



Maternal and Child Health Access

In this mailing:

[MATERIAL DISTRIBUTED AT JANUARY 19 MEETING](#)

[SPEAKERS: JANET RIVERA, PRESIDENT, FRAGILE X ASSOCIATION OF LA](#)

[SUE LAVACCARE, MA, PROGRAM DIRECTOR, CENTER FOR YOUNG WOMEN, CHILDREN'S HOSPITAL](#)

[ELENA BAZInI, MCH Access](#)

[GOVERNOR BROWN'S 2012-13 PROPOSED BUDGET](#)

[MAINTAINING CONTINUITY OF CARE FOR PREGNANT WOMEN ON MEDI-CAL](#)

[NEW CMS INITIATIVE TO IMPROVE PARENTAL CARE, LOWER PRO-TERM BIRTH RATE](#)

[PAID FAMILY LEAVE - THE LABOR PROJECT FOR WORKING FAMILIES](#)

[THE FEDERAL BREASTFEEDING PROMOTION ACT](#)

[CONTACT US](#)

Save the Date

Mon., Feb. 27, 8 - 4:30 - Vivian Weinstein Leadership Day: Critical Road Map Options for Early Childhood Sponsored by the Infant Development Association of California and the So. California Association for the Education of Young Children. Register by mail, fax or online at <http://www.idaofcal.org/doc.asp?id=621>

Monday, Mar. 5 - Paths to Careers in Healthcare - Free Classes. LA Valley College and Goodwill Southern California. * 5 Week Reading, Writing, and Math Skills

Next MCH Access Monthly Meeting:

This Thursday, February 16, 2012 10 AM - 12 noon

LOCATION:

MCH Access
Patricia Phillips Community Room
1111 W. 6th St., 3rd Floor
Los Angeles, CA 90017
(6th St., and Bixel St.)

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

SPEAKERS:

Heart Health Month - Heart HELP Program
Coralyn AndresTaylor, MPH, RD, CHES
California Hospital Medical Center
Dental Care Update - Healthy Smiles, Cedars-Sinai Medical Center and Monica Ochoa, MCH Access

Find us on Facebook 

Materials distributed at January 19 meeting, if still timely:

- Flyer for Feb. 27 Vivian Weinstein Leadership Day Infant Development Association (See Save the Date);
- Governor's State Budget Proposal summary (see [MCHA State Health Budget](#));
- Letter to Kathleen Sebelius, HHS Secretary, about need for guidance to states on pregnancy-only coverage and the ACA;
- "Report: Young adults making gains under health care law" *Washington Post*, 1-17-12;
- All County Welfare Director's Letter 11-39, "Medi-Cal Managed Care Enrollment - Exemption for Pregnant Women Transitioned from Aid Code 44.."
- Center for Young Women at Children's Hospital: brochure; (click [HERE](#)) summary of Leadership Institute
- Fragile X Syndrome materials
- see [National X Foundation](#) or [Fragil X Association](#)
- California Pregnant and Parenting Youth Guide - now in Spanish! [HERE](#).

Preparation Course, Customer Service, Communication and Computer Skills, Critical Thinking. Contact Elizabeth at (323) 539-2124 or evilla@goodwillsocial.org

MARCH 7-9, 2012 Black Women for Wellness Presents POWER SHIFT 2012 at the Olympic Collection, 11301 Olympic Boulevard, Los Angeles, CA 90064

In celebration of International Women's Day and Women's History Month, Black Women for Wellness invites you to a powerful 3-day conference dedicated to addressing the reproductive justice and health issues impacting Black and African-American women and girls domestically and around the world.

Please join our movement by registering for the conference today! Your registration covers breakfast and lunch during the conference (March 8-9, 2012), as well as entry into the Opening Night Celebration on March 7, 2012.

www.bwwla.org/powershift2012

Monday, March 12th, 2012, 8:00 am - 4:30 pm "Healthy Nutrition and Physical Activity for Children with Special Health Care Needs" The California Endowment. Presented by the USC University Center for Excellence in Developmental Disabilities (UCEDD) at Children's Hospital Los Angeles and The Los Angeles Partnership for Special Needs Children. Contact MarianneWard @ mbward25@gmail.com - materials at MCHA meeting.

Friday, March 30, 9 AM:

Symposium on the State of Black Males. Great Beginnings for Black Babies and Healthy African American Families II. Call 310-677-7995 to RSVP or for more info.

June 6th & 7th, 2012 at The California Endowment The Perinatal Advisory Council: Leadership, Advocacy and Consultation (PAC/LAC) annual conference presents high quality education and networking opportunities to healthcare professionals who provide critical services to pregnant women, expectant parents, children

Guest Speaker: Janet Rivera, President, Fragile X Association of Los Angeles

Fragile X Syndrome Fragile X syndrome (FXS) is a genetic condition that causes intellectual disability, behavioral and learning challenges and various physical characteristics. Though FXS occurs in both genders, males are more frequently affected than females, and generally with greater severity. The gene for Fragile X (the FMR1 gene) is on the X chromosome, which is why Fragile X syndrome is called an X-linked disorder. Often in these disorders, only females are carriers and only males are affected. However, in Fragile X, both males and females can be carriers, and both can be affected by the condition. FXS is the most common cause of inherited mental impairment, affecting approximately 1 in 3600 males and 1 in 4-6,000 females worldwide. It is second only to Down Syndrome as a cause of significant intellectual disability. It appears in children of all ethnicities, races and socio-economic backgrounds. It is a mutation that can be diagnosed with a DNA blood test, with which genetic counseling should be paired.

Ms. Rivera shared characteristics that may be characteristic of children with Fragile X - hyperactivity, tactile defensiveness, poor eye contact and shyness - characteristics that mean that FXS gets misdiagnosed as autism - and her own story of diagnosis with her boy. According to the University of California at San Francisco Medical Center, prenatal testing can be performed by amniocentesis at 16 to 20 weeks or by chorionic villus sampling (CVS) at 10 to 13 weeks to determine if a fetus has inherited the fragile X gene. These tests are covered by Medi-Cal. The American Academy of Pediatrics recommends fragile X testing in males and females with mental retardation of unknown origin.

The Fragile X Association of Southern California was formed to promote public awareness of Fragile X Syndrome with special emphasis on educators and health professionals; provide a forum for families of children with Fragile X to meet and share their ideas, concerns, and problems; and support scientific research on Fragile X Syndrome. They are run entirely by volunteer parents of children with Fragile X Syndrome, and are a California non-profit organization. Find them at www.fraxsocial.org or 818-754-4227 (English and Spanish).

Guest Speaker: Sue LaVaccare, MA, Program Director, Center for Young Women, Children's Hospital

The Center for Young Women works in partnership with young women to foster the physical, mental and social well-being of girls and young women, 12-25, through youth leadership development, healthcare provider training, research, gender-responsive services, capacity-building assistance to community providers, and policy and advocacy efforts. Ms. LaVaccare discussed the Leadership Institute (for 15-21 year olds) and session themes. Twenty or so girls meet for six months, travel and support each other with group workshop themes such as female role models, physical movement, presentation skills and community speaking, career development, saving and investing

and families in our communities. It allows for the important dissemination of new and emerging clinical practice standards, as well as an opportunity to discuss health-related issues affecting expectant families. This conference will address many of the most pressing perinatal issues in the healthcare community focusing on current neonatal and obstetrical topics.

RESOURCES

[Stressed and Stretched: The Recession, Poverty, and Human Services Nonprofits in Los Angeles: The Annual State of the Sector Report 2002-2012](#) is now available on the UCLA Center for Civil Society [website](#). This report follows-up on a 2002 survey of Los Angeles human services nonprofits and compares how these organizations served their communities before and after the recession.

Falling Behind: The Impact of the Great Recession and the Budget Crisis on California's Women and Their Families

California's women have been especially hard-hit by the recession and the state's ongoing budget crisis, according to a new CBP report released in partnership with the Women's Foundation of California. *Falling Behind: The Impact of the Great Recession and the Budget Crisis on California's Women and Their Families* shows that the budget crisis has resulted in severe cuts to supports for families as well as to programs that help women, especially low-income women, prepare for and find employment. The report also shows that these cuts have come amid an economic downturn that has been tough on California's women - especially single mothers, who have experienced a steep drop in employment and an increase in poverty. [Read the report.](#)

Survey: Lesbian and Bisexual Women in the US Diagnosed with Breast Cancer Needed!

It is widely known that a breast

money. These young women are provided with support for participation and a safe place to grow as young women, including mindfulness training "Team Dreams" and interactions with positive adult female role models. Currently, the Center is offering a yoga and health topics program for LGBTQ young women called Stretch Yourself! The program is free, the 2nd Thursday of the month. Call 323-361-5814 for more information and details and/or see the website at www.CHLA.org/CYW

Elena Bazini, Director, Perinatal Outreach and Education, MCHA

Ms. Bazini spoke to us about the Healing Center at Immanuel Presbyterian Church, 3300 Wilshire Blvd. in Los Angeles near the Vermont/Wilshire metro station. The Healing Center is a community project of Immanuel Presbyterian Church that has grown out of a dream to offer holistic healing services on a sliding cost scale. At Immanuel's healing center, we recognize the very real connection between the body, mind, and spirit. The Healing Center offers a wide variety of healing traditions from various cultures to support the healing of the body, mind and spirit. In addition to regular programming, community workshops, specialty classes, and extended healing services are also available. The Healing Center is committed to offering quality services that are accessible and sustainable. We offer community services on donation and/or an affordable sliding scale and no one is turned away for lack of funds (volunteer-work exchange opportunities are available). The Healing Center collaborates with highly trained and friendly professionals with a passion to serve in the community. Current programs include Community Yoga, Community Zumba Class, Community Women's Circle, Life Coaching, Usui Reiki, Massage Therapy, Integrated Energy Therapy, Cranialsacral Therapy, Spiritual Direction, and Women's Support Groups. We are also proud to house and collaborate with Critical Mass Dance Company. See <http://www.wix.com/ipchealingcenter/thc> for more information.

Governor Brown's 2012-13 Proposed Budget - Donald Nollar and Lynn Kersey

A gap of \$9.2 billion is projected for the rest of 2011-12 and 2012-13 fiscal year, even with the assumption of approval of the Governor's November ballot measure to

cancer diagnosis can have far reaching effects both socially and emotionally. Less well understood are the ways in which a breast cancer diagnosis impacts the well-being and quality of life of women who have historically been underserved by the medical community. Lesbian and bisexual women are one of these underserved populations, and little research has been done to assess their health and well-being as women with breast cancer. Identifying their unique needs by asking some questions in a survey will help researchers to develop culturally appropriate programs for these women. The researchers are interested in hearing from all lesbian and bisexual women who have had a breast cancer diagnosis. If you choose to join this study, you will be asked to take part in a phone survey that will last approximately 45 minutes. Questions about your health, medical history, demographics, and sexual orientation will be asked. Six hundred women are needed for this study. Ulrike Boehmer, PhD, at the Boston University School of Public Health, in collaboration with Brown University, is conducting the study. Women anywhere in the United States can participate. You can sign up for the Variations in the Health Needs of Breast Cancer Survivors Study if

- You identify as lesbian, bisexual, or as a woman who partners with women AND
- You have been diagnosed with breast cancer at some point in your life

After you RSVP, the researchers will ask you additional questions to be sure that this study is a right fit for you. [Yes, Sign Me Up](#)

EMPLOYMENT

MCHA is hiring a nurse for our Welcome Baby program. See descriptions [HERE](#)

Join Our List

[Join Our Mailing List!](#)

raise taxes. An additional \$5.4 billion in cuts would have to be made if his revenue measure is not passed (there are currently three initiatives addressing tax revenue). The biggest cuts are in CalWORKs (see [MCH Access State Health Budget](#)) Cost savings in health care is achieved through moving more populations into managed care programs - "dual eligibles" with Medi-Cal and Medicare; expanding managed care in Medi-Cal to all 58 counties; "locking in" Medi-Cal recipients into a plan for one year. Payments would be lowered to Federally Qualified and Rural Health Clinics and California Children's Services Medical Therapy would come under current CCS income standards. In the past this component of CCS has had no income or other "means" test. The federal government has already denied California the right to impose co-payments on Medi-Cal beneficiaries, thus it may be necessary to find even more cost-savings (<http://www.californiahealthline.org/articles/2012/2/7/cms-rejects-californias-plan-to-require-medi-cal-copayments.aspx>). See our info sheet and the list of budget sources in the last [January 2012](#) mailing...

Maintaining continuity of care for pregnant women on Medi-Cal:

(see [MCHA November newsletter](#) for this full article). The MCCD has finalized a process whereby women caught in the issue of third trimester enrollment into a plan can call and seek disenrollment over the phone if they qualified (mainly because their provider does not accept Medi-Cal Managed Care). State instructions on this policy have been released to counties and MCHA is monitoring how it is being implemented; please let us know! See: <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/c11-39.pdf>

New CMS Initiative to Improve Prenatal Care, Lower Pre-Term Birth Rate

On Feb 8, 2012, the CMS Center for Medicare and Medicaid Innovation launched the "[Strong Start for Mothers and Newborns](#)" initiative, which will award more than \$40 million in grants to help researchers develop pre-term birth prevention strategies.

The Strong Start initiative supports all mothers and newborns in improving their care through reducing the risk of significant complications and long-term health problems for both expectant women and infants. [Read the fact sheet on the Strong Start initiative.](#)

Strong Start includes two components:

Public-Private Partnership to Reduce Early Elective Deliveries

Building on the work of the Partnership for Patients, this initiative will test ways to disseminate best practices and support providers in reducing early elective deliveries prior to 39 weeks. CMS will also collaborate with advocacy and professional organizations to amplify current and develop public awareness efforts.

Funding Opportunity for Testing New Approaches to Prenatal Care CMS will make available a funding opportunity for providers, states and other eligible applicants to test the effectiveness of enhanced prenatal care approaches to reduce preterm births for women covered by Medicaid and at risk for preterm births...

Paid Family Leave

The Labor Project for Working Families helped to pass the Paid Family Leave law in 2002. They have noted that awareness of the Paid Family Leave (PFL) law in California is extremely low, especially in LA and among low income workers. Almost every working California pays into the PFL program through the State Disability Insurance Fund. It provides 55% of salary up to a maximum for 6 weeks to bond with a new child (mothers and fathers) or to care for a seriously ill child, parent, spouse of domestic partner. In addition, pregnant women can get pregnancy disability benefits as well.

The Project is looking for ways to partner with organizations to do outreach on Paid Family Leave. They are developing some great new resources that are bilingual and have a website that also has a Spanish platform: (www.paidfamilyleave.org) Here's a link to a fact sheet on the positive health impact of paid family leave http://workfamilyca.org/resources/HIPFactSheet_2011.pdf and the website for the California Work and Family Coalition on advocacy campaigns and state policies that they've won:

<http://www.workfamilyca.org> For more information, contact: Netsy Firestein, Labor Project for Working Families, Netsy@working-families.org, 510-643-6814 www.working-families.org

The Federal Breastfeeding Promotion Act

(thanks to Moms Rising!)

Donnicia Venters, a mom from Houston, TX, lost her job in 2009 simply for following medical advice to breastfeed her infant. When Donnicia told her boss about her pregnancy, he assured her that her position would still be available for her after she returned from her short maternity leave. But once Donnicia informed her boss that she was breastfeeding her new baby and would need a place to pump milk while at work, he suddenly changed his mind and fired her. [1] And recently, a Houston judge ruled that her firing was not a case of gender discrimination because "...lactation is not a pregnancy, childbirth, or a related medical condition".[2]

Well, that's news to us! Stand up for Donnicia and all new mothers. No one should have to choose between their job and breastfeeding.

*Ask your members of Congress to support the Breastfeeding Promotion Act today:

<http://action.momsrising.org/go/1552?akid=3113.101258.Lp0MRI&t=4>

How would passing the Breastfeeding Promotion Act help moms like Donnicia? The Breastfeeding Promotion Act of 2011 (HR 2758) would help make breastfeeding more accessible to new mothers in the workforce by ensuring that all mothers who want to breastfeed can have unpaid time and private, clean spaces to express milk at work. If passed, the bill would also protect breastfeeding women from being fired or discriminated against in the workplace.[3] While we are making progress in supporting nursing mothers, we're not moving fast enough. Thanks to new protections included in the Affordable Care Act (health care reform), Donnicia's employer would have been required to provide unpaid break time and a clean space for pumping if she had had her baby today. However, these new rules in the Affordable Care Act only cover "non-exempt" workers (generally those paid hourly wages), rather than those who have salaried positions.[4] As a result, approximately half of new mothers in the workforce are unprotected, which is why we need Congress to pass the Breastfeeding Promotion Act.[5] Approximately 56% of new mothers in our country are now in the paid labor force and Donnicia's case is a clear example of why we need uniform workplace policies to provide all mothers with the option to continue to breastfeed their babies.[6] Many working mothers who choose to breastfeed their babies, as is recommended by doctors, report that they had to stop because it was not possible to pump breast milk while at work. While 3 out of 4 women in the U.S. breastfeed their infants at birth, only 13% are exclusively breastfeeding at six months as recommended by every major national and international medical authority.[7] In fact, breastfeeding rates for employed mothers are 15% lower than among non-employed mothers.[8] Women

who want to and can breastfeed deserve support for doing what doctors recommend. And we all have a stake in supporting new mothers who wish to breastfeed. Nationally, we could save \$2.2 billion per year in health care costs if 90% of women breastfed their infants exclusively for at least the first six months as pediatricians recommend.[9] Individual employers who have actively supported workplace lactation programs have saved money through lower health care costs and reduced absenteeism.[10]

*Use our [ONE-CLICK](#) tool to ask your Member of Congress to co-sponsor the Breastfeeding Promotion Act!

[1] ABC News, "[Judge Backs Firing of Breastpumping Worker,](#)" February 8, 2012

[2] Ibid.

[3] [HR 2758](#)

[4] Department of Labor Fact Sheet, "[Break Time for Nursing Mothers,](#)" December 2010

[5] Institute for Women's Policy Research, [December 2010](#)

[6] Department of Labor, [Employment Characteristics of Families - 2010](#)

[7] U.S. Surgeon General, [Call to Action to Support Breastfeeding, FAQ](#)

[8] Institute for Women's Policy Research, [December 2010](#)

[9] Pediatrics, [April 2010](#)

[10] CIGNA, [Press Release, June 2000](#)

Contact us:

Maternal and Child Health Access

1111 W. 6th St., Fourth Floor

Los Angeles, CA 90017

213 749 4261 phone

213 745 1040 fax

www.mchaccess.org

info@mchaccess.org email