

News from Maternal and Child Health Access



Advocate

WINTER 2020-21

COVID COVID COVID!!!

Some people in power until January 20 are tired of the focus on the Coronavirus and the illness it causes, COVID-19.

The communities we work with can't afford to be tired. They have to work – taking the bus or train, walking or getting a ride – if they are lucky enough to still have a job. If not, and they are eligible for unemployment, they may still be waiting for checks. Los Angeles's unemployment rate in November was just over 12%, the highest in the state. Many of our clients are not eligible for unemployment insurance and are desperately applying for all manner of programs and assistance, like the recent restaurant workers \$800 stipend that will reach only 4,000 of the 408,600 people who have jobs lost in that hardest-hit sector. The frustration from competition for scarce resources contributes to fear, stress and anxiety about worsening poverty. Filling out application after application with no success takes that frustration even further. One of our case summaries sadly shows what so many families face:

"The client applied for the Angelino Card, State Undocumented Emergency Fund, the 211 emergency rent assistance program, Undocu-Aid and more, but was sadly not selected to receive any of the assistance. The family was struggling financially and could not afford to pay the current month's rent."

From mid-March on, Maternal and Child Health Access pivoted to working from home and not leaving that home for some time during the initial stay-at-home order. We managed to assist and support thousands of people in need - and we continue that work. We are having to do much more research to find proper support and referrals for community members.

To help with that, we have created a centralized COVID-related referral list for all our departments. The list is managed by our Welcome Baby staff, who update the rest of the staff weekly or even daily if the resource is date-specific.

Our **Welcome Baby** (home visitation) program has shone in the ability to "see" clients virtually and support pregnant women and people and those with new babies. Of such programs, MCHA has one

of the highest percentages, around 90%, of clients accepting virtual visits. "TeleVisits" with computer or tablet have been very successful, contributing to about 10-15% increase in program participation. Despite only starting virtual visits

in late April and conducting phone visits until needed permissions were in place, Welcome Baby completed 87% of visits via Zoom in May and 91% in June.

A number of factors contribute to this success (**see box on page 2**). Especially during the initial strangeness and isolation of the pandemic, clients have been eager to connect. Parents who may be reluctant to welcome a guest may feel less pressure visiting electronically. Difficulty receiving

medical and mental health services during the pandemic – and the opportunity to receive a virtual visit from a public health nurse that specializes in maternal and infant health – is another important reason for success. Virtual visits can be beneficial to the home visitor, too – offering a way to continue providing services if the home environment is unsafe to enter.



In the past, we would provide child safety equipment, a Welcome Baby teaching manual of information, a "boppy" breastfeeding/support pillow, educational toys and more – something at each visit. With the pandemic, we shifted to giving some items in the hospital postpartum and dropping off others safely at client homes (the latter suspended for the current stay-at-home order).



(Continued on Page 2)

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COVID COVID COVID!!! (Cont'd from page 1)

MCHA's Welcome Baby program established a TeleVisit protocol the very first week of working from home based on best practices for working remotely. For example, staff email sections in the "Welcome Baby Book," a manual of support for parents, before the visit and share screens to show depression and other screening tools during the visits. Staff are making calls to ensure clients know how to use the supplies we're sending them, particularly with regard to the home safety items.

All staff are trained and specialize in maternal mental health, which includes crisis intervention. This focus has been a huge need as women and families are struggling more and more with depression, anxiety, family violence and social isolation. RNs and Parent Coaches (home visitors) are also conducting additional virtual visits during the

MCHA'S WELCOME BABY INTERVIEWS ON THE IMPACT OF THE CHANGE TO VIRTUAL VISITS

[Successes and a Silver Lining to Virtual Home Visiting in LA](#) By: Jess Berthold, Communications Director, First 5 Association of California, L.A. CA May 29, 2020

[Home Visitors Left to Check on Parents from Afar](#) By: Nadra Nittle, June 15, 2020

July 2020 – Dignity Health's [Hello humankindness podcast episode](#) Features a Welcome Baby mom and her Parent Coach.110: Welcome Baby

pandemic to address gaps in medical services, and basic needs. In order to successfully achieve our program objectives in the areas of breastfeeding, child development and parenting, we must first address clients' basic needs, which has become more and more a reality for so many of our clients during the Covid-19 pandemic.

Everything takes more time

Our Health Navigators—who enroll clients in health coverage and help them get access to health services-- also spent time that first week when the pandemic was declared, setting up our phone relay system and proper equipment in their homes. We created protocols for calls at this office and from our second site at The Wellness Center at Historic General Hospital. Staff have spent much more time on the phone with each person helping them understand how to use their cell phones to create and access email and upload and send documents. Sometimes pictures of documents must be taken over and over again. This is a very challenging time for clients, not only financially due to job loss or decreased wages, but also because their children are now at home and distance learning has presented a number of challenges. There is heightened stress, anxiety, depression among those we serve. Patience is indeed a virtue. We understand now and live the "digital divide" and know first-hand that everyone needs good working broadband.

Unfortunately, "virtual" is not always best when a picture of something won't suffice to explain a medical problem or when the health need is urgent. Staff must advocate for timely, in-person visits when they are necessary-- things like biopsies for possible cancer cannot always wait a month. Here are some of our case examples:

"She mentioned having an IUD and wanting to get it removed. She is in a lot of pain and would like assistance with making a medical appointment."

"Her 20-year-old son has not had Medi-Cal for about a year. He has depression, ADHD, is hyperactive and in need of medication."

"Caller would like to know if her husband can use her insurance to cover emergency dental work. He got laid off from work due to Covid19 and so he does not have medical insurance anymore and is experiencing pain."

"He's a U.S citizen and mentioned he is unemployed and lost coverage. He would like to schedule a doctor's appointment to monitor his diabetes and access medication."

We are advocating as much and more than ever, but with increased intensity of cases, and difficulty reaching clinicians and social services workers, the numbers of people reached don't necessarily reflect how much work we are doing. We find we are managing many more urgent needs for medication, urgent medical visits, and where to find COVID testing and treatment. And we have grave concerns about what the delays and inability to receive treatment timely do to our clients' health.

Our health coverage trainings have gone Zoom as well. Liz Ramirez, Donald Nollar and Mariela "pivoted" to virtual trainings fitting our two-day health coverage trainings into four two-hour modules. They have become adept Zoom technicians and have adapted their standup comedy routines and learned to take more breaks. Like school teachers, they would rather see faces and gauge interest and understanding than see squares with names. We have also created a "Health Coverage During a Pandemic" flyer in [English](#) and [Spanish](#) (see advocacy section), supported the training of county workers and new perinatal home visitors, and workers' rights for Spanish-speaking clients.

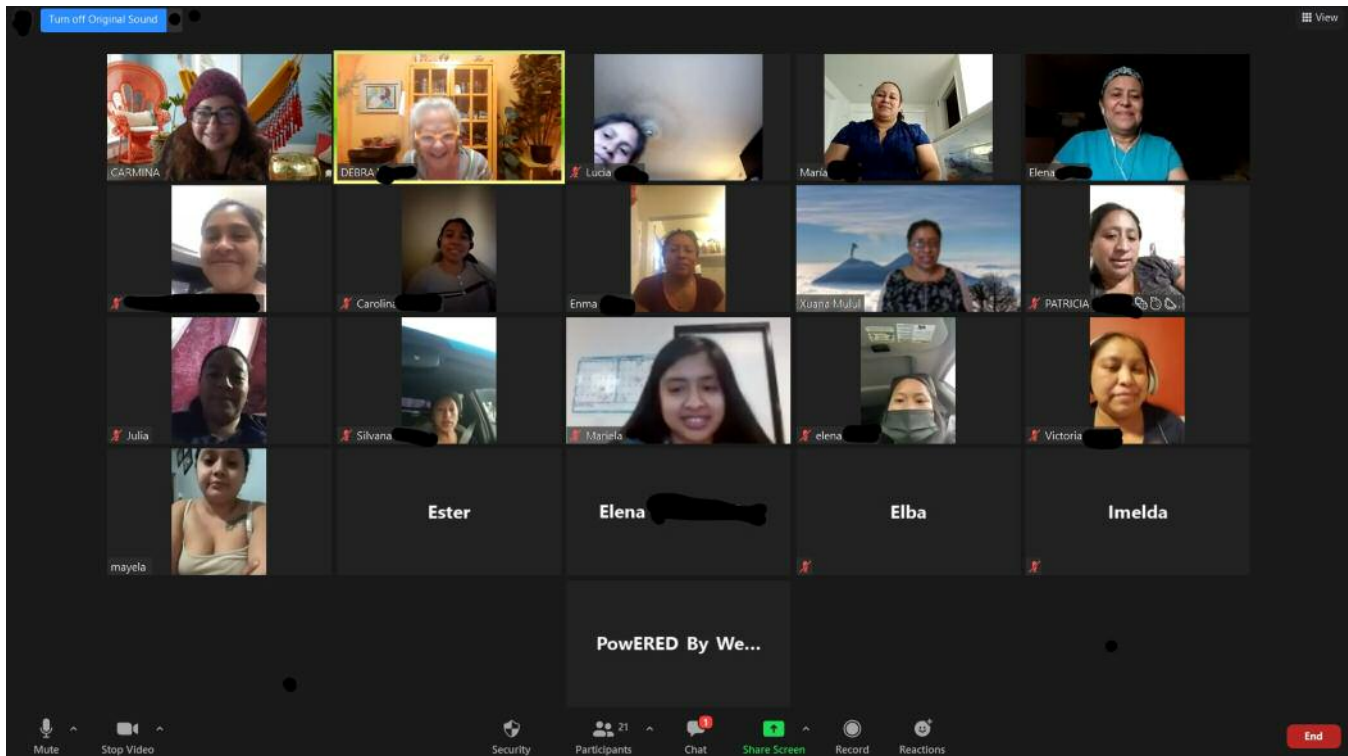
And all other staff – our Perinatal Support, our administrative assistants, our CalFresh enrollment staff – have turned to helping with all manner of needs, almost every hour of every day. CalFresh and other food support, the Pandemic Electronic Benefits Cards taking the place of school meals, and the Women, Infants and Children food program (WIC) are literally helping to keep people alive. We are grateful for support from groups like the LA Food Bank, who assisted with food to a client without transportation, and Meals on Wheels, who provided special meals for a renal and diabetic client. We have helped find diapers, helped with benefits cards that don't work, helped apply for rent programs, helped with finding ways to isolate COVID-infected people, and sadly, helped with funeral costs.

Maternal and Child Health Access 2020 Board Roster

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*Organizations listed for identification purposes only.

Who's Zoomin'?



Those of us privileged enough to still have jobs and be able to work from home have gotten used to Zoom meetings, sometimes attending several every day. If we're on a large call with many people, or hosting a group meeting, dark squares with just names are commonplace and no longer offend us as host. We know how they feel.

Maternal and Child Health Access has been holding weekly classes for community members since our inception. In our nearly 25 years, with time off for some holiday weeks, we have conducted some 1200 classes. The topics have been wide-ranging according to the needs and requests of the community: medical issues, mental health support, how to advocate for oneself, rent and housing issues,

child health and well-being and even exercise and cooking/nutrition. It took some convincing that our clients would embrace the new Zoom format, since many do not speak Spanish or English as their first language and some do not read nor write. But months into the pandemic we were noticing that Zoom gatherings were being provided for communities

on numerous topics – COVID-19, where to find resources, and mental health were just a few. After weeks of calls to our former class attendees and preparation to find the best time to hold such meetings, which clients had equipment and access to wifi, which

knew how to open a Zoom link, we had learned a lot. Those with school-age children really needed to be available to monitor their children while they attended school. Many needed to use the same equipment that their kids would not be finished with until 2 PM or afterward. Most had no email addresses. At least three staff spent a great deal of time assisting to get emails and figuring out wi-fi issues and who in someone's household might be able to help out.

Imagine how refreshing, then, to be told by staff how delighted everyone was to see each other again, even in a square, even with "technical difficulties" and how much laughter and joy

there was just in the reunion of clients with MCHA staff. The contrast to how many of us feel being on Zoom multiple times a day couldn't be more stark. The first class was relatively unscripted, with just round-robin sharing and then sharing of updated and current resources and time-dependent announcements. The class is held every other week now, since preparation and outreach for it is so much more labor-intensive, and has covered some mental health and depression issues and now, a two-part series on legal protections for renters. We are glad to be back in touch visually with our clients who attend our classes!

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MCHA's Census Work

"Todos Contamos"—We All Count!

MCHA was honored to be awarded funding for targeted Census 2020 outreach activities of hard-to-count communities in designated regional tracts in Los Angeles County. With federal-state funding, the California Community Foundation funded and coordinated more than 100 organizations committed to making sure everyone was counted in the 2020 Census. MCHA's "niche" was the

Central American indigenous communities we have been working with since their migration from war and poverty in the 1980s and 90s. Our areas were the Pico Union and Westlake areas in downtown Los Angeles, two of the most densely populated not just in Los Angeles but also in California and the U.S. The Census was a way to both extend our reach into surrounding communities, but also help the communities themselves to extend education and support around this important effort. We know many indigenous families from our classes, field trips and events, and services provided. We wanted to impact the Census with the multiplier effect that community members themselves, speaking in language with people they know whom we will never meet.

Before the pandemic struck, our work was to concentrate heavily on outreach into the busy streets of Pico Union, working with churches and community organizations and setting up a "kiosk"

in our lobby at MCHA to assist with filling out the Census forms. After March, we re-grouped to make more calls and outreach where food lines and other donations took place. We provided masks and hand sanitizer in addition to resource lists, referrals to MCHA for assistance and help with Census enrollment.

MCHA conducted at least a dozen TV and radio [interviews in Spanish and K'iche](#), a Guatemalan indigenous language. We created short Public Service Announcements in K'ich'e that were heard and seen in Guatemala in addition to Los Angeles, in hopes that family and friends there would encourage those in the U.S. to participate in the census. As the dates for the end of the Census was shortened from Oct. 31 and seemed to change almost daily, we intensified our efforts to call and remind MCHA contacts – adults who had gotten services, picked up diapers, came to a class or otherwise worked with us. We called more than 2000 people about the need to fill out the census, made another 7500 in-person contacts, went on three car caravans advertising the census and its importance, and assisted several hundred with the forms or referred them to the We Count website or phone number. Xuana Mulul, Project Lead, culminated the work by coordinating an interview with four of those who participated in the Census for MCHA with Radio Jornalera, ["Weaving Central America – The Experiences of Mayan Women in the Census 2020."](#) We were

grateful to have the opportunity to work in a different way with those we have engaged for over twenty years.



MCHA Staff News and Notes

Welcome Baby American Public Health Association Presentations

This year MCHA's Welcome Baby program gave three presentations at APHA, all virtually. Lili McGuinness, Welcome Baby Director, spoke on "Promoting social and reproductive justice through a relationship, placed-based intervention" in a presentation that she, Sandra Hoffman, Denise Cervantes and Gina Cortez prepared. Among other results, the presentation highlighted that ninety percent of Welcome Baby mothers received timely preventative postpartum care, more than 37% and 16% higher than a comparable Medicaid population and private health insurance population respectively.

Julie Ortiz, Program Liaison Lead at California Hospital Medical Center, presented on "Hospital and community-based collaboration to improve physical and mental health outcome," prepared by Sandra Hoffman, Lili McGuinness, Julie Ortiz, Gina Cortez and Denise Cervantes. The presentation showed how among 364 high-risk clients who completed the majority of the postpartum visits, initial



relationship scores, health literacy, and resource utilization scores that were initially inadequate made statistically significant improvement by the nine-month postpartum visit. The implications are that the Welcome Baby program addresses

social and medical needs to build protective, sustainable life skills among vulnerable populations.

Finally, the same staff prepared and Julie Ortiz presented a brief pre-recorded "poster," entitled, "Hospital and community based collaboration to improve community health through home visitation." The poster showed how clients with initial inadequate average relationship scores on a standardized test showed positive statistically-significant changes by the nine-month postpartum visit.

Assistance With Developing An Online Survey About Access To COVID Testing And Routine Care

Yvette Leon and Celia Valdez of our Health Navigation recently partnered with Dr. Sonali Saluja of LAC+USC's Gehr Family Center for Health Systems Science and Innovation on developing and testing a survey instrument to better understand acceptance of vaccination during the COVID-19 pandemic. Staff assisted with recruiting clients for interviews and surveys and participated in focus groups. We provided input and feedback on the tools designed to improve testing and vaccination.

Before this most current work, we collaborated to examine the impact of community-based navigation services on access to primary care. MCHA worked with Dr. Saluja to develop a survey instrument and to recruit and conduct preliminary surveys of our clients in Spanish and English. The survey process was integrated into MCHA's and other

community-based assistors' existing workflow and Dr. Saluja's team provided training for staff. Her work, in turn, has shed light on our efforts to help our clients' access primary care.

At MCHA, we have a vested interest in understanding the challenges and beliefs of our clients during the COVID-19 pandemic. Our clients are looking to us for guidance on issues related to healthcare and accessing services during this unprecedented time. The work with Dr. Saluja and her team helps us to better understand the needs of the communities in which we live and work, and to develop strategies that will ultimately improve the likelihood that clients receive appropriate testing and an approved vaccine.



Training With Binational Border Health

This summer, Donald Nollar, Health Programs and Benefits Trainer, was invited to participate in a webinar workshop, presented in Spanish for the Spanish-speaking community on "Know your labor rights during the COVID-19 pandemic." The workshop was organized by the Department of Public Health's Office of Binational Border Health, CalOSHA and the U.S. Wage and Hour Division, an agency in the Department of Labor. Donald presented on Medi-Cal services available to immigrants and resources such as the statewide nurse advice line and county-specific resources. Finally, he clarified that testing and treatment of COVID is not subject to the public charge test. The training was so popular that it was repeated in September during Labor Rights Week, in which labor rights workshops are held with Consulates around the United States! The Mexican Consulate in Orange County hosted this second training.

Presenting to Philanthropy – Leveraging Technology

This month, Parent Coach/Team Supervisor Leslie Eichberg gave the home visitor's perspective in a panel presentation to the Southern California Grantmakers Health Funders Group, "Leveraging Tech to Support Families – Lessons from Home Visiting in LA County." Ms. Eichberg is one of the original pilot program hires for MCHA and has worked with our Welcome Baby program for 11 years providing mentoring, support and coaching for the staff she supervises in addition to seeing her own caseload of clients.

Panelists discussed the home visiting system-building effort in LA County and how home visitors pivoted to meet the needs of families during the pandemic. Lessons learned and opportunities to engage in future policy and systems change efforts to provide sustainable and flexible access to home visiting services were highlighted.

“The training was so popular that it was repeated in September during Labor Rights Week, in which labor rights workshops are held with Consulates around the United States!”

MCHA Advocacy Gets Results!

INFORMING MEDI-CAL RECIPIENTS THAT HOSPITALIZATION FOR COVID-19 IS A BENEFIT

In the various places state community education and awareness about COVID-19 takes place, MCHA has seen gradual improvement in the messaging that COVID-19 testing and treatment is a benefit for everyone under Medi-Cal, regardless of immigration status and during the pandemic, regardless of income. But we did not as routinely see the word, "hospitalization" as a benefit option. We know that many people won't even get tested, fearing the need for treatment and the inability to pay for it. MCHA pushed for clarification of this issue on the multiple state sites and other websites that describe COVID benefits. We even took on some billing cases where hospitalization was denied. We have created an advocate [brief](#) and flyers in [English](#) and [Spanish](#), and are creating our own easy-to-read flyers or amending flyers from other groups to add insurance coverage issues.



Governor Newsom and other state officials and agencies to use their media addresses to inform the public about Medi-Cal eligibility; a state social media campaign for Medi-Cal outreach; elevating information about health coverage on all of the state's COVID-19-related websites; strengthening messaging about health coverage options, including Medi-Cal, for people applying for unemployment benefits; referring state nurse help line callers to resources for help enrolling in coverage; following up on temporary Medi-Cal enrollments that don't transition to final enrollment; coordinating Medi-Cal outreach with contact tracing; distributing data/maps on areas of highest need; and opportunities to target essential workers.

WAIVING PREMIUMS IN MEDI-CAL DURING THE PANDEMIC

With the pandemic came the ability for states to allow cancellation of premiums for those programs that charge premiums in Medi-Cal. This includes for children in slightly higher income brackets (the former Healthy Families group), women in slightly higher incomes under the Medi-Cal Access Program or MCAP, county children's coverage programs in three Bay Area counties, and the Working Disabled program in Medi-Cal. MCHA and other advocates have been troubled by the lack of awareness and thus low uptake of the premium waivers. Take-up ranged from 13% of those who would qualify for children's program waivers to 75% for Working Disabled, which enjoys an online application for the payment cancellation while families must call to request premium waivers for children's Medi-Cal and MCAP.

Groups advocated that the state simply drop the payments during the pandemic, as several other states have done. MCHA slogged through websites and made suggestions on clarifying, simplifying and standardizing the language and waiver request process used for all of the programs. Some of these recommendations have already been adopted, and the state has committed to respond on the others before the end of the year.

STATE MEDI-CAL OUTREACH CAMPAIGN TO THE NEWLY UNINSURED DURING THE PANDEMIC

MCHA has played a key role in an advocates group seeking answers to the question, "Why hasn't enrollment in Medi-Cal increased during the pandemic?" From a high of about 215,000 applications in the month of January, applications dropped to below 150,000 for the month of August. Although the numbers have begun ticking up, California now has one of the lowest Medicaid enrollments in the country. Advocates have been following the decrease and national reporting on loss of health coverage and asking questions. This culminated in a series of calls and letters with recommendations for:

APPLICANTS WHO EXPERIENCE DOMESTIC VIOLENCE – IMPROVEMENTS FOR THE COVERED CALIFORNIA WEBSITE

Individuals experiencing domestic violence (DV) qualify for a "special enrollment period" (SEP) for Covered CA, the state's Affordable Care Act program. They can enroll outside the standard November-January Open Enrollment period. But no one knew about this because the information wasn't displayed on the website. Survivors in great need of health insurance have likely been missing out on Covered CA even when eligible and entitled to enroll any day of the year. MCHA brought this serious problem to Covered California's attention in 2019; finally, in late 2020, the state has begun making significant improvements.

The website's home page now prominently informs applicants that surviving domestic violence qualifies to enroll in Covered CA outside of Open Enrollment. It also now makes clear that either "abuse" or "abandonment" by a partner qualifies. Additional messages will be added to inform survivors applying for Covered CA not to include the abuser's or abandoner's income, and the online application form itself is being re-programmed so that the question isn't even asked of survivors.

MCHA is also recommending to Covered CA that each survivor applicant be sent an individual notice about how to ensure they can keep their subsidy for Covered CA at tax time.

DENTAL CARE AND COVERAGE SUCCESSSES

MCHA saw a number of improvements in this area:

- With the pandemic, MCHA and our oral health partners pushed for a map, listing and ongoing reporting of offices open completely and offices open for emergency services.
- Given the name of the program Medi-Cal, and the stopping and starting of dental benefits in Medi-Cal in the last decade due to budget cuts, many people are not aware that Medi-Cal includes dental benefits for children AND adults. MCHA was pleased to see

(Continued on Page 7)

MCHA Advocacy Gets Results (Cont'd from page 6)

a new line of videos and flyers addressing oral health during pregnancy. MCHA had specifically asked that exact benefits be listed since problems arise with providers unaware of California's comprehensive dental benefits in Medi-Cal during pregnancy. SMILE California, the state's Medi-Cal dental awareness campaign, listed the benefits on the flyer and mentioned many if not all during the pregnancy-focused video.

- MCHA also helped lead the way for an overhaul of the Medi-Cal Dental Interactive Voice Response system to more adequately reach in-language speakers and provide messaging about filing for reimbursements and making complaints, for example.
- MCHA made suggestions for updates in the Dental Provider Handbook, Member Handbook and on Department of Health Services forms to include multiple gender recognition options.

ADDRESSING RACIAL DISPARITIES

IN BIRTH OUTCOMES – HYPERTENSION IN PREGNANCY

For years, MCHA has been sounding the alarm on the gross disparities in maternal and infant deaths and morbidities among African American families. Our latest effort involves supporting The Respect Initiative, which is leading the charge to ensure that Medi-Cal enrollees have quick access to monitors and cuffs to measure blood pressure on their own. This is necessary for the individual's self-empowerment during pregnancy but also because during the pandemic it is often not possible to have in-person prenatal care visits for checkups. African Americans experience hypertensive disorders at disproportionate rates, due to stress and other factors, which helps explain the intolerable disparities in birth outcomes. Eliminating current barriers to accessing equipment for self-monitoring blood pressure will save lives.

MCHA IN 2020

By the Numbers!

2020 Over 2020 families (pure coincidence!) received supportive services in their homes or virtually, by "Zoom" from Welcome Baby in Fiscal Year 2019-20. An average 90% of our home visitation clients are connecting through virtual visits, as opposed to just telephone. Calendar year 2020 looks to be similar, with 1871 families engaged through mid-November.

7498 low-income individuals were provided one or more types of health coverage assistance – a new application, renewing health coverage, or "troubleshooting" problems. Despite the inability to work in-person at health fairs and gatherings, MCHA reached out to nearly 3000 people. We have a retention rate (people stay on their health insurance for a full year) of 90%!

1000 More than 1000 families were contacted by our Perinatal Outreach and Education program about basic needs and to support what families needed. Census work done by several staff and additional community workers resulted in about 2000 conversations encouraging Census enrollment. We conducted street outreach to about 9500 people

PERINATAL HEALTH WORKERS

IN THE COMMUNITY TO ADDRESS SDOH UNDER MEDI-CAL

MCHA continues its efforts to improve implementation of Medi-Cal's visionary Comprehensive Perinatal Services Program (CPSP) in the era of managed care and divestment in state oversight and monitoring on both the plan and fee-for-service delivery systems. One of CPSP's key features is comprehensive screening for social determinants of health (SDOH), such as food insecurity, housing risks, intimate partner violence, involuntary loss of employment, anxiety and depression, and more. CPSP requires that individuals identified as being at risk of such conditions be offered the appropriate services. Helping people connect with necessary social and mental health services during pregnancy has a significant impact on improving birth outcomes, as demonstrated by the Black Mothers United (BMU) community program in Sacramento, which works with peer advocates and other perinatal health workers (PHWs). Federal guidance allows Medi-Cal to cover CPSP's screening and referral services for SDOH when this is done in a person's home. But outdated Medi-Cal rules limit in-home services to those provided by physicians, nurses, and other licensed providers. By removing this unnecessary restriction, programs like BMU and many other perinatal equity initiatives throughout California could gain a sustainable funding source

for their life-saving work. MCHA is pressing Medi-Cal policy makers to expand access to PHW services in homes and other community spaces outside of a medical office.



African Americans experience hypertensive disorders at disproportionate rates, due to stress and other factors, which helps explain the intolerable disparities in birth outcomes.

1300 Training – Over 1300 individuals from over 350 different organizations (sometimes we are guest trainers and don't always know who is on the Zoom!) were trained on the complexities and benefits of health coverage in California, with over 300 instances of technical support for difficulties accessing or using health care or services.

287 CalFresh – Our enrollment staff assisted with 287 applications, 203 renewals, and 176 mandatory semi-annual reports. We resolved problems for 446 callers and also added 43 newborns onto CalFresh. We also helped families apply for Pandemic EBT when it was adopted. It serves school-age children who are eligible for free or reduced-price school meals through the federal School Breakfast or National School Lunch Programs.

Thanks to Our Generous Contributors!

Our apologies for any misspellings or omissions and with Amazon fundraisers we aren't given individual donor names – we are sorry! Please call (213) 749-4261 ext. 110 or email us at info@mchaccess.org with corrections.

- Alma Family Services
- Amazon Smile
- Asian Americans Advancing Justice
- Bloom Again Foundation
- California Association of Food Banks
- California Immigrant Policy Center
- California Poison Control System — UCSF
- Community Clinic Association of Los Angeles County
- California Community Foundation
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- First 5 Los Angeles
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- Jovenes, Inc.
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- Local Initiatives Support Corporation/ City of Los Angeles
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- Smile, California
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- Ten Thousand Villages, Pasadena
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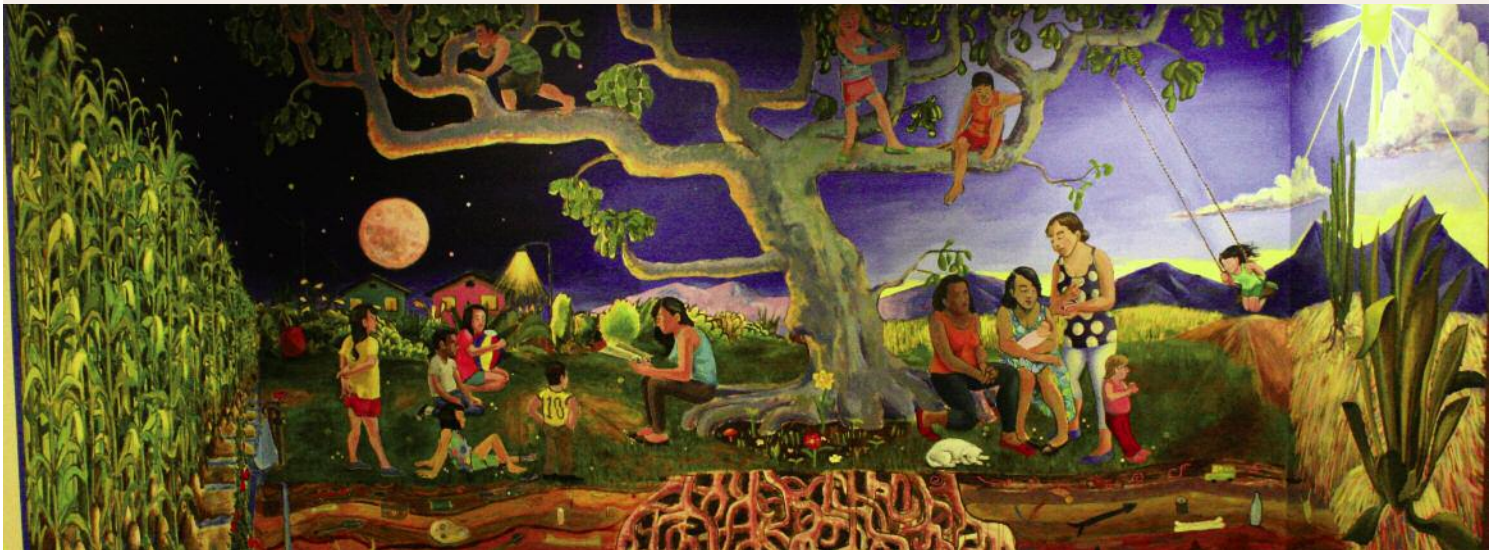
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You may also request a handmade gift by a member of our Women's Collective – an apron, placemats, pillows or potholders – and give twice: to your recipient and to the Collective member!

Donate by December 14 for end of Hanukkah and December 21 for Christmas delivery.