



## Maternal and Child Health Access

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### SAVE THE DATE

Thurs., Nov. 15th from 12:30PM to 1:30PM PST WEBINAR:

Connecting Kids to Coverage-Plans for 2013! (Watch it at MCHA if you can't make it back to your office in time after meeting!)

This webinar will provide information about CMS's plans to support your efforts to reach children and families eligible for Medicaid and the Children's Health Insurance Program

### Next MCH Access Monthly Meeting:

**Thursday, November 15, 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.)

#### SPEAKERS/TOPICS:

Chandra Higgins, MPH, Epidemiologist  
Research, Evaluation and Planning - Los Angeles County  
Department of Public Health - Maternal, Child, and Adolescent  
Health Programs.

"2010 LA Mothers and Babies Survey (LAMB)"  
Updates on Health Programs

MCHA Collectiva Boutique - Get your holiday shopping started!

#### 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

#### RSVP:

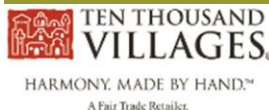
While this is not required, you can register [HERE](#) so we know you'll be attending

Please contact our office with any questions regarding this email or visit our website for further information about our organization.



**MCHA Collectiva Boutique - Get your holiday shopping started!**

**Ten Thousand Villages in Pasadena Friday November 23rd - Sunday December 2nd ONLY**



A Fair Trade store at 567 S. Lake Ave., near California Blvd. During these dates, when checking out, either give our name (MCH Access or Maternal and Child Health Access) OR print and give this **FLYER** and MCHA will receive 15% of sales! (in-store purchases only)

(CHIP) and help them enroll. Center for Medicaid and CHIP Services Director Cindy Mann, community-based outreach partners, and the Connecting Kids to Coverage Communications Team will talk about education and outreach plans for 2013, new materials, event ideas and more. If you are a CHIPRA outreach grantee, project officer, state Medicaid and CHIP official, or children's health coverage outreach partner and supporter, we invite you to join the discussion and learn more about how you can participate in planned activities. REGISTER

[HERE](#) If you have any questions, please contact Riley Greene at 202-813-4974 or [Riley.Greene@gmmb.com](mailto:Riley.Greene@gmmb.com)

**Tuesday, November 27, 2012 8:30 am - 3:30 pm**  
**Advocacy through Environment - Women's Reproductive Health and the Environment in Los Angeles County** Join us for a presentation of best practices in addressing environmental toxins and reproductive health focused on community advocacy, policy and research. This free event is supported by The David and Lucile Packard Foundation and the [Executive Advisory Board](#) of the Iris Cantor - UCLA Women's Health Center. For information and registration, please contact Daphne Alexander at 310-794-8063 or [dalexander@mednet.ucla.edu](mailto:dalexander@mednet.ucla.edu) Click [HERE](#) for event registration form.

**Free Workshops from**

## Notes from October meeting

### Guest Speaker: Martha Dina Arguello, Executive Director, Physicians for Social Responsibility, LA - "Reproductive Health Cancers Update - Breast Cancer and the Environment"

Ms. Arguello spoke in recognition of Breast Cancer Awareness Month, October, which MCHA and others prefer to refer to as Breast Cancer Prevention month, with that focus. With one in eight women with a lifetime risk of breast cancer, it seems inconceivable that we as women are not "aware" of the disease. But we need to be much more; we need to be fighters against acceptance of breast cancer as the status quo and we need to PREVENT breast cancer and other reproductive cancers. What do we mean by prevention? As Ms. Arguello explained, we need to eliminate those chemicals that have evidence that they affect our health; screen new chemicals for long-term effects BEFORE use, not after, and protect Public Health. Luckily, organizations exist such as Physicians for Social Responsibility, Breast Cancer Action, the Breast Cancer Fund, the Environmental Working Group and others. Breast cancer incidence rates increased by more than 40 percent between 1973 and 1998.

Across racial and ethnic groups in the U.S., death rates from breast cancer have decreased over the few years since their peak in the late 1990s. Despite this apparent good news, significant racial/ethnic disparities remain consistent over the last several decades. In the U.S., black women have the highest breast cancer mortality rates of any racial/ethnic group. At any age, black women are more likely to die from breast cancer than are white women. While mortality rates for both groups have decreased over the past couple of years, the decrease has been much less for black women, and the disparity between mortality rates for white and black women has grown over the two decades since the mid 1980s, when they were comparable.

Use and exposure to harmful chemicals is on the rise in the US; 85,000 synthetic chemicals are registered in the US with 100 new synthesized chemicals a year. We have NO human health data for more than 90% of them.

Recent research demonstrates that mixtures of chemicals or combinations of chemicals and genetic or hormonal profiles may lead to increases in breast cancer risk. Scientists now know that the timing, duration and pattern of exposure are at least as important as the dose. We used to say "the dose makes the poison" but it is a much more complex issue.

Ms. Arguello covered specific chemicals of concern and where they are found: parabens, dioxins, phthalates, benzene, PVC and organic solvents. Some chain stores have been amenable to selling less harmful brands and some companies have been open to getting rid of chemicals in their soaps and other solutions. Physicians for Social Responsibility is doing amazing work approaching businesses on a high level.

**Kidsdata/UCLA: How to Use Data About Children in Your Work - Wednesday, Dec. 5, 2012 9 a.m. to 3 p.m., at the DeVry Anaheim University Center, Anaheim. Register [HERE](#): and Tues., Dec. 11, 2012, 9 a.m. to 3 p.m., at the California Endowment Los Angeles Conference Center.**

Register [HERE](#).  
At the workshops, which will be appropriate for beginning and intermediate data users, you'll learn how to formulate data questions, interpret results, export data for analysis, and use your findings in reports, presentations, proposals, and policy/program planning. Working directly with kidsdata.org, attendees will learn tips for obtaining data for every county, city, school district, and legislative district in the state. These workshops are sponsored by the UCLA Center for Health Policy Research and the Lucile Packard Foundation for Children's Health. Porsche Johnson, UCLA Center for Health Policy Research 310-794-0991 [porschej@ucla.edu](mailto:porschej@ucla.edu)

## 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.

- [Health Programs and Benefits Trainer - Training and Education](#)

Personal actions and "big picture" actions both were discussed: Avoid canned foods, especially during pregnancy and lactation; avoid synthetic fragrances (e.g., in personal care products and household cleaners); choose companies who disclose all ingredients; avoid pesticides - choose organic foods and natural home pest control; use glass and stainless steel food and beverage storage. At policy levels, the campaigns against BPA, especially in canned goods; safe cosmetics and chemical policy reform were discussed.

Finally, Ms. Arguello discussed "pinkwashing" - the term was coined by Breast Cancer Action (BCA) to describe when companies or organizations claim to care about breast cancer by promoting a pink ribbon product, but at the same time produce, manufacture and/or sell products that are linked to the disease. BCA encourages you to "[think before you pink](#)" about the underlying impact of the product itself as well as the amount of money (usually miniscule) going to the breast cancer cause.

## Guest Speaker: Astrid Campos, The California Partnership - State Propositions

Ms. Campos discussed primarily Propositions 30, 31, 34, and 38.

**Prop 30** is a tax on the wealthiest 2% of Californians for seven years and would raise the sales tax by ¼ cent for four years to fund K-12 schools, community colleges and some social services. If it did not pass, \$6 billion in cuts would be triggered to schools and Dept. of Developmental Services. Ms. Campos addressed the issue of accountability that was raised - money is placed in an Education Protection Account. State Controller John Chung has supported and stated the funding would go to schools. **PASSED.**

**Prop 34** repeals the death penalty as the maximum punishment for persons found guilty of murder and replaces it with life imprisonment w/o possibility of parole. It creates a \$100 million fund to be distributed to law enforcement to help solve more homicide and rape cases. **FAILED.**

**Prop 36** reforms the Three Strikes Law so that a life sentence is only imposed when the third strike felony conviction is serious or violent or involves certain non-serious, non-violent sex or drug offenses or involves firearm possession. State savings for prison and parole operations run in the tens of millions to \$100 million annually: **PASSED.**

**Prop 38** increases personal income tax rates for annual earnings over \$7,516 on a sliding scale for 12 years for K-12 schools and early childhood programs. **FAILED.**

**Prop 39** requires multistate businesses to calculate their California income tax liability based on the percentage of their sales in CA and closes other tax loopholes for funding project that create energy efficiency and clean energy jobs in CA and to General Fund revenues. **PASSED.**

### Department

- [Welcome Baby - Parent Coach, Level II](#)

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

### Join Our List

[Join Our Mailing List!](#)

Ms. Campos noted several websites and links for voter guides, especially the Courage Campaign's Progressive Vote guide listing 14-15 groups' choices.

## Changes to the Healthy Kids Program in Los Angeles

Funding for the Healthy Kids program for 6-18 year olds ONLY will END on January 31, 2013. Children will continue to be enrolled in the 0-5 part of the program.

Kaiser Permanente Child Health Plan (KPCHP) is open in Los Angeles except in Antelope Valley zip codes and is currently accepting applications - the paper applications are easier to use and Kaiser recently changed its position to allow them instead of requiring electronic application submission. KPCHP has agreed to consider applicants that are currently enrolled in the HK 6-18 program. Usually, children who apply to KPCHP cannot have dual coverage, therefore, CAAs must write "Healthy Kids coverage terminating on \_\_/\_\_/\_\_ date" on page two of the KPCHP application. The KPCHP enrollment process takes up to 45 days. CAAs are asked to work with the family to determine the Healthy Kids termination date to allow enough time for KPCHP to process the application. The family MUST contact the Healthy Kids program to let them know the desired termination date. CAAs are aware of these changes and can help families: click [HERE](#)

MCHA would prefer that the two health coverage organizations work out an electronic transfer if a family is willing, and take out the necessity for an application and the possibility for some period without coverage.

## Los Angeles Dental Stakeholders Group

Meets the Second Thursday monthly to try and improve access to and use of dental care in Medi-Cal/Denti-Cal and monitor the "Immediate Action Items" mandated by the State Department of Health Services for dental managed care plans (do you know what the action items are?). For more information contact Monica Ochoa of our office. To be on the list and receive materials and meeting notices, contact: Alisha M. Sipin, Chief, Dental Managed Care Contracts and Analysis Unit - [Alisha.Sipin@dhcs.ca.gov](mailto:Alisha.Sipin@dhcs.ca.gov) 916.464.0373.

## Covered California is the new name of the Health Benefit Exchange!



The California Health Benefit Exchange Board approved "Covered California" as the name for the new health insurance marketplace created to expand health insurance coverage through the Affordable Care Act. The name and logo are an important step in launching the new marketplace, which will be available to the public for early enrollment in October 2013 with coverage available to almost five

million Californians effective January 2014. As noted on the [agenda](#), the November 14th meeting will be held in Sacramento at the Department of Consumer Affairs located at 1747 North Market Blvd, Sacramento 95834.

The primary action to be taken at the November 14th Board meeting is to approve the Level II Establishment grant application and the Exchange Blueprint application. The Level II Establishment grant provides funding for Covered California through 2014, at which point Covered California will be financially self-sustaining.

The Board will also take action on the Qualified Health Plan regulations, the Tribal Consultation policy and the **Consumer Assistance/Ombudsman Program**. Items up for discussion include updates on CalHEERS, the Service Center and naming and branding and a discussion of the Exchange Evaluation Plan.

## Help March of Dimes Light the White House Purple

Sign the petition to turn the White House purple to celebrate the March of Dimes 75th anniversary and as a symbol of hope to families whose children are born too soon.

Join the March of Dimes in asking to light the White House purple on January 3, 2013, to honor the 75th anniversary of the founding of the March of Dimes by President Franklin Roosevelt and as a symbol of hope to families whose babies were born prematurely. Help us secure 25,000 signatures on an online petition in 30 days. Please click [HERE](#) to sign the petition today. Ask your friends and family to do the same. Thank you!

## RESOURCES

**Economic Roundtable Report: Stepping Up for Veterans Standing Down** at: [www.economicrt.org](http://www.economicrt.org). Finding sustaining employment is difficult for many post-9/11 veterans. Thousands of troops returning to Los Angeles from the Iraq and Afghanistan wars are having trouble finding employment, escaping poverty, coping with disabilities, obtaining education, and finding decent housing. The unemployment rate for veterans of Iraq and Afghanistan is over 18 percent and the under-employment rate is over 35 percent. The skill, purpose and dedication that veterans demonstrated in serving this country at a minimum earns them the right to a fair shot at a job in the civilian labor force. [United Way of Greater Los Angeles](#) commissioned this research report to understand veteran employment rates and overall well-being.

### **[New Report: Despite More U.S. Children Living in Poverty, Fewer Are Without Health Coverage](#)**

The number of children living in poverty grew by 4.5 million from 2008-2010, but the rate of uninsurance among children fell to 8.5 percent during the same period, according to a report released today by the Robert Wood Johnson Foundation. The state-by-state analysis found that while the percent of children covered by private insurance dropped, increases in public coverage more than offset these

declines in most states. Other findings by the State Health Access Data Assistance Center research team:

\* Thirty-one percent of all U.S. children had public insurance in 2010, an increase from 26 percent in 2008.

\* The percent of children covered by private insurance dropped four percentage points, to 60 percent.

Researchers attributed the coverage gains to the recent investments many states have made—implementing policy changes designed to make it easier for families to enroll eligible children in Medicaid or the Children's Health Insurance Program, and help them stay enrolled. Such changes include expanding public program eligibility for children in families earning up to 200 percent of the federal poverty level, and simplifying the enrollment process through continuous eligibility, presumptive eligibility and express lane eligibility.

### **Available for the First Time: County Enrollment Figures for California Children's Services (CCS)**

Almost 150,000 of California's children and youth were active enrollees in the [California Children's Services](#) (CCS) program in 2009, according to a first-time analysis of CCS enrollment by county, released by the [Stanford Center for Policy, Outcomes and Prevention](#) and posted on [www.kidsdata.org](http://www.kidsdata.org)

Although CCS enrollment criteria are intended to be applied uniformly across the state, the percentages of active enrollees varied widely at the county level, ranging from 2.0% to 14.2% for children under age 1, and from 0.4% to 2.3% for children and youth ages 1-21. See data for your county [HERE](#).

The CCS program helps to ensure access to essential health care services for those ages 0-21 with serious health problems. Active enrollees are those who had claims paid on their behalf. Nearly 5% of the state's children under age 1, and about 1% of children and youth ages 1-21, were [active enrollees in the program](#), which is the state's largest payer of services for children with complex chronic health problems.

CCS functions as the state agency that administers the federal Title V Program for Children with Special Health Care Needs. Title V aims to support development and implementation of comprehensive, culturally competent, coordinated systems of care for children who have, or are at risk for, chronic physical, developmental, behavioral, or emotional conditions, and who also require health and related services of a type or amount beyond that required by children generally. In California, services are provided to children who meet specific medical, residential and financial eligibility requirements. CCS is managed by the California Department of Health Care Services (DHCS) and is administered by local county health departments. DHCS engaged the Stanford Center for Policy, Outcomes and Prevention to analyze program data. The data provide insight into children's participation in the program, stratified by age group and county of residence. Variations in child enrollment, use of care, and expenditures may offer opportunities to identify best practices, implement cost-saving

strategies, and improve the value of care delivered to children with special health care needs (CSHCN). Additional analyses are under way at the Stanford Center for Policy, Outcomes and Prevention.

#### CONTACT US

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