

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



Maternal and Child Health Access

MCHA Monthly Meeting

Where?

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

Speaker/Topic

*Frank Tamborello, Executive Director,
Hunger Action LA*

State budget and local nutrition issues

*The New People's Guide "How to Get Food
and Money"*

Other state budget news and 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 June 21, 2018

(see materials on our website): [HERE](#)

***Guest Speaker: Judy London, Directing Attorney,
Immigrants' Rights Project, Public Counsel - Immigration
Relief for Domestic Violence Survivors***

Ms. London spoke to MCHA's monthly meeting on a broad range of immigration topics that had been in the news. Originally we asked about the issue of no longer granting asylum to domestic violence (DV) survivors. But since then the issue of the border separation of families and seeking asylum has dominated the news, so that was discussed as well. And as the morning progressed, it was clear that questions were asked about families and friends of attendees as well as clients - it was very much relevant and a great opportunity.

Common forms of humanitarian relief for immigrants are asylum, the Violence Against Women Act, T-Visas and U-Visas (see slides). Asylum eligibility requirements and the benefits of asylum were discussed - asylum confers permanent lawful status, employment authorization and the right to travel abroad. But asylum is discretionary. In the matter of the Guatemalan woman whose case was the impetus for the changes sought by the US Attorney General:

- Existing asylum law is not changed and the case does not impact other forms of relief available to DV survivors

- Women may still make claims - the ruling casts doubt on DV asylum claims, but doesn't preclude them
- There may be "heightened standards" from what would be allowed before
Whereas in the past, the persecutor could either be a state/government or a private person the state/government is "unwilling or unable" to control, this case ruled that the government must condone the persecution of a private person or demonstrate "complete helplessness" to protect victim.
- Current law states that internal relocation, if possible, must be safe and reasonable. This ruling states that relocation IS easier when persecution is from a private person.

Remember that asylum is from persecution outside the country; the Violence Against Women Act (VAWA) is for violence that takes place within the US. Eligibility includes:

- Abused spouse of US Citizen (USC) or LPR*
- Non-abused spouse of a USC or LPR whose child is abused by the USC or LPR spouse*
- Abused child of USC or LPR*
- Exception: If over 21 and under 25 and were eligible to self-petition before 21st birthday but did not, can still apply if abuse was "at least one central reason" for filing delay
- Abused parent of USC daughter or son * can include children as derivatives

Ms. London discussed U and T Visas, sources of assistance and wait times for processing of the various forms of assistance. See the slides on our website and the list of resources posted.

***Jorie Aldrich, Program Director, Baby2Baby
Assistance with diaper costs for CalWORKs clients***

Please see [All-County Letter #18-38](#) from the Department of Social Services. The CalWORKs grant for each child under 36 months as of April 1, 2018 should contain \$30 additional monthly, as long as the individual with the child is a participant in a Welfare to Work program. Teens in the Cal-Learn program are also considered participants and may receive diaper payments. Designation as participating is not based on assignment to activities, scheduled hours, or verified actual hours, nor will the absence of a WTW Plan make the client ineligible. Clients are considered participating under this definition regardless of their number of participation hours, even if the number is zero. The child must be under 36 months old as of the beginning of the month. Child-only grants in which the parent is ineligible for CalWORKs do not qualify for diaper payments.

Please note that \$10 million in one-time funding to non-profit organizations for diaper banks was included in the state budget. These are diaper banks that are open to individuals, as opposed to Los Angeles County's Baby2Baby, which works with non-profits to distribute the diapers.

New since last meeting:

[MCHA's Issue Brief - Closing the Gaps: Supporting Pregnant Women and Tackling Racial Disparities in Infant Deaths](#)

Half of California's 500,000 births each year are covered by Medi-Cal. An Issue Brief released this month underscores the need for improving the state's monitoring and oversight of Medi-Cal health plans and providers to ensure that women are offered supportive services to address "psychosocial" needs during pregnancy or the postpartum period. As explained in the report, called "Closing the Gaps: Psychosocial Services to Improve Maternal and Child Health," extensive and growing research shows that "social determinants" impact health more than even receiving medical care does. Medi-Cal does cover necessary supports as part of the enhanced benefits package for pregnant women, with federal matching funds.

But, the report shows, Medi-Cal program administrators are missing opportunities to ensure that the women who need services beyond medical care for a healthy pregnancy actually receive them.

***Title X regulations comments - The domestic "gag" order!
Submit a comment by July 31!***

Title X is the nation's federally-funded program for affordable birth control and reproductive health care. The program is available to help ensure that every person - regardless of where they live, their income, their background, or whether or not they are insured - has access to basic, preventive, reproductive health care, such as birth control, cancer screenings, STD testing and treatment.

The federal government recently released new regulations for comments. You may have heard them referred to as "gag rules" because, among the many changes proposed:

- 1) **Title X providers could limit the information they offer about birth control methods** to abstinence or natural family planning. No longer would providers be required to follow the medical standard of care with respect to informing patients about the range of contraceptive options;
- 2) **The existing rules have long prohibited using Title X funds for abortions.** The proposed rules would also prohibit mentioning abortion or referring a woman to an abortion provider. In addition, no individual or entity that provides any abortion services with non-Title X funding could receive Title X for contraceptive services. For example, Planned Parenthood, whose contraceptive services comprise 96% of its activities would be excluded from Title X because 3% of its services are for abortions;
- 3) **Referral to prenatal care would become mandatory for all pregnant women,** regardless of the individual woman's stated wishes or decision;
- 4) New burdensome **reporting and financial accounting requirements** would be imposed on providers participating in Title X;
- 5) The combination of not being permitted to comply with the medical standard of care when delivering Title X-funded services and new onerous **red tape is expected to drive many providers out of the Title X network,** reducing access to contraceptive care to millions of women and teens in the United States. You can read the full regulation package [here](#).

The comment period for the regulations ends July 31, 2018!

For more information, look to the [California Coalition for Reproductive Freedom's](#) page on the Domestic Gag Rule:

- Planned Parenthood. Take a minute to [submit a comment](#) to stop Trump-Pence from demolishing access to preventive and reproductive care.
- National Partnership for Women & Families. [Submit a comment](#).

At this time, Planned Parenthood is asking partner organizations to consider taking these actions:

1. Public Comment.
2. Share with your list.
3. Social Media. If you can amplify this issue on social media here are some hashtags to keep in mind:
4. #NoGagRule #TitleX #GagRule #IStandWithPP (If helpful, our statewide twitter handle is @PPActionCA)

District Judge Orders Children Reunited

On June 26, 2018, San Diego U.S. District Judge Dana Sabraw issued a preliminary injunction that calls for every child affected by the Trump administration's "zero tolerance" policy to be reunited with their parents within 30 days. The injunction also orders children younger than 5 years old to be reunited with their parents within 14 days and calls to be made between parent and child within 10 days. Read more about the injunction [here](#). As of Monday, July 9, the Department of Justice had only managed to reunite families with two of 102 migrant children under five who were taken at the southern border. Officials said they expected to reunite another 54 children on Tuesday, July 10.

Politifact has a timeline as of July 12 [here](#):

San Diego Union-Tribune: Komen, Atkins Celebrate Elimination Of Cancer Treatment Limits

Breast and cervical cancer treatment can last up to 10 years, but caps on treatment for low-income California residents, many who are undocumented immigrants, meant that some were cut off from care after only 18 or 24 months. Those limits dropped away on July 1 with new funding in the state budget for anyone enrolled in California's Breast and Cervical Cancer Treatment Program. (Sisson, 7/13/18)

HPV test more effective than Pap smear in cancer screening, study suggests

By [Jacqueline Howard](#), CNNTue July 3, 2018

(CNN) Cervical cancer is among the [easiest gynecologic cancers to prevent](#), and two screening tests can help detect the disease early: the routine Pap smear and testing for human papillomavirus, or HPV. The [cytology-based Pap smear](#) involves looking for cancer or precancer cells by testing cells taken from the lower end of a woman's uterus, called the cervix. Diagnosing diseases by looking at single cells and small clusters of cells is called [cytology or cytopathology](#). On the other hand, a woman's cervix also can be tested for the presence of certain high-risk types of HPV that can cause cancers, including cervical cancer. Now, a study [published in the journal JAMA](#) on Tuesday suggests that cervical HPV testing may be able to detect signs of cancer earlier and more effectively than Pap smear over a 48-month period.

"So this study is the next step, showing that by using only HPV testing in a screening scenario, four years later, women who received HPV testing were less likely to develop precancerous lesions," she said. "The HPV virus is the cause of [99% of cervical cancers](#). By focusing on detecting the virus, we are then better able to determine which women have developed precancerous lesions and treat those earlier." In 2017, the US Preventive Services Task Force [put forth draft recommendations](#) to explore the idea of recommending screening every three years with cervical cytology alone in women ages 21 to 29 and then either continuing that testing or screening with HPV testing alone every five years, up to age 65. [A final recommendation has yet to be published.](#)

See more [here](#):

[Free the Data: Public Accountability Sorely Needed in Medicaid](#)

The [Center for Health Journalism](#) at the USC Annenberg School of Journalism and the [Gehr Center for Health Systems Science](#) at the USC Keck School of Medicine are writing about transparency in data for consumers who use health care systems. They set out to bring greater transparency starting in one California county - Los Angeles. In a more than yearlong effort, they sought to obtain and publish health care quality data for the clinic groups that serve 3.9 million people, 30 percent of the state's 13.3 million Medicaid recipients.

This article presents an important and very interesting perspective on why Medi-Cal's failure to provide consumer-friendly "score cards" on quality measures, like Medicare and some private providers do, undermines progress toward quality improvement. [Free the data: Public accountability sorely needed in Medicaid.](#) And - Lynn Kersey was interviewed and quoted!

From Liberty Hill: Act now to support LA County Rent Freeze!

On July 31, the Los Angeles County Board of Supervisors will vote on a temporary rent freeze. We must act quickly to show our support for common sense policy that keeps people in their homes. [Take action now by e-mailing your Supervisor!](#)

Tenant protection groups across L.A. County are working to defend vulnerable communities from an unprecedented housing and homelessness crisis. As part of Liberty Hill's Agenda for a Just Future, we are supporting local and regional housing justice efforts to protect Angelenos from unreasonable rent increases that threaten their livelihoods and push their families to the edge of homelessness.

The Los Angeles County Board of Supervisors is now proposing an interim ordinance to limit rent increases temporarily. This motion would restrict rent hikes to three percent annually in unincorporated Los Angeles County, stabilizing rents until the Board of Supervisors votes on permanent rent regulation at the end of the year. When the Board of Supervisors considers this motion on July 31, we want to make it clear that the temporary rent freeze is a necessary first step toward addressing L.A.'s housing and homelessness crisis.

RESOURCES

Free Summer Meals Program

Summer should be a carefree time for kids. But for the many children who face hunger, these months are anxious, stressful, and even painful. The good news is that free meals are available to hungry children in libraries, schools, and churches nationwide.

[Will you help us get the word out about this service today?](#)

No Kid Hungry created a national texting service so anyone can find the closest free summer meal site. But many low-income families don't know these options exist. That's where you can help.

Text FOOD (for English) or COMIDA (para Español) for a location near you. See flyers for library locations [here](#).

Help Teens with Sickle Cell Feel Empowered About Their Health

Sickle cell disease (SCD) is an inherited blood disorder that can cause pain, anemia, infection, and other serious **health problems**. Although the exact number of people with SCD is unknown, estimates suggests that approximately 100,000 people in the United States are affected by SCD.

As young people age, their health care needs will change. The teenage years are often the time when one's health care transfers from a pediatric doctor, a doctor who treats children, to a doctor who focuses on treating adults. Young people with sickle cell disease (SCD) will experience this period in their lives, which is also known as 'transition'. During transition, young people with SCD should learn to become responsible for their own health and healthcare decisions. Transitioning care from pediatric to adult care is a big step towards adulthood and gaining independence, but it can be a scary and challenging process to navigate. The Centers for Disease Control and Prevention (CDC) is sharing two resources on transition to help teenagers and young adults with SCD 'step up' and to take ownership of their own health. In 2012, Mikeia Green left home to attend college out of state. For most of her childhood, her mother made sure her SCD was well managed, but once she left for college it became Mikeia's responsibility to know her body's needs. Read how she managed her doctor's appointments, prepared herself for emergencies, and how she prioritized her health, school, activities, and a new social life to stay healthy in college. Read her full story [here](#). Second, watch [Kevin's](#) and [Calvanay's](#) videos. Share these videos with a teenager or a young adult living with SCD to help support his or her transition!

Check out our new Sickle Cell Data Collection (SCDC) Program Fact Sheet!

Where do people with SCD live? What kinds of health problems do they face? These are some of the questions CDC hopes to answer by collecting data through the SCDC program. Read the fact sheet to learn how the SCDC program is helping to improve the lives of people with SCD! Access the SCDC Fact Sheet [here](#).

CCALAC Releases New Report Assessing Safety Net Adequacy

The Community Clinic Association of Los Angeles County is thrilled to release the key findings of our report entitled **Fulfilling the Mission: An Assessment of Ambulatory Care in LA County** with you today. Done every five years, this new landscape analysis assesses the adequacy of the safety net to serve its target population after the 2010 implementation of the ACA. This project was funded by L.A. Care Health Plan to benefit low-income and uninsured residents of Los Angeles County. It was completed in partnership with Health Management Associates (HMA).

Remarkable changes in LA's safety net landscape have occurred since our last report release in 2012. The Medi-Cal program expanded by over 430,000 patients in Los Angeles County, the county kicked off the My Health LA program to over 146,000 enrollees, and both public and private sectors worked to expand and improve access in primary care, mental health and substance use services. Clinics play a vital role in LA's safety net, serving over 52 percent of the County's low-income population and providing nearly 44 percent of all Medi-Cal services and 41 percent of uninsured services in the county. You may find some promising [findings in dental care access here](#) or check out [how clinics are growing to advance mental health services](#)

CCALAC hopes this is a helpful tool for you to take actionable steps towards the implementation and sustainability of quality healthcare programs to our communities.

The Annie E. Casey Foundation's [2018 KIDS COUNT Data Book](#) released!

The data book delivers a sobering message to policymakers and child advocates. The Casey Foundation's 2018 KIDS COUNT® Data Book warns that the 2020 census is mired in challenges that could shortchange the official census count by at least 1 million kids younger than age 5. This discrepancy would put hundreds of millions of federal dollars at risk and, in doing so, underfund programs that are critical for family stability and opportunity.

The Data Book also looks at trends in child well-being during a period that saw continued improvement in economic well-being but mixed results in the areas of health, education and family and community factors. The report includes the Foundation's signature rankings in key areas of child well-being. This year, New Hampshire is at the top of the rankings. Read more on why an accurate census count matters

[Read more on why an accurate census count matters](#)

Apply now for Women's Policy Institute-State Class of 2019!

Are you an advocate or activist in the areas of criminal, economic, reproductive, trauma or health justice? Are you looking to get more experience with advocating for policies that create systemic change at the state level? We are happy to announce that we're accepting applications for the [2018-19 cohort of our Women's Policy Institute-State Fellowship!](#) WPI-State is open to cisgender and transgender women, non-binary and genderqueer people, and transgender men. [Sign up for our first informational webinar now!](#) It will be held on Friday, June 22, at 11am Pacific time. Don't wait, the deadline to apply to the 2019 WPI-State class is Tuesday, July 24, at 12pm. We encourage you to check out our [FAQ's](#) and email us at wpi@womensfoundca.org with any questions or concerns or to discuss your application.

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