

Draft

**Los Angeles County
Department of Health Services**

**Maternal, Child &
Adolescent Health Programs**

**5-Year Plan
Goals and Objectives
July 2005 to June 2009**

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Acknowledgements

The staff of Maternal, Child, and Adolescent Health Programs (MCAH) would like to thank all of the people who participated in the development of this strategic plan. Nearly 400 people participated by contributing their time, passion and expertise. These stakeholders represent community-based organizations, medical institutions, universities, school districts and other governmental entities. We greatly appreciate the time they took to attend yet one more meeting or join yet one more workgroup. Appendix A contains a list of people and organizations that participated in this project. We extend a special thanks to the women and youth who participated in focus groups to give us crucial feedback for improving our programs, either based on first-hand experience with them or motivated by the desire to help their peers. Lastly, we are grateful for the oversight, direction, and support of Dr. Jonathon Fielding, Los Angeles County Director of Public Health and Health Officer.

I. Executive Summary

The mission of the Los Angeles County Maternal, Child and Adolescent Health Programs (MCAH) is to maximize the health and quality of life for all women, infants, children, adolescents and their families in Los Angeles County. Achieving this mission in a county as large and diverse as Los Angeles requires long-range planning in order to identify the most pressing health issues, develop effective strategies and evaluation measures, and surmount the challenges that stand in the way.

From September 2003 to February 2005, Los Angeles County Maternal, Child & Adolescent Health Programs (MCAH) conducted a long-range planning effort involving multiple community stakeholders to develop a 5-year plan for meeting the health needs of mothers, children and adolescents in Los Angeles County. The planning process began by convening a Planning Group, which consisted of representatives from diverse organizations including community-based agencies, academic institutions, and other governmental entities, to conduct a maternal and child health needs assessment for the county and to prioritize health issues. MCAH staff members followed a similar process and the results of these two efforts were used to select four priority health issues that will be addressed in the MCAH 5-year plan. The final list of prioritized health issues intentionally includes at least one issue in the three population groups served by MCAH: women and infants; children; and adolescents.

The final four prioritized health issues are:

- A. Birth outcomes
- B. Childhood asthma
- C. Adolescent wellbeing
- D. Childhood and adolescent overweight

Access to health care also emerged as a priority; however, rather than address it as a separate health issue, MCAH has chosen to integrate access to care into the strategies for improving birth outcomes, asthma and overweight.

Once the issues were prioritized, MCAH sought input from the broader community on the best strategies to address the identified need. To obtain this input, we held a series of community-based meetings throughout the county, conducted focus groups with clients, and formed strategy workgroups, one for each of the four prioritized health issues. MCAH examined the strategy ideas that emerged from these efforts and selected those we believed would have the greatest impact and which best fit our public health role.

Our strategies include best practices, when known, and new approaches, when best practices are not yet established. In addition, the plan includes a continuation, augmentation, or refinement of current MCAH programs, described below. These programs provide essential services for the public health of mothers, children, and adolescents in Los Angeles County, many of which are mandated by state or local ordinance. The plan also takes into account existing and anticipated resources, program development, current public health infrastructure, community stakeholders, and the existing healthcare environment. To the extent that these

conditions and assumptions remain stable over the next five years, the following 5-year plan should prove to be a reliable roadmap to significantly address the identified health issues.

MCAH will achieve the goals of this 5-year plan through a combination of augmentation of existing programmatic work and implementation of new initiatives. The specific goals of the plan by priority health issue are listed below.

A. Birth Outcomes

- *Identify local risk factors for poor birth outcomes in Los Angeles County and develop strategies to ameliorate the effect those risk factors have on poor birth outcomes*
- *Ensure access to prenatal and perinatal care services*
- *Improve the quality of prenatal care*
- *Promote access to quality preconception and interconception care*
- *Promote breastfeeding*
- *Improve workplace practices that promote healthy pregnancies, healthy infants, and family bonding*

B. Childhood Asthma

- *Improve the management of childhood asthma*
- *Improve the systems of care for children with asthma*
- *Educate families of children with asthma about the importance of preventive care*
- *Decrease exposure to environmental triggers of asthma*

C. Adolescent Well-being

- *Assess adolescent well-being in Los Angeles County*
- *Improve healthcare providers' knowledge and practice of adolescent medicine*
- *Improve community systems of care for adolescents*

D. Childhood and Adolescent Overweight

- *Promote physical activity and healthy eating*
- *Educate families about prevention of childhood overweight*
- *Assure that healthcare providers have appropriate knowledge and resources to address childhood overweight*

The plan we have developed will be our guide for the next five years. As with any planning document, no matter how well thought out, it may need to be altered in order to adapt to changing conditions that may occur over the next five years in our county. MCAH hopes that by implementing this plan and by working together with our community partners, we can make strides to achieve our goal of a community of healthy mothers, children, and adolescents.

II. Purpose of Plan

Every five years the Los Angeles County Maternal Child, and Adolescent Health Program (MCAH) is required by the State of California's Maternal, Child, and Adolescent Health Branch to identify priority health issues and develop a plan of action to address them. MCAH views this mandate as an opportunity to work together with stakeholders to perform a countywide needs assessment, prioritize the needs that are identified, and to examine the best strategies for addressing the prioritized issues. The plan we have developed will be our guide for the next five years. As with any planning document, no matter how well thought out, it may need to be altered in order to adapt to changing conditions that may occur over the next five years in our county.

III. Overview of Los Angeles County

Community Profile Summary:

- Los Angeles County is one of the nation's largest counties with 4,084 square miles and 81 miles of coastline. As of 2001, Los Angeles County has a population of 10.1 million and is the most populous county in California and in the entire United States. Approximately 28% of all California's residents live in Los Angeles County and almost all - 99% - of the county's resident live in an urban setting.
- The diversity of residents is extensive. Non-whites comprise 69% of the total population and a majority of people (56%) speak a language other than English at home.
- Large numbers of adults and children live in poverty, with low-paying jobs and escalating housing prices contributing to the situation
- There is a growing divide between rich and poor. According to the Los Angeles Alliance for a New Economy, a family with two adults and two children needs to earn 200% of the Federal Poverty Level (FPL) to support itself. Based on 2002 data, 36% of adults live in poverty and 44% of children under 18 live in poverty (i.e. < 200% FPL). At the same time, 3% of households have incomes of \$200,000 or more.
- In 2003, Los Angeles County recorded 152,192 live births, with Medi-Cal paying for 52% of all deliveries. The birth rate decreased between 1993 and 2003 from 20.9 per 1,000 to 15.1. Approximately 63% of live births in the county are to Latinos.

Summary of Health Needs Related to Prioritized Health Issues:

- While the percentage of people with health insurance has increased significantly, Latino children ages 1 to 10 and Latino and Asian/Pacific Islander children 11 to 18 are most likely to lack health coverage
- Low birthweight births are on the rise; rates for low birthweight and premature births are above (worse than) Healthy People 2010 objectives and marked by strong disparities by SPA and race/ethnicity
- Evidence-based clinical guidelines indicate that all pregnant women should be screened for tobacco, substance use, domestic violence, HIV and other sexually-transmitted infections, maternal depression, and poor nutrition. However, it is unknown how often these guidelines are followed.
- Prevalence of childhood asthma is high, with disparities by SPA and race/ethnicity for both prevalence of asthma and hospitalization rates for asthma

- Overweight and at-risk for overweight among children (5th and 7th graders) and adolescents (9th graders) is high, with children having a higher rate than adolescents. This places Los Angeles County below the Healthy People 2010 objectives for overweight.
- Food insecurity is also common, with 22% of lower income households in the county reporting limited access to adequate food. Research indicates that obesity and food insecurity are related: a higher percentage of respondents living in lower income, food insecure households are obese (27%) compared to those living in lower income, food secure households (20%).
- Adolescents suffer from high rates of depression, substance use and violence. Homicide is a leading cause of death among adolescents and is significantly higher among Latinos than other racial/ethnic groups. The homicide rate for adolescents is twice as high in LA County as in New York City.

For a copy of the complete needs assessment report, please go to the MCAH website at: www.lapublichealth.org/mch.

IV. Los Angeles County Maternal Child and Adolescent Programs (MCAH)

Overview:

MCAH is a part of the Public Health division of the Los Angeles County Department of Health Services (DHS) and employs approximately 125 people. The mission of MCAH is:

To maximize the health and quality of life for all women, infants, children, and adolescents and their families in Los Angeles County.

MCAH is responsible for planning, implementing and evaluating services that address the priority needs of pregnant and parenting women, children, adolescents, and their families in LA County. Many of MCAH's programs assist low-income women to access quality prenatal and post-partum care and support. In addition, MCAH helps to ensure access to healthcare for children, provides services to combat childhood lead poisoning, and engages in policy issues related to children's and adolescents' well-being.

Current Programs and Activities:

Our 5-year plan includes continuation of the following programs and augmentation, enhancement and refinement of these programs in order to better accomplish MCAH's mission and to address the priority health issues identified through the community needs assessment process. MCAH provides staffing for programs and essential core functions that are vital for the public health of mothers, children, and adolescents in Los Angeles County. For example, the Research, Evaluation and Planning Unit within MCAH provides the necessary data collection and analysis to inform programs and to identify areas of need. This unit played a central part in the activities leading to this five year plan. The following is a description of other MCAH programs and activities.

Maternal Health Programs

Core programs that influence maternal health are the Comprehensive Perinatal Services Program (CPSP), Family Planning Program, the Nurse Family Partnership, and the Prenatal Care Guidance Program.

The *Comprehensive Perinatal Services Program* (CPSP) is a Medi-Cal fee-for-service program for low-income pregnant women and their infants, implemented in 1989 to reduce morbidity and mortality. It integrates nutrition, psychosocial, and health education services with basic obstetrical services. The role of MCAH is to assist medical providers in becoming CPSP certified, provide training on the components of CPSP, and provide quality assurance site visits to CPSP sites.

The *Family Planning Program* administration office, working with the Director of Maternal Health and Family Planning and staff in Personal Health Services, oversees the Title X family planning program funds. These funds provide outreach and basic contraception services to augment family planning services in county clinics.

The *Nurse Family Partnership* program is a county-wide rollout of the David Olds Nurse Home Visitation Model. It includes home visitation services, linkages to Family Resource Centers, and support to single, first-time pregnant women to improve maternal health, parental behavior, social functioning, and child health and development. Public Health Nurses (PHNs) educate parents, help women build supportive relationships with family members and friends, and link family members with health, social, and other human services agencies. PHN home visitation services begin during the last trimester of pregnancy and continue following the birth of the child until the age of two years.

In continuous service since 1989, Public Health Nurses (PHNs) in the *Prenatal Care Guidance (PCG)* program have provided outreach and case management services to high-risk, low-income pregnant women. PHNs work closely with school nurses and community-based organizations to provide home visits, coordinated referrals and other outreach activities to assist high-risk pregnant women with entry into early prenatal care. They specialize in the case management of women with medically high-risk pregnancies. One of their most important activities is to keep pregnant teens in school during their pregnancy and the postpartum period.

Child Health Programs

MCAH programs that serve infants and children include the Newborn Screening Program, the Black Infant Health Program, the SIDS program, and the Childhood Lead Poisoning Prevention Program.

The *Newborn Screening Program* screens newborns for genetic and congenital disorders to help prevent catastrophic health consequences and the emotional and financial burden of disability and death caused by these diseases. MCAH Programs works in partnership with the two screening centers in Los Angeles County and provides community education to increase the understanding and visibility of the program.

The Black Infant Health Program developed out of the recognition that the African American community continues to experience approximately double the rate of infant morbidity and mortality observed in other populations. The program focuses on interventions that reach beyond the traditional medical/clinical model of prevention. The Prenatal Care Outreach Model links women to early and continuous prenatal care and related services.

Sudden Infant Death Syndrome

In compliance with State mandates, the Coroner reports all Sudden Infant Death Syndrome (SIDS) deaths, which enables deployment of PHNs who provide case management services to parents, foster parents, child care providers and others. Program staff provide outreach and training on SIDS risk reduction which focuses on the importance of placing healthy infants to sleep on their backs, providing a smoke free environment, and disseminating information about other identified risk factors. Brochures, incentives, and grief counseling are provided for families.

The Childhood Lead Poisoning Prevention Program includes surveillance, provider and public health education, nursing case management, environmental inspection and follow-up, and referral of remediation services to the families of lead-poisoned children. The goals of this program include: screening children six months to 6 years of age for lead exposure at each well child visit and preventing complications of lead exposure by early detection and follow-up.

Adolescent Health Programs

Child and Adolescent Health (CAH) Programs works with other public health programs to reduce the rate of teen pregnancy, pilot initiatives in emergency contraception, host conferences and educational programs on adolescent health issues, and foster relations among agencies to provide efficient and effective services to Los Angeles County youth and their families.

V. Summary of Plan Development

Preparatory Work:

MCAH staff identified a list of 70 potential health indicators to be considered by the Planning Group. In order to compile the list, staff selected indicators relevant to MCAH health problems in LA County and included the 27 State-required indicators as well. Criteria for determining whether to keep or delete an indicator included whether county-wide data was available for the indicator and whether the problem was severe or affected large numbers of people.

Phase 1:

The initial phase of the needs assessment process took place from September 2003 to March 2004. During this phase an internal MCAH workgroup and an external stakeholders' Planning Group was constituted and convened. Collaboration and community input were essential components throughout the entire needs assessment process.

The Planning Group was comprised of community stakeholders from diverse organizations. The Planning Group provided feedback on the process for developing the plan; developed the list of indicators from which prioritized needs would be chosen; selected criteria and rating scales for the prioritization of health issues; analyzed data, discussed best practices; and finally, rated the issues to come up with the final list of prioritized needs. MCAH staff were asked to utilize a similar process and the results of the two processes were used to determine the top priorities for the MCAH 5-year plan.

Prioritization:

To prioritize the health issues, the Planning Group and MCAH staff developed and applied the following criteria:

- 1) Is the burden of disease (prevalence, morbidity and mortality) significant?
- 2) Is the problem increasing?
- 3) Are there disparities among subgroups, e.g. race/ethnicity, geographic region?
- 4) Do best practices exist to address this issue?
- 5) Has the community identified this issue as a need?

To evaluate burden of disease for health issues under consideration, MCAH staff recruited a group of nine obstetricians, pediatricians and epidemiologists from the community and within the County to score each health issue based on morbidity and mortality, prevalence, and duration.

This prioritization process identified the following four health issues:

- **Birth outcomes**
- **Childhood asthma**
- **Adolescent wellbeing**
- **Childhood and adolescent overweight**

The Planning Group also prioritized access to health care as a top issue for women and children. Specifically, the Planning Group underscored the need for women to have access to quality pre-conception, interconception and perinatal care. Similarly, access to high quality, continuous health care services is central to helping children and adolescents manage their asthma and maintain a healthy weight. However, rather than address access to health care as a separate health issue, MCAH has chosen to integrate access to care into the strategies for improving birth outcomes, asthma and overweight.

Phase 2:

In the next phase of the planning process, from May 2004 to February 2005, MCAH obtained broader community input by soliciting opinions from community members on the best strategies to address the top needs identified in the needs assessment. To do this, MCAH held community meetings with representatives from community-based agencies and other County programs, as well as conducted focus groups with clients.

Once the community meetings and the focus groups were completed, MCAH organized four workgroups, one for each of the four prioritized issues. The workgroups reviewed the

strategy ideas that emerged from the community meetings and focus groups and made recommendations to MCAH on the best strategies to implement. MCAH examined the strategy ideas internally, reviewed evidence-based practices, and selected those strategies and practices that we anticipated would have the greatest impact and best fit our role.

VI. Goals and Objectives

MCAH has developed a 5-year plan to address each of the health issues that was prioritized in the needs assessment process. Our strategies include best practices, when known, and new approaches, when best practices are not yet established. The plan also takes into account existing and anticipated resources, program development, current public health infrastructure, community stakeholders, and the existing healthcare environment. To the extent that these conditions and assumptions remain stable over the next five years, the following 5-year plan should prove to be a reliable roadmap to significantly address the identified health issues.

The 5-year plan relies upon the continuation of current MCAH programs already described. These programs provide essential services for the public health of mothers, children, and adolescents in Los Angeles County, many of which are mandated by state or local ordinance.

Priority Health Issue: Birth Outcomes

Babies who are born prematurely or who are born with a low birth weight have lower survival rates and those who do make it beyond the newborn period have an increased likelihood of a variety of developmental delays. These children require more intensive medical follow-up and having a child with a special healthcare need increases stress within family systems.

In 2001, the percentage of live born infants weighing less than 2,500 grams at birth in Los Angeles County was 6.65% representing 10,213 babies, which is slightly higher than the state percentage of 6.29. While the Healthy People 2010 goal for the nation is 5% the percentage has been increasing in Los Angeles County from 6.02% in 1990 to 6.65% in 2001. In 2002 the percentage of premature births (< 37 weeks of gestation) was 10.1%. Again this is slightly higher than the state percentage of 9.8% and well above the Healthy People 2010 goal of 7.6%.

To address poor birth outcomes the plan calls for MCAH to:

- *Identify local risk factors for poor birth outcomes in Los Angeles County and to develop strategies to ameliorate the effect those risk factors have on poor birth outcomes;*
- *Ensure access to prenatal and perinatal care services;*
- *Improve the quality of prenatal care;*
- *Promote access to quality preconception and interconception care;*
- *Promote breastfeeding;*
- *Improve workplace practices that promote healthy pregnancies, healthy infants, and family bonding.*

MCAH will achieve these goals by augmentation of existing programmatic work and implementation of new initiatives. The Los Angeles Mommy and Baby (LAMB) survey is one such initiative. This survey will be sent to 10,000 post-partum women and will provide MCAH with important information on risk factors for poor birth outcomes in the county. Information from this survey will help MCAH to better target programs and to develop new interventions or enhance existing programs to address specific risk factors for different subpopulations within the county.

Other activities that MCAH will be undertaking to achieve these goals are:

- developing strategies that promote early entry into prenatal care;
- increasing access to information about pregnancy-related resources and service providers through the 2-1-1 information line;
- implementing the Comprehensive Perinatal Services Program in all Los Angeles County Department of Health Services prenatal clinic sites and providing training and quality assurance;
- working together with Los Angeles Best Babies Collaborative and the March of Dimes to develop a policy agenda to improve systems of care including preconception and interconception care;
- developing and implementing strategies to increase breastfeeding in high-risk, low-income pregnant women;
- training and certifying County hospitals as “Baby-friendly”; and
- developing policies and programs to create a model family-friendly work environment within Los Angeles County Public Health.

Priority Health Issue: Childhood Asthma

On a national level asthma has become a priority health issue. It is no surprise then that childhood asthma has emerged as a priority health issue in Los Angeles County as well, especially given the outdoor air quality in Los Angeles County. An estimated 7.9% of children 0 - 17 currently have asthma. The actual prevalence may be far higher, as children with unrecognized asthma are not included in this estimate. The prevalence of asthma among African American children in the county (16%) is much higher than for African American children nationally (6.8%) and is also much higher than white, Asian/Pacific Islander and Latino children in the County (with rates of 9%, 9%, and 6% respectively).

Indoor air quality also affects asthma and approximately 7% of children in the county are exposed to tobacco smoke in the home on a regular basis. Research indicates that among children with asthma, those exposed to tobacco smoke in the home are more likely to have asthma symptoms that limit their physical activity than those not exposed.

MCAH goals for addressing childhood asthma are to:

- *Improve the management of childhood asthma;*
- *Improve the systems of care for children with asthma;*
- *Educate families of children with asthma about the importance of preventive care;*
- *Decrease exposure to environmental triggers of asthma.*

Key activities to help achieve these goals, many of which will be new initiatives, will revolve around:

- collaborating with health care providers to develop strategies to increase the use of national clinical guidelines for the management of asthma by healthcare providers;
- ensuring that all MCAH home visitation staff are trained about asthma symptoms, triggers, and referral resources;
- improving assessment of childhood asthma within Public Health;
- working with the Los Angeles County Asthma Coalition to develop and implement strategies that improve the system of care for children with asthma;
- developing and implementing a model communication system between healthcare providers, schools, school-based clinics, and parents so that asthma action plans are shared and utilized appropriately;
- conducting a media campaign to raise awareness about asthma;
- developing policy proposals that promote reductions in exposure to outdoor air pollution; and
- developing a model program for identifying asthma triggers in homes.

Priority Health Issue: Adolescent Wellbeing

During the planning process a number of issues relating to adolescent health emerged. While all the issues deserved attention, however, taken together they were emblematic of poor adolescent well-being. The specific issues identified were mental health, substance abuse, and violence. All three issues are associated with significant morbidity and mortality among adolescents.

The incidence rate of teens ages 15 to 19 hospitalized for mental health reasons is 858 per 100,000 which is higher than the state rate of 808 and still rising. LA County also gathered additional data on adolescent mental health, which highlighted the severity of this issue. The additional data revealed that 34% of all adolescents report feeling "so sad and hopeless in the past 12 months that they stopped doing some usual activities." This percentage holds steady for 9th graders through 12th graders. In addition, in 2003, 11.4% of teens attempted suicide one or more times. The percentages are highest for 9th and 10th graders who may be more at risk. The suicide death rate among 15 to 19 year olds in LA County is 4.3 per 100,000, with disparities by race/ethnicity: 5.4 for African Americans, 5.0 for Latinos, 3.6 for whites and 2.2 for Asian/Pacific .

It is thought that many teens turn to alcohol and drugs as coping strategies. Twenty-two percent of high school students report excessive alcohol use (5 or more drinks within a couple of hours on at least one day in the last month) and 17% report sniffing glue, aerosol spray, or paints to get high at least once in their life. Violence against adolescents is also rampant and is far worse than in other large metropolitan areas as evidenced by the fact that the homicide rate among teens aged 15 - 19 in LA County is twice that of New York City.

It is believed that, because of the interrelatedness of the causes of these issues, interventions that address one of these issues are likely to impact the others. Therefore, MCAH will address them as one issue: promoting the health and well-being of adolescents.

Adolescent healthcare is a distinct medical discipline from adult healthcare and pediatric healthcare and many traditional models of care that utilize a risk-based approach are not effective when applied to adolescent populations. Through the planning process it has also become clear that there is much yet to uncover about adolescent health and well-being in Los Angeles County. It is also becoming increasingly recognized that community-based efforts focused on promoting and developing adolescents' assets may be superior to improving adolescents' health than other traditional risk-based approaches.

The issues facing youth in LA County are part and parcel of the environment in which they are growing up: over a quarter of LA County children under age 18 live below the federal poverty level. Among children of color, the rates rise to well over half, with 62% of Latinos and 56% of African American children living in poverty. Poverty, along with other social factors such as racism, sexism, and unemployment, creates hopelessness in young people, and a sense that few life options exist. In such an environment, supporting youth development and access to services should focus not on identifying problems among young people, but on attempting to understand and promote the successes that have allowed young people to thrive in difficult environments. Called the resiliency model, this approach attempts to identify and promote the strengths, resources, and assets of individuals and communities that would otherwise be at risk for adverse outcomes.

MCAH's goals to improve adolescent well-being are to:

- *Assess adolescent well-being in Los Angeles County;*
- *Improve healthcare providers' knowledge and practice of adolescent medicine;*
- *Improve community systems of care for adolescents.*

MCAH will work towards these objectives by:

- developing and utilizing a tool, based on national and state outcome measures, to assess adolescent health and well-being in Los Angeles County;
- assessing healthcare providers' understanding and practice of adolescent medicine and developing and implementing strategies to address weaknesses that are uncovered through the assessment process;
- working with the Los Angeles County Adolescent Health Collaborative to develop a 5-year plan;
- developing and disseminating a "best practices" document for community providers; and
- assessing strategies and feasibility of implementing asset-based youth development principles and programs in Los Angeles County.

Priority Health Issue: Childhood and Adolescent Overweight

As with asthma, childhood overweight emerged from the planning process as a priority in Los Angeles County. The long-term adverse outcomes from childhood overweight, along with its sharply increasing prevalence, has helped to focus national attention to this problem; given the extent of childhood overweight in Los Angeles County, it is appropriate that it be a priority.

The percentage of children overweight (CDC case definition using Body Mass Index) for 5th and 7th grade students in 2001 was 22.5% and the percentage that were at-risk for being overweight was 19.4%. With the Healthy People 2010 goal set at 5%, it is clear that there is much work to do in this area. It is also clear that this problem is not spread evenly throughout the population. Latino children have the highest rate of overweight (27.4%), followed by African Americans (20.5%), Asian/Pacific Islanders (14.9) and whites (13.4%). The percentages for "at-risk" for overweight generally follow the same pattern. Similarly, the physical fitness rates among 5th and 7th graders are extremely low, with African American and Latino students demonstrating the lowest rates.

Adolescents are far from immune to this issue as 16% of 9th graders are overweight (CDC case definition using BMI) and 17% are at-risk for becoming overweight. The same racial disparities seen in younger children apply to the adolescent age group.

Despite the extent of the problem and national attention, evidence-based interventions and guidance are only recently beginning to appear. MCAH's 5-year goals for childhood overweight are to:

- *Promote physical activity and healthy eating;*
- *Educate families about prevention of childhood overweight; and*
- *Assure that healthcare providers have appropriate knowledge and resources to address childhood overweight.*

Activities and initiatives that will be undertaken to achieve these goals are:

- collaborating with Los Angeles County Office of Education to improve physical activity in the school setting;
- through the Physical Activity and Nutrition Task Force (PANTF), continuing to implement the key recommendations of the Los Angeles County Blue Ribbon Task Force Report, "Paving the Way for Physically Fit and Healthy Children";
- developing and disseminating internal County policies that promote healthy eating and physical activity, including worksite wellness programs;
- developing and implementing worksite wellness training programs targeting large employers in Los Angeles County;
- conducting a public awareness campaign including a physical activity event with standardized messages, educational materials and appropriate referrals;
- expanding the county-wide "2-1-1" telephone information line to include resource and referral information for childhood overweight; and
- assessing and improving healthcare providers' knowledge of child overweight;

A summary of MCAH goals and objectives for the next five years can be found - in table format - in Appendix B.

VII. Implementation and Ongoing Review

Many of the 5-year plan objectives involve partnering with organizations outside of MCAH. We see implementation of these projects as collaborative work with our partners, in many instances with MCAH playing the convener or “project lead” role.

In order to achieve these goals and objectives we will need to depend upon the expertise of county-wide coalitions to help us gauge our progress toward reaching the plan’s objectives. The four coalitions are: 1) The Los Angeles Best Babies’ Collaborative; 2) The Los Angeles County Asthma Coalition; 3) The Physical Activity and Nutrition Task Force (PANTF); and 4) The Los Angeles County Adolescent Health Collaborative. Once a year, in conjunction with these coalitions, we will assess our progress to determine what we have accomplished and to identify, if necessary, new approaches to accomplish our goals and maximize the impact of our work.

Appendix A: List of Participants in Planning Process**Planning Group Members**

<u>Name</u>	<u>Organization</u>
Tanya Adija	Tarzana Treatment Center
Jean Armbruster	Maternal, Child and Adolescent Health, DHS, Los Angeles County
Juanita Arvizu	Mission City Community Network
Anthea Raymond Beckler	KPCC Radio
Alicia Dixon	The California Endowment
Eileen Eidem	Office of Women's Health, DHS, Los Angeles County
Katie Eilers	MotherNet
Donna Fernandez	Department of Children and Families, Los Angeles County
Eldyne Gray	Planned Parenthood
Gayle Haberman	Maternal, Child and Adolescent Health, DHS, Los Angeles County
Nancy Halpern Ibrahim	Esperanza Community Housing Corporation
Cindy Harding	Maternal, Child and Adolescent Health, DHS, Los Angeles County
Angel Hopson	Long Beach Department of Health and Human Services
Zola Jones	Great Beginnings for Black Babies
Lynn Kersey	Maternal and Child Health Access
Rosa Lara	Multicultural Area Health Education Center
Vicki Lombardo	March of Dimes
Bryce Lowery	Children's Planning Council
Michael Lu	University of California at Los Angeles
Sabah Mohammad	Shields for Families
Kathleen Overr	Legal Aid/Healthy Homes Collaboratives
Stacy Powell	Prototypes
Silvia Prieto	SPA 7, Area Health Office, DHS, Los Angeles County
Maryjane Puffer	California Family Health Council
Bettye Randle	Compton Unified School District
Maria Reza	Los Angeles Unified School District
Kiran Saluja	Public Health Foundation Enterprises
Mark Schuster	Center for Adolescent Health, RAND Corporation
Rob Settlage	Maternal, Child and Adolescent Health, Department of Public Health, Los Angeles County
Ellen Silver	Parental Advisory Council: Leadership, Advocacy, and Consultation
Mary Singaus	SPA 5 Area Office, DHS, Los Angeles County
Alice Stek	DHS, Los Angeles County, University of Southern California
Kim Uyeda	Center for Healthier Families, University of California at Los Angeles
Annie Varner	Watts Health Center
Debra Villar	Clinica Oscar Romero
Diane Visencio	Center for Healthier Families, University of California at Los Angeles
Jennifer Webb	First 5 Los Angeles
Kimberly West	Maternal, Child and Adolescent Health, DHS, Los Angeles County
Cheryl Wold	Office of Epidemiology and Assessment, DHS, Los Angeles County
M. Lynn Yonekura	California Hospital Medical Center

Participants at Community-Based Meetings

Name	Organization
Nancy Adelman	Children's Health and Disability Program, DHS, Los Angeles County
Lisa Alfonso	Pennylane Center
Jean Allen	Los Angeles Unified School District
Teresa Antelo	Nexcare Collaborative
Lawren Askew	Westside Children's Center
Carrie Bach	Department of Children and Family Services, Los Angeles County
Cheryl Baker	Birth Partners
Mutlita Bates Castillo	Los Angeles Unified School District
Marie Beall	Harbor-UCLA Medical Center
Maria Bejarano	Coalition for Community Health
Carol Berk	Hollywood High-Healthy Start
Anne Bishara	Medical Group
Carolie Boiser	Long Beach Health Department
Esther Bush	Coalition for Community Health
Lea Butterfield	Healthy Homes
David Cantu	Department of Mental Health/Juvenile Justice, Los Angeles County
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Boonrat Chantorn	Child Lead Poisoning Prevention Program, DHS, Los Angeles County
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**5-Year Plan Workgroup
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Appendix B

MCAH 5-Year Goals and Objectives: 2005 to 2009

Priority Health Issue: Birth Outcomes	
Goal 1: Identify local risk factors for poor birth outcomes and strategies to address those risk factors.	Objective 1a: Administer the Los Angeles Mommy and Baby (LAMB) survey to 10,000 post-partum women countywide with an anticipated response rate of 50%.
	Objective 1b: Produce a report identifying potential causes of fetal and infant deaths based on a review and analysis of 150 fetal and infant death cases to enhance the effectiveness of the LAMB survey.
	Objective 1c: Increase the number of high-risk pregnant women who are referred to and enrolled in home visitation services during their pregnancy.
Goal 2: Ensure access to quality prenatal and perinatal care services	Objective 2a: 90% of pregnant women within the county will receive prenatal care beginning in their first trimester.
	Objective 2b: Decrease the percentage of MCAH clients in home visitation programs who have low birth weight babies from 9.2%, moving toward the Healthy People 2010 goal of 5% by increasing the number of information resources available to pregnant and post-partum woman to link them with mental health, alcohol and drug rehabilitation services.
	Objective 2c: Implement the Comprehensive Perinatal Services Program (CPSP), an enhanced perinatal care program, in all Los Angeles County DHS prenatal clinic sites.
	Objective 2d: CPSP sites will implement a minimum of one quality improvement intervention by collaborating with the Center for Healthy Births on their Care Quality Improvement Initiative.
Goal 3: Promote access to quality preconception and interconception care.	Objective 3a: Develop a policy agenda to improve systems of care in conjunction with the Los Angeles Best Babies Collaborative (LABBC) Center for Healthy Births (CHB) and the March of Dimes (MOD) by convening an annual meeting.
	Objective 3b: Develop a model for providing quality interconception care (i.e. content of care) in California and for financing interconception care by braiding current funding streams, in collaboration with the March of Dimes, UCLA, and the LABBC Center for Healthy Births (CHB).
Goal 4: Promote breastfeeding.	Objective 4a: Increase the percentage of MCAH clients in home visitation programs who breastfeed for six months after delivery from 39%, moving toward the Healthy People 2010 goal of 50%, by providing case management to high risk low-income pregnant and post-partum women.
	Objective 4b: Two of the four County public hospitals will be certified as Baby-Friendly.
Goal 5: Improve workplace practices that promote healthy pregnancies, healthy infants, and family bonding.	Objective 5a: Educational sessions will be offered to expectant employees on the topics of preconceptional/interconceptional care, healthy pregnancies, breastfeeding, prepared childbirth, early infant care and safety, and use of paid/unpaid leave benefits with an expectation that at least 25% of expectant mothers will attend at least one of the sessions.
	Objective 5b: 75% of expectant Public Health employees will receive a Welcome Baby Bag filled with breastfeeding promotion materials.
	Objective 5c: Three additional lactation rooms will become available for use by Public Health employees.

(Cont'd) Goal 5: Improve workplace practices that promote healthy pregnancies, healthy infants, and family bonding	Objective 5d: Using best practices developed through experience with implementation of Objectives 5a – 5c, conduct outreach to at least twelve employers in Los Angeles County to encourage them to implement family-friendly policies in the workplace.
	Objective 5e: Employers who receive information will implement at least one family-friendly policy.
Priority Health Issue: Childhood Asthma	
Goal 1: Improve the management of childhood asthma.	Objective 1a: In partnership with local health care providers, develop recommendations for increasing the systematic use of national clinical guidelines for asthma on a countywide basis and implement a minimum of two recommendations.
	Objective 1b: Ensure that 100% of MCAH home visitation staff have received training about asthma symptoms, triggers and referral resources and that MCAH home visiting programs have asthma protocols in place.
	Objective 1c: Integrate evidence-based asthma case identification questions for children ages 4-18 years into the countywide Public Health Nurse (PHN) assessment process as a guide for the PHNs in determining the need for asthma related health care referrals.
Goal 2: Improve systems of care for children with asthma.	Objective 2a: Develop and implement key strategies designed to improve systems of care for children with asthma in LA County by coordinating the Los Angeles County Asthma Coalition.
	Objective 2b: Develop a model system of communication between health care providers, schools, school-based clinics, and parents so that asthma action plans are shared appropriately, and distribute the model to at least three schools.
Goal 3: Educate families of children with asthma regarding the importance of preventative care for asthma.	Objective 3a: Conduct an asthma public awareness campaign in collaboration with the Child Health and Disability Prevention (CHDP) program, including providing educational materials and appropriate referrals to 90% of callers and sending 1000 asthma information packets to CHDP providers.
Goal 4: Decrease exposure to environmental triggers of asthma.	Objective 4a: Develop policy proposals that reduce exposure to air pollution among county residents including reducing emissions, supporting public transportation, and promoting sustainable growth.
	Objective 4b: Develop model procedures for identifying and mitigating asthma triggers in the homes of lead poisoned children who receive MCAH home visiting services.
Priority Health Issue: Adolescent Well-being	
Goal 1: Assess adolescent wellbeing in Los Angeles County.	Objective 1a: Using common national and state outcome measures, create and implement a tool to assess adolescent well-being.
Goal 2: Improve healthcare providers' knowledge and practice of adolescent medicine.	Objective 2a: Assess healthcare providers' current knowledge and practice of adolescent medicine.
	Objective 2b: Develop and begin implementation of at least two initiatives to address weaknesses found in the baseline provider assessment.

Goal 3: Improve community systems of care for adolescents	Objective 3a: Develop a 5-year plan for the Los Angeles County Adolescent Health Collaborative.
	Objective 3b: Develop and disseminate a best-practices document for community providers.
	Objective 3c: Assess strategies to utilize Youth Development Principles/Programs within Los Angeles County.
Priority Health Issue: Childhood and Adolescent Overweight	
Goal 1: Promote physical activity and healthy eating.	Objective 1a: MCAH will lead an effective collaborative effort with Los Angeles County Office of Education (LACOE) to improve physical activity in the school setting.
	Objective 1b: Continue to implement the six key recommendations of the Los Angeles County Blue Ribbon Task Force Report (“Paving the Way for Physically Fit and Healthy Children”) by co-convening the Physical Activity and Nutrition Task Force (PANTF).
	Objective 1c: Develop and disseminate internal County policies that support healthy eating and physical activity, including but not limited to worksite wellness programs and food sales guidelines.
	Objective 1d: Develop and implement worksite wellness training programs to afford parents an opportunity to become role models, and reach at least 30 large employers in Los Angeles County.
Goal 2: Educate families about how to prevent childhood and adolescent overweight and obesity.	Objective 2a: Conduct a public awareness campaign with a standardized message and provide educational materials and appropriate referrals.
	Objective 2b: Partner with the 2-1-1 information line to expand the countywide directory of obesity-prevention and maternal and child health resources by adding a minimum of 100 new resources to the 2-1-1 database.
Goal 3: Assure that healthcare providers have appropriate knowledge and resources to address childhood overweight/obesity.	Objective 3a: Assess and improve healthcare providers’ knowledge of childhood obesity/overweight problem risk factors and adequacy of resources.

Access to Health Care	
Goal 1: Increase the number of children who have health insurance.	Objective 1a: Reduce the number of uninsured children and their family members by assisting with applications for a minimum of 100,000 children with an approval rate of at least 70% of applications assisted by MCAH contractors.
Goal 2: Improve prevention of childhood illness.	Objective 2a: Increase the percentage of infants in MCAH home visitation programs with age-appropriate immunizations by age two, from 47.5%, moving toward the Healthy People goal of 80%, by providing case management to high risk low-income post-partum women.
	Objective 2b: Decrease to 0.4% from 0.7%, the percentage of children in Los Angeles County 0-5 years old who are newly identified with elevated blood lead levels (blood lead level ≥ 10 mcg/dL) by providing primary prevention activities.
MCAH Operational Goals & Objectives	
Goal 1: Improve internal communication among MCAH employees.	Objective 1a: Create an orientation program for new MCAH employees that includes core knowledge of MCAH issues, procedures for transmitting information about specific Los Angeles County MCAH programs and staff, and the creation of a computer-based clearinghouse for key documents, policies and master forms.
	Objective 1b: Produce a client referral manual that summarizes program services and eligibility to facilitate referrals from one MCAH program to another MCAH program
	Objective 1c: Improve network security and communications among MCAH units.
Goal 2: Improve external communication with stakeholders.	Objective 2a: Increase publicity about MCAH programs by creating a MCAH brochure and/or informational packet that summarizes program services and provides contact information for potential clients and service providers.