



Los Angeles County Department of Public Health
Child Health & Disability Prevention (CHDP) Program

Check Up Express

Summer 2006

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Message from CHDP Director

Joseph Duke, M.D.

The CHDP Program is continuously working to improve the health status of children in Los Angeles County. To achieve this goal the program has many units, each with a unique focus but all fitting together to serve children and their families. We will highlight the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Outreach Unit in this issue. Subsequent issues will highlight the Nursing and Regional Offices, Quality Assurance, Provider Desk, Health Education/Nutrition, and the Health Care Program for Children in Foster Care.

Our CHDP Program would not be successful without everyone's coordinated and dedicated work for children, their families and health care providers. Thank you for your continued support. Together we can improve the health care of children in Los Angeles County.



Reminder! Please use the new CHDP Forms Request (updated 1/18/06). If you need one please contact Debra Rios at (626) 569-6045.

CHDP Referral Directory

The CHDP Dental, Vision and Medical Specialty Referral Directory has been recently updated. The most current version will be mailed out to all CHDP Providers in September. This directory was created to ease the process for CHDP Providers to refer children who have fee-for-service Medi-Cal through the CHDP Program to a Medi-Cal dentist, vision care or specialty provider. The directory also contains referral information for the Los Angeles County Comprehensive Medical Centers. Children who are enrolled into Gateway but are only eligible for basic CHDP services should be recommended to these medical centers. If you have any questions regarding the Referral Directory please contact your CHDP Public Health Nurse.

Welcome to CHDP!

The following staff have been hired by the CHDP program since January 2006:

Gloria Aguilar - Provider Desk
Maria (Chris) Cuevas, PHN, APS - CHDP Nursing
Kevin Burdett, PHN, APS - CHDP Nursing
Nneze Chuks-Orji, PHN - Foster Care Nursing
Eileen Del Pino, PHN - Foster Care Nursing
Angela Dreyer, PHN, APS - Quality Assurance
Susan Hathaway, PHN - Foster Care Nursing
Liza Herrera - EPSDT
Christine Li, MHS - Health Education
Juana Medina - CHDP Nursing Support
Emy Murakami, PHN - CHDP Nursing
Valentina Sanchez - Administrative Support
Myra Valencia, PHN - CHDP Nursing
Anne Widney, MPH - Health Education

Spotlight: EPSDT Unit

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program is the first and largest federal program funding health screening services for low-income children and youth in the United States. In California and Los Angeles County, the EPSDT Program is funded through Medi-Cal. Medical health screening services are under the administration of the Child Health and Disability Prevention (CHDP) Program.

The main function of the CHDP/EPSDT unit is ensuring that children who are Medi-Cal eligible are informed about the free health screening services available to them. When families apply for Medi-Cal at the Department of Public Social Services (DPSS), they learn about these CHDP free well-child preventive health screenings. The family is then linked to the CHDP/EPSDT Program through the "PM 357" referral form.



EPSDT Unit Staff:
Center (sitting) Debra Rios, Supervisor
Left to Right: Gai Le, Liza Herrera, and Yolanda Hurtado

After receiving the PM 357 from DPSS, the EPSDT staff must then inform, by phone and mail, the families and pregnant women about free CHDP services. The staff may assist the family with finding a provider within the CHDP network closest to their home, obtaining the well-child preventive health services and, if requested, assisting with scheduling appointments and/or transportation needs. A letter is also sent to the family about these services. During the 2004-2005 fiscal year, the Los Angeles County EPSDT Unit reached out to 45,601 families through letters and telephone calls.

In addition, the EPSDT staff offers support to CHDP providers by filling orders for CHDP materials and required forms. Last year, 1,331,6762 forms and educational materials were sent to our CHDP providers for use with the families and their children. The EPSDT unit continuously supports children, their families and CHDP providers in Los Angeles County.

Free! Child Car Safety Seat Inspection at 2 Locations!**

It's the Law! Children must use car seats if they:

- Weigh under 60 pounds
- Are less than 6 years old



**2nd Saturday of each month from 9AM-Noon at:
Alexander Science Center School
3737 S. Figueroa St., LA, 90007
Call (800) 404-5980 Access code 05 for appointment
Spanish registration available Mon, Tues, Wed, & Thurs.

**4th Saturday of each month from 9AM-Noon at:
Mulholland Middle School
17120 Vanowen St., Van Nuys, 91406
Call 800-404-5980 Access code 05 for appointment
Spanish registration available Mon, Tues, Wed, & Thurs.

Limited funds available for free child car seat. Families must be referred by agency or provider by calling (818) 758-6912 to fill appropriate paperwork on their behalf. Family must show proof of financial need on day of inspection. Funding provided by a grant from the California Office of Traffic Safety through the National Highway Traffic Safety Administration.

Asthma In Los Angeles County

Asthma is a very common condition in Los Angeles County – research among school children in urban Los Angeles indicated that 14% are likely to have asthma. Asthma significantly reduces the quality of life, increases emergency room and hospitalization rates, causes missed school and work days, reduces physical activity, and has serious impacts on our health care and economic systems. These negative impacts are largely preventable because asthma is a controllable disease. However, in many cases asthma is not well controlled, indicating that previous efforts to address this problem in Los Angeles County have been insufficient. In an effort to address the issue of asthma in Los Angeles County residents, the Asthma Coalition of Los Angeles County has developed a policy paper titled “Controlling Asthma In Los Angeles County: A Call To Action”. This document addresses the impact of asthma on Los Angeles County residents, the factors that contribute to the disease and recommendations for improving asthma outcomes. Through this policy paper, the Asthma Coalition of Los Angeles County provides evidence-based recommendations in six key areas that, implemented effectively, will improve asthma outcomes countywide. These recommendations are as follows:

1. Increase access to and improve quality of health care
2. Improve indoor air quality in homes and workplaces
3. Improve asthma management in schools and child care
4. Improve outdoor air quality
5. Address race/ethnic and socioeconomic disparities
6. Strengthen research related to asthma



To read a full copy of “Controlling Asthma In Los Angeles County: A Call To Action” go to:

http://www.aafasocal.com/advocacy_more.php

For more information on the Asthma Coalition of Los Angeles County contact Jean Armbruster with the Los Angeles County Department of Public Health at 213-637-8481 or jarmbruster@ladhs.org. If you would like asthma resources or health education materials, please contact Anne Widney, CHDP Health Educator at 626-569-6026 or awidney@ladhs.org

Breakfast Fuels Good Health

Many people disregard eating breakfast in a frantic rush to get to work. Some forgo breakfast since they are not hungry. Others are skipping breakfast as a conscious decision to lose weight.

Breakfast is the MOST important meal of the day. Contrary to weight loss schemes, skipping breakfast may lead to weight gain and heart disease. Many researchers have found that people who skip breakfast for two weeks ate more during the whole day, developed higher bad LDL cholesterol levels and were less sensitive to insulin than people who ate breakfast everyday. High LDL cholesterol levels and impaired insulin sensitivity are both major risk factors for heart disease.

Skipping breakfast or any other meal will slow down your metabolism in an effort for your body to retain calories. Research shows that people who skip breakfast often feel tired, irritable, or restless in the morning. However, those who eat a regular morning meal have a better attitude and energy by late morning, according to the American Dietetic Association. Eating breakfast helps to replenish blood glucose level which is the main energy source for your body. Glucose is vital for the brain and needs to be constantly replenished.

Eating a healthy breakfast will give your body fuel to jump start the day.

References:

Eat Breakfast, Eat Less Later. CBS news, Web Med (2005)
<http://www.cbsnews.com/stories/2005/02/11/health/webmd/>

Wake To A Healthy Start. Kid Source (2001)
<http://www.kidsource.com/kidsource/content3/ific.breakfast.k12.3.html>

Sudden Infant Death Syndrome (SIDS) Update

Sudden infant death syndrome (SIDS) is defined as an infant's abrupt death that was unexpected by history and unexplained by a post-mortem examination. Public education initiatives such as the Back to Sleep campaign that began in 1994 have been instrumental in reducing national SIDS rates from 6,000-8,000 cases per year in the 1980s to its current number of 2,000-3,000 annual deaths. Of this total, 200 cases on average come from California and Los Angeles County has already recorded 33 cases since January 2006.

Three elements are needed to take into account for a presumptive diagnosis of SIDS: age of the baby (usually between one month to one year), infant found in a sleeping state, and good general health of the child prior to death. An autopsy study goes into microscopic detail to find the cause of death before SIDS is taken into consideration. Once a detailed autopsy from the Coroner's office concludes no identifiable cause of death, signs of severe illness or significant stress, it is then lastly categorized as SIDS.

Though there are many medical models that try to understand SIDS, it is still unknown and unclear how SIDS happens. Currently main SIDS research is focused on the brainstem for its regulatory functions on the body as well as genetic studies on the serotonin transporter gene (important for cardio-respiratory control).

Though we cannot predict or prevent SIDS deaths, we can reduce the risk factors that are associated with it. For more in-depth information on SIDS, please contact Penny Stastny or Angel Hopson with the L.A. County Maternal, Child, and Adolescent Health Programs at (213) 639-6457 as well as reviewing the American Academy of Pediatrics website on published recommendations to reduce SIDS at www.aap.org/ncepr/revisedsids.pdf. For families who have lost an infant to SIDS or other causes, there is a 24 hour grief and support hotline in English and Spanish at (800) 9-SIDS-LA sponsored by the Sudden Infant Death Syndrome Foundation of Southern California. Together by educating the public what SIDS is we can further dispel myths on it while also reducing SIDS through public health intervention and outreach.

CHDP Hosts Database and Tablet PC Demonstration



On June 27, 2006 the Los Angeles County CHDP Program hosted a demonstration of the CHDP Database and the CHDP Public Health Nursing Tablet Facility Review Tool. The demonstration was open to CHDP nurses, administrators and other IT personnel across

the state who might be interested in adopting the CHDP Database and the computerized Facility Review Tool. The purpose of this demonstration was to help people understand the basic operational elements of the CHDP Database and the PHN Facility Review Tool, how information in the database is used to generate reports, letters and mailings and to show how data from the PHN Tablet Facility tool is transferred and linked up to the CHDP Database. Representatives from San Diego, San Bernardino, Orange, and Riverside Counties as well as the city of Long Beach and the State CMS Branch were in attendance.

Don't Take a Vacation from Safety

While school is out and children spend more time outdoors, emergency room doctors label summer as "trauma season."

This summer children ages 14 and under will be rushed to emergency rooms nearly 3 million times for serious injuries resulting from motor vehicle crashes, drowning, bike crashes, pedestrian incidents, falls, and other hazards. More than 2,500 of these children die.

Be vigilant: supervise children as they engage in outdoor activities, have them wear protective gear, hydrate and sunscreen children are just a few prevention steps to help your child avoid danger.

It will be a hot summer this year so take advantage of shade and air conditioning. If you don't have an air conditioner, go to a shopping mall or public library.

For more information check Safe Kids USA at www.usa.safekids.org



COUNTY OF LOS ANGELES

Public Health

Version: July 13, 2006

Children's Medical Services

Child Health and Disability Prevention (CHDP)

FACT SHEET Fiscal Year 2002 - 2003

The **Child Health and Disability Prevention (CHDP) Program** provides complete health assessments for the early detection and prevention of disease and disabilities in children and youth. Services include regular and complete health check-ups, certain laboratory tests, immunizations and referrals for diagnosis and treatment. The eligible population for the CHDP Program includes all Medi-Cal eligible children/youth from birth through 20 years of age and low-income non-Medi-Cal eligible children/youth from birth through 18 years of age with family incomes at or below 200 percent of the federal income guidelines.

CHILD CHARACTERISTICS

Total Number of Children Receiving CHDP Services: 737,966

Age in Years	Number	Percent
< 5	429,750	58.2%
5 to 11	196,507	26.6%
12 to 17	105,131	14.3%
18 to 20	5,976	0.8%
Unknown	602	0.1%

Gender

Female	363,664	49.3%
Male	369,828	50.1%
Missing	4,474	0.6%

Ethnicity

Hispanic	583,623	79.1%
African American	46,202	6.3%
Caucasian	20,745	2.8%
Asian	18,191	2.5%
Filipino	4,039	0.5%
Pacific Islander	740	0.1%
American Indian	391	0.1%
Other	30,501	4.1%
Unknown	33,534	4.5%

FINANCIAL ELIGIBILITY STATUS

	Number Served	Percent Served
Medi-Cal Eligible Children	385,399	52.2%
Non Medi-Cal Eligible – Low Income Children	352,567	47.8%

DETECTION AND PREVENTION

	Number of Children Receiving Assessments	Number of Children for which a Condition is Suspected, Diagnosed, and/or Treated
Health	649,193	101,173 (15.6%)
Dental	648,076	22,003 (3.4%)
Vision	313,362	16,959 (5.4%)
Hearing	305,851	2,753 (0.9%)
Test for Anemia (Hemoglobin or Hematocrit)	420,457	34,605 (8.2%)