



Maternal and Child Health Access

Support the work of
MCH Access

by giving the gift of
health care, food
support and policy work
that makes lasting
change!



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Next MCH Access Monthly Meeting:

Thursday, June 18, 2015

10am - 12pm

LOCATION:

MCH Access

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

SPEAKER/TOPIC:

Nancy Gomez

**Southern California Program Director
Health Access**

SB 4 and health-related legislation

Updates - progress on pregnancy and newborn enrollment!

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.**

Materials Distributed April 2015 meeting

Materials Distributed at April 16, 2015 meeting may be found [HERE](#)

[EASIER ACCESS TO CARE
THAN THE UNINSURED](#)

[STUDY: ENVIRONMENTAL
HAZARDS COST CALIF. \\$254
MILLION ANNUALLY](#)

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SAVE THE DATE

June 16, 2015: 3 PM Medi-Cal Managed Care Performance Dashboard Webinar Register [now!](#)

The purpose of this webinar is to present the sixth public edition of the Medi-Cal Managed Care Performance Dashboard and to provide a forum for questions from stakeholders. The Dashboard will help DHCS and its stakeholders better observe and understand the performance of Medi-Cal managed care.

After registering, you will receive a confirmation email containing information about joining the webinar. [View System Requirements](#)

Contact:

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Department of Health Care Services
Managed Care Quality & Monitoring
Division
Program Data Section

Monday, June 22 8:00 am to 4:30 pm Mommy, Baby & Me: Working with Justice-Involved Mothers & Their Young Children Center for Healthy Communities at The California Endowment

Families & Criminal Justice presents a training Institute for practitioners who provide services to parents, children and/or families. This Institute will provide an overview of practice issues with justice-

Guest Speakers: Angela Dreyer, RN, MSN and Elmo Trevina, CCS "After the NICU: High Risk Infant Follow Up"

HRIF was established in 1979 to provide follow-up for high risk infants discharged from the NICU. Lack of knowledge and misunderstanding of the High Risk Infant Follow-up program, particularly the eligibility criteria, has led to underutilization. As a result, diagnosis and treatment of infants with disabilities has been delayed. Rigorous research has shown that early identification of risks and early intervention benefit a child greatly. High quality early intervention services can change a child's developmental trajectory and improve outcomes. And intervention is likely to be more effective and less costly when it is provided earlier in life rather than later, when the developing brain is more capable of change. In 2011, Lucille Packard Children's Hospital at Stanford conducted a study that analyzed data on infants born weighing less than 3.3 pounds from 2010 thru 2011. The study found that of the 10,433 infants who meet the criteria for HRIF based on weight 20% or 2604 infants were not referred. The group that was least likely to receive a referral were: African Americans, Hispanic, or infants large in size. The good news that thru educational programs, such as this, the study author noted that referral rates have increased in 2011. In an attempt to assist with improving the referral rates, State CMS published new guidelines in an attempted to clarify the program. In 2013, State DHS released [HRIF Program Letter: 01-1113](#).

Infants may be medically eligible to participate in the HRIF Program when:

- they have met CCS criteria for NICU care; OR
- they were diagnosed with a CCS eligible condition, even if CCS did not authorize services;
- but they must also meet an additional criteria - see slides or numbered letter.
- Financial eligibility is not required for HRIF program services but private healthcare coverage information will be obtained
- The parent or guardian must be a resident of their county.

With education, the aim is to increase the number of referrals and authorizations to CCS for HRIF services. And with early identification, the goal of the HRIF program is to reduce the incidence and severity of future problems by providing early intervention. Let HRIF know if you see a newborn who should have been referred in the hospital!

CCS-HRIF Liaisons are:

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Elmo Travina, RN, PHN Phone: (626) 569-385etravina@ph.lacounty.gov

Asegurate Highlights AIM/MCAP!



Over one million women of childbearing age live in California and may be eligible for Access for Infants and Mothers (AIM), now called the Medi-Cal Access Program (MCAP). Yet only a few thousand women are enrolled and taking advantage of its important benefits. Here are 5 things you need to know about MCAP: [Read more...](#)

Public Health Supporters Needed!

involved mothers---including pregnant prisoners---and their young children.
For more information about this training, visit the [Families & Criminal Justice website](#) and to register, please visit [Eventbrite](#).

June 25, 2015, "The Impact of Trauma on Early Brain Development" "The 3 R's: Relationships, Regulation and Resilience" 8:00 am - Registration 8:30 am - 10:00 am Presentation Presenter: Joan Maltese, Ph.D. is the Executive Director of Child Development Institute. She is an IDA Board Member. In addition, she also contributes to a long list of professional activities related to young children and those with special needs.

[Details](#) Who Should Attend: Early interventionists, nurses, occupational therapists, social workers, early childhood teachers. Canoga Park Community Center 7248 Owensmouth Ave., Canoga Park, CA 91303 Register [Online](#) - [Download Registration Form \(PDF\)](#)

EMPLOYMENT

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

- [Administrative Assistant to Executive Director](#)

You may not be following closely the issue of the proposed merger of the departments of Health, Public Health and Mental Health in Los Angeles County. MCHA has gathered many of the documents and in our March newsletter listed the website for the "[Integrated Health Agency](#)" concept and the timeline. The formal Public Comment period has ended and the final report, which is supposed to incorporate public comment, is due to the Board of Supervisors BY June 30 - it could be before! Therefore, educate yourself if you have not followed this issue. PLEASE send a letter to your Supervisor stating your concerns. A sample letter, Board addresses and talking points to consider, are on our [website](#): Even if you don't want to support an alternative structure, such as an Office of Health Enhancement (supported by over 135 organizations) or a Task Force, suggested by the UCLA School of Public Health Deans and professors, the main point is that "integration" should mean focusing with laser-like clarity on the integration problems themselves, and not on a costly diversion of creating an umbrella agency! Here are points from the letter:

- 1) The scope of public health responsibilities that today fall under the County Department of Public Health is enormous, with more than 35 separate divisions to protect health, prevent disease and promote improved health in all segments of the population.
- 2) While DPH is responsible for protecting the health needs of more than 10 million LA County residents, public health stakeholders legitimately fear that the stated emphasis of a Health Agency on "improving patient-centered services" will overshadow and curtail investment in important public health interventions, as occurred when DPH was under DHS until 2006.
- 3) Just as importantly, DPH's scope of responsibilities has continued to grow since it became an independent department in 2006, as the County's threats to public health have continued to grow since 9/11 and with the spread of new infections diseases worldwide.

Read the "[secret memo](#)" to the Board in January, made public by the Los Angeles Times, and note that on p. 2, all the points about integration refer to patient services - NOT the purview of public health. MCHA has maintained all along that health network adequacy, what Dr. Katz is pointing out, should not come at the expense of merging or overseeing whole departments whose mission is vastly different from health services. Public Health aims to keep people OUT of clinics and hospitals by keeping them well. Lastly, come to the Board of Supervisors if you can on June 30, if a vote is scheduled that day (it may be delayed). Mental health advocates have been strongly opposed to the umbrella agency as well, and they are out in force gathering letters and opposition. Public Health advocates are more dispersed, naturally, as we work in hundreds of areas....

Maternal Mortality Improved in California! A sustained decline since 2008, but racial and ethnic disparities exist

See the California Department of Public Health's May, 2015 MCAH Bulletin [here](#): and the webpage detailing the [California Pregnancy-Associated Mortality Review](#): The Review was established in 2006 and reviewed maternal deaths from 2002 to 2007, the years with the sharpest rise in maternal mortality.

And in Los Angeles, Recent Birth Trends!

An April, 2015 [report](#) from the Office of Health Assessment and Epidemiology in Los Angeles describes a number of new and ongoing trends. Over the past two decades, the number of births in LA County has decreased. Birth rates for teens 15-19 and women 20-24 have decreased, while rates for women over 35 have gradually and consistently increased. Economic, demographic and behavioral factors are also examined.

- [Parent Coach, Level II - Welcome Baby Program](#)
- [Project Coordinator - Pregnancy Policy](#)

[MCHA](#) is an Equal Opportunity Employer; women and people of color are strongly encouraged to apply.

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Breastfeeding Story-Gathering!

National Women's Law Center and the US Breastfeeding Committee are working on breastfeeding story-gathering in two areas: experience with health insurance coverage, and airport accommodation (which California achieved with [AB 1787](#), starting January 2016) Stories from supporters like you are having a BIG impact on members of Congress!

This month we launched [two new story collection tools](#), and we already have received 200+ submissions! We know stories have an astounding influence on the policy solutions generally considered by Congress. In particular, we know that your stories have already helped to recruit several co-sponsors for the FAM Act...so we need you to keep them coming! We need [stories](#) about how lactation accommodations in airports have (or would have) made a difference for you, to demonstrate why the [FAM \(Friendly Airports for Mothers\) Act](#) is crucial to building a landscape of breastfeeding support, wherever moms go! In addition, we need [stories](#) about experiences with health plan implementation of the ACA breastfeeding coverage requirements, to put pressure on insurers and policymakers to ensure that this critical preventive service is really working for our nation's moms and babies.

Your submissions will become part of a bank of real-life stories, compiled and displayed in real time and used for a variety of purposes, including in conversations with Congress, policymakers, and the media, and in future action campaigns, blogs, and articles.

From the Environmental Working Group: the Personal Care Products Safety Act

Right now, cosmetics companies can put just about anything in their products - even chemicals associated with cancer and endocrine disruption. **Sens. Diane Feinstein (D-Calif.) and Susan Collins (R-Maine) have introduced a bill that would require cosmetics companies to prove that their products are safe before marketing them.** It would give the federal Food and Drug Administration the power to review risky ingredients.

While many cosmetics companies support the bill, Merle Norman and Mary Kay haven't stepped up yet!

EWG needs you to take action today and tell these companies to support the Personal Care Products Safety Act. Click [HERE](#) to add your name to EWG's petition to Merle Norman and Mary Kay! Cosmetics shouldn't include potentially dangerous ingredients.

What goes on our skin is often absorbed into our bodies, and that's certainly the case with chemicals in personal care products. EWG's Teen Body Burden study found an average of 13 cosmetics chemicals in the bodies of teenage girls. Among the suspect substances were phthalates, triclosan and parabens -- all of which have been found to alter the hormone system. Enough is enough.

The Personal Care Products Safety Act would give the FDA the power it needs to protect consumers from these chemicals. Many cosmetics companies are working with us to get this bill passed and protect their customers. **So why are Merle Norman and Mary Kay sitting on the bench?!**

Click [HERE](#) to sign our petition telling Merle Norman and Mary Kay to support the Personal Care Products Safety Act! Thank you for adding your voice - together we can get carcinogens and hormone disruptors out of our products.

44% of Covered California customers report difficulty paying premiums

By Chad Terhune, LA Times.

A new survey shows that 44% of Covered California policyholders find it difficult paying their monthly premiums for Obamacare coverage. And a similar percentage of uninsured Californians say the high cost of coverage is the main reason they go without health insurance. The issue of just how much people can afford will loom large as the state exchange prepares to negotiate with health insurers over next year's rates. Many analysts are predicting bigger premium increases for 2016 in California and across the country. Insurers have more details on the medical costs of enrollees, and some federal programs that help protect health plans from unpredictable claims will be winding down.

This latest pulse on consumer attitudes is drawn from a Kaiser Family Foundation survey of 4,555 Californians from September to December 2014. It examined the experiences of people in Covered California, Medi-Cal, other private coverage and the uninsured. Forty-four percent of exchange policyholders surveyed said it's somewhat or very difficult to afford their premiums. That's compared with 25% of adults who had employer-based or other private health insurance. Peter Lee, executive director of Covered California, acknowledged that many Californians find it hard to fit health insurance premiums into their household budget, even when they qualify for generous federal subsidies.

"If you are making \$25,000 a year that \$70 premium is still a struggle," Lee said. "The Affordable Care Act is providing nobody with a free lunch. This issue of making healthcare affordable is not easy." Anthem Blue Cross, Kaiser Permanente and other health insurers have submitted their proposed 2016 rates for individual policies to Covered California, and negotiations are expected to begin next month. The final statewide rates should be announced in July, Lee said. For 2015, the average rate increase was 4.2%.

The consumer survey also delved into patient satisfaction with their health insurer and access to care. Among Covered California members, 74% rated their coverage as excellent or good. It was 88% among people with other private coverage. Ninety-one percent of exchange customers said it was easy to get to their usual source of medical care, matching the response among people with other types of private coverage. And 59% of Covered California enrollees had a checkup or preventive care visit by the fall of 2014. But 18% of exchange policyholders said a medical provider would not accept them as a new patient.

Many consumers have complained about a shortage of participating doctors in narrower Covered California networks and problems getting accurate information from insurers' provider directories.

Newly Insured Californians Report Easier Access to Care Than the Uninsured

Low-income California adults who gained insurance coverage in 2014 had an easier time accessing health care than those who were uninsured and increased financial protection from medical bills, according to a [new Kaiser Family Foundation \(KFF\) report](#).

[The report](#), funded by the Blue Shield of California Foundation and based on findings from the California sample of the 2014 Kaiser Survey of Low-Income Americans and the ACA, finds that newly-insured Californians were more likely to have a usual source of health care (61%) than the uninsured (43%), and that the newly-insured also were more likely to have used any medical services (58% vs. 45%). In addition, newly-insured adults reported lower rates of difficulty paying medical bills, and were less likely to say they worry about their ability to afford medical care in the future.

Clinics and health centers continue to be core providers for both populations: 47 percent of the newly-insured and 60 percent of the uninsured with a usual source of care say they use them rather than a doctor's office or HMO.

While the majority of newly-insured adults give their health plan "excellent" or "good" ratings, some newly-insured adults do report ongoing challenges. More than a third of newly-insured adults (35%) say they postponed or went without needed health care (versus 29% of those who were continuously insured), and nearly half (47%) said it was somewhat or very difficult to afford their monthly premium. Between October 2013 and 2014, about 2.8 million people were determined eligible for Medi-Cal, which was expanded under the Affordable Care Act. During that period, roughly 1.7 million people applied and were determined eligible for enrollment in a private plan through Covered California, the state-run insurance marketplace created under the health law.

[The new report](#) examines who in the state gained coverage in 2014; who remained uninsured and why; how people view their coverage; and how coverage affects financial security and access to care. KFF and the Blue Shield of California Foundation co-sponsored a briefing and panel discussion about the findings, and how the California experience with the ACA has been going. You will be able to view an archived version of the [webcast](#) within the next week.

The survey, which included a state-representative sample of 4,555 California adults age 19-64, was conducted between Sept. 2 and Dec.15, 2014

Study: Environmental Hazards Cost Calif. \$254 Million Annually

June 16, 2015 - Suzanne Potter, Public News Service (CA)

[Play Audio in Browser Window](#)

OAKLAND, Calif. - A study released today by the nonprofit [Public Health Institute](#) (PHI) says California could save \$250 million per year in healthcare costs - and improve the lives of millions of children - by eliminating exposure to preventable environmental hazards such as lead, pesticides, second-hand smoke, car exhaust and certain household chemicals.

Galatea King, health surveillance director with PHI and one of the authors of the [California Environmental Health Tracking Program](#) study, says she and her colleagues focused on multiple health conditions including asthma, leukemia, autism and ADHD.

"We looked at estimates of what amount of the burden of each condition could be attributable to the environment," she says. "We were looking at things that could be prevented."

According to the report, California could fund more programs to remove toxic lead paint, or build more clean, affordable housing to cut down on asthma. King says efforts to combat climate change are also key.

"The worsening environmental impact of climate change is going to affect children's health," she says. "Air pollution, dust and pollen in the air, water contamination and greater use of pesticides as our climate changes."

The researchers hope policymakers will use the data to justify more environmental efforts.

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PHOTO: A new report shows fixing environmental hazards could save California \$254 million a year, and improve child health. Photo credit: Cheryl Holt/Morguefile.

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