

# News from Maternal and Child Health Access



**25 YEARS**  
OF SERVICES AND  
POLICY CHANGE

## MCHA'S 25TH YEAR!

*Thank You for  
Your Support!*

Lynn Kersey, Founder and Executive Director, in early days as a case manager in downtown tenements.

### *Our Beginnings*

**MCHA** became an independent non-profit organization in 1996, yet our work began long before. MCHA began in 1990 as a project of Homeless Health Care Los Angeles (HHCLA), and later of the Children's Advocacy Institute. The Perinatal Outreach Program under HHCLA was unable to serve pregnant women in families who did not meet the technical federal definition of homelessness, leaving out many families who needed support. Meanwhile, the aftermath of the wars in Central America and increased poverty and violence in Latin America caused immigrants to flee to the US, living in overcrowded conditions in downtown Los Angeles, often working in the garment industry. MCHA was and will be forever grateful for our roots connecting seemingly individual issues with broader policy change, a model we follow to this day. In 1996, we amicably moved forward to serve a broader group of women and families in need and to develop a local Board of Directors committed to our work with pregnancy.

### *In 1996, MCHA is born*

At that time, LA County General Hospital delivered one of every 25 births in the country. It took six weeks to six months to get a first prenatal appointment, and women

sometimes gave birth in the halls of LAC+USC. That's when MCHA was born and sprang into action. Our goal was to get women and families set up with Medi-Cal coverage, if they could be, and connected to county facilities if not. We outreached to the buildings around downtown, the garment district, south of downtown in the USC area and east to Pico Union. Unlike today, with our rich array of health coverage programs,

only Medi-Cal, the county health clinics, and a few community clinics existed. This unprecedented work was supported by The James Irvine Foundation, under the visionary leadership of Tom David, Senior Program Officer. With Legal Aid and Homeless Health Care Los Angeles, we realized that County and community

agency staff were not being trained to serve this population, so we created, "New Worker Orientation" as an introduction to government benefits eligibility, including welfare and food stamps, as they were then called. MCHA and Neighborhood Legal Services eventually continued the health coverage portion of those trainings as, "We've Got You Covered," and trained county, hospital, clinic, school and social services employees, from our advocacy perspective.



LAC+USC General Hospital

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## MCHA'S 25TH YEAR! (Cont'd from page 1)

### *Improving access to prenatal care and delivery in LA*

MCHA worked in coalition with organizations, hospitals, and foundations to develop a program to ease the burden of enrollment and maintenance of Medi-Cal for pregnancy by training personnel and guaranteeing payment to clinics and hospitals. Our policy work eased qualifications for and enrollment into programs for pregnancy and removed gaps in coverage for infants, by streamlining



Staff group shot from the early days of MCHA — from left, Cindy Doorn, Debra Winski, Lynn Kersey and Celia Valdez

qualification for programs, such as Access for Infants and Mothers (AIM) and Medi-Cal. Most of the work was done with state administrative agencies, but when necessary we sponsored bills or sued the state, usually successfully.

From there, we blossomed and attracted more and more county and private foundation grants. Our two oldest programs: 1) case management and health education classes for pregnant women and families; and 2) health coverage enrollment and navigation, along with training for community organizations, have benefitted from several major funding streams in our 20+ years.

### *The rise of managed care*

The growth of Medi-Cal Managed Care brought new challenges as counties designed their programs to include managed care. As experts in Medi-Cal coverage, we participated in committees, attended many meetings, and helped develop the protocols and materials that Los Angeles and other counties would develop and implement. We are a leading voice in the gradual expansion of health coverage for immigrants who did not have the benefit of becoming citizens. MCHA and partner Community Health Councils created a help line for Medi-Cal beneficiaries' questions about the new Medi-Cal managed care they were now tied to. Our work resulted in a number of agencies providing in-language assistance, trained for this purpose

by MCHA. We joined three other organizations from California, New York, and Pennsylvania to develop materials so that low-income people new to health plans could better understand how they functioned and the new rules of the game.

### *Meeting our clients' needs - always*

As we learned from our clients, we added programs to serve their needs – literacy for our clients to learn to read and write in their native Spanish before attempting English. We added access to CalFresh (food stamps) to better address basic needs. When research surfaced that poor dental conditions during pregnancy could contribute to low birth weight, we worked to expand dental coverage during pregnancy and postpartum and to monitor the oral health policies of the state. Finally, we developed the Welcome Baby program for universal home visitation during pregnancy and postpartum with the Los Angeles Best Babies Network and the Hope St. Family Center at California Hospital Medical Center. That program has grown to 14 hospital-based programs that MCHA helps oversee. With greater reach than our downtown area, we participated in even more work to help address prematurity and birth outcomes for Black birthing people.

### *Your support makes this all possible*

It is a founder's curse to want everyone to know the richness and breadth of the programs and experiences MCHA has had these past 25-plus years. As we look ahead to new challenges and great possibilities, you make it possible to increase our impact, visibility, and functions, and we hope you will join us for the next 25 years! **Thank you** for your support.

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## COVID-19 and Vaccine Hesitancy

**M**CHA's work at the onset and in the first nine months of the outbreak was documented in our newsletter last year. Who would have thought we'd still be dealing with COVID? At least now, testing and vaccine are widely available here and 82.6% of LA County residents 12 and over have had at least one dose (LA County Department of Public Health as of 11-28-21). But that figure is only 59% for African Americans and 67% for Latinx in Los Angeles. By area, the percentage of vaccinated people 12+ is 74% in Inglewood, 66% in Lancaster, 78% in Boyle Heights and 75% in Pico-Union.

With these numbers now being reported, we know we are now trying to find and convince the more reluctant, not the early responders. According to the New York Times (12-3-21), in pockets around the country, vaccine hesitancy remains a stubborn obstacle to defeating the pandemic. And it's not just in the United States: In 2019, the World Health Organization declared [vaccine hesitancy](#) one of the 10 threats to global health. Vaccine hesitance — the reluctance or refusal to vaccinate despite the availability of vaccines — threatens to reverse progress made in tackling vaccine-preventable diseases. With persistent vaccine avoidance and unequal access to vaccines, unvaccinated pockets could act as reservoirs for the virus, allowing for the spread of new variants like Omicron.

MCHA is proud to have jumped into this work, moving some of our existing staff and hiring to launch two targeted COVID-19 outreach projects. We subcontract with The Wellness Center at Historic General Hospital for work in Boyle Heights, East Los Angeles and the San Gabriel Valley and also work in the Pico-Union Westlake areas. We go door to door in blocks where vaccine take-up is lowest, we assist at vaccine events evenings and weekends, and we do street outreach — providing resources, answering questions and finding vaccine and testing sites for people. We ask everyone we talk to for any reason about their families' vaccine status and if they'd like assistance in finding a vaccine site or would like more information sent to them. And we have referred willing unvaccinated clients to a UCLA survey on vaccine hesitancy.

We are particularly focused on ensuring vaccination for pregnant people, given that only 38% of them are vaccinated statewide. This is higher than the national rate but still unacceptable. Studies have shown that COVID-19 infection increases the risk of severe illness and pregnancy complications and studies have also affirmed the vaccines' safety in all stages of pregnancy.

Naturally, COVID-19 has come up in our (virtual) breastfeeding support group and our classes and mothers have shared their experiences with the Covid-19 vaccine.

One former client, Estela, recently returned to our Breastfeeding Support Group after being away; her kids have grown and she participated again just to tell her story. She got her first dose of vaccine against Covid-19 at seven months and her second dose at eight months pregnant. At no time did she doubt getting vaccinated — she was waiting for the vaccine to be available for pregnant women because she wanted to protect herself and her baby. She also feared that there wouldn't be enough vaccine supply for pregnant women. She said her mother always educated her and her siblings about learning everything they could because, "Knowledge would open doors for them." Estela remembers that when they were kids and got vaccinated at school in Guatemala, her mother also explained how important it was to get vaccinated.



Estela shared that she likes to learn and tries to inform herself constantly. She had read from trusted sources about how the vaccine provides immunity for the baby through the mother. She had also seen on the news that babies from vaccinated moms were being born with antibodies against Covid-19. Estela remembers she was very excited when she got her first dose and told one of her close friends. That friend was against the vaccine and told Estela she had made a bad decision, but Estela did not let her opinion discourage her from getting her second dose. She also heard from two close friends who were pregnant and had to be separated from their newborns during the first hours and even days after giving birth. In the first case, the friend went into labor and got tested (part of the new protocol). Unfortunately, even though she had no symptoms, she tested positive and thus her husband was not allowed to be with her during labor. She wasn't able to hold her baby until two days postpartum.

Estela knew she did not want to miss those first moments with her newborn or be separated at all. Her second friend did not see nor hold her baby until two hours after giving birth because although she was tested before going into labor, her results came in late. Estela talks about how she and her family (husband and eight and ten year-old kids) all talked about getting vaccinated when their turn came. They all agreed that it is for their safety and that it is the best thing to do. The kids had been asking when it would be their turn to get vaccinated; with the new 5+ protocols, they can be vaccinated now. MCHA staff informed her of a local vaccination event. Estela strongly believes parents are the best role models for their kids and motivated her peers at our Breastfeeding Support Group to get vaccinated in memory of those who died due to Covid-19.

Estela is very thankful to her mother who always instilled in her kids to learn and to be healthy. Estela and the baby are very healthy and she is a great ambassador for vaccination during pregnancy!

## Pandemic Electronic Benefits Transfer (P-EBT) Bureaucracy's Name for Food for Kids

**P-EBT** is a federal food program. California Department of Social Services (CDSS), in partnership with the California Department of Education (CDE), received approval to operate the program in response to COVID-19-related school and child care closures. The program provides food benefits to help families with young children (under age 6) who got CalFresh Food benefits between October 2020



and August 2021 and school age children who were eligible for free or reduced-price school meals through the federal School Breakfast or National School Lunch Program for School Year 2020-21, and assumed to have attended school via distance learning at least some of that time.

Easy, right? You can see why parents are confused. In addition, the program is in its third iteration, but called PEBT-2 and requiring a second set of benefit cards for Pandemic EBT-2. Cards have been

mailed out in batches depending on age and alphabetization of first name. So some kids in a family received cards and others received them later, or not at all. The cards were to arrive automatically, but there were glitches. Mailing will be completed by the end of this year. Finally, using the cards requires creation of a PIN



number, a lesson in and of itself and a process also sometimes fraught with errors. To their credit, CDSS has funded outreach to work with schools, WIC programs and other sites to spread awareness and interest and to make sure people who are eligible got their cards, and know that they can use them. Remember, the fear of using benefits, of being labeled a "Public Charge" and being deported or denied adjustment of status, is very strong. It was only earlier this year, in March, that the US Citizenship and Immigration Service stopped applying the 2019 Trump rules to pending applications and petitions. Those rules included receipt of SNAP, or CalFresh in California, some \$182 million of which is going unused, according to a [recent audits](#). Food is one of the most-needed benefits during the pandemic and we are glad to have a hand in improving uptake of P-EBT and along the way, CalFresh benefits.

## MCHA in 2021—By the Numbers!

COVID-19 continued to wreak havoc on our work, with meetings, home visits, classes and support groups all happening virtually. In some cases, virtual connection increased our numbers, with less travel necessary. But for health and food program coverage, it seemed cases took longer to resolve and more back and forth was necessary to enroll in programs or resolve situations.

**2,175** Welcome Baby — 2,175 families received supportive services virtually in 2021. Nearly 90% of our home visitation clients are connecting through virtual visits, as opposed to just telephone. Thousands of diapers, wipes, Boppy feeding support pillows, home safety equipment and educational toys were dropped off on porches or sent via mail to help support new families!

**7,912** low-income individuals were provided one or more types of health coverage assistance — a new application, renewing health coverage, navigating health coverage issues with providers and plans, or "troubleshooting" problems. Of those, about 768 were renewals, helping the county/state lighten the onslaught of Medi-Cal renewals that will take place next year. Even though Medi-Cal renewals aren't required during the pandemic, clients did not know this and still received renewal letters. We verify with 95% of our clients who originate with us that they know how to and are using their benefits.

**9,250** Perinatal Outreach and Education. Almost 10,000 calls were made by program staff about basic needs, separately from calls about our programs — for income and food card sign-ups, the "Big LEAP" guaranteed income, for school resources, housing, immigrant funds, tax preparation assistance, stimulus funds and the child care tax credit.

We saw over 350 women for 20 health education classes and 24 breastfeeding support groups. We also provided over **5,200** masks, hand sanitizers and other Personal Protective Equipment in street outreach.

**1,125** Training — 1,125 people in twenty virtual trainings were trained on the complexities and benefits of health coverage in California, with over 325 instances of technical support for difficulties accessing or using health care or services. One such instance was to assist a family who had moved from Los Angeles to a neighboring county, but still received services for their very disabled child at Children's Hospital. They had been trying to get transportation, which is a Medi-Cal benefit, for needed regular infusions and other critical treatments for three months! They were told they had to be in a health plan to receive transportation. MCHA contacted the state, unfortunately repeatedly, and helped make the transportation happen for the child's December visit.

**3,233** CalFresh — Our staff assisted with 303 new CalFresh applications, 195 renewals, and 213 mandatory semi-annual reports. We resolved problems for 752 callers, which generally affects about three times as many people on the case, and also added 27 newborns onto CalFresh. We also helped families apply for Pandemic EBT when it was adopted. In just the four months we've had the dedicated contract, we have helped 70 clients with questions, outreached to 164 schools, day care centers, farmer's markets and WIC sites, and done five virtual presentations to groups about the benefit. See our article on P-EBT!

## MCHA Advocacy Gets Results! Addressing Racial Disparities in Maternal Health and Birth Outcomes

### Post-Pregnancy Medi-Cal Coverage — During the Pandemic

Since last April 2020, because of the pandemic, Medi-Cal is supposed to continue for an enrollee regardless of anything that would normally end eligibility, such as increases in income, “aging out” of an age-



related Medi-Cal category, not returning required reports, and the end of a pregnancy and postpartum period. The only reasons Medi-Cal should end are if the beneficiary asks to end it, dies, or moves out of state. This means that medical care for chronic conditions not addressed prior or that may develop during the pregnancy, that affect low-income and people of color more, can continue to be addressed postpartum.

Unfortunately, we have had cases where the beneficiary could not access care after a pregnancy even though her Medi-Cal was still in effect

during the pandemic. Providers may not be accepting Medi-Cal that is described as limited to “pregnancy-related coverage” from someone who is no longer pregnant, or Medi-Cal described as “restricted for pregnancy or emergency use” if the need for medical care wasn’t an emergency but rather medically necessary preventive care or treatment.

MCHA asked the state repeatedly for clarifying instructions to be sent to providers. We wanted to assure providers that even though a person’s Medi-Cal coverage was described as related to pregnancy, it still covers all medically-necessary services and continues to do so throughout the pandemic even after the pregnancy is long over.

We are pleased the state has issued [Provider Bulletin #569, Nov. 2021](#). As the bulletin explains:

“During the Covid-19 PHE, Medi-Cal beneficiaries are retaining coverage in the aid code issued prior to, or during the PHE. Beneficiaries in pregnancy related aid codes continue to remain eligible for non-pregnancy related services during this health crisis, beyond the end of their pregnancy through the duration of the PHE. Pregnancy related Medi-Cal was designated as providing minimum essential coverage (MEC) on July 1, 2015, and as such, provides coverage for the full breadth of medically necessary services. Providers are advised to continue to provide beneficiaries in pregnancy related aid codes with any medically necessary service, including non-pregnancy services, through the duration of the PHE. Providers should submit claims using the appropriate diagnosis codes in addition to using the pregnancy diagnosis code. No claim will be denied for medically necessary services that are not pregnancy related.

“Questions concerning eligibility under pregnancy-related aid codes during PHE should be sent to [Pregnancy@dhs.ca.gov](mailto:Pregnancy@dhs.ca.gov).”

With no definite end date to the pandemic, this clarification will be useful for months to come. With new MCHA materials to provide nonprofits and providers with information about how Medi-Cal should continue post-pregnancy, regardless of how the pregnancy ends, and our trainings and webinars, we hope to hear that many more pregnant people are getting medically-necessary care post-pregnancy.

### Post-Pregnancy Medi-Cal Coverage — After the Pandemic

The state has been planning for the Public Health Emergency (PHE) to end by December 31, 2021. But will it? Whenever it ends, the counties will resume “annual” Medi-Cal eligibility redeterminations — including catching up on the renewals that haven’t been done since March 2020, and ending Medi-Cal for those the county can’t find or who don’t file a renewal.

However, the counties/state will continue Medi-Cal for anyone who is identified as either currently pregnant or “recently” pregnant, ostensibly within the last 12 months. If the county knows a person in Emergency or Full Scope Medi-Cal is pregnant or was within the past year during the PHE, the person will automatically keep their Medi-Cal after January 1 until at least March 31 and after April 1, will be reviewed for the new federal program that covers pregnant beneficiaries for 12 months after the pregnancy ends, no matter how it ends (see below).

“Unfortunately, we have had cases where the beneficiary could not access care even though her Medi-Cal was still in effect during the pandemic.”

To avoid missing out, people in Emergency or Full Scope Medi-Cal should let the county know as soon as possible about the pregnancy or when it ended. This information should be kept in the case file for the reviews that start January 1. MCHA led comments on the state’s flyer about continuing Medi-Cal after the PHE and has asked that it be mailed out to every beneficiary in affected Medi-Cal categories.

Maternal and Child Health Access has also worked with the state and other advocates on the “roll out” of the process for redetermining eligibility after the pandemic is declared over for the millions of people who have stayed on Medi-Cal during the PHE. We’ve created flyers with the information about continuing Medi-Cal and the need to contact the county, and have conducted trainings and webinars.

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“However, the counties/state will continue Medi-Cal for anyone who is identified as either currently pregnant or “recently” pregnant, ostensibly within the last 12 months.”

## MCHA Advocacy Gets Results! (Cont'd from page 5)

### June Budget Win and Federal Option for Post-Pregnancy Continuation Adopted

MCHA championed postpartum expansion of Medi-Cal in the June, 2021 budget signed by Governor Newsom. The budget extends post-pregnancy coverage for 12 months, with federal funding under the American Rescue Plan Act (ARPA) for up to five years, starting in April, 2022. We also proposed, and succeeded, in getting the state not to discontinue Medi-Cal or MCAP for pregnant people during January through March 2022 when eligibility redeterminations are expected to resume. With no cutoffs in the first three months next year for people identified as pregnant or having been pregnant during the PHE, the full year Medi-Cal extension post-pregnancy is for all intents and purposes in effect now.

### Comprehensive Perinatal Services During the Extended Postpartum

Over one half of maternal deaths occur between the first day of the postpartum period up through the 365th day. During pregnancy, Medi-Cal beneficiaries bear a significantly higher burden of social impacts on health, called "social determinants of health (SDOH)," than privately insured persons, with African-American beneficiaries bearing the most, as data from the California Department of Public Health's Maternal and Infant Health Assessment show. Statewide, an estimated 34% of postpartum women living at or below the federal poverty guideline were exposed to at least two Adverse Childhood Experiences, more than double the estimate (16%) for women with higher family incomes. The data on racial disparities in maternal deaths in California is sadly going in the wrong direction: Black mothers are now dying at a rate of almost six times — up from four times a decade ago — the rate for white mothers, and at a rate worse than the national average.

But in a wonderful confluence of state budget (2021-22), state law (SB 65), and the American Rescue Plan Act (ARPA), California has an opportunity to address women's health. Only recently has women's health — physical and mental — and the stressors of racial discrimination been recognized as the important underlying unknown factor to birth outcomes. The extension of Medi-Cal coverage after a pregnancy gives us the opportunity to address both women's and infants' health.

MCHA has long championed the Comprehensive Perinatal Services Program (CPSP), an evidence-based Medi-Cal benefit established in law since the mid-1980s and funded fifty percent by the federal government. It adds enhanced health education, nutrition and psychosocial benefits to Medi-Cal's coverage for regular prenatal and postpartum medical visits, assessing pregnancy and postpartum every three months and documenting services provided.

Consistent with the federal ARPA and the implementing California legislation, MCHA and its partners working on CPSP issues propose building out the current benefit structure. We would expect to see additional visits and units of services available for CPSP assessments, updates to the Individualized Care Plan, follow up services, and case coordination throughout the additional 10-month postpartum eligibility period.

We propose that a public stakeholder group, including subject matter experts, work with the Department to identify the appropriate number

of additional postpartum assessments, other activities and units of service for the new 10 month post-pregnancy eligibility period

Inter-conception care, especially during the 12-month period following a pregnancy, is essential to supporting overall health as well as future pregnancy outcomes. Education and support for mothers wishing to breastfeed, including beyond the initial 60-day postpartum period, contributes to increasing breastfeeding rates, significantly protecting maternal and child health and reducing the risk of costly medical



problems for both. Guidance on transitioning to parenthood has recently been identified by OBs as a priority care need for their patients, but OBs often lack time to provide it. The need for parenting education does not end in all cases with the end of the initial 60-day postpartum period, and supportive and sensitive parenting is one of the strongest predictors of positive emotional, social and behavioral outcomes for the child. CPSP's enhanced benefits in the health education, nutrition, and psychosocial realms help to meet such challenges and more.

### CPSP in the Community

Federal guidance allows Medi-Cal to cover CPSP's screening and referral services for social determinants such as food insecurity, housing risks, intimate partner violence, involuntary loss of employment, anxiety and depression, and more, when this is done in a person's home. But outdated Medi-Cal rules limit services provided in the home or elsewhere in the community to those provided by physicians, nurses, and other licensed providers.

MCHA is pressing the state to clarify that preventive services rendered by trained but unlicensed perinatal health workers are covered when provided in the beneficiary's home or elsewhere in the community away from a medical site on the recommendation of a licensed provider, as is permitted under federal law. At present, the Department covers only the preventive services of MDs, RNs, and other licensed practitioners off-site. Not only is the current rule cost-ineffective but it also poses a major barrier to reaching the highest risk beneficiaries through trusted, peer-to-peer efforts to address SDOH during a pregnancy and after.

### Welcome Baby's Racial Equity Committee

Since the pandemic and the rise in racial injustice that has worsened with the killing of George Floyd and so many others, MCHA has explored important issues that we address in health care and have had important conversations about racial injustice. MCHA's Welcome Baby program, as the program with the most face-to-face and in-depth interaction with Black clients, took the conversations a step further with a guided Racial Equity Ad Hoc committee. The foundation of the program's Individual and Group Reflective Supervision is in exploring staff's values, implicit bias and family story that influence their work with families.

MCHA's MoNesha La Violette, RN, CLE, provided a training for Welcome Baby, upcoming for the rest of the staff, on Black Maternal Mortality. This inspired important conversations about how MCHA can continue to adopt best practices to support Black women to be healthy and have

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

healthy birth outcomes, in addition to the broader health policy issues we are pursuing that improve birth outcomes.

In addition, Welcome Baby is exploring the following steps as well:

- Have staff "shadow" the RN visit to Black clients to increase understanding and knowledge of maternal health and high-risk issues.
- Provide a workshop for Welcome Baby staff to review a new version of the materials that new clients receive and pull areas that focus on maternal health for the prenatal and RN visit and develop a second workshop
- Provide a case vignette review in Welcome Baby meetings that explore issues of implicit bias, racial injustice and healthcare disparities, where Welcome Baby staff can provide medical advocacy
- Create a script for staff to support clients that want to advocate to improve their healthcare experience
- Provide training on Black Maternal Mortality at an MCHA Staff Meeting
- Create You-Tube education videos to support maternal health for vulnerable communities
- Continue to facilitate quarterly workshops focused on racial injustice/ health disparities

MCHA's Welcome Baby program has inspired parallel interest among our funding and peer agencies. This is an exciting start and movement

for our staff to be able to connect what is happening in the country to our work at MCHA.

### Update — Addressing Racial Disparities in Birth Outcomes — Hypertension in Pregnancy

For the last year, MCHA has been supporting The Respect Initiative who 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 has often not been possible to have in-person prenatal care visits for checkups. African Americans experience hypertensive disorders at disproportionate rates, due to stress and other factors, a factor in the intolerable disparities in birth outcomes. Eliminating current barriers to accessing equipment for self-monitoring blood pressure will save lives.

MCHA wrote a group letter in December, 2020, documenting extensive difficulties accessing monitors and cuffs, leading to long delays that increase the risk of negative birth outcomes. We followed up in January of 2021. Good progress is being made with the state in the context of changes to Medi-Cal pharmacy benefits in 2022. If all goes well, plans and providers will have choices about blood pressure cuffs as a pharmacy item or as Durable Medical Equipment, whichever provides the most access.

## MCHA HONORED BY BLOOM AGAIN!

MCHA was proud to be honored by fellow non-profit Bloom Again as a valuable strategic partner. Said Zee Narjarian, Co-President of the Bloom Again Foundation, "We want to thank your organization for making a difference in the community and in the lives of women. This is the first time we are giving an award like this and we have chosen Maternal and Child Health Access as one of the recipients because of your continuous support for women in need."



Bloom Again's staff and non-profit awardees

Bloom Again is a 501 (c) (3) non-profit organization that supports economically vulnerable working women when they encounter medical challenges. MCHA has had the good fortune to be able to refer at least a dozen of our clients for assistance. Bloom Again makes rent and car payments, pays for food, excess medical expenses — whatever ensures that a woman has time and support to heal before having to go back to work.

The event was held in late October with a champagne brunch at The Chevy Chase Country Club in Glendale. One of MCHA's clients, Ana, [was featured in a video](#) telling her story about how the foundation assisted her.

Lynn Kersey, MCHA's Executive Director, noted as MCHA was honored, "Bloom Again has helped tremendously over the years as a source of income for women temporarily sidelined by an injury or disease. They help complete the work we do by providing income, while we address food, mental health, health coverage and other needs. We can honestly say they have changed lives for our clients at a time when they may fear losing their home, car or even their children. Providing cash to address bills and upcoming expenses is an enormous stress reliever!"

Lynn and two Welcome Baby staff, Melina Ramirez and Julie Mendez, were able to attend the event, which required vaccination and where precautions against COVID were in place. A good time was had by all and MCHA was proud to be recognized!



Julie Mendez (left) and Melina Ramirez attend the Bloom Again event

## Meet the Staff

**Elena Bazini, RN, CLE, BSN**  
**Director, Perinatal Outreach & Education, MCHA**



Elena with clients at MCHA

**E**lena took over our Perinatal Outreach and Education Program (POE) in 2000, just before we moved to our current site. She had directed an Early Head Start program for a local community clinic, working with families to assess child development, identify needs and strengths and conducting home visits. But it was her work in Guatemala as the Director of Nursing Services for a municipal health center and later the Health Coordinator for World Vision International that caught our attention. MCHA's offices are situated in an area with a huge influx of Central Americans who had fled the wars, civil unrest and economic instability to work in Los Angeles' garment district and elsewhere.

In Guatemala, Elena managed vaccination, nutrition and midwifery programs, and supervised community outreach and health care services. She conducted participatory strategic planning and evaluation of primary care programs. And as the photos show, she pitched in during disease outbreaks to support hydration and disease management education with health promoters. She even helped to build latrines in rural areas!



Hydration training during Guatemalan cholera epidemic, 1991

Elena's background has afforded her the ability to connect well with the Guatemalan and other Latinx populations here in Los Angeles. She oversees classes and support groups and prior to the pandemic, met

one on one with pregnant and postpartum women. POE's work has shifted to overseeing MCHA's program supporting people identified as

COVID-19 positive — calling and assessing needs and overseeing staff for that work and for community outreach. Several times she has found herself in the position of urging people to get further help, advising them to call the county nurse advice line at least, if they won't go to the hospital, due to their breathing and other symptoms.

One longtime client, Claudia, was told that her partner had passed away in the hospital from Covid-19. She could only see him through the small glass window in a door and could not really communicate. Elena supported Claudia and her family through this tragedy of losing the good man she had married after a bad experience prior with someone who abused her. Elena had assisted then with the domestic violence situation and the impact on her children and continues to work with them and their therapy and other referrals. Her nursing career has been a good background for the pandemic in which we are living.



Graduation as a Registered Nurse, Guatemala, 1982

## 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](mailto:info@mchaccess.org) with corrections.

- Alma Family Services
- Amazon Smile
- Asian Americans Advancing Justice
- Baby2Baby
- Bloom Again Foundation
- Berke Family Foundation
- California Association of Food Banks
- Dignity Health
- First 5 Los Angeles
- Gaia Capital
- LAC Department of Public Health
- LAC Department of Mental Health
- LAC+USC Medical Center Foundation
- Neighborhood Legal Services – BAIFA
- SMILE, California – Runyon Saltzman, Inc.
- The California Endowment Employee Matching Fund
- The California Endowment
- The California Community Foundation
- The Morrison & Foerster Foundation

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