Our next monthly meeting is scheduled for this Thursday, April 19, 2018 - RSVP today!






Maternal and Child Health Access

April 19, 2018: Monthly Meeting

Where?	***Speaker/Topic***
10:00 AM to 12:00 pm Maternal and Child Health Access Patricia Phillips Community Room 1111 W. 6th St., 3rd Floor Los Angeles, CA 90017 213 749 4261 info@mchaccess.org	Aracely Lozano, Violence Prevention Community Organizer, Peace Over Violence Sexual Assault Awareness Month and Denim Day April 25! Diapers in CalWORKS Welfare-to-Work Health Coverage Updates

While we don't require reservations to attend our monthly meetings we do recommend to RSVP so we know you're coming...

Click here to RSVP!

From the meeting March. 15, 2018 (see materials on our website): HERE
Guest Speaker:
Margaret Lynn Yonekura, MD Director, Community Health, Dignity Health California Hospital Medical Center; Executive Director, LABBN

Dr. Yonekura gave a comprehensive presentation on the impact of marijuana on pregnancy, the fetus and neonate. Her slides are available - and know that if you ever need any references regarding cannabis and pregnancy, Dr. Y is your source! The slides are chock-full of references addressing the various types of cannabinoids, as they are properly called, and how they work. In our new world of understanding brain development and the effects of everything on women, the developing fetus and the baby once born, the science behind what is known about the short and long-term health effects, and social/mental health issues was discussed. Finally, we learned of the prevalence of marijuana use and issues of regulation and measurement - in smoking and other forms of consumption. There is no way yet to ensure equal distribution or measurement of the product in what can be obtained. For example, in a slide about trends in routes of administration showed:

- 40% of 12th grade past-year users reported using cannabis in edible form in Medical Marijuana Law (MML) states vs. 26% in states without MML.
- In WA, an online survey of daily/near-daily users found that 27.5% used edibles, 22.8% used hash resin, and 20.4% "dabbed" in past week.
- In CO's recreational market, herbal cannabis accounts for 56% of sales and sales of solid concentrates (24%) and edibles(13%) are on the rise.
- In WA, CO, and CA, a "**standard dose**" of THC is defined as 10 mg; in OR, it's 5 mg.

What may be most impactful for those of us who lived through the 60s and 70s, and/or who have children today, is the difference in strength of the products now available, and the relative lack of preparation administratively and legally for this distinct products. Differing effects have been found by a number of studies looking at marijuana use during pregnancy and later birth and childhood outcomes, but the studies do show effects. It is useful to note that in some studies, the strongest determinant for maternal cannabis use during pregnancy was cannabis use by the biological father of the child. Various screening tools and treatment modalities were also discussed. Providers may be under the mistaken impression that marijuana is "natural" and "organic" and somehow OK to use.

The American College of Obstetricians and Gynecologists in 2015 (Committee Opinion Number 637) stated, "Obstetrician-gynecologists should be discouraged from prescribing or suggesting the use of marijuana for medicinal purposes during preconception, pregnancy and lactation. Pregnant women or women contemplating pregnancy should be encouraged to discontinue use of marijuana for medicinal purposes in favor of an alternative therapy for which there are better pregnancy-specific safety data. There are insufficient data to evaluate the effects of marijuana use on infants during lactation and breastfeeding and in the absence of such data, marijuana use is discouraged". Certainly anecdotal evidence in our agency is that babies may be too lethargic to even eat properly. Cannabis is secreted in breastmilk, and concentrates, since THC is rapidly distributed to brain and adipose (fat) tissue and stored in fat for weeks to months - one cannot "pump and dump" milk right after using marijuana.

A great deal of work needs to be done to understand, create protocols for, learn treatments for, increase regulation for and educate about - cannabis in all its forms.

New since last meeting:

Elevated blood pressure before pregnancy may increase chance of pregnancy loss

Elevated blood pressure before conception may increase the chances for pregnancy loss, according to an analysis by researchers at NIH. The authors conclude that lifestyle changes to keep blood pressure under control could potentially reduce the risk of loss.

Read the full News Release **HERE**.

Lawmakers Weigh Pros And Cons Of Mandatory Screening For Postpartum Depression

California's legislature will soon take up a bill requiring doctors to screen new mothers. Many doctors oppose the idea, and similar laws elsewhere haven't increased the number of moms treated. Read story **HERE**.

Diapers for Welfare to Work

Baby2Baby has made it their mission to address the diaper gap need for the low-income families in Los Angeles County. Baby2Baby actively works with local and state government to raise awareness of this need and the good work that our Community Partners do to help parents obtain this basic necessity for their children. This past legislative session they and other groups worked collaboratively with Assemblywoman Lorena Gonzalez Fletcher on the passage of AB 480, which defined diapers as supportive services for families in CalWORKs Welfare-to-Work.

Governor Brown signed the bill in November, and the program officially launched **April 1st,** that would give participants in CalWORKs (California's welfare to work program) $30 per month to help cover the cost of diapers.

If any of your clients are currently enrolled in the WTW program, and are receiving the diaper vouchers, they would like to know how access to this program is working out. They will be at a future meeting to hear from attendees at MCHA's meeting.

The state's Department of Social Services letter on the new benefit can be found **HERE**.

In sum:

- The passage of AB 480 requires County Welfare Departments (CWDs) to provide $30 per month to CalWORKS, Welfare-to-Work (WTW) clients to assist with diaper costs for each child who is under 36 months of age.
- Eligibility for diapers: 1) Have a qualifying child under 36 months of age; and 2) be a participant in the WTW program.
- CWDs must provide diaper payments to all qualifying WTW participants for a 48-month time limit for CalWORKS aid.
- WTW participants will receive a monthly flat $30 payment for each qualifying child in the home.
- Payments will be issued by default (automatically) to clients who are eligible for diaper payments, until the client has expressly opted out of the payments or is no longer eligible for the diaper supportive service.
- Like other supportive services, diaper support payments will be documented in the WTW Plan.

Immigration and Customs Enforcement to No Longer Seek Automatic Release of Pregnant Detainees

Thursday, March 29, 2018, Immigration and Customs Enforcement (ICE) announced a policy change that the agency would no longer default to releasing pregnant immigrant detainees. The executive directive, originally finalized in December, along with a frequently asked questions page can be viewed on the ICE website **HERE**.

Hunger And Homelessness Are Widespread Among College Students, Study Finds

As college students grapple with the rising costs of classes and books, mortgaging their futures with student loans in exchange for a diploma they're gambling will someday pay off, it turns out many of them are in great financial peril in the present, too. More than a third of college students don't always have enough to eat and they lack stable housing, according to a **survey** published Tuesday by researchers at Temple University and the Wisconsin HOPE Lab.

Overall the study concluded 36 percent of college students say they are food insecure. Another 36 percent say they are housing insecure, while 9 percent report being homeless. The results are largely the same as last year's survey, which included fewer students.

The 2018 numbers are even higher when broken out to include only community college students. Forty-two percent indicated they struggled the most to get adequate food, as measured by the researchers' scale. Nine percent said they had gone at least one day during the last month without eating because they lacked the money. And 46 percent said they had difficulty paying for housing and utilities.

While the survey did not include any University of California respondents, most of the findings in the current annual study parallel those found by researchers with the **UC Berkeley's Basic Needs Security Work Group**, which, in 2016 determined 42 percent of student in the UC system were food insecure.

See more **HERE**.

Congressional District Fact Sheets Show What's at Stake in Potential Federal Cuts to SNAP Food Assistance - California Budget Policy Center

The Supplemental Nutrition Assistance Program (SNAP) - known as CalFresh in our state - provides food assistance to around 4 million Californians each month. Funded with federal dollars, SNAP plays a critical role in helping households to put food on the table and make ends meet.

However, President Trump and some Republican leaders in Congress have called for significantly scaling back support for SNAP, which would result in increased hunger and economic hardship for millions in California and across the nation, including children, people with disabilities, and older adults. Next month, the US House of Representatives is expected to begin work on a new federal Farm Bill. This is major legislation that, among other provisions, sets funding levels and additional policies that shape the SNAP program, and some congressional leaders have already signaled their intention to use the Farm Bill to significantly constrain funding and eligibility for SNAP.

Two new Budget Center Fact Sheets underscore how SNAP/CalFresh benefits households and communities across California and shows what's at stake in potential federal cuts:

- **How CalFresh Helps Address Hunger in Every Congressional District** This Fact Sheet includes a table and maps showing the share of residents in each of California's 53 congressional districts who receive CalFresh benefits. These shares are especially large in the San Joaquin Valley and as high as 1 in 4 residents in some California counties.

- **How CalFresh Reduces Poverty in Every Congressional District.** This Fact Sheet underscores the importance of CalFresh in combating economic hardship across our

state. This analysis shows that for the 2013-2015 period, CalFresh reduced California's poverty rate statewide by more than 2 percentage points while lowering poverty in every single congressional district. (This analysis is based on the California Poverty Measure recently developed by the Public Policy Institute of California and the Stanford Center on Poverty and Inequality.)

Did you know? Diabetes monitor not covered by Medi-Cal

Low-income California families cannot get coverage for continuous glucose monitors (CGM) even if their doctors have prescribed it! Most states' Medicaid programs already cover CGM but California does not. Many diabetes complications can be prevented or delayed if people have access to the right care. If you want to show your support for Medi-Cal coverage for CGM, click **HERE**

Diabetes Prevention Program Established for Medi-Cal

Effective July 10, 2017, Senate Bill 97 (Chapter 52, Statutes of 2017), requires the Department of Health Care Services (DHCS) to establish the Diabetes Prevention Program (DPP) within the Medi-Cal fee-for-service and managed care delivery systems, consistent with the guidelines provided by the Centers for Disease Control and Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS). The DPP curriculum will promote realistic lifestyle changes, emphasizing weight loss through exercise, healthy eating and behavior modification. A core benefit of Medi-Cal's DPP will include 22 peer-coaching sessions over 12 months, which will be provided regardless of weight loss. Participants who achieve and maintain a minimum weight loss of 5 percent by the conclusion of the 12 month period will also be eligible to receive ongoing maintenance sessions to help them continue healthy lifestyle behaviors. SB 97 also requires that Medi-Cal providers choosing to offer DPP services comply with CDC guidance and obtain CDC recognition in connection with the National DPP. The benefit will be available to eligible Medi-Cal recipients on January 1, 2019. DHCS is working with its Managed Care Plans, the Department of Public Health, Public Health Advocates and other interested stakeholders to discuss policy implications and potential collaborations. DHCS will begin drafting its policy and submit a CMS State Plan Amendment in 2018. **To join the stakeholder list and to submit questions or comments, emai**l DHCSDPP@dhcs.ca.gov. DHCS is conducting a provider survey to better understand how Medi-Cal providers discuss prediabetes with their patients and to receive any comments or concerns regarding Medi-Cal's DPP benefit. DHCS would appreciate provider's feedback through a short 10-minute **survey**.

New Age Limit for Opioid Cough and Cold Medicines

Prescription cough and cold medicines containing codeine or hydrocodone are available in combination with other medicines, such as antihistamines and decongestants, in prescription medicines to treat coughs and symptoms associated with allergies or the common cold. These medications may carry serious risks, including slowed or difficult breathing, misuse, abuse, addiction, overdose, and death, all of which appear to be a greater risk among children and adolescents younger than 18 years of age. On January 11, 2018, the U.S. Food and Drug Administration (FDA) announced they are requiring safety labeling changes for prescription cough and cold medicines containing codeine or hydrocodone to limit the use of these products to adults 18 years of age and older because the risks of these medicines outweigh their benefits in children younger than 18 years of age.

The FDA is also requiring the addition of safety information about the risks of misuse, abuse, addiction, overdose, death, and slowed or difficult breathing to the Boxed Warning on drug labels for prescription cough and cold medicines containing codeine or hydrocodone. Health care professionals should be aware that the FDA is changing the age range for which prescription opioid cough and cold medicines are indicated. These products will no longer be indicated for use in children, and their use in this age group is not recommended. Health care professionals should reassure parents that cough due to a cold or upper respiratory infection is self-limited and generally does not need to be treated. For those children in whom cough treatment is necessary, alternative medicines are available. These include over-the-counter (OTC) products such as dextromethorphan, as well as prescription benzonatate products. To read the full MedWatch safety alert, see **HERE**.

Resources

Head Start Availability (at least as of 3/27): Please see **HERE** for availability for Head Start programs, ages 3-5. There is availability across LA for both half and full day classes. Please share widely with your networks and encourage enrollment in this great program!

Top Tips to Keep Kids Safe A monthly blog good to receive, from **Safe Kids Worldwide**.

SAVE THE DATE:

Friday, April 20, 10 AM - 12:30 PM: Dental Stakeholder meeting with Denti-Cal state representatives. Meetings held at MCHA, 1111 W. 6th St. Third floor. No parking validation at this meeting (less expensive parking at Good Samaritan Hospital entering on Lucas between Wilshire Blvd and Sixth St.). For past meetings and materials, **click here**. Please direct any questions or concerns to: dental@dhcs.ca.gov or ask Lynn Kersey (lynnk@mchaccess.org) at MCHA.

Healthy Aging: Cultivating & Celebrating Resilience
Wednesday, April 25, 2018, 8:30am-12:30pm The California Endowment 1000 N. Alameda St., Los Angeles, CA 90012 Registration and Breakfast at 7:45 am - 8:30 am. Event starts promptly at 8:30 am. There is no cost to attend this conference; however, seating is limited. Join us as we explore the intersection of healthy aging & resilience across the lifespan. Please RSVP by 4/6/2018, To reserve your seat, please **register here**.
Continuing Education Hours for RNs & CHES are pending. Questions? Email Denise: **dpacheco@ph.lacounty.gov**