs. <https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/trends-teen-pregnancy-and-childbearing#:~:text=There%20were%20158%2C043%20births%20to>
4. Products - Data Briefs - Number 468 - May 2023. (2023, May 24). [www.cdc.gov. https://www.cdc.gov/nchs/products/databriefs/db468.htm](https://www.cdc.gov/nchs/products/databriefs/db468.htm)





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Comfort, A. B., Peterson, L. A., & Hatt, L. E. (2013, December). Effect of Health Insurance on the Use and Provision of Maternal Health Services and Maternal and Neonatal Health Outcomes: A Systematic Review. Journal of Health, Population, and Nutrition.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4021700/>

Friedman, S.H., Kaempf, A. & Kauffman, S. (2020). The Realities of Pregnancy and Mothering While Incarcerated.
<https://jaapl.org/content/jaapl/early/2020/05/13/JAAPL.003924-20.full.pdf>

Hill, L., Artiga, S., & Ranji, U. (2022). Racial disparities in maternal and infant health: Current Status and efforts to address them. KFF.
<https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>

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<https://mch.umn.edu/mnwhrcglossary/>



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National Partnership for Women & Families. (2023, September 25). Homelessness Hurts Moms and Babies. <https://nationalpartnership.org/wp-content/uploads/2023/02/homelessness-hurts-moms-and-babies.pdf>

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.0000000000005417>





Resources

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

Georgetown Law. (n.d.). Perinatal Law Project. <https://www.law.georgetown.edu/health-justice-alliance/our-work/perinatal-law-project>

Marple, K. (2015). How legal services help the healthcare system address social needs. <https://medical-legalpartnership.org/mlp-resources/messaging-chart/>

Tyler, E. (n.d.). Black Mothers Matter: The Social, Political and Legal Black Mothers Matter: The Social, Political and Legal Determinants of Black Maternal Health Across the Lifespan Determinants of Black Maternal Health Across the Lifespan. Journal of Health Care Law and Policy Journal of Health Care Law and Policy, 25. <https://digitalcommons.law.umaryland.edu/cgi/viewcontent.cgi?article=1415&context=jhclp>

Tobin-Tyler, E. (2022). A Grim New Reality — Intimate-Partner Violence after Dobbs and Bruen. New England Journal of Medicine, 387(14), 1247–1249. <https://doi.org/10.1056/nejmp2209696>





Resources

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

Tobin-Tyler, E. (2023). Abortion Rights and the Child Welfare System: How Dobbs Exacerbates Existing Racial Inequities and Further Traumatizes Black Families. *Journal of Law, Medicine & Ethics*, 51(3), 575–583. <https://doi.org/10.1017/jme.2023.111>

Tobin-Tyler, E., Gruppuso, P., & Adashi, E. (2023). A Year After Dobbs: Diminishing Access To Obstetric-Gynecologic And Maternal-Fetal Care. *Health Affairs*. <https://doi.org/10.1377/forefront.20230803.340506>

U.S. Department of Housing and Urban Development. (2023). Fact Sheet: 2023 Annual Homelessness Assessment Report Key Findings from the Point-in-Time Counts. https://www.hud.gov/sites/dfiles/PA/documents/Fact_Sheet_Summarized_Findings.pdf



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Upcoming Training Session Schedule



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



MAY 8, 2024

Noon ET

WEBINAR

Maternal Health and Essential Community Connections



June 12, 2024

Noon ET

WEBINAR

Postpartum Connections and Education

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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- **Please take a few moments to provide your feedback on this training activity.**
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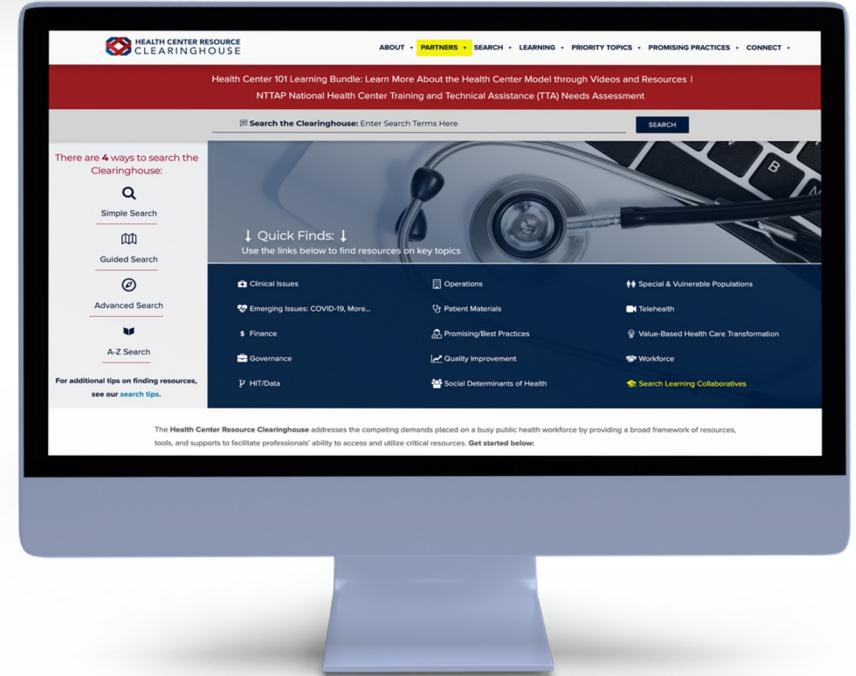


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Health Center Resource Clearinghouse

Learn more about Renaye James Healthcare Advisors' expertise and NTTAP trainings at the Health Center Resource Clearinghouse website, www.healthcenterinfo.org.

Please select **Partners**, then **NTTAPs** in the top menu bar, and click on **Renaye James Healthcare Advisors**, or you can search via the Search menu option.



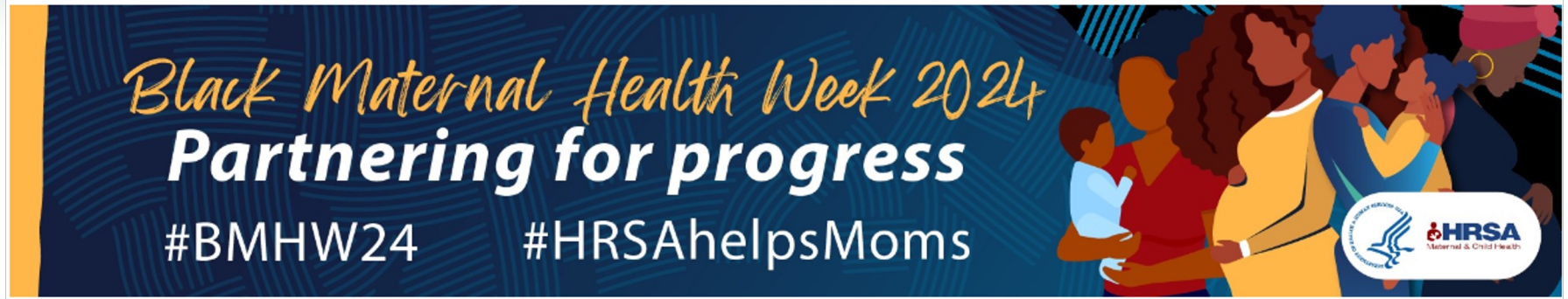
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HRSA's Black Maternal Health Week toolkit includes the following:

- Website banner
- Virtual meeting background
- Social media graphic cards with written messaging content

Please contact MCHBinfo@hrsa.gov if you have any questions.

Toolkit: <https://mchb.hrsa.gov/programs-impact/focus-areas/maternal-health/black-maternal-health/toolkit>



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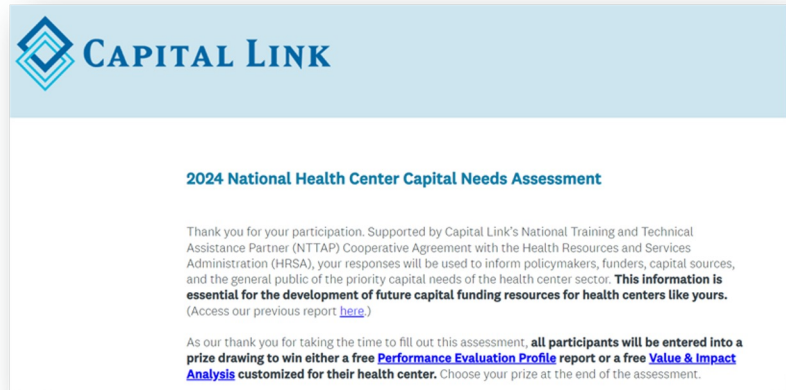
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Understanding the Health Center Capital Needs

Capital Link, a BPHC-funded National Training and Technical Assistance Partner (NTTAP), is currently conducting a National Capital Needs Assessment to document, for HRSA, funders, and other stakeholders, the tremendous need for health center capital funding and identify areas where technical assistance, training, or other resources may be needed.

To be able to accurately report on the needs of all health centers, they need as many responses as possible. Please click here to take your assessment by April 12, 2024: <https://www.surveymonkey.com/r/2024NHCCNA>.



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