



November 2013

Policy Brief 12

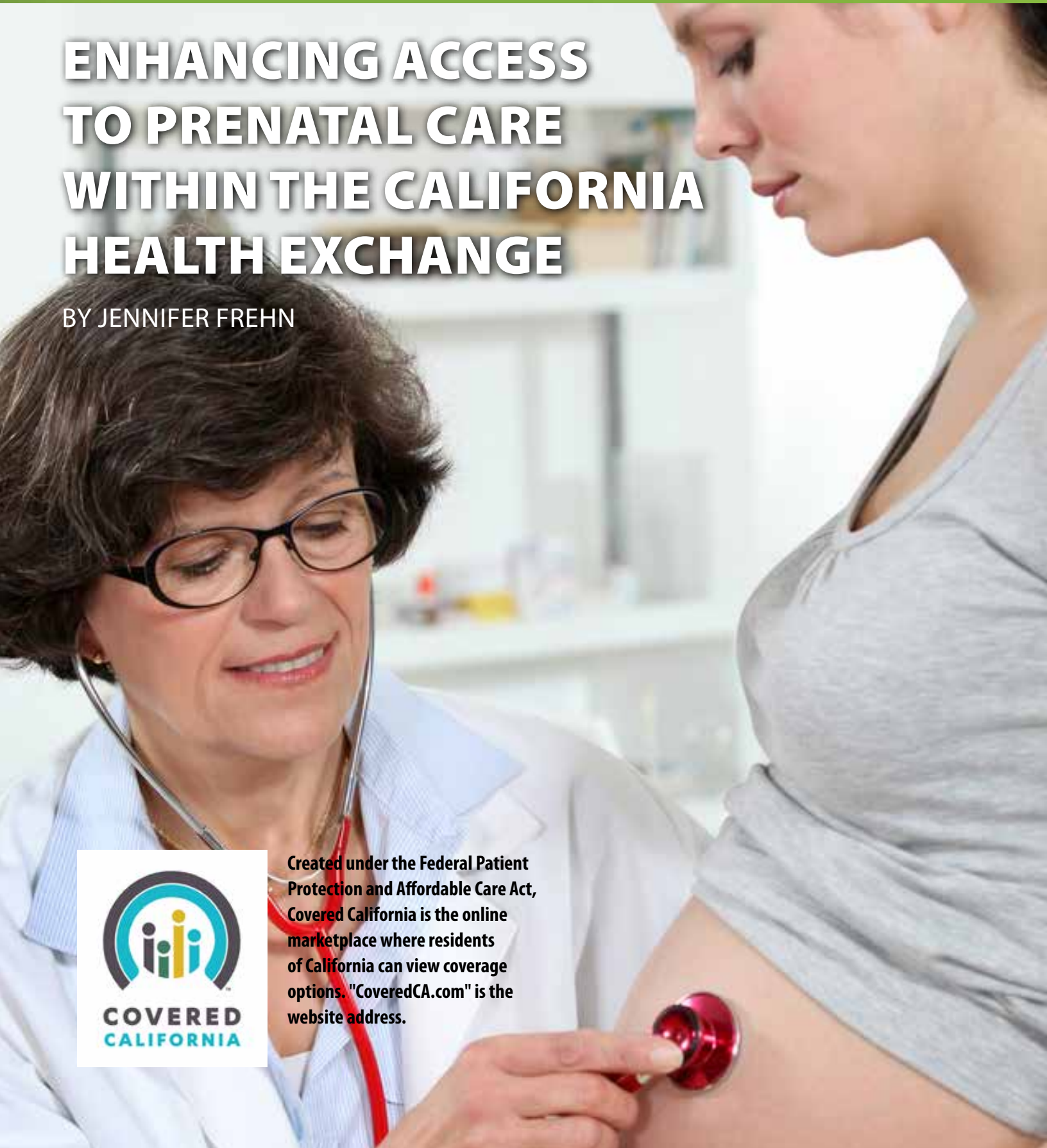
RETHINKING POLICY ON GENDER, SEXUALITY, AND WOMEN'S ISSUES

ENHANCING ACCESS TO PRENATAL CARE WITHIN THE CALIFORNIA HEALTH EXCHANGE

BY JENNIFER FREHN



Created under the Federal Patient Protection and Affordable Care Act, Covered California is the online marketplace where residents of California can view coverage options. "CoveredCA.com" is the website address.



BY JENNIFER FREHN

ENHANCING ACCESS TO PRENATAL CARE WITHIN THE CALIFORNIA HEALTH EXCHANGE

The needs of pregnant women are immediate and the long-term implications of negative effects can affect not only the mother's quality of life but also that of her child. As the Affordable Care Act is implemented in California, it is important to develop standards for patient navigators that cater specifically to the needs of pregnant women during this short and crucial period of time. Access to adequate prenatal care has been shown not only to reduce maternal, fetal, and infant morbidities but also to improve maternal health status and parenting behaviors after the child is born.¹

AS CALIFORNIA'S HEALTH BENEFITS EXCHANGE program takes effect, an estimated 4.7 million nonelderly adults and children in California will be eligible for coverage, which will include access to prenatal and newborn care.² Each state is required to have third-party *navigators* to assist individuals in enrolling. The ability of these navigators to help pregnant women to take immediate and full advantage of new and existing services will largely depend on their knowledge of not only medical prenatal care but also of how to link pregnant women to the wider spectrum of community resources that encapsulate comprehensive care.

CRITIQUE

Pregnant women need many types of services within a limited time frame—the window of opportunity to obtain these services and have a positive impact on their and the health of their babies is short. For example, research suggests that if an infection responsible for preterm delivery is not cleared by mid-gestation, preterm labor may ensue.³ Even if a birth is not preterm, research suggests fetal programming (permanent changes in gene expression caused by environmental stimuli) occurs during gestation, the results of which have long-lasting effects on the metabolic and other health

of the child, which can put them at a higher risk for chronic diseases as adult.⁴ In addition to prenatal care, a pregnant woman might also need assistance enrolling in programs such as WIC, finding a dentist that treats pregnant women, or locating smoking cessation support groups. Pregnancy has been recognized as a time when women are more likely to positively alter their health behaviors, further contributing to the health of the mother and child.⁵

Because the window of opportunity is short, early access to prenatal services, including educational services that influence behavior, can mean the difference between a healthy pregnancy and a poor one. As California heads into the era of exchanges, navigation standards that cater specifically to the needs of pregnant women need to be developed. California is planning to allocate funds for 21,000 navigators.⁶ Certification training programs are already promising to train navigators in a broad set of competencies, but not necessarily that of prenatal care.⁷

The California Health Benefits Exchange Board is responsible for establishing and defining the navigator program. Several federal requirements already exist regarding navigators, including that the exchanges provide grants or contracts to institutions deploying navigators (such as nonprofits, unions, and chambers of commerce), as well as develop



Pregnant women need many types of services within a limited time frame—the window of opportunity to obtain these services and have a positive impact on their and the health of their babies is short.

training standards for navigators.⁸ Recommendations by community organizations for these standards include completing training in program-eligibility requirements, consumer rights, cultural and linguistic standards, HIPPA security, referral protocols, and more. Additional recommendations include support in accessing other non-medical social service programs. As stated by the Community Health Councils: “Navigators should provide families with as much support as they need to have a healthy quality of life.”⁹

RECOMMENDATIONS

Because the needs of pregnant women are immediate and the long-term implications of negative effects can affect not only the mother’s quality of life but also that of her child, navigators must receive targeted training to help pregnant women.¹⁰ In order to meet the medical and social services needs of pregnant women seeking care:

- The Exchange Board must convene a group of relevant stakeholders specific to prenatal medical care and social services and develop a list of basic competencies and a curriculum to develop these competencies for a “perinatal specialist” navigator.
- Using the current demographics of California counties as a guide, the Exchange Board should stipulate that a percentage of an institution’s patient navigators be specifically trained in the prenatal service competencies by 2015.

These steps are in keeping with the Exchange’s stated vision to be a catalyst for change by reducing health disparities and by recognizing the diverse health-status needs of those served.¹¹ These steps will also provide a much-needed extra level of support for a population quite literally responsible for the health of future generations.

Jennifer Frehn received an M.P.H. in the Department of Community Health Sciences in the Fielding School of Public Health at UCLA in 2013. She received her B.A. in journalism from CSU Long Beach. Prior to graduate studies she worked in journalism, advertising, and communications, including as a media officer for the NIH-funded Adventist Health Study at Loma Linda University. As a Master’s student, she spent her summer internship increasing access to oral health care for Los Angeles Unified School District students. She is currently a public administration analyst for the UCLA Center for Healthier Children, Families and Communities, where she focuses on how to better align systems and programs in communities so children and families can thrive.

PHOTO CREDITS: page 1: auremar, Shutterstock.com; page 3: Alexander Raths, Shutterstock.com

NOTES

1. Assessing the role and effectiveness of prenatal care: history, challenges, and directions for future research. Alexander GR, Kotelchuck M.

1. *Public Health Rep* volume 11, issue 4, pages 306–316, 2001; Kogan MD, Alexander GR, Jack BW, Allen MC. The association between adequacy of prenatal care utilization and subsequent pediatric care utilization in the United States. *Pediatrics*, volume 102, issue 1, pages 25–30, 1998.
2. Two-thirds of California’s seven million uninsured may obtain coverage under health care reform. Lavarreda SA, Cabezas L. *UCLA Center Health Policy Research*, pages 1–6, Feb, 2012; *Essential Health Benefits, Actuarial Value, and Accreditation Standards: Ensuring Meaningful, Affordable Coverage*. Center for Consumer Information & Insurance Oversight. <http://www.healthcare.gov/news/factsheets/2012/11/ehb11202012a.html>. Accessed August 12, 2013.
3. Intrauterine infection and preterm delivery. Goldenberg RL, et al. *New England Journal of Medicine*, volume 34, issue 20, pages 1500–1507, 2000.
4. Life course health development: an integrated framework for developing health, policy, and research. Halfon N, Hochstein M. *Milbank Quarterly*, volume 80, issue 3, pages 433–479, iii, 2002; Maternal obesity and fetal metabolic programming: a fertile epigenetic soil. Heerwagen MJR, et al. *American Journal of Physiology Regulatory Integrative and Comparative Physiology*, volume 299, issue 3, pages R711–R722, 2009.
5. *New York State Department of Health: Practice Guidelines on Oral Health Care During Pregnancy and Early Childhood*. New York State Department of Health. 2006.
6. States see challenges in hiring “navigators” for health plan exchanges. *California Healthline*. <http://www.californiahealthline.org/articles/2013/2/5/states-see-challenges-in-hiring-navigators-for-health-plan-exchanges.aspx>. Accessed August 12, 2013.
7. *Patient Navigator Certificate Program*. Sonoma State University. <http://www.sonoma.edu/exed/patient-navigator/>. Accessed August 12, 2013; *California Program to Train Patient Navigators*. Encore.org. <http://www.encore.org/prepare/california-program-train>. Accessed August 12, 2013.
8. Federal Proposed Rules. 45 CFR Parts 155 and 156 [CMS-9989-P] Patient Protection and Affordable Care Act: Establishment of Exchanges and Qualified Health Plans. *Federal Register*, volume. 76, issue 2, page 136.
9. *Bridging the Health Divide: Designing the Navigator System in California*. Morales F, Vasquez, Sonya, Galloway-Gilliam L. 2012. <http://www.chc-inc.org/downloads/PB%20Navigator%20Report.pdf>. Accessed August 12, 2013.
10. Life course health development: an integrated framework for developing health, policy, and research. Halfon N, Hochstein M. *Milbank Quarterly*, volume 80, issue 3, pages 433–479, iii, 2002; Maternal obesity and fetal metabolic programming: a fertile epigenetic soil. Heerwagen MJR, et al. *American Journal of Physiology Regulatory Integrative and Comparative Physiology*, volume 299, issue 3, pages R711–R722, 2009.
11. *California Health Benefit Exchange Vision, Mission and Values*. California Health Benefit Exchange. <http://www.healthexchange.ca.gov/Documents/Meeting-Materials/21Oct2011/CA-HBEXVisionMissionValues10-21-11-Final.pdf>. Accessed August 12, 2013.

For more information on CSW Policy Briefs, visit <http://www.csw.ucla.edu/publications/policy-briefs>. CSW Policy Briefs are also available at the California Digital Library: <http://escholarship.org/uc/csw>

UCLA CENTER FOR THE STUDY OF WOMEN
Box 957222/Public Policy Bldg 1500
Los Angeles, CA 90095-7222
310 825 0590 • cswpubs@csw.ucla.edu

DIRECTOR: Kathleen McHugh