



Maternal and Child Health Access

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**RESOURCES**

State-specific factsheets on the cost to women of health care renewal

**Next MCH Access Monthly Meeting:**

**This Thursday, January 20, 2011 10 AM - 12 noon**  
(Third Thursday of the month) - EXCEPTION -  
The February 2011 meeting will be on February 24th!.

**Place:**

Moseley Salvatori Conference Center - Good Samaritan Hospital  
637 S. Lucas Street Los Angeles, CA 90017  
(between 6th and Wilshire Streets)

**Speakers and Topics:**

The State Budget: What are the proposed health care and social service cuts?

How can we fight back?

Stella Kim, Policy and Communications for the California Partnership on the budget effects on the poor; Frank Tamborello on food stamp issues; MCHA on health cuts

**Parking**

Parking is free - simply let the security guard know you're there for MCH Access monthly meeting - also accessible by public transportation

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November 18, 2010 Meeting Notes

Please call for copies, if necessary...

Increasing Breastfeeding-Friendly Hospitals in L.A. County

[Increasing Breastfeeding-Friendly Hospitals in Los Angeles County](#). A report produced by the Breastfeeding Task Force of Greater Los Angeles, October 2010

[Executive Summary: Children with Special Health Care Needs: A Profile](#)

From the National Women's Law Center: A state-by-state focus on how repeal of the new health care law would hurt women in that state - the factsheets include policy information as well as numbers of women in the state who would lose eligibility for Medicaid and subsidies, etc. You can find the factsheets [HERE](#)

#### **Cleaning for a Reason**

If you know any woman currently undergoing chemotherapy, please pass the word to her that there is a cleaning service that provides FREE housecleaning - once per month for 4 months while she is in treatment. The woman must sign up and have her doctor fax a note confirming the treatment. Cleaning for a Reason will have a participating maid service in her zip code area arrange for the service. This organization serves the entire USA and currently has 547 partners to help women. See site [HERE](#)

#### **SAVE THE DATE**

**Thurs., February 17 - Latina Heart Health Conference** in Spanish only. Magnolia Place. Contact Rosaisela Bernal at (231) 291-7053 or [rbernal@ph.lacounty.gov](mailto:rbernal@ph.lacounty.gov)

**Mon, March 7 and Tues. Mar. 8 - March of Dimes 2011 Conference for Health Professionals Irvine, California**

Health professionals are invited to join the Eleventh Annual Conference for Health Professionals, highlighting advances in perinatal care and best practices to improve maternal and neonatal outcomes. This year's theme is 'Navigating Perinatal Care: When the Everyday Becomes Complex'. See site [HERE](#)

#### [of Key Issues in California](#)

MCHA's list of Select MCH Data Sources  
DPSS list of Homeless Programs for Families, 10-14-10  
Example of Medical Support questionnaire, CW 2.1 (7/01)  
From our guest speaker:  
Discount Health Plans - What you should know  
(English and Spanish)

#### [Guest Speaker: Michelle Lilienfeld, Supervising Attorney, Health Consumer Center of Neighborhood Legal Services.](#)

#### ["Discount" health plans - What are they? Recent court ruling and importance for your clients, friends and family](#)

Michelle Lilienfeld is the supervising attorney for the Health Consumer Center, hosted in Los Angeles County by Neighborhood Legal Services in Pacoima. It is part of the Health Consumer Alliance which includes nine consumer assistance programs and two support centers across 13 California counties. The Health Consumer Centers call-in number (HCC - 800-896-3203) assists individuals below 200% of poverty and identifies policy issues. About 34% of the issues addressed are "medical debt" collection which is time consuming and difficult, but which is extremely stressful and can ruin credit and ruin lives.

Ms. Lilienfeld addressed "Discount" health plans, which are NOT health plans at all - they are referral lists for which a consumer pays a monthly fee for providers where the consumer is supposed to get a discount. The issue was raised for HCC with television commercials for "Platinum Care Plus" Health Insurance featuring trusted figures in Latino communities. HCC discovered this was not health insurance at all, but was advertising as such. HCC went to Univision and asked them to remove the commercials, which they did.

Manuela and Juan Zermeno joined a healthcare discount program offered by Care Entrée in December 2001. For a monthly fee of \$54.95, deducted automatically from the Zermenos' bank account, Care Entrée offered access to groups of healthcare providers who would charge discount rates. When three dentists identified on Care Entrée's list of providers said they did not participate in the program and would not offer discounts, the Zermenos' tried to cancel their membership in the program. Care Entrée did not terminate their membership for another year, however, and continued to withdraw the monthly fee from the Zermenos' contract, it refunded less than \$200 of the \$714.35 it had taken from them.

In August 2003, the Zermenos sued Care Entrée in the Los Angeles Superior Court, alleging that Care Entrée had violated the law governing discount buying services. (Civ. Code § 1812.100 et seq.) On October 4, 2004, Care Entrée and the Zermenos reached a partial settlement, but continued with the case, filing an unfair business practice claim to try **and end what Care Entrée was doing for others, not just for themselves. They initially lost this case, but appealed and won.**

Ms. Lilienfeld was asked what made the Zermenos take this issue so far and stay with it so long. They are truly special people, Michelle agreed, but she thought that they simply wanted to see justice done, not just for themselves, but for other families in similar circumstances.

#### **Summary of recent and important Maternal and Child Health Data**

Lynn Kersey highlighted several data sources with which meeting attendees might not be familiar - the Maternal Infant Health Assessment (MIHA). sent to a sample of postpartum women

## **EMPLOYMENT**

MCH Access is still hiring for Welcome Baby! positions - nurse, data entry and Bachelor-level home visitor - see positions [HERE](#).

### **Join Our List**

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statewide; LA Mommy and Baby Project (LAMB), conducted in LA County; and the State Title V Needs Assessment (see below). Audience members brought up the Regional Perinatal Programs, the California Maternal Quality Care Collaborative ([www.cmqcc.org](http://www.cmqcc.org)); March of Dimes' Peristats, providing free access to US, state, county and city maternal and infant health data [www.marchofdimes.com/Peristats/](http://www.marchofdimes.com/Peristats/). In addition, the National Maternal and Child Health Oral Health Policy Center launched a new website: [www.nmcohpc.org](http://www.nmcohpc.org). They promote the understanding of effective policy options to address ongoing disparities in children's oral health.

## **Title V Report and Statewide Needs Assessment for Maternal Child and Adolescent Health released**

Dear Colleague:

We are pleased to inform you that the 2010/2011 Title V MCH Block Grant Application/Annual Report and the 2011-2015 Title V Statewide Needs Assessment have both been posted on the [MCAH](#) website. The final reports were modified to include the constructive comments and suggestions you may have provided during the comment period earlier this year.

The Title V Needs Assessment incorporated the themes of the Life Course, Social Determinants and Health Equity into the report. The seven MCAH Program priority statements resulting from the needs assessment process with input from our stakeholders were developed in the context of these conceptual frameworks. Work has begun on developing an Action Plan to address these seven priority areas and will be developed over the course of the next year.

- Improve maternal health by optimizing the health and well-being of girls and women across the life course.
- Promote healthy nutrition and physical activity among MCAH populations throughout the lifespan beginning with exclusive breastfeeding of infants to six months of age.
- Reduce maternal morbidity and mortality and the increasing disparity in maternal health outcomes.
- Reduce infant mortality and address disparities by promoting preconception health and health care and by preventing causes such as birth defects, low birth weight/prematurity, SIDS, and maternal complications in pregnancy.
- Support the physical, socio-emotional, and cognitive development of children, including the prevention of injuries, through the implementation of prevention, early identification and intervention strategies.
- Promote positive youth development strategies to support the physical, mental, sexual and reproductive health of adolescents.
- Link the MCAH population to needed medical, mental, social, dental, and community services to promote equity in access to quality services.

Thank you for your continued support.

Sincerely,

Shabbir Ahmad, DVM, MS, PhD  
Acting Division Chief  
Maternal, Child and Adolescent Health Program

## [43 million Americans getting food stamps](#)

The number of Americans receiving food stamps rose to a record 43.2 million in October as the jobless rate stayed near a 27-year high, the government said. Recipients of Supplemental Nutrition Assistance Program subsidies for food purchases jumped 15 percent from a year earlier and increased 0.7 percent from September, the U.S. Department of Agriculture said today in a statement on its website. Participation has set records for 23 straight months. An average of 43.3 million people, more than an eighth of the population, will get food stamps each month in the year that began Oct. 1, according to White House estimates.

## **Superior Court Gives Children of Low-Income Families Easier Access to Free Healthcare - Dec. 20, 2010**

Maternal and Child Health Access e-mailed an announcement in December about a Superior Court case, MCHA vs. Maxwell-Jolly. It challenged the state's failure to evaluate children's joint applications for Medi-Cal and Healthy Families for all of Medi-Cal's programs when they applied by sending them by mail to the state's centralized processing center. These kids were only evaluated for one Medi-Cal program and for Healthy Families, which provides a narrower scope of benefits at some cost. By contrast, a child who applies at the county welfare office gets evaluated for all of Medi-Cal, including all available income deductions.

At the time the lawsuit was filed, Healthy Families had a waiting list that grew to over 93,000 uninsured children. In addition to ensuring compliance with Medi-Cal's income-counting laws, the Court's ruling also means that fewer Medi-Cal-eligible children will end up on Healthy Families waiting lists should such lists ever be reinstated in the future.

The Court ruled that the state has been violating the law because it has not been screening kids ages 6-18 for Section 1931(b) Medi-Cal when families apply through the SPE. We are really looking forward to hearing from the state how it plans to comply with the Court's order to screen this age group for 1931(b). However, there is no time frame yet.

MCHA has given the state lots of concrete suggestions about how to screen, simply using the information about family income and composition that is already collected on the MC 321 HFP that gets submitted to the state. We look forward to progress soon.

## **The Clock Ticking, Open Enrollment for Children with Pre-Existing Conditions Underway**

by [Health Access California](#) Wed, Jan 12, 2011

For the first time in history, every child in California is now eligible for health insurance coverage. But it's up to parents to take advantage of these opportunities to get better care and coverage for children, and more economic security for their families.

This wasn't always the case, even for kids whose families were willing to buy insurance at any cost. Some children were denied coverage because of pre-existing conditions.

The new federal health law, the Patient Protection and Affordable Care Act, provides welcome relief. On Sept. 23, 2010, a key provision took effect that bars children from being denied coverage due to their health status.

In reaction, many of the larger health insurers in California announced that they would stop selling "child-only" policies-insurance for the children in a family, but not the parents-because they worried that parents would wait until their kids got sick before buying coverage. That enraged many parents

Assemblyman Michael Feuer, D-Los Angeles, came to the rescue by introducing a bill that penalizes insurers who refuse to sell child-only policies by banning them from the broader individual market for five years. Insurers quickly realized that they couldn't afford to jeopardize their bottom line - some 2.5 million Californians buy their own insurance. The insurers rejoined the children's market as the state law went into effect January 1.

The California law goes a little farther than the federal law in that it also limits how much insurers can charge for children with pre-existing conditions, provided that they sign up during an open enrollment period. **Under the state law, insurers cannot charge a child with health issues more than twice what they charge a healthy child.**

This is an important improvement. The federal law prohibits outright denials, but it does not place a limit to what insurers can charge due to health status.

In order to get the price protection, **children must be signed up during the open enrollment period, from January 1 through March 1.** Other enrollment periods include the month of a child's birthday and changes in family circumstances, such as a job switch, marriage, divorce, or a move to California.

**The families that will take greatest advantage of the new law will be those who get their coverage through an employer but don't elect dependent coverage for their kids.** While this may represent only a small slice of California, it's still tens of thousands of kids who now have new access-and new affordability-because of both the state and federal law. The new law also builds on years of work to expand public programs, which provide subsidies to low- and moderate-income families under Medi-Cal and Healthy Families. Many children are eligible to enroll in these program, but don't take advantage.

A great way to start the New Year is to make sure that every child you know is covered- whether by private insurance or public programs. For the first time ever, we have the tools to make the new federal health care reform law work.

### [Breastfeeding to get community call to action by US Surgeon General on January 20](#)

Surgeon General Regina M. Benjamin on Jan. 20 will issue "The Surgeon General's Call to Action to Support Breastfeeding," which outlines evidence-based steps that all sectors of a community can take to remove obstacles faced by women who want to breastfeed their babies.

While 75 percent of U.S. mothers breastfeed at the start, only 13 percent of babies are exclusively breastfed at six months. Many say their efforts to breastfeed are hindered by several factors, such as lack of support at home and at work, as well as lack of breastfeeding instruction from health care professionals. Given that breastfeeding protects the health of both baby and mother, it is important that family members, clinicians, friends, and employers know how they can help make breastfeeding easier.

### [Pregnant women's bodies carry multiple unsafe chemicals: UCSF study](#) Jan.14, 2011 in [Environmental Health](#),

The bodies of virtually all U.S. pregnant women carry multiple chemicals, including some banned since the 1970s and others used in common products such as non-stick cookware, processed foods and personal care products, according to a new study from UCSF. The study marks the first time that the number of chemicals to which pregnant women are exposed has been

counted.

Analyzing data for 163 chemicals, researchers detected polychlorinated biphenyls (PCBs), organochlorine pesticides, perfluorinated compounds (PFCs), phenols, polybrominated diphenyl ethers (PBDEs), phthalates, polycyclic aromatic hydrocarbons (PAHs) and perchlorate in 99 to 100 percent of pregnant women. Among the chemicals found in the study group were PBDEs, compounds used as flame retardants now banned in many states including California, and dichlorodiphenyltrichloroethane ( DDT), an organochlorine pesticide banned in the United States in 1972.

Bisphenol A (BPA), which makes plastic hard and clear, and is found in epoxy resins that are used to line the inside of metal food and beverage cans, was identified in 96 percent of the women surveyed. Prenatal exposure to BPA has been linked to adverse health outcomes, affecting brain development and increasing susceptibility to cancer later in life, according to the researchers.

Findings will be published in *Environmental Health Perspectives* on Jan. 14, and now are available on an embargoed basis.

The study was not designed to identify direct connections to adverse health outcomes.

"It was surprising and concerning to find so many chemicals in pregnant women without fully knowing the implications for pregnancy," said lead author Tracey Woodruff, PhD, MPH, director of the UCSF Program on Reproductive Health and the Environment.

"Several of these chemicals in pregnant women were at the same concentrations that have been associated with negative effects in children from other studies. In addition, exposure to multiple chemicals that can increase the risk of the same adverse health outcome can have a greater impact than exposure to just one chemical," said Woodruff, an associate professor in the UCSF Department of Obstetrics and Gynecology and Reproductive Sciences.

Exposure to chemicals during fetal development has been shown to increase the risk of adverse health consequences, including preterm birth and birth defects, childhood morbidity, and adult disease and mortality according to the research team. In addition, chemicals can cross the placenta and enter the fetus, and in other studies, a number of chemicals measured in maternal urine and serum have been found in amniotic fluid, cord blood and meconium, they state.

The researchers analyzed data for 268 pregnant women from the National Health and Nutritional Examination Survey (NHANES) 2003-2004, a nationally representative sample of the U.S. population.

"Our findings indicate several courses of action. First, additional research is needed to identify dominant sources of exposure to chemicals and how they influence our health, especially in reproduction." said Woodruff. "Second, while individuals can take

actions in their everyday lives to protect themselves from toxins, significant, long-lasting change only will result from a systemic approach that includes proactive government policies."

### Announcing the Reach the Decision Makers 2011 Nationwide Training Program

Are you a scientist, community-based leader, public health or health care professional with experience in environmental or reproductive health? Join Reach the Decision Makers and:

- Become a powerful communicator on environmental and reproductive health science.
- Learn to work in collaborative teams to educate the US Environmental Protection Agency (USEPA) on reproductive environmental health issues of importance to you and/or your community.
- Develop the skills and tools necessary to effectively engage USEPA policy makers.
- Establish relationships and partnerships with USEPA staff.

Reach is designed based on the very successful "Women's Policy Institute" of the Women's Foundation of California. We believe Reach will help translate science into meaningful public policy that can protect reproductive health.

This project is made possible through a 3 year grant from the Kresge Foundation. Each fellow will receive a \$500 stipend for participating in this project. Costs associated with the training program (travel, housing, food, teleconference costs) will be covered by the program. Out-of-pocket costs to participants are expected to be minimal beyond the time commitment required for participation.

#### INFO CALLS

Informational conference calls will be held on the following dates and times:

January 24 from 9:00 - 10:30 am PST (Noon to 1:30 EST)

January 31 from 9:00 - 10:30 am PST (Noon to 1:30 EST)

Please join us during one of these times to learn more about Reach the Decision Makers and to have your questions answered. Please RSVP for one of these calls by sending an email to: [reach@obgyn.ucsf.edu](mailto:reach@obgyn.ucsf.edu).

**APPLY NOW!** If you are interested in applying for the Reach the Decision Makers class of 2011, please complete the application available [HERE](#) at and submit it to [reach@obgyn.ucsf.edu](mailto:reach@obgyn.ucsf.edu). If you have any questions about the program or eligibility requirements, please email the program at [reach@obgyn.ucsf.edu](mailto:reach@obgyn.ucsf.edu). **Applications are due February 11, 2011.**

### The US United States Breastfeeding Committee: [Breastfeeding: A Vision for the Future](#)

This campaign is aimed to increase awareness of the importance of breastfeeding and the support needed from all sectors of society to achieve our national breastfeeding goals. The Vision draws attention to the gaps in U.S. policy and outlines nine crucial objectives that must be met to fully address the barriers faced by mothers.

Many USBC member and partner organizations have already

sponsored or signed on to support the Vision. The next step is to collect individual signatures! [Please add your name as a supporter](#) of Breastfeeding: A Vision for the Future--together our voices can make a lasting impact towards the social, environmental, and institutional change needed to support our Nation's mothers.

Contact us:

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