



## Maternal and Child Health Access

### In this monthly mailing:

[MOTHER'S DAY FUNDRAISING CAMPAIGN](#)

[FROM THE MEETING MARCH 16, 2017: LUCY QUACINELLA, ESQ., MULTIFORUM ADVOCACY SOLUTIONS "MARCH MADNESS: REPEALING AND DISPLACING OBAMACARE"](#)

[FROM THE MEETING MARCH 16, 2017: DEBRA WINSKI, CELEBRATING POISON PREVENTION WEEK MARCH 19-25](#)

[NEW SINCE MEETING OF MARCH 16, 2017: MIHA DATA SNAPSHOTS OF PRENATAL WIC PARTICIPANTS NOW AVAILABLE](#)

[JUST RELEASED: CALIFORNIA'S MMH STRATEGIC PLAN](#)

[CASES OF BABIES BORN WITH DRUGS IN SYSTEM SKYROCKETING IN SAN DIEGO](#)

[RESOURCES](#)

[CONTACT US](#)

### SAVE THE DATE:

**Tuesday, April 25, 2017: 5:30 PM Reception, 6:30 PM Program: Ending Trafficking: A Discussion on Human Rights** This conversation will focus on what changes must be made to end human trafficking in Los Angeles, the United States, and worldwide. USC Town & Gown 665 Exposition Blvd. Los Angeles, CA 90089. Registration [HERE](#) Requested by Tues. 4-18-17

### Next MCH Access Monthly Meeting:

**Thursday, April 20, 2017**

**10:00 am - 12:00 pm**

#### LOCATION:

**MCH Access**

**Patricia Phillips Community Room**

**1111 W. 6th St., 3rd Floor**

**Los Angeles, CA 90017**

**(6th St., and Bixel St.)**

#### SPEAKER/TOPIC:

**Gabrielle Lessard, Esq.,**

**Senior Policy Attorney**

**National Immigration Law Center (NILC)**

**Working with Immigrant Communities**

**in the Current Environment**

#### Updates:

**Presumptive Eligibility for Pregnant Women Program**

**Maternal Mental Health Coverage**



#### PARKING:

Free at MCH Access; enter on 5th St. to 2-story parking (between Lucas and Bixel) and walk across the alley to our building.

Please contact our office with any questions regarding this email or visit our [website](#) for further information about our organization.

**Weds., May 31, 8:30 - 12 noon Lesbian and Bisexual Women's Health Conference for Health**

**Administrators.** The LA County Lesbian and Bisexual Women's Health Collaborative is organizing the conference to improve patient outcomes and reduce barriers to care through providing strategies for institutions to become more culturally responsive. The conference will highlight policies, laws, regulations, and practices required for delivering inclusive and equitable patient-centered care to lesbian and bisexual women. Register [HERE](#). For further information, please contact Julie Friedman, Director, Iris Cantor-UCLA Women's Health Education & Research Center, at [jfriedman@mednet.ucla.edu](mailto:jfriedman@mednet.ucla.edu) or at (310) 794-8062.

**Friday, July 28, 2017 - California Black Health Network** is hosting a series of town hall meetings in six sites in California to document the concerns of African Americans in this new era and political upheaval. Stakeholder Meeting 1-3 PM, Town Hall 3-5 PM at Charles Drew University. Register and more information [HERE](#) or see their website at [cablackhealthnetwork.org](http://cablackhealthnetwork.org)

**Employment**

Please click on the job title you are interested in to view the

**Give to honor a Mother - Mother's Day 2017**

Your generosity will give an immediate gift of access to healthcare, food, or shelter for a mother, and contribute to long lasting policy change for women in California.

Several ways to give



**HAPPY MOTHER'S DAY 2017**

Honor a mom you love and your gift gives back: access to healthcare, food or shelter for a mom, and supporting long lasting policy change for women in California.

**Mother's Day is Sunday, May 14!**

Your generosity will give an immediate gift of access to healthcare, food, or shelter for a mother, and contribute to long lasting policy change for women in California.

Several ways to give:

**Celebrate Mom**  
click here to  
**DONATE NOW**

The banner features a light purple background with floral decorations at the top and bottom. The text is in various colors: purple for the title and date, orange for the main message, and white on a pink button for the call to action.

From the meeting March 16, 2017: see handouts [HERE](#)

Lucy Quacinella, Esq., Multiforum Advocacy Solutions  
"March Madness: Repealing and Displacing Obamacare"

Ms. Quacinella explained the "madness" of the Republican-sponsored proposal to repeal and replace Obamacare. Although thankfully, that bill HR 277 "The American Health Care Act" was handily defeated, the President and the Republican Congress will continue to try and push through parts of it and undermine other components of Obamacare/ACA. Ms. Quacinella discussed what would change if it passed, impacts on low-income people, pregnancy coverage and other reproductive health services and the timeline and process in Congress. The AHCA in summary would do the following:

- Change subsidies in the individual health care market; i.e. those purchasing from Covered CA
- Make massive cuts in Medicaid/Medi-Cal in California
- Introduce big tax breaks for the wealthy

full job description and the application process. And provide a cover letter and current resume with your application that specifically outlines your employment history experience and educational background for which you're applying.

- [Outreach Specialist - Welcome Baby Program](#)
- [Administrative Assistant - Training Program](#)

MCHA is an Equal Opportunity Employer; women and people of color are strongly encouraged to apply.

**Join Our List**

Join Our Mailing List!

So far, at the time of the presentation, pre-existing conditions still could not be denied; dependent children could stay on parents' benefit plans and no lifetime or annual amount could be set for how much insurers pay for an individual's benefits. Ms. Quacinella quickly showed how the proposal hurt low-income seniors - ALL income groups of seniors would pay more than currently. Young people would gain with tax credits. The current system of cost-sharing reductions, decreasing deductibles, co-pays and coinsurance would be eliminated; 80,000 Californians currently receive them.

Medi-Cal would take a huge hit with reductions in what the federal government matches for the state payments; nearly all "expansion" adults - those single and below 138% of poverty - would lose their Medi-Cal. The federal government would allow the reduction, state by state, of Essential Health Benefits. And rather than providing benefits based on the number of people in the state who are eligible, the feds would create a per-capita formula. The federal participation would continue to decrease over time. In the first 10 years, \$880 billion would be cut in Medicaid. A number of advantageous programs like Hospital PE and three month retroactive coverage were slated to be eliminated as well.

The bill contained over \$600 billion on tax cuts. The Congressional Budget Office analysis showed 14 million people nationally losing Medicaid or private coverage in 2018 alone and 24 million people over ten years.

The cuts in eligibility and Medi-Cal would greatly affect pregnant women, as over half are on Medi-Cal in California and those newly covered as single or married women without children would not be covered for preconception good health. The proposal by the new CMS chief to allow insurers to drop maternity care, the cuts to Planned Parenthood and not allowing any tax credit if your plan covers abortion are final insults.

Discussion ensued around the ground that had been won with push-back from constituents making calls, attending Town Halls and using their personal stories to show the results of their Obamacare or Medicaid health coverage. Although the message was sobering, the call to action was inspiring and apparently worked! The American Health Care Act failed! Organize! Resist!

**From the meeting March 16, 2017: see handouts [HERE](#)**

**Celebrating Poison Prevention Week March 19-25**

Deborah Winski, our Health Educator and Advocate Extraordinaire, presented on National Poison Prevention Week. She showed an excellent short video on what to do if one even suspects possible touching, tasting or breathing something harmful. She provided materials and information on the "Top 10" ways to poison-proof your house and to prevent carbon monoxide poisoning. MCHA encourages the receipt of text-messaging of poison prevention tips to your cell (one per week). **Text MCHA1 for English and MCHA2 for Spanish to 69866.**

MCHA can provide presentations at your site, and can inform where to order materials we provided - magnets, stickers, cards for baby showers, poisonous plant posters, etc. The most important message is "Don't Guess! Be Sure" and call 1-800-222-1222.

**New since Meeting of March 16, 2017:**

## MIHA Data Snapshots of Prenatal WIC Participants Now Available

Find them on the [MIHA homepage](#)

Using 2013-2014 Maternal and Infant Health Assessment (MIHA) data, this report presents key indicators of maternal and infant health for women who participate in the California Women, Infants and Children (WIC) Program during pregnancy.

MIHA describes the health and well-being of women with a recent live birth in California. MIHA provides information about maternal experiences and behaviors before, during and shortly after pregnancy.

### MIHA Data Snapshots of Prenatal WIC Participants include:

- Health status before pregnancy
- Nutrition and weight
- Intimate partner violence, depressive symptoms and substance use
- Hardships during childhood and pregnancy
- Pregnancy intention and family planning
- Infant sleep and breastfeeding
- Service utilization and health insurance
- Maternal demographics

### MIHA Data Snapshots of Prenatal WIC Participants:

**Describe the birthing population by WIC status during pregnancy.** Statewide results are shown by WIC status during pregnancy, categorizing women as prenatal WIC participants, eligible nonparticipants, or ineligible for WIC. This information can be used to describe the health and well-being of prenatal WIC participants in comparison to eligible nonparticipants and those ineligible for WIC.

**Present a statewide portrait of women who participate in WIC during pregnancy.** Statewide results are available for subgroups of women who participate in WIC during pregnancy based on maternal age, education, income, prenatal health insurance, race/ethnicity and other characteristics.

**Support local needs and provide data for 35 counties with the greatest numbers of births.** County and regional data snapshots provide a comparison between prenatal WIC participants in each local area (i.e. county or region) and prenatal WIC participants in the rest of the state. This information can be used by state and local WIC agencies to identify opportunities to improve the health and well-being of women and infants enrolled in the WIC program.

Find the [MIHA Data Snapshots of Prenatal WIC Participants: Indicators of Maternal and Infant Health from the Maternal and Infant Health Assessment \(MIHA\) Survey, 2013-2014](#) on

the MIHA website: [www.cdph.ca.gov/MIHA](http://www.cdph.ca.gov/MIHA). For more information about MIHA please contact us at [MIHA@cdph.ca.gov](mailto:MIHA@cdph.ca.gov). Please share this announcement with others interested in the health and well-being of mothers, infants and families in California.

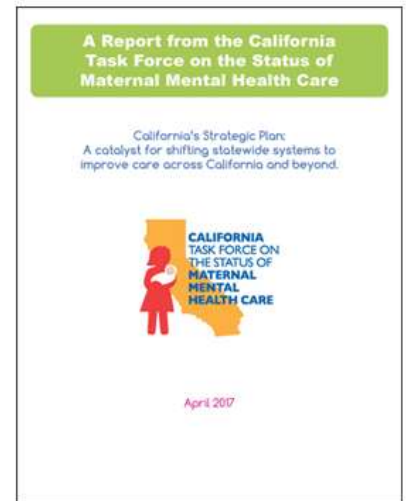
**Together we can improve the health of mothers and infants in California!**

## Just released: California's Maternal Mental Health Strategic Plan

One in 8 births in the U.S. happen in California; advocates from throughout the country are already talking about California's 12 key strategic recommendations.

- The report addresses national opportunities as well opportunities that can be leveraged in other states.
- The report also includes recommendations for key stakeholders and organizations, such as lactation consultants, the American Psychiatry Association, hospitals, and others.

Download your copy of the executive summary, full report, or stakeholder recommendations today.



GET REPORT

## Cases Of Babies Born With Drugs In System Skyrocketing In San Diego

The county had 182 cases in 2014 but 289 in 2015 - a 59 percent jump.

### [Inewssource: Babies On Drugs: Another Sad Chapter In The Opioid Saga](#)

Ever so quietly, a California health agency recently uploaded an alarming chart on its website. The graphic shows an especially steep rise in the number of newborns affected by drugs transmitted from their mothers during pregnancy or through breast milk starting in 2008, when the number statewide was 1,862. By 2014, the number rose to 3,007. But the biggest yearly jump came in 2015, when the number of affected babies hit 3,633, a 21 percent climb. (Clark, 4/17)

## RESOURCES

Home Visitation Resources: As you may know, MCHA is a member of the [LA County Perinatal and Early Childhood Home Visitation Consortium](#) (LACPECHVC, or the Consortium). The Consortium is a network of approximately 50 different home visiting programs, County agencies, maternal and child health non-profits, advocacy

organizations, funders, and consultants. They are working to support, advocate for, and expand home visiting programs in LA County.

The Consortium has created several resources for home visiting programs and other perinatal and early childhood service providers that might be of interest to you:

- **[Training Directory](#)**: Includes over 400 online and in-person trainings/trainers relevant to home visitors and perinatal and early childhood service providers (searchable by topic or keyword).
- **[Training Collaboration Request Form](#)**: This is a great complement to the Directory, especially when funding is tight! You can use this tool to submit a request for collaboration or support from other programs to host a training (for example, you could request meeting space, additional attendees, suggestions for trainers, or a partner to co-host and share training costs).
- **[Resource Directory of Home Visiting Programs](#)**: This tool is meant to help direct service staff refer pregnant women and families to the best fit voluntary home visiting program in the County. It includes all the information you need to provide the referral.
- **[Home Visiting Program Eligibility Grid](#)**: This is a "cheat sheet" for the above resource. It includes all of the eligibility criteria for the main home visiting programs at a glance.

We want these resources to be as useful as possible, so please feel free to share this email with your colleagues, or provide feedback on the tools if you use them. Also, if you're interested in learning more about the Consortium and/or want to become a member, you can contact the Consortium Coordinator, Michaela Ferrari, [ACPECHVC\\_Coordinator@labestbabies.org](mailto:ACPECHVC_Coordinator@labestbabies.org)).

## CONTACT US

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