



## Maternal and Child Health Access

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### SAVE THE DATE

**Wednesday, December 11, 2013 9:00 am - 4:00 pm Motivating Conversations:**

Empowering Mothers to Meet Their Breastfeeding Goals Centinela Hospital Medical Center Inglewood, CA. Join us to learn more about how Motivational Interviewing (MI) can maximize your impact on breastfeeding mothers. Space is limited

### Next MCH Access Monthly Meeting:

**Thursday, Nov. 21, 2013**

**10am - 12pm**

**LOCATION:**

**MCH Access**

**Patricia Phillips Community Room**

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

**Los Angeles, CA 90017**

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

**TOPIC:**

**211 LA Developmental Screening and Care Coordination for Children Birth to 5 Years of Age**

**GUEST SPEAKER:**

**Patricia Herrera M.S.**

**Project Director**

**Developmental Screening**

**and Care Coordination**

**211 LA County**

### MCHA's Women's Arts Collective Holiday items for sale!



### 10 Thousand Villages - Pasadena, CA

Shop for handmade gift items from artisans around the world and make a difference with your holiday shopping!

Full details [HERE!](#)

### Materials

Distributed at our Oct. 17 meeting may be found [HERE](#), including our list of maternal and child health-related bills signed, vetoed and held during the last legislative session.

### PARKING:

- register [HERE](#) and [Download Brochure](#)

**Dec 9 and 10, 2013: The 2013 Unintentional Injury Prevention Conference at the Hilton Arden West Hotel in Sacramento.**

Conference registration, exhibit, sponsor, and hotel reservation information can be found at

[www.cccsh.ca](http://www.cccsh.ca). The unintentional injury prevention conference and Strategic Planning project are hosted by the California Coalition for Children's Safety and Health ([www.cccsh.ca](http://www.cccsh.ca)) and Advocates for Health, Economics and Development: For urban and rural underserved communities (AHEAD - [www.aheadcalifornia.org](http://www.aheadcalifornia.org)), in cooperation with Safe Kids California and CA Department of Public Health's SAC Branch. Email questions about the conference, CCCSH, AHEAD or the unintentional injury prevention strategic plan project to: [scbarrow88@gmail.com](mailto:scbarrow88@gmail.com) - Steve Barrow, Co-Chair 2013 Unintentional Injury Prevention Conference and CCCSH Board Member

**Thursday, January 16 2014 8:30-5 PM Women's Policy Summit:**

[Advancing Women's Health, Wealth & Power](#)  
Sacramento Convention Center 1400 J Street  
Sacramento, CA 95814

**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.**

### Summary of October 17 meeting

#### Guest Speaker: Lori Marx-Rubiner, MA, MSW Breast Cancer Month = Breast Cancer Action

Lori Marx-Rubiner is a volunteer for Breast Cancer Action (BCA), an organization headquartered in San Francisco. She spoke from the point of view of a breast cancer survivor and passionate advocate for change in how we address and view the disease. BCA's priorities are to

- Seek more effective and less toxic breast cancer treatments
- Decrease involuntary environmental exposures and
- Generate awareness of the role of social injustices

The irony of an "awareness" month was noted - is anyone not aware of how prevalent breast cancer is, or not know someone with the disease? Lori also talked about the "think before you pink" campaign and "pinkwashing", a term coined by BCA to mean the practice of benefitting from breast cancer fundraising from a product or issue that does or may contribute to breast cancer (examples, pink fried chicken buckets, cosmetics, vodka). Lori urged us to ask questions - who gains? What is being sold? How safe is this product? And to challenge the system! A wonderful 'tool kit' for combating pinkwashing was made available at the meeting. Lori discussed the inequalities and disparities of breast cancer. Inequalities represent the social injustices -- political, economic and racial-that result in disparities in breast cancer incidence and outcomes. Social determinants of breast cancer exist - geographics, social class, race/ethnicity and access to are but a few. Risk factors include exposure to toxins, unhealthy neighborhoods, education, job opportunities and housing quality. African American women have a much higher mortality rate than any other racial/ethnic groups. Institutionalized barriers lead to differences in treatment for cancer. However, the good news is that since 1990 breast cancer mortality has been slowly declining. Lori's action step suggestions included working to impact policy in various ways. Her contact information is on the website slide presentation for 10-17-13. Breast Cancer Action is at [www.bca.org](http://www.bca.org).

#### Cuts in CalFresh affect more than just participants - Marcela Marquez, CalFresh Coordinator, MCHA

On November 1, most CalFresh(Food Stamp) participants saw a decrease in their monthly benefits because of the end of the 2009 federal stimulus, after a slight rise in October for some, due to cost of living increases. Economists have found that

Luncheon Keynote Speaker  
Sandra Fluke, Social Justice Advocate & Attorney  
Reproductive Rights, Freedom & Justice:  
A Vision for California's Future. Click [HERE](#) to add to my calendar

## RESOURCES

Identifying and Addressing the Needs of Adolescents and Young Adults with Cancer - Workshop Summary  
Cancer is the leading disease-related cause of death in adolescents and young adults (AYAs). Each year, nearly 70,000 AYAs between the ages of 15 and 39 are diagnosed with cancer. Adolescents and young adults face a variety of unique short- and long-term health and psychosocial issues, such as difficulty reentering school, the workforce, or the dating scene; problems with infertility; cardiac, pulmonary, or other treatment repercussions; psychiatric conditions such as anxiety and depression; and secondary malignancies. Many programs for cancer treatment, survivorship care, and psychosocial support do not focus on the specific needs and risks of AYA cancer patients. July 15-16, 2013, the IOM's National Cancer Policy Forum held a workshop to facilitate discussion about gaps and challenges in caring for AYA cancer patients and potential strategies and actions to improve the

every dollar of SNAP spending generates roughly \$1.70 in local economic activity. The USDA has calculated that food stamps generate an even bigger bang for the buck. So pinching food stamp recipients will ripple into the broader U.S. economy. Among other effects, that could dent revenues for the nearly 250,000 groceries and supermarkets around the country that accept SNAP payments, potentially affecting everyone from store workers and truck drivers delivering food to consumers, as food sellers raise prices to offset the loss of revenue.

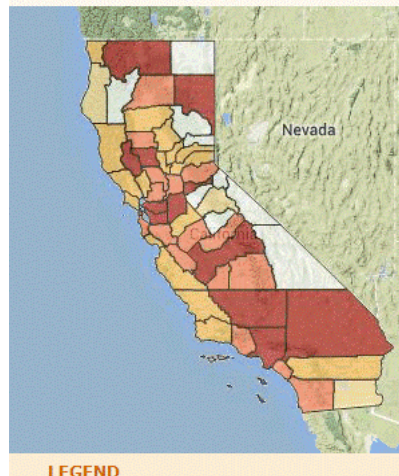
Meanwhile, research suggests that reducing food aid could not only increase hunger, but also undermine public health. In a six-year study, Children's HealthWatch, a nonpartisan pediatric research center, recently found that young children in families that got SNAP benefits were at significantly lower risk of being underweight, which is linked with poor nutrition, and of developmental delays. That jibes with research by Northwestern University economist Diane Whitmore Schanzenbach. She has found that since food stamps were introduced in the 1960s, women in the program have seen a reduction in low-weight births and a decrease in infant mortality.

## November is Prematurity Prevention Month - KIDS DATA: Low birthweight babies






**kidsdata.org**

A Program of  Lucile Packard Foundation  
for Children's Health

### Infants Born at Low Birthweight: 2011



#### LEGEND

(Percent)	
	No Data
	4.7% to < 5.4%
	5.4% to < 6.3%
	6.3% to < 7.0%
	7.0% to 9.0%

Nearly 7 percent of California babies were born at a low birthweight of about 5.5 pounds or less in 2011. Low birthweight babies are at higher risk of long-term disability and death in their first year. **Click on this graphic** to see data for your county.

Nearly 7 percent of California babies were born at a low birthweight of about 5.5 pounds or less in 2011. Low birthweight babies are at higher risk of long-term disability and death in their first year.

See the full KidsData info graphic of the week on our home page [HERE](#).

## New CPR Case Study Shows How South Carolina Improved Birth Outcomes, Saved Millions by Changing Payment Policy

*South Carolina is the First State in the Nation to Implement a Policy of Non-Payment for Early Elective Deliveries Across the Public and Private Sector*

quality of their care. The workshop featured discussion panels as well as presentations from clinicians, researchers, AYA cancer survivors, and health advocates working to improve the care and outcome for adolescents and young adults with cancer. More info [HERE](#).

### 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. **Please note: the job descriptions for the employment positions listed below will be posted on our website soon.**

- [Welcome Baby Outreach Coordinator](#)
- [Project Coordinator - Pregnancy Policy](#)
- [Administrative Assistant - Pregnancy Policy](#)

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

### Join Our List

[Join Our Mailing List!](#)

A new case study released today by Catalyst for Payment Reform (CPR) with support from the Milbank Memorial Fund shares the story of South Carolina's Birth Outcomes Initiative (BOI).

The case study chronicles how South Carolina's Department of Health and Human Services, South Carolina's largest commercial health plan, and many other stakeholders partnered to engage providers in quality improvement activities, and then agreed together to stop paying for early elective deliveries-those occurring before 39 weeks gestation. Early elective deliveries are associated with worse health outcomes for infants and mothers and higher health care costs. Despite the overwhelming evidence against early elective deliveries, an estimated 10 to 15 percent of babies in the U.S. continue to be delivered early without medical cause. The South Carolina BOI has so far reduced unwarranted early-elective inductions by 50 percent, decreased neonatal intensive care unit admissions, and saved the State's Department of Health and Human Services more than \$6 million (in just the first quarter of 2013). South Carolina is the first state in the nation in which the Medicaid agency and the largest commercial insurer have collaborated to establish a policy of nonpayment for early elective deliveries.

As CPR's Executive Director Suzanne Delbanco explains, "There are various ways states and employers can create incentives for health care to be delivered according to the evidence, including for labor and delivery services. This case study supports CPR's belief that payment reform is more effective when the public and private-sectors align and send consistent signals to providers. South Carolina succeeded in improving birth outcomes by sending these consistent signals, and by engaging stakeholders in a highly collaborative process focused on improving health.

The Milbank Memorial Fund provided financial and editorial assistance for the project; the Fund helps with the identification and dissemination of evidence to support public and private decision makers in adopting policies to improve population health. "There is an enormous benefit-to-cost ratio from implementing policies that reduce early births; but that implementation is challenging," explains Christopher Koller, President of the Milbank Memorial Fund. "This report details the importance of leadership, evidence and collaboration and provides valuable lessons for state policy makers and private sector purchasers. We are eager to share it with our stakeholders and appreciate the collaboration with CPR."

The case study offers tips for states and large employers wishing to replicate South Carolina's model

1. Ensure there is clear leadership for the initiative;
2. Keep the focus on health outcomes;
3. Engage providers in the process;
4. Align the public and private sectors;
5. Measure changes in provider practice patterns;
6. Test mechanics of non-payment before going live

A copy of the case study is available here. For more details, please contact Nicole Perelman, Director of Communications, CPR, [nperelman@catalyzepaymentreform.org](mailto:nperelman@catalyzepaymentreform.org)

## Report: First Eight Years Crucial for CA Kids

SACRAMENTO, Calif. - After eight may be too late. A [report](#) released today shows that the first eight years of children's lives affect their success throughout their lifetimes. The report by the Annie E. Casey Foundation, in partnership with

Children Now, shows that income-based disparities in development begin among infants as young as 18 months, and continue to widen as they grow older.

According to Ted Lempert, the president of Children Now, the achievement gap is basically set before kids even start kindergarten.

"If kids are starting kindergarten behind, and if they're not reading at grade level by third grade - sure there's exceptions - but most of those kids are not on a track to graduating high school, going to college and having a secure job," he warned.

Nearly half of California's youngest children now live in low-income households. The report says investing in early childhood development would help break the cycle of poverty in California.

Lempert said that by age four, children in very low-income families have heard only two words for every seven words that a higher-income child has heard.

"So what that really points to is that if every child's going to have an equal opportunity we need to make sure that, especially, kids from low-income families are having access to other development opportunities, you know, in those early years."

Laura Speer, associate director for policy reform and advocacy at the the Casey Foundation, said that allowing parents to increase their involvement in their children's lives can help support early-childhood education efforts at home.

"Having the flexible work schedule - it's so important," she declared. "Also, things like providing paid sick leave for parents could make a huge, huge difference."

The report calls on California to invest more in quality, cost-effective early childhood development programs to help break the cycles of poverty and narrow the achievement gap.

The report is at [AECF.org](http://AECF.org).

## New Resources on Mixed-Status Families and the ACA

*"Fear about deportation should never prevent an immigrant parent from purchasing affordable health care for his or her children."* - [Marielena Hincapié](#), NILC executive director

We're excited to share three new resources on immigrants and the Affordable Care Act (also known as the ACA or "Obamacare").

FIRST, on October 25, **U.S. Immigration and Customs Enforcement (ICE)**, the immigration enforcement arm of the U.S. Dept. of Homeland Security, issued a memo titled "[Clarification of Existing Practices Related to Certain Health Care Information](#)." It confirms that immigrant parents can enroll their U.S. citizen children and other eligible family members in health insurance programs under the ACA without triggering immigration enforcement activity.

One of the major barriers to enrolling eligible members of mixed-status families into health insurance programs is the fear that applying for coverage will bring undocumented members of those families to ICE's attention. Due to this fear,

eligible family members, including U.S. citizen children, often go without the critical health insurance available to them. The ACA already contains strong protections aimed at allaying such fears, but the [new clarification from ICE](#) makes it even more clear and serves as a strong reminder that no one who's eligible for health insurance coverage should go without it.

SECOND, the **U.S. Dept. of Health and Human Services** (HHS) has devoted a webpage on its ACA website, [HealthCare.gov](#), to answering questions about immigrants' access to the health insurance marketplaces. On that webpage, titled "[What do Immigrant Families Need to Know about the Marketplace?](#)," you'll find information on these topics: lawfully present immigrants' eligibility for subsidies, immigrant access to Medicaid and CHIP, whether the ACA raises public charge concerns (it doesn't), mixed-status families' options for care and coverage, and the collection and use of Social Security numbers (SSNs) and immigration status information.

THIRD, here at the **National Immigration Law Center** we've just published a set of [answers to frequently asked questions](#) about **mixed-status families' access to ACA programs**. Our new 7-page FAQ explains, for example, who is eligible for coverage in the health insurance marketplaces created by the ACA, and who in a mixed-status family is an "applicant" and who a "nonapplicant"; and it lists six "Key points to remember about mixed-status families."

You can find links to many more resources about immigrants' access to health care on our "[ACA: Fact Sheets & Advocacy Materials](#)" webpage-including information on who is "[lawfully present](#)" for purposes of the ACA, a table showing [which documents are typically used](#) by lawfully present immigrants, and whether using health care raises a concern that the user will be considered a [public charge](#).

We hope these new resources help in your outreach to immigrant families about the ACA. Please help us spread the word!

## CONTACT US

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