

# News from Maternal and Child Health Access



## MCHA ADVOCACY GETS RESULTS

**E**laine\* was in her last two months of pregnancy with a baby with a known heart defect and possible lung defect, being monitored with fetal heart rate tracing and ultrasound twice a week at a high-risk hospital. The hospital had planned to order an MRI to fully evaluate the extent of the baby's birth defect to decide whether the patient should deliver there, or at an academic center. There, the baby could have access to intensive neonatal resuscitation and immediate neonatal surgery to correct the birth defect. However, the patient's Medi-Cal was changed to a health plan, disrupting the patient's care late in pregnancy. Moreover, the new receiving hospital would have been burdened with the care of this very high risk fetus for whom they had no previous knowledge, and who may require immediate neonatal surgery to ensure its survival, which the new hospital could not even offer. It took about three weeks for us to switch her back to regular Medi-Cal. We accomplished this switch right before the baby's birth.



**Maternal and Child Health Access (MCHA)** hears about and participates in these situations far too often. Imagine being pregnant without much income, going to your doctor or midwife regularly, and then suddenly, in your last two or three months of pregnancy, getting a notice telling you that you have to go into a managed care plan. This can mean changing your prenatal care clinic or doctors and planned delivery hospital just before you're ready to deliver. It can mean that the hospital preparing for your baby at risk, who has had you come in repeatedly for tests and preparation, is no longer available to you, or that you can no longer have the midwife who has worked with you throughout your pregnancy. Indeed, one health plan has noted that a minimum of one-third of their deliveries have come into the plan within the last three months.

\*Not her real name.

Through MCHA's advocacy, Medi-Cal will now issue women notice before such a change takes place. The notice gives a contact number if a woman needs to keep her relationship with her existing prenatal care provider. For the first time, the process can be done over the phone instead of involving faxing (or losing) paperwork back and forth. This simple yet dramatic policy change will, at the very least, reduce the stress and anxiety that our clients and other pregnant women with Medi-Cal have experienced late in their pregnancies when faced with losing their doctor or midwife. It could also help protect women and their newborns from preterm labor and delivery.

As our supporters know, MCHA's work is deeply grounded in the community. Through our close contact assisting women and their families, we learn about their real world concerns, and then work on policy solutions so that other families may avoid similar problems. Educating women about their rights, so that they may be better prepared to assert and protect their interests and provide for their families' needs,

is an important part of our work. MCHA focuses on pregnant women with Medi-Cal and other state programs because they cover more than half the deliveries annually in California. However, we are also a "lifeline" for pregnant women with private insurance issues, and disabled women with Medicare who can't find a provider who accepts this coverage for pregnancy.

### HERE ARE A FEW OF MCHA'S MOST RECENT ADVOCACY PROJECTS:

#### Preserving continuity of care for pregnant women:

MCHA is working to preserve the right to be exempted from managed care, in any trimester, when necessary for a woman with Medi-Cal to keep her prenatal care provider, other services and her delivery hospital. This right is now being threatened under the state's implementation of a new Medi-Cal "waiver" program requiring seniors and people with disabilities in Medi-Cal to enroll in managed care. (Continued on Page 2)

## MCHA ADVOCACY GETS RESULTS (Cont'd from page 1)

**Promoting continuous coverage throughout pregnancy:** Soon, pregnant women will have a very simple way to keep their Medi-Cal coverage without a break after they start their prenatal care with Medi-Cal's temporary "presumptive eligibility" (PE) program. Through MCHA's advocacy, prenatal providers who see the pregnant woman for initial care will be allowed to fax a one-page application to the local county Medi-Cal office for ongoing coverage, rather than have the woman fill out a full application, as has been necessary. Once this one page is faxed in, the woman's temporary coverage continues seamlessly until the county enrolls her into regular, ongoing Medi-Cal. Avoiding interruptions in coverage will promote better pregnancy outcomes. With this policy win, MCHA also helps set the stage for a simplified way for women to be enrolled in ongoing care that should carry on as an enrollment mechanism through health reform in 2014.

**Maternal and women's health in health care reform:** At the new Health Exchange Board charged with implementing health reform in California and via written comments and letters to federal agencies, MCHA has zeroed in on policies and procedures needed to ensure that implementation of health care reform in California adequately addresses women's needs. Among our major concerns are ensuring that Medi-Cal's 200% program for pregnancy care, Access for Infants and Mothers (AIM) for women with slightly higher

incomes than Medi-Cal, Family PACT for well-woman and family planning needs, and the Child Health and Disability Prevention Program "Gateway" enrollment process be preserved so that low-income women and teens will have affordable access to reproductive health services and other care before, during and after pregnancy.

**Enrollment coordination:** We are also working to ensure that the new "real time" enrollment system being proposed for 2014 for the publicly subsidized coverage programs and the new Health Exchange insurance products will be easy and consumer-friendly. Program and service delivery coordination will also be key, so that, as women move among publicly subsidized programs due to fluctuations in income or other circumstances, continuity of their care is not jeopardized and women and their families do not experience gaps in coverage.



*"...so that  
continuity of  
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## ACCESS TO CARE WIDENED IN COURTS

Maternal and Child Health Access e-mailed an announcement last December about a Superior Court case, MCHA vs. Maxwell-Jolly, California's Undersecretary for Health and Human Services. It challenged the state's failure to evaluate children properly for Medi-Cal when they applied via the state's centralized processing center ("Single Point of Entry"). As a result, children who should have been screened to Medi-Cal went to Healthy Families instead. Healthy Families provides a narrower scope of benefits than Medi-Cal and requires families to pay premiums and co-pays.

In addition, at the time the lawsuit was filed, Healthy Families had a waiting list that grew to over 93,000 uninsured children. 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 the largest "family" Medi-Cal program, Section 1931(b) Medi-Cal, when families apply via an application to the state's "Single Point of Entry." MCHA had worked administratively on this issue for years. We have 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 application that gets submitted to the state. We look forward to progress soon.

## MCHA NEWS AND NOTES

**PROFESSIONAL DEVELOPMENT:** Luz Chacon, Program Director and Lili McGuinness, Clinical Supervisor for the Welcome Baby Program, have been chosen to participate in the Prenatal through Three Cross Sector Professional Development Training. This opportunity from First5 LA and ZERO TO THREE Western Office provides direct training, mentoring consultation and reflective practice to a "learning community" of providers working with expectant parents, infants, toddlers and their families.



**WELCOME BABY NEWSLETTER:** Welcome Baby will soon launch an e-newsletter for perinatal providers – doctors, clinics and social service agencies – who work with or deliver at California Hospital Medical Center, where all Welcome Baby participants give birth. The e-newsletter will provide updates on the Welcome Baby program, statistics, and stories of individual participant success. Since it began two years ago, the program has served almost 1,800 women and is currently serving about 770 clients.

**MCHA PARTICIPATES IN CARENOW:** Our Outreach program for health coverage and services participated in the CareNow event at the Sports Arena in October, which provided medical services and referrals to thousands of uninsured and underinsured people. MCHA worked with our county funder to bring in additional organizations to provide information about coverage

programs for which those attending might be eligible. We asked to approach people as they stood in line for wristbands and to enter the event, so that their health issue might be resolved without a long wait. We also thought all people should be screened for health coverage possibilities. We will try to encourage these approaches with the program again next year.

**BEST BABIES:** MCHA is pleased that First5 LA has chosen to extend funding for the Best Babies Collaboratives until July, 2012, MCHA is funded in the Boyle Heights and Harbor Corridor Collaboratives to provide case management support for pregnant and parenting women up to two years postpartum. The support provided by the Best Babies program has been shown to improve the rate of return for women to their postpartum appointments – 72% return, as opposed to 60% nationally in Medicaid. The program has seen success in reducing low birth weight and infant mortality.

**NUTRITION AND WELL-BEING:** Our weekly health education and support classes have hosted a series of Heart Healthy classes and a separate series on nutrition and healthy cooking and exercise. Some 50% of the 35-50 women in the classes have changed to healthier cooking oils, don't use as much salt, eat more vegetables and salad, steam vegetables instead of boiling them, and have tried new foods like soy. Up to 90% of the women who took the Heart Healthy classes improved their sugar levels, cholesterol, and/or weight.

**FOOD AND NUTRITION SUPPORT:** 2011 was a productive year for our CalFresh (Food Stamps) outreach program. We helped over 200 families to successfully apply for CalFresh benefits and aided over 300 families in maintaining their benefits with their quarterly and annual reports. The big news



in the CalFresh world is that the state of California has FINALLY agreed to eliminate quarterly reporting and finger imaging (fingerprinting) for people who apply for food benefits. These two practices are not required by federal law and California was one of only three states to require finger imaging. The elimination of these practices will save the state money by reducing paperwork and the "churning" of families off and on benefits.

**MATERNITY COVERAGE FINALLY!** After four years of vetoes from the previous administration, Governor Brown signed an important set of bills to ensure maternity coverage in health insurance plans. SB 222 (Évans) requires that every individual insurance policy include maternity care; AB 210 (Roger Hernandez) clarifies "maternity services" for group insurance plans, which are already required to cover maternity but without needed specificity.

MCHA is proud to have worked on this important access issue. Two of our clients assisted with enrolling in AIM were featured in the LA Times story about the bills:  
<http://articles.latimes.com/2011/oct/01/local/la-me-maternity-20111001>

The Governor signed a number of other important maternity-related bills; to see the full list of bills passed or vetoed, see our website alert box at <http://www.mchaccess.org>.

## The Echo Center's Visionary Award

Lynn Kersey, MCHA's Executive Director, was honored with the first-ever Visionary Award from partner organization, The Echo Center, "Raising children with care; raising children to care." Lynn was feted November 12th at a wonderful event in Echo Park, featuring good food, good company, great music, prizes and dancing!

According to the Echo Center:

"The 2011 Visionary Honor was presented to Lynn Kersey for her tireless work as an advocate for mothers and children. Lynn is the

founder and Executive Director of Maternal and Child Health Access, and has had a huge impact on so many families, helping them to get the care that every family deserves. Congratulations Lynn!"

Lynn felt extremely honored to be awarded from an organization for which she and MCHA's staff have so much respect and admiration, and was pleased that many of MCHA's staff attended the event.



Ruth Beaglehole, left, Executive Director of Echo Center's (left) with Lynn Kersey, MCHA Executive Director (right).

## Focus on Focus Groups!



For many years, MCH Access has been asked and has offered to bring together community members from our classes and health outreach for focus groups for evaluators and academics. The focus groups have served a myriad of health-related purposes, seeking to improve the lives of low-income

women and their families. Women at MCHA have given feedback on their children's use of health insurance, given their opinion about our First5 LA-funded Welcome Baby program for our evaluators, helped graduate students with their theses on depression and coping, and tested messages aimed at avoiding accidental ingestion of poisons.

Most consistent has been the near-annual review of the Maternal Infant Health Assessment. MIHA, as it is affectionately known, is an annual survey of California women who recently gave birth to a live infant. It is modeled on the Centers for Disease Control and Prevention (CDC)'s Pregnancy Risk Assessment Monitoring System (PRAMS) survey, used in most other states. MIHA collects population-based information about maternal health status, health behavior, knowledge, and experiences before, during and shortly after pregnancy. These data can be used to identify groups of women and infants at high risk for health problems, monitor changes in health status, and measure progress toward goals to improve the health of mothers and infants. In 2006, for example, MIHA showed that over half of all pregnant women surveyed had had an oral health problem, yet 62% of those women did not seek or get care for this problem. Most recently, adequate nutrition and hunger have been real issues for many women; the survey is a barometer of our times.

MCHA works with the University of California, San Francisco, which administers MIHA with the state Maternal, Child and Adolescent Health Program, to set up the focus groups and provide childcare. The women provide researchers a window into new issues that arise and existing issues that may be easing or intensifying. They address issues of language and translation with the survey, as the women we see in the downtown area are primarily Spanish-speaking, as well as reading level and how easy or difficult it is to follow the survey

## This Just In – MCHA CHOSEN FOR LA WELLNESS CENTER



MCHA is pleased to be chosen along with 12 other non-profit organizations and three Los Angeles County Departments to be part of the **LA County Wellness Center** at the Historic General Hospital. This is an exciting partnership between Los Angeles County's First District, Office of Supervisor Gloria Molina, and The California Endowment with an expected opening in late Fall of 2012. The organizations will work as a collaborative, with internal office and collaborative space for conference rooms, a kitchen and culinary area, and gardens for exercise and Wellness and Park Prescriptions to be issued to patients by LAC+USC physicians. MCHA will have a home for our Boyle Heights Best Babies Collaborative staff, serving pregnant women and teens, will offer health coverage enrollment, service referral and troubleshooting/ advocacy, conduct workforce trainings and provide nutrition support via CalFresh enrollment. This Executive Director is elated to be part of Phase I of the project, to have a presence where she spent her first "real" public health job asking new moms about their prenatal care access and where her grandmother scrubbed the floors dirtied from smudge pots used to warm air for the iconic orange groves of the time. Just in discussion, we have learned of a number of historic ties our staff has to the hospital. MCHA looks forward to keeping our supporters informed about developments with The Wellness Center.

instructions. One change that has taken place in the survey has been the clarification of true homelessness versus staying with other people temporarily, which had been somewhat confusing. The women have told us they are pleased to be asked their opinions and glad to be contributing to such a useful process. They have a wealth of experience to offer, and many are health advocates in their own right, teaching others through example and assistance, often with MCHA staff support as role models.

MCHA believes in real community input and supports the use of focus groups as one mechanism to achieve input, not only for the MIHA survey but for the various focus groups, and support how our clients contribute to these processes intended to improve community health.

## Thanks to Our Generous Contributors:

Our apologies for any misspellings or omissions. Please call (213) 749-4261 or [info@mchaccess.org](mailto:info@mchaccess.org) with corrections.

- Baby2Baby/Kelley Patricof and Norah Weinstein
- California Association of Food Banks
- California Consumer Protection Foundation
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- St. John's Well Child and Family Center
- The California Endowment
- The California Wellness Foundation
- The Green Bean – Traci Green
- The Los Angeles County Department of Public Health
- The Morrison and Foerster Foundation

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\*Organizations listed for  
 identification purposes only.

## Wish List {Our United Way donation number is 595702 for workplace giving.}

- Holiday gifts for families, such as gift cards for food or department stores, blankets and children's toys.
- New or gently used maternity or baby/ children's clothing
- New or gently used bedding/towels
- New or gently used slings or other baby carriers and bassinets
- Household items – kitchen items such as pots and pans, dishware, silverware, and plastic storage ware with lids
- Small gift items we can use for raffle prizes in health classes
- Educational toys, children's books in Spanish and English, art supplies, school supplies
- Childproofing items: locks, table corners, cabinet closures, plug covers
- Sewing machines that work well or need only small repairs
- Soft yarn for knitting scarves and hats – linen cotton, wool best or nice fluffy colors in acrylic – or gift certificates for these items
- Fabric for aprons and purses made by our Women's Collective – colorful fun prints or bright solid colors, heavier fabric for lining, ice fabric for bags/purses – fabric or gift certificates to stores with the items, such as Joann's Michael's or Michael Levine's
- Grocery, department store or other gift certificates
- New or gently used large gift bags for baby items we provide

### For our offices...

- Nice waiting room chairs that match!
- Digital camera
- Digital streaming large frame to show agency pictures in lobby
- Certificate-sized frames that match – for our awards
- Office supplies: color and white copy paper, HP Laserjet 5M printer toner, pens, staples
- Professional photography for our office and document/website publishing

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TO:

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# mch Advocate

## Have enough stuff?

### Ask friends and family to donate to MCH Access!



We will send them a wonderful holiday (or other occasion) card that incorporates the beautiful mural hanging in our office, "Imagining Tomorrow," shown above. This mural was a project of our Women's Collective, working with Jose Ramirez, a prominent Los Angeles artist. The women attended workshops to learn design, drawing, perspective and painting skills and worked with their babies in slings or playing alongside.

We have created a non-denominational card and can see on our website or we can craft the message to your specifications! See our website to direct a donation in honor of someone special, [www.mchaccess.org](http://www.mchaccess.org), or use the envelope in this mailing. **After December 21st, know that the card may not arrive by Christmas.**

## COLECTIVA ITEMS FOR SALE!

See our website for dates and times of area sales, or come into our office on/before December 22nd. We have aprons, trendy tote bags and more! All of the items are handmade by women who meet to create, gain support from each other and from MCHA and who sell the items at craft fairs and other venues. For more information, see the article in our Fall 2004 newsletter at <http://www.mchaccess.org/pdfs/newsletters/MCHA-Newsletter-Fall-2004.pdf> or contact MCH Access at (213) 749-4261.

**Thank you!**