

2014

Community Benefit Report

Building Connections
for a Healthy Community



We Treat Kids Better

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To Our Community Partners and Friends:

Our connection with communities is essential to who we are and what we do.

Since 1901, Children’s Hospital Los Angeles has dedicated itself to serving children, adolescents, families and the broader community. Working with a broad spectrum of stakeholders is what helps us fulfill our mission of creating hope and building healthier futures. From families to whole communities, from civic to community-based organizations, from researchers to academic institutions, from elected officials to government agencies—each member of our community contributes to our understanding of how we can positively impact the lives of children and adolescents well beyond the walls of our hospital.

During this time of unprecedented change in health care across our country, Children’s Hospital Los Angeles remains constant in its ability to deliver quality care to our community. Our staff continue to dedicate themselves to ensuring that our community health and outreach initiatives, programs and existing connections thrive.

This report demonstrates the depth of our commitment and connection to the community. In 2014, CHLA provided

\$222.6 million in Community Benefit services and activities. A few of these tremendous efforts include:

- Sickle cell disease research
- Caring for childhood cancer survivors
- Obesity prevention
- Increasing access to health insurance
- Workforce development programs for adolescents and young adults

Children’s Hospital Los Angeles is proud to have strong connections with our communities. On behalf of our institution, I look forward to strengthening our work together in the coming year. Thank you for taking the time to learn more about our efforts in this year’s Community Benefit Report.

Sincerely,

Richard D. Cordova, FACHE
President and Chief Executive Officer
Children’s Hospital Los Angeles



About Children's Hospital Los Angeles

Our Mission

We create hope and build healthier futures.

As a leading academic children's hospital, we fulfill our mission by:

- Caring for children, adolescents, young adults, families and each other
- Advancing knowledge
- Preparing future generations
- Building our financial strength

Our Values

- We achieve our best together.
- We are hopeful and compassionate.
- We are learners leading transformation.
- We are stewards of the lives and resources entrusted to us.
- We serve with great care.

Our History

Founded in 1901, Children's Hospital Los Angeles is one of the nation's leading children's hospitals and is acknowledged worldwide for its leadership in pediatric and adolescent health. Children's Hospital Los Angeles is one of only 10 children's hospitals in the nation, and the only one on the West Coast, to be named to the prestigious U.S. News & World Report Honor Roll of children's hospitals for 2014-15.

The Saban Research Institute of Children's Hospital Los Angeles is one of the few freestanding research centers in the U.S. where scientific inquiry is combined with clinical care and is devoted exclusively to children. Children's Hospital Los Angeles is also a premier teaching hospital and has been affiliated with the Keck School of Medicine of the University of Southern California since 1932.

Our Commitment to Children, Adolescents, Families and the Community

At Children's Hospital Los Angeles, our commitment to patients and their families extends well beyond the walls of our hospital. Our community benefit services and activities ensure we remain responsive to the needs of our community and build on our community network of care. Our community benefit investment helps make a difference in the lives of the thousands of children, adolescents and families we serve throughout the Los Angeles County region, as well as the thousands reached through our national and international efforts.

Community benefit services and activities are designed to provide treatment and promote health as a response to identified community needs. Our objectives are to:

- Improve access to health care services
- Enhance the health of the community
- Advance medical or health care knowledge that provides public benefit
- Relieve or reduce the burden of government or other community efforts

Our Community Benefit Investment

Grand Total:
\$222.6 million

\$158.7 million
Unreimbursed Costs for Medical Services of Government-Sponsored Programs^{1,2}

\$3.2 million
Charity Care at Cost³

\$20 million
Health Professions Education

\$33.2 million
Research Activities

\$3.5 million
Community Health Improvement Services and Other Community Benefits⁴

\$4 million
Subsidized Health Services

1. The Medi-Cal program partially offsets these losses through the Disproportionate Share Hospital (DSH) Program, designed to support "safety net" hospitals such as Children's Hospital Los Angeles. The hospital received \$49.3 million in DSH funding in fiscal year 2014.

2. In January 2010, the state of California enacted legislation that provides for supplemental payments to certain hospitals funded by a quality assurance fee paid by participating hospitals as well as matching federal funds (the "Hospital Fee Program"). Supplemental payments and fees related to the

Hospital Fee Program produced a net benefit of \$32.7 million to Children's Hospital Los Angeles in the fiscal year ended June 30, 2014.

3. Includes cost of care provided to underinsured and/or uninsured children.

4. Children's Hospital's investment in the Community Benefit Inventory for Social Accountability (CBISA) system has proven to be an excellent mechanism to track otherwise undocumented community benefits. The amount reported for FY 2014 is lower than that reported for FY 2013 due to more stringent IRS reporting guidelines regarding the required offset of restricted grant funds.

FY 2013 Community Health Needs Assessment

Health and wellness start in the home, the neighborhood and the community. The Children's Hospital Los Angeles Community Health Needs Assessment, most recently conducted in 2013, helps us understand our community's demographics, health disparities, risk of communicable disease and chronic conditions, as well as the social determinants of health affecting children and adolescents and their families. We utilize this assessment as the basis for planning and delivering community benefit programs and services.

Our hospital services reach across Southern California, with a primary service area of Los Angeles County—a region that spans 4,057 square miles and includes vast urban communities,

suburban areas and rural neighborhoods. Los Angeles County is home to more than 10 million residents—approximately 26 percent of the state's population. It is the most populous county in the nation, and one of the most ethnically and racially diverse as well.

Key Findings

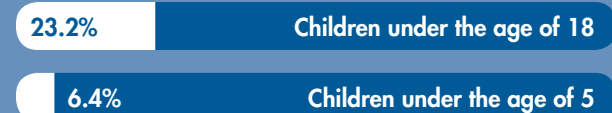
Leading Causes of Death for L.A. County Children

- Infants: Conditions related to prematurity
- Children 1-4 years: Birth defects
- Children 5-14 years: Motor vehicle crashes
- Youth 15-24 years: Homicide

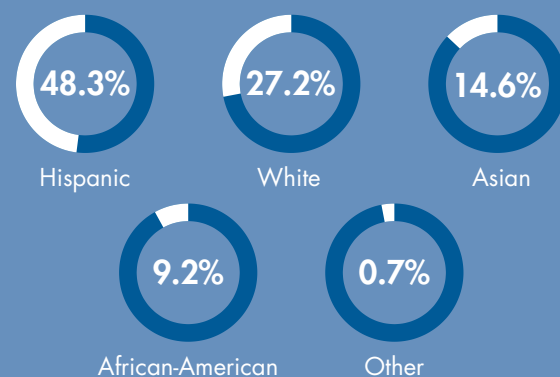
Community Demographics

At the time of the 2010 census, the population of Los Angeles County was **9,818,605**.

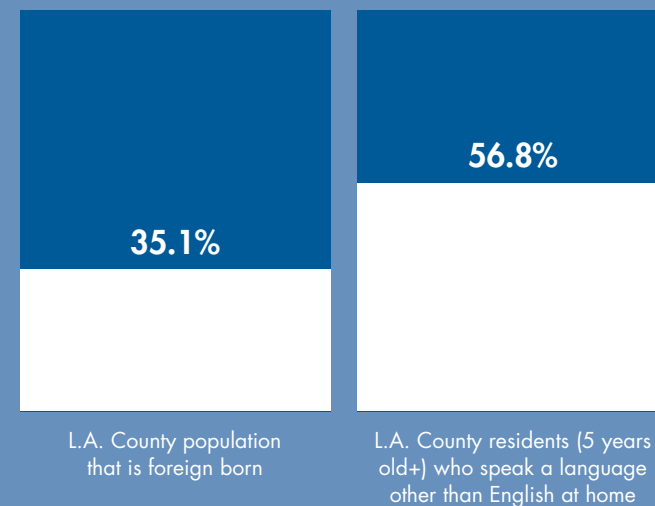
Demographics (2013)



Ethnicities (2013)



Language (2013)



Poverty (2013)



Source: U.S. Census Bureau, State and County QuickFacts 2013



Children's Hospital Los Angeles Community Affairs team

Dental Care

- 10.9 percent of children and 1.5 percent of teens in L.A. County have never been to a dentist. For households in Los Angeles County's Service Planning Area (SPA) 4, 9.2 percent of children and 54.2 percent of teens delayed a dental visit due to lack of dental insurance coverage or inability to afford the care.

Childhood Obesity

- 30.7 percent of children under the age of 18 are overweight or obese.

Education

- 24.1 percent of people ages 25 and older have less than a high school diploma.
- 29.5 percent of people ages 25 and older have a bachelor's degree or higher.

Unemployment in L.A. County

- Unemployment rates were lower in 2009, rose in 2010 and decreased in 2011. 2011 unemployment rate: 12.3 percent.

Community Concerns

During the assessment process, leaders of key organizations in Los Angeles County and members of the community provided input and identified issues and concerns. Many of these concerns were linked to poverty and lack of resources and included:

- Lack of access to primary and specialty care services
- Lack of access to affordable fresh produce
- Lack of green space and opportunities for physical activity
- Lack of education or job skills
- Unemployment, or employment in low-wage jobs with no benefits or security

The Community Health Needs Assessment was conducted by The Advancement Project's Healthy City initiative, Biel Consulting and the Office of Community Affairs at Children's Hospital Los Angeles. Other institutions, organizations, agencies and stakeholders, as well as members of the Children's Hospital Community Benefit Advisory Committee, also contributed time and resources to assist with this assessment.



Jessica Damasco, RN, teaches a high school senior to take vitals.

CHLA's Community Benefit Strategic Plan

Priority Areas

As part of the Community Health Needs Assessment, health and social needs were identified through an examination of primary and secondary data and then prioritized through a structured process using defined criteria. The hospital's Community Benefit Advisory Committee and community leaders and representatives all participated in this process. These findings guided the development of CHLA's FY 2013-14 community benefit goals and initiatives into four broad priority areas:

- Access to care
- Health promotion and prevention
- Obesity
- Workforce development

The community benefit implementation strategy adopted by Children's Hospital Los Angeles actively addresses these health and social needs that were identified as priority areas in the Community Health Needs Assessment. Because certain other identified needs are being addressed by other local and regional community organizations, and taking into consideration existing community resources, Children's Hospital has selected the health and social needs that it can most effectively address based on the hospital's areas of expertise.

Strategies

Increase access to health care resources and information for children, youth and families in the community.

- Conduct community education and outreach regarding California's health insurance exchange and the changes in federal, state and local health access programs.
- Carry out advocacy efforts that focus on children's health initiatives, including access to pediatric care and preventive services.
- Expand access to health care resources and information regarding transition and transfer of care for young adult patients living with chronic illness and disability.

Raise awareness of pediatric health and related safety and social issues in the community.

- Promote healthy behaviors and prevention of disease through outreach and education at local schools, community events and expositions.
- Enhance knowledge and skills of parents, children, youth and community service providers regarding child health and safety issues.
- Partner with community organizations to coordinate child health and safety campaigns.

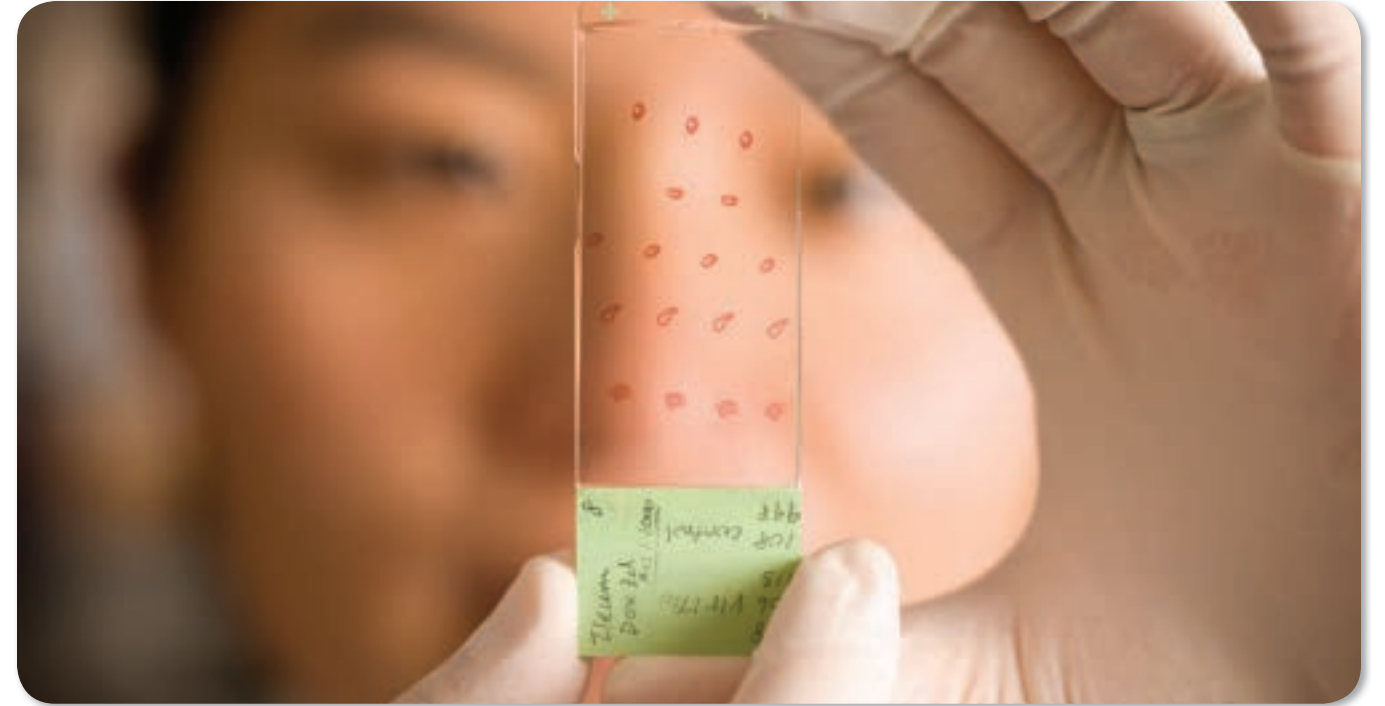
Have an impact on reducing obesity in children and youth in our community.

- Collaborate with local community clinics in underserved areas to provide an information and resources toolkit for providers regarding childhood obesity and diabetes.
- Develop multidisciplinary activities at CHLA to promote early intervention for obesity.

Enhance access to development and training opportunities targeting youth and young adults in our community.

- Advance current hospital efforts to expand internships, mentorship and work-experience opportunities for young adults and unemployed individuals.

Conducting the Community Health Needs Assessment is one of the many ways that Children's Hospital Los Angeles strengthens its commitment to understanding the health needs of the communities it serves. ■



Multidisciplinary Partnerships in Research

The Saban Research Institute

The Saban Research Institute of Children's Hospital Los Angeles is one of the few freestanding research centers in the U.S. where scientific inquiry is combined with clinical care and is devoted exclusively to children. Our goal is to improve the health and wellness of children through a combination of basic, clinical and translational studies. Research is performed at the lab bench, in the clinic and in the community. Coming together with other organizations and institutions improves our ability to spearhead innovation.

The Institute's interdisciplinary research is organized around three thematic areas that together fully explore the developmental origins of health and disease:

- The developing mind
- Metabolism, immunity, infection and inflammation
- Regenerative medicine and cellular therapies

The Saban Research Institute maintains strong scientific and strategic affiliations with the University of Southern California (USC) and, in particular, the Keck School of Medicine of USC. All of the Institute's principal investigators (clinical investigators, physician-scientists and PhD-scientists) are USC faculty, and many have collaborative projects with scientists at the Keck School of Medicine and other departments at USC. The Institute's researchers also are involved in collaborative projects with academic institutions throughout the U.S. and abroad. ■

Engineering Options for Sickle Cell Patients

Like most doctors, Thomas Coates, MD, tells his patients not to worry. Yet, unlike the gentle encouragement typically offered by clinicians, Coates' advice is prescriptive.

A pediatric hematologist who treats one of the largest populations of patients with sickle cell disease (SCD) in California, Coates suspects that anxiety can affect the perception of pain. And pain, he and his colleagues have recently discovered, restricts blood flow, which can be devastating to patients.

"We anticipate that this decrease in flow will cause sickled cells to get stuck, obstructing circulation, which would then cause more pain," says Coates, section head of Hematology at Children's Hospital Los Angeles.

"No one suspected that dysregulation of the autonomic nervous system could be causing decreased blood flow, initiating this vicious cycle," adds Coates.

Sickle cell disease is a genetic disorder of hemoglobin, the molecule in red blood cells that supplies oxygen to the body. Instead of rounded, flexible discs, the red blood cells in patients with SCD are stiff and crescent-shaped. These sickled cells become stuck in blood vessels, causing intense pain and eventual organ damage.

Earlier research identified that people with SCD have a more reactive autonomic nervous system (ANS), which controls involuntary functions such as breathing, heartbeat and blood flow. SCD patients lack these "checks and balances"—the work of the sympathetic and parasympathetic systems—that would typically modulate a response.

Coates has data demonstrating this difference. He compares the variation in blood flow in patients with SCD versus that of healthy individuals in response to a simple sigh. Eighty

percent of SCD sufferers experience vasoconstriction when they sigh, while only 20 percent of healthy individuals share this response.

With funding from the National Institutes of Health, Coates and his colleagues will standardize measurements and develop biomarkers that reflect a patient's "reactivity" and determine how ANS dysregulation affects vasoconstriction and frequency of sickle cell crises. Coates has assembled an unusual team—all but one of his co-principal investigators have a background in physics or engineering. They include Michael Khoo, PhD, and Herbert Meiselman, ScD, from the Biomedical Engineering and Physiology programs at USC; John Wood, MD, PhD, cardiologist and biomedical engineer at Children's Hospital Los Angeles; and Lonnie Zeltzer, MD, director of the Pain Program at the David Geffen School of Medicine at the University of California, Los Angeles.

Using lasers, infrared light, magnetic resonance imaging and body sensors to capture the data, Coates' team employs a specialized computer system that can receive and coordinate these varied inputs. The researchers are also developing a smartphone app so that patients can record and store their pain as it occurs. This compilation of patient information will allow the team to develop biomarkers that reflect ANS imbalance, pain-triggered constriction of blood vessels and brain perfusion. The goal is to test the theory that these biomarkers reflect underlying molecular and cellular pathologies resulting from the sickle cell gene mutation.

"We'll be able to determine the fundamental processes of the disease and then begin evaluating specific interventions," Coates says.

One intervention being considered is surprisingly low-tech. Zeltzer's area of expertise, cognitive behavioral therapy, will be evaluated as a means of decreasing a patient's reactivity and, ultimately, reducing vasoconstriction, pain and sickling.

Cognitive behavioral therapy could provide Coates' patients with a way to reduce the severity of their symptoms. They would then have an easier time following his advice, because they'd have a lot less to worry about. ■



Thomas Coates, MD

Coming Together to Fight Obesity

The problem of childhood and adolescent obesity sounds simple to solve: Just eat less and exercise more.

But Steven Mittelman, MD, PhD, knows that the reality is more complex.

"As much as you can tell someone to eat less and exercise more, it doesn't tend to happen," says Mittelman, director of the Diabetes and Obesity Program at Children's Hospital Los Angeles. "We need to look at why kids are eating too much, why they aren't exercising and why obesity causes so many problems, like diabetes and cancer."

Mittelman is spearheading a major multidisciplinary effort to answer those questions. The program's goal: fight childhood obesity and diabetes on all fronts—the lab, the clinic and the community.

In the lab, researchers are looking at several areas: how various genetic and environmental factors can cause obesity, why obesity creates so many health problems and how to develop new therapies to treat diabetes.

The program's three bench scientists are each studying a different facet of the problem. Mittelman is investigating the relationship between obesity and cancer—how fat tissue may help leukemia cells resist chemotherapy.

Senta Georgia, PhD, is studying regenerating pancreatic beta cells, which make and release insulin; patients with type 1 diabetes don't have enough of them. Georgia's lab is investigating ways to make more, including reprogramming intestinal stem cells to make beta cells instead.

"Intestinal stem cells are highly related to the pancreas, and you literally have billions of them," Georgia says. "If we could reprogram some of them to make beta cells, we'd have a potential therapy for patients that would allow them to make their own insulin."

A third investigator, Lily Chao, MD, is researching the intricate mechanisms of muscle growth and metabolism. By investigating a nuclear receptor protein called Nur77, her

lab is hoping to lay the groundwork for future therapies to improve glucose metabolism in diabetes patients.

Recently, CHLA launched the EMPOWER (Energy Management for Personalized Weight Reduction) Weight Management Clinic for overweight or obese children and teens. The clinic's team of specialists—a physician, dietitian, psychologist and physical therapist—works together to create a customized care plan for each patient and family.

The program is taking its expertise to the community, too. Its newest initiative is a faith-based pilot program offered in partnership with the New Mount Calvary Missionary Baptist Church in South Los Angeles (see page 16).

In addition to bringing the hospital's successful, evidence-based Kids N Fitness© program to the church, the pilot is providing health needs assessments and working with church leaders to promote healthy lifestyle changes within their congregations. ■





Jamie Kizzee and grandson

Access to Health Care Resources and Information

We've Got It Covered

"I had been employed for years with health benefits for my son and me, but due to unpredictable circumstances, I was laid off and became unemployed," says Jamie Kizzee. "After applying to work at various organizations, I was offered a position with a local institution, but I was not eligible to participate in the employer-sponsored health insurance benefits until after my probationary period of three months. I found myself in a tough situation: lacking health insurance coverage for my son and me and requiring health care attention for us both."

Kizzee and her son have regular preventive appointments to manage specific health issues, and without health insurance coverage Kizzee feared that the costs for health care services would soon become unaffordable.

For assistance, she visited the state's website to learn about California's health insurance exchange, Covered California, and apply for benefits.

California was the first state to pass legislation to establish a health insurance exchange under the federal health care reform law, the Patient Protection and Affordable Care Act (PPACA), commonly referred to as the ACA—or Obamacare.

"This was my first time applying for benefits on my own, and I found myself lost while trying to navigate the Covered California portal," explains Kizzee. "I made the decision to locate the nearest Covered California office for help and was surprised when I was directed to connect with a certified Covered California educator and enrollment counselor at Children's Hospital Los Angeles."

Through CHLA's Health Insurance Assistance Program, part of the Office of Community Affairs, families like the Kizzees find help getting access to Covered California resources and learn about other low-cost health insurance programs in Los Angeles County. To increase access to health care resources and provide awareness of Covered California benefits, the program has partnered with a local collaborative to conduct outreach and education.



Raul Jaimes and Alisha McGinty, Covered California certified enrollment counselors

"The team was so helpful and patient," Kizzee says. "I learned about the various Covered California benefit tiers, pricing, deductibles, copays and other options to help me make the best decision for my son and me."

In the past year, the Covered California certified enrollment counselors at the Office of Community Affairs helped more than 100 families enroll in qualified health plans through Covered California or Medi-Cal. The team reached more than 12,000 individuals through outreach campaigns at more than 60 community events, including information kiosks, enrollment workshops, eligibility determination events, presentations and one-on-one consultations.

Kizzee learned that her family was eligible for private coverage with an \$88 monthly premium. The coverage provided essential health benefits.

"As a parent, you want to make sure that your child is covered should he or she need immediate health care attention. When

you don't have health insurance, you're always worried," Kizzee says. "Having a very adventurous son, I am always concerned about his well-being, but the Office of Community Affairs team has settled my worries as a parent. I am grateful to them for helping me through this stressful process." ■

Helping Childhood Cancer Survivors

Success in treating childhood cancer has led to an overall survival rate of more than 80 percent. Today, there are more than 350,000 survivors of childhood cancer in the United States. About 1 in every 600 young adults in America is a childhood cancer survivor—a number that will continue to increase as better cures and treatments are developed.

The Long-Term Information, Follow-up and Evaluation (LIFE) Cancer Survivorship and Transition Program at the Children's Center for Cancer and Blood Diseases at CHLA has been providing services to survivors of childhood and adolescent cancer for nearly 25 years.

"You would think, as a parent of a cancer-free child, your worries would be over," says Ziva Lev, mother of an 11-year-old cancer survivor. "But they are not over, and after receiving the best care from his physicians at CHLA, it was scary to think that we would have to go through the survivorship transition alone—except that was not the case."

Most survivors are relatively healthy, both physically and emotionally, and enjoy a good quality of life. However, research shows that others have to deal with persisting health and social problems that result from their cancer diagnosis or its treatment, called late effects.

"We are sobered by the fact that two-thirds of these survivors will have a health problem because of their treatment, and in one-third of them, this problem is serious and can be life-threatening," says Leo Mascarenhas, MD, director of the Solid Tumor Program and the Clinical Trials Office for the Division of Hematology, Oncology and Blood and Marrow Transplantation. "The LIFE Program at CHLA adds value for our patients by addressing all issues related to survivorship—health promotion, early diagnosis and treatment of late effects of cancer therapy—while patients transition into adulthood and look forward to healthier and happy futures."

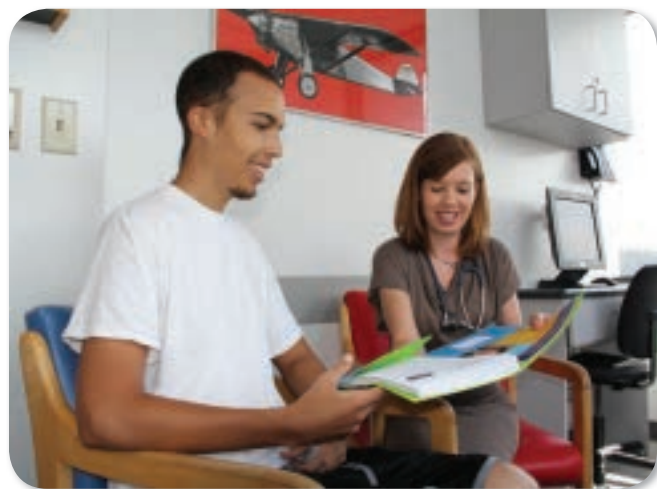
The LIFE Program provides:

- A clinic where survivors receive a complete medical and psychosocial evaluation
- A summary of each survivor's medical history and recommendations for long-term follow-up
- Health and wellness education
- Up-to-date information and resources for survivors and their families
- Emotional and social support
- Educational programs and support groups for survivors
- Assistance in the transition from pediatric to adult-care providers
- Access to childhood cancer research studies
- Expertise as consultants to the medical community

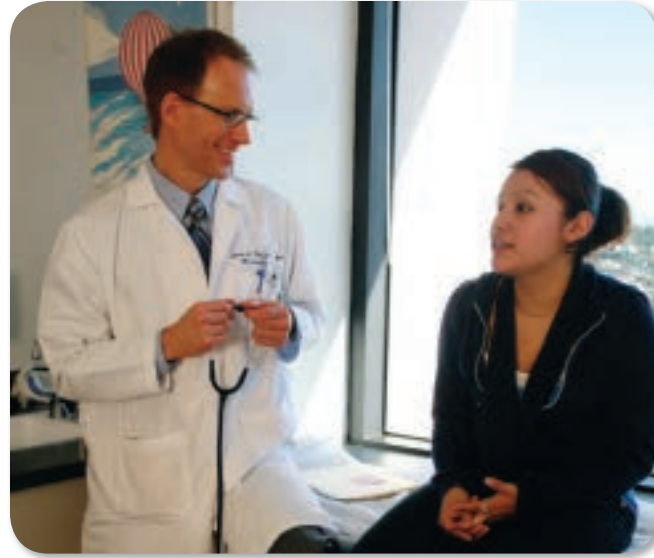
"The physicians at the LIFE Clinic empowered my child," Lev says. "They addressed his survivorship transition needs and recommended vital services. He has been chemo-free for over a year and a half."

When a child who has been treated for cancer becomes an adult, a number of challenges arise. As they become adults, survivors often need expert assistance with such tasks as finding and keeping health insurance, continuing their education, choosing a suitable career, adjusting their role within their families and developing new relationships.

To address these needs, LIFE launched a special health care transition program in 2010 for survivors 21 and older.



Survivor receives LIFE resources for support.



David Freyer, MD, meets with patient to discuss survivorship transition.

Throughout childhood and adolescence, survivors are followed in the LIFE Clinic at CHLA, but when they turn 21 years old, the clinic helps to shift their care to adult providers. Survivors at lower risk for later health problems continue their follow-up care with their own primary care provider (i.e., family doctor), using the detailed plan provided by the LIFE Clinic.

Survivors at higher risk for later health problems continue to be followed by the LIFE Clinic in partnership with adult-focused clinicians in the USC Norris Comprehensive Cancer Center. The LIFE Clinic for Adult Survivors of Childhood Cancer is an innovative program that enables higher-risk survivors to receive care designed for adults, coupled with the continuing expertise of our childhood cancer specialists. It's the best of both worlds.

This past year, the team provided initial assessment services to approximately 200 survivors, conducted annual follow-ups for approximately 300 survivors and transitioned more than 150 young-adult survivors to the USC Norris Comprehensive Cancer Center for ongoing follow-up in an adult setting.

"With more than 80 percent of children diagnosed with cancer now being expected to survive longer than five years, childhood cancer has become all about living," says Mascarenhas. ■



Health Promotion and Prevention

Coordinating Care for Mother and Fetus

What if my baby has a health condition? What can I do to prevent health issues? Where can I go? These are questions that expecting parents often have.

“At 20 weeks into my pregnancy, I learned that my unborn baby was not healthy,” says one parent. “As you can imagine, we were in shock and devastated. Fortunately, we were referred to the Institute for Maternal-Fetal Health, a place where miracles are performed.”

The Institute for Maternal-Fetal Health (IMFH) is one of only a handful of comprehensive maternal and fetal diagnostic and treatment centers nationwide. Made up of a multidisciplinary group of obstetricians, CHLA specialty physicians, nurse care managers and psychosocial counselors, the IMFH team provides a full scope of services to fetuses and mothers with high-risk pregnancies.

“During these visits, our neonatologists and surgeons discuss the recommended plan of care for the unborn child based on specialized tests and diagnostic procedures,” says Irene Klecha, RN, BSN, IMFH nurse care manager. “After the child is delivered at Hollywood Presbyterian Medical Center, our Emergency Transport team brings the baby to CHLA for care.”

At the IMFH, nurse care managers like Klecha lead the coordination of care, assist families in the care of their unborn babies, and provide support and education from the time of diagnosis through the child’s admission to CHLA and beyond.

Since opening in 2003, the IMFH has received more than 4,000 referrals, and numbers continue to increase every year. Patients have come from as far away as Hawaii and Guam, as well as Bakersfield, Santa Barbara and Sacramento.

“My baby’s heartbeat is strong; he is a fighter!” says one parent. “My family and I are truly blessed to have the IMFH team’s support, words of encouragement, hugs and understanding.” ■



Christopher Li, PharmD (right), and Alison Thai, pharmacy intern (left), collaborated with Dennee Frey (center), co-chair of the California Society of Health-System Pharmacists Public Affairs Committee.

“Taking Back” Prescription Drugs

According to the Centers for Disease Control and Prevention, 6,748 people are treated in emergency departments every day for the misuse or abuse of drugs. In 2012, 33,175—or 79.9 percent—of the 41,502 drug overdose deaths in the United States were unintentional. Among children under age 6, pharmaceuticals account for about 40 percent of all exposures reported to poison centers.

To address the misuse and abuse of drugs, the United States Drug Enforcement Administration (DEA) began hosting National Prescription Drug Take-Back events. The DEA partners with state and local law enforcement, hospitals and other community organizations to host disposal sites around the country, providing a safe, appropriate and responsible way for the public to dispose of unused prescription drugs.

This past year, under the leadership of Carol Taketomo, PharmD, director of Pharmacy and Clinical Nutrition, the Pharmacy department at Children’s Hospital Los Angeles joined with the DEA, the Los Angeles Police Department, Kaiser Permanente Los Angeles Medical Center, Hollywood Presbyterian Medical Center and the Southern California Society of Hospital Pharmacists to host a Drug Take-Back Day community event.

“This initiative is addressing a vital public health and safety issue,” says Christopher Li, PharmD, pharmacy resident at Children’s Hospital Los Angeles. “We are aiding the community and providing education regarding proper drug disposal. We’re also promoting awareness of the potential harm to the public and contamination to the environment when unused prescription drugs are flushed down the drain, thrown in the trash or kept stored in the home.”

The service event was free and anonymous, and no questions were asked. Pharmacists and student volunteers also provided education to participants on poison prevention and medication safety. A “medicine vs. candy” display case was used to teach the importance of medication storage, demonstrate how easily medicine can be mistaken for candy and show the dangers of such an accident.

“The event was a tremendous success,” says Li. “Over 700,000 pounds of medications were collected across the nation this past year, more than any previous Drug Take-Back Day event. I am thrilled that my colleagues and I were part of this important initiative.” ■

Young Lungs at Play

“Children’s Hospital is committed to addressing issues affecting the health of the community,” says Miguel Gonzalez, director of Support Services. “As a leading pediatric health care institution, it is our responsibility to model healthy behaviors to the children, adolescents, families and visitors accessing our facility, as well as to residents of our local community.”

This past year, Children’s Hospital Los Angeles joined neighboring institutions to become a smoke-free and tobacco-free campus, expanding a local smoke- and tobacco-free zone. The hospital’s policy prohibits smoking, vaping or use of tobacco-related products on sidewalks adjacent to the hospital’s main campus, satellite locations and parking lots.

According to the Centers for Disease Control and Prevention, tobacco use is the single most preventable cause of death in the United States. Nationwide, the prevalence of cigarette smoking among adults ranges from 11.8 percent to 29 percent. Among all adults, the percentage who reported being exposed to secondhand smoke within the past seven days was higher in California than in the nation overall.

A recent Los Angeles County Health Survey revealed that, although the county’s smoking rate is among the lowest of any U.S. metropolitan area, smoking prevalence among residents has remained fairly steady since 2002. Cigarette smoking may also expose children, adolescents, families and the general public to secondhand smoke, which causes a broad range of adverse health issues. Cigarette smoking remains one of the leading preventable causes of disease and disability in Los Angeles County.

The initiative was introduced via a playful, attention-getting campaign featuring employees blowing soap bubbles while seated on benches at former smoking areas. Numerous signs have been placed around campus reinforcing the prevention message to all, and the hospital encourages staff, visitors and members of the community to quit tobacco. The goal is for no one on or around the CHLA campus to be exposed to the harmful effects of secondhand smoke.

Hospital policy also supports staff and community members who are trying to quit smoking. A committee of hospital staff and executive leaders developed resources and kits to support smoking cessation. Available resources include program information at the hospital’s Helen and Bill Close Family Resource Center, smoking cessation courses for employees, and “comfort kits” for patient families and visitors containing information, education and smoking cessation tools.

“Change is in the air,” says Gonzalez. “Through these collaborative efforts we support and promote a healthy environment for the community.” ■



The smoke- and tobacco-free campus initiative was rolled out with a playful campaign featuring a new use for smoking areas.



The CDI team partners with New Mount Calvary Missionary Baptist Church staff to conduct community outreach.

Obesity Prevention

Sustained Community Partnerships

Throughout Los Angeles County, there are wide disparities in the prevalence of both adult and childhood obesity—and they go hand in hand with socioeconomic disparities across the county.

While the rate of childhood obesity across L.A. County is 23 percent, it is 30 percent in East Los Angeles and 29 percent in South Los Angeles. The median annual incomes in these areas are \$36,000 and \$28,000, respectively. Meanwhile, areas with higher median incomes generally demonstrate a lower prevalence of childhood obesity.

The Community Diabetes Initiative (CDI) is a partnership between CHLA and the University of Southern California that has been engaging leaders, advocates and residents of East and South Los Angeles communities since 2004. The goal: to identify factors contributing to disproportionately high rates of obesity, and work together to develop and implement strategies appropriate to community needs and resources.

“In addition to easy availability of fast-food options, families in both East and South L.A. have limited access to healthy food grocery venues, and far fewer full-service, quality markets per capita compared with their wealthier neighbors,”

says Ellen Iverson, director of Community Engagement in the CHLA Diabetes and Obesity Program. “There are few green spaces and affordable community gyms that offer safe access to physical activity. Schools in these communities long ago cut physical education and after-school sports programs. We understand that these and other factors create formidable barriers to accessing healthy food choices and physical activity options and ultimately increase risk for overweight and obesity.”

The CDI team has worked in concert with community residents to gather surveys, interviews and observations that highlight the complex, intersecting factors that contribute to and exacerbate risk for obesity. Nearly 50 percent of residents interviewed by the team reported that in the past year there was at least one month they were unable to afford food for their family. And the least expensive food most often had limited nutritional value and was high in fat, sugar and empty calories. In these communities, many parents work multiple jobs and have little time for home cooking. Fast food is often the cheapest alternative.

A strategy of community collaboration has brought about the active participation of neighborhood residents and leaders, who have helped by conducting grocery store tours, providing cooking classes for the community and offering nutrition training at local elementary schools. With the help of a coalition of community advocates, the CDI team was also able to bring farmers markets into East and South Los Angeles for the first time.

“Through these collaborative efforts we were also able to offer wellness town hall meetings, which featured education, training and linkage to resources that supported health and wellness,” says Iverson. “Our advocacy has encouraged residents to work with the local school district to support wellness policies and collaboration.”

The CDI expanded its reach when it joined CHLS’s new Diabetes and Obesity Program in 2013. Together, the teams have been developing and implementing programs that promote health and wellness and address environmental contributors to high rates of obesity and diabetes in the community.

“Through the CDI’s work in bringing together clinicians, academia, health advocacy groups, community-based organizations and residents, we are developing the most effective ways to prevent obesity, improve outcomes and share best practices with our partners,” says Iverson. ■



Project HEAL conducting community outreach

Reaching Out to HEAL

This past year, Children’s Hospital Los Angeles piloted a two-year, faith-based obesity/diabetes initiative targeting children, adolescents and families in South Los Angeles. The program, Project HEAL (Healthy Environment and Active Living), is a partnership between CHLA and the New Mount Calvary Missionary Baptist Church in South Los Angeles, the Cecil Murray Center for Community Engagement and a consortium of South Los Angeles community clinics.

Project HEAL was designed to raise awareness and shift norms in the church community to improve health and wellness of church congregants. The partnership is supported by the Division of Endocrinology/Metabolism and the Division of Adolescent and Young Adult Medicine at CHLA, along with the California Community Foundation/Centinel Medical Fund.

“We had been working with a variety of faith organizations in East and South Los Angeles, but this was the first initiative that represented a full partnership with an entire faith-based community,” says Iverson. “Faith organizations are natural hubs of communication, information exchange and shared norms, and they offer enormous opportunity for changing norms and sustained intervention, education and resource linkage.”

Through HEAL, program leaders and clinicians have worked closely with church leadership and congregants to implement lifestyle interventions for children, youth and adults, support congregation-wide events promoting healthy nutrition and physical activity, and provide linkage to local health care and resources. To date, the program has:

- Developed a 20-member Health and Wellness Advisory Council
- Implemented a 40-days/40-miles walk challenge for congregants
- Launched a four-week Holiday Challenge to increase congregants’ involvement in healthy nutrition and physical activity during the holiday season
- Facilitated various education sessions, discussions, retreats, and a needs assessment, reaching more than 500 congregants

“Last year, we also introduced CHLA’s Kids N Fitness® program to the church as an after-school program,” says Iverson. “And we enjoyed our greatest success with the creation of Camp HEAL, two sessions of summer day camp that integrated Kids N Fitness messaging into two weeks of fun, nutrition-focused games, physical activity, field trips and religious study. We are now developing a program to encourage adolescents to become advocates and leaders in their community to promote health and wellness.”

In addition, the UniHealth Foundation recently supported a Diabetes and Obesity Program initiative that provides CHLA clinical and program support to build the capacity of South Los Angeles community clinics to manage children and adolescents who are overweight, obese and/or at risk for diabetes. Through training and linkage to CHLA specialty care, the program has begun to introduce Kids N Fitness to clinic patients and families and offer clinical algorithms to help guide providers in caring for overweight and obese children and adolescents in the community. ■

Community Diabetes Initiative and Project HEAL Teams

Ellen Iverson, MPH

Co-director, Community Diabetes Initiative

Valerie Ruelas, LCSW

Co-director, Community Diabetes Initiative

Dawnesha Beaver, MPH

Program Coordinator, Project HEAL

Megan Lipton, MA

Program Director, Kids N Fitness



Rich Cordova, FACHE, President and CEO of CHLA speaks to the NMC Youth Group



Camp CHLA participants

Workforce Development

Exploring Careers at Camp CHLA

“As I was nearing graduation, I had a blueprint of what I wanted my future to look like,” says Ana Ruiz-Medina. “I knew I wanted to work in the health care field, but I needed opportunities to explore and learn about the roles of clinicians.”

After participating in Camp CHLA at Children’s Hospital Los Angeles, Ruiz-Medina confirmed her passion for health care and embarked on a career path to becoming a licensed clinical social worker helping children and families at the hospital.

Camp CHLA is a career exploration program that provides high school students a behind-the-scenes look at the health care industry. In this five-day program, students have the opportunity to “job shadow” clinicians, observe surgeries, participate in skills labs and learn about the steps needed to become our future health care professionals.

“Camp CHLA had a huge impact on my career path and helped me to understand the value of academic success and professional development,” says Ruiz-Medina, now a volunteer Camp CHLA counselor.

Since its inception, Camp CHLA has impacted more than 950 high school students in the community and is continuing

its success—thanks to the collaborative efforts of the Office of Community Affairs at Children’s Hospital and the Camp CHLA Committee, a multidisciplinary advisory group of clinical experts and leaders at Children’s Hospital.

This past year, the committee reviewed more than 500 applications and selected 140 high school students to attend. The program’s reach extended to 350 CHLA staff volunteers, who invested over 4,000 hours in the camp—facilitating 700 job-shadowing assignments, conducting skills labs, moderating panel discussions and participating in community outreach at numerous high schools and career fairs.

Past campers who are now enrolled in college courses were eligible to apply for volunteer positions with the program and participate in leadership development opportunities as Camp CHLA counselors.

“I was excited to learn about program development and was taken aback when I discovered the great amount of work it took to implement Camp CHLA,” says Ruiz-Medina. “I saw the commitment and the passion that CHLA staff and leadership have for this program.”

Annual surveys of past camp participants found the following:

- Ninety-eight percent agreed that the program empowered them with the confidence, motivation and insight needed to pursue a career within the health care industry.
- More than half received additional career or educational opportunities, including internships, research positions, volunteer opportunities, part-time or full-time jobs and supplementary job-shadowing experience.
- Approximately 10 percent are now employed in the health care industry.
- Eighty-one percent are continuing their higher education to obtain the educational requirements needed to achieve their health care career path.

“My blueprint has become reality, and I will graduate with a bachelor’s degree in social work and a certificate in youth agency administration from California State University, Los Angeles,” says Ruiz-Medina. “My experience with Camp CHLA has encouraged me to further my education and enroll in a graduate program. I will always cherish my time at Children’s Hospital Los Angeles!” ■



Inge Morton, RN, BSN, CPN, explains Emergency Department operations.

Healthy Ties to the Community

The Healthy Ties Program at Children’s Hospital Los Angeles provides mentorship opportunities for young African-American and Latina women at St. Mary’s Academy of Inglewood and links these high school seniors with professional women at the hospital.

“As the student population at St. Mary’s Academy is primarily African-American and Hispanic, the Healthy Ties Program is intended to provide pathways to health care careers by creating opportunities to network within the health care community and connect with mentors having similar professional values, interests and goals,” says Jeanne Fisher, RN, Health Careers Academy director and teacher at St. Mary’s Academy.

Twenty-four students and seven CHLA clinicians participate in the Healthy Ties cohort. The six-month program provides instrumental support and a mentor for students as they explore the pursuit of a college degree and a health care career. Students participate in professional and career development workshops, skills labs at the hospital and community health education and outreach. They also must complete a community health research project focused on a health issue that impacts families and children in the Inglewood community. Students utilize data from CHLA’s Community Health Needs Assessment.



Marisa Davis (far right), program coordinator, and the 2014 Healthy Ties cohort

“The mentorship component allows an opportunity to create partnerships with professional women who have experience and knowledge in a field that interests us as students,” says Drew Wood Palmer, a high school senior at St. Mary’s Academy. “Not only are we learning more about the health care profession and business from our mentors, but we are also given valuable information related to life skills, such as time management, available resources and opportunities for transitioning high school students, and the concept of professionalism. This program allows for partnerships that extend beyond the program and into our college lives.”

The partnership with St. Mary’s Academy supports efforts to build a workforce that is reflective of our diverse community.

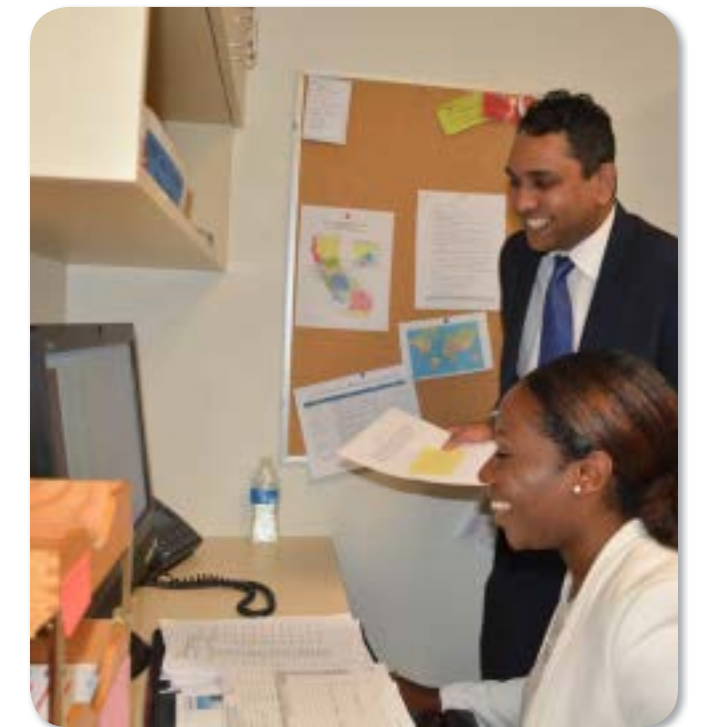
“Through this mentorship program, students will have the opportunity to gain valuable firsthand knowledge about the health care industry and further strengthen their skill set,” says Fisher. “It takes someone very special to set aside personal time and be a positive role model and mentor for our students.”

Children’s Hospital is deeply committed to educating for the future. As an academic teaching facility, CHLA trains the next generation of health care leaders through a wide range of teaching programs, including mentorship. ■

CHAMP: ‘More Than a Dream Come True’

For Alexis Perryman, the Careers in Health and Mentorship Program (CHAMP) at Children’s Hospital Los Angeles was “more than a dream come true.”

Perryman, part of the 2014 CHAMP cohort, graduated from the University of California, Davis, with a bachelor’s degree in human development and public health. She shares that her passion for working with children and in health care drove her to seek opportunities at Children’s Hospital Los Angeles.



Alexis Perryman (seated) and mentor Chetan Satyanarayana, administrator for General Pediatrics/UCEDD

“I explored several graduate programs, including health care administration, nursing and public health, but I was uncertain of which path I should take, and I did not want to commit,” she says. “The various academic options available overwhelmed me. I knew I would benefit from experiencing firsthand how all these disciplines worked together, and CHAMP provided that to me.”

CHLA's CHAMP provides a select group of talented young adults from the Los Angeles community the opportunity to participate in a series of comprehensive job readiness and leadership development workshops. The workshops are led by CHLA staff and hospital partners, including Bank of America, RightSourcing Inc. and Goodwill Industries. After successfully completing the workshop series, "CHAMPers" are placed in nonclinical, project-based internships in participating hospital departments. The internships simulate an entry-level, nonclinical, part-time position at CHLA.

Participating departments include:

- Adolescent and Young Adult Medicine
- Community Affairs
- Commuter Services
- Division of Hospital Medicine
- Faculty Affairs
- Financial Operations
- Foundation
- General Pediatrics
- Government and Public Policy
- Patient and Family Education Resources
- Pediatric Disaster Resource and Training Center

CHAMP participants who successfully complete their internships are also provided with job transitioning and placement services, facilitated by RightSourcing Inc. at Children's Hospital.

This past year, the hospital's Community Benefit Committee members extended the CHAMP opportunity to 15 young adults from the community. The committee received more than 200 applications and supported the facilitation of 25 job readiness sessions and CHAMPers' participation in a health care executive networking event. CHLA staff and partners invested over 3,500 hours in designing and implementing the 2014 CHAMP cohort.

Outreach for the program was conducted at numerous venues, including California State University, Los Angeles; Los Angeles Southwest Community College; Los Angeles City College; the Los Angeles Area Chamber of Commerce; and various community events.

"I applied to CHAMP so that I could have the opportunity to gain the exposure and experience needed to take the next steps during this transitional time in my life," says Perryman. "During the workshops, we were given the tools for the professional world with business cards, portfolios, resume reviews and opportunities to participate in multiple networking events. We learned about hospital operations, effective communication, building a business strategy and so much more than I could ever imagine."

She shares that the skills gained from the workshops and internship gave her confidence to apply for a position in CHLA's Newborn and Infant Critical Care Unit. She got the job!

Since CHAMP's inception in 2013, nearly half of its alumni have been recruited for employment opportunities at Children's Hospital, and more than half continue to pursue higher education.

"I love my job!" says Perryman. "I can now proudly say I am a unit assistant in the Newborn and Infant Critical Care Unit. I feel this job is just what I needed to explore what the health care industry has to offer, specifically in pediatrics. In the near future, I plan to apply to graduate programs focusing on maternal and childhood health care. CHAMP has changed my life for the better." ■



Perryman (second from left) and UCEDD colleagues



Healthy and Safe Neighborhoods

Disaster Preparedness: Developing Resilient Communities

Pediatric hospitals play a critical role in communities, and that is particularly true in the case of a disaster. Mega-disasters in recent decades have highlighted a number of strengths and weaknesses in the ability of hospitals and health systems to respond to public needs.

Following Hurricane Katrina in 2005, the lack of resources and preparedness to address children's needs was clear. Children were separated from their parents and not reunited with their families for weeks or months. Hospitals including Children's Hospital Los Angeles began implementing strategies to support communities during and after a disaster.

The Pediatric Disaster Resource and Training Center (PDRTC) was created to ensure communities will be able to care for the needs of children during and after a disaster. The Center supports the development of resilient communities—ones that, when faced with disaster, will be able to bounce back to normalcy more quickly than communities without this type of support.

The Center is led by CHLA Trauma Director Jeffrey Upperman, MD, and operated by Bridget Berg, MPH. Rita Burke, PhD, MPH, leads the Center's research and evaluation efforts.

"Children's Hospital Los Angeles is a key stakeholder nationally in crafting and refining policies and practices for pediatric preparedness," Upperman says.

The PDRTC leads several preparedness efforts throughout Los Angeles County and serves as a national consultant. CHLA remains a committed partner of the Hospital Preparedness Program (HPP) in Los Angeles County. As the county's pediatric disaster resource center, the hospital worked closely with the L.A. County Emergency Medical Services (EMS) Agency to develop a countywide plan for an event that would disproportionately affect children.

Pediatric Preparedness Across Agencies

The PDRTC was a key partner in founding the Children in Disasters Working Group, to further promote pediatric preparedness. The Working Group is co-chaired by Burke and Bob Spears, former director of Emergency Preparedness for the Los Angeles Unified School District. The group meets monthly to share information across agencies and to partner on key initiatives.

The group has over 60 members from more than 20 countywide agencies, including Emergency Network of Los Angeles, American Red Cross Greater Los Angeles, Child Care Resource Centers and Los Angeles Unified School District, as well as Los Angeles County's Office of Emergency Management, Department of Public Health, Department of Mental Health, Department of Public Social Services, and Department of Child and Family Services.

Last year, the group collaborated with Save the Children® to develop an online video for day care providers, offering fundamental basics about pediatric disaster preparedness.

"Disaster preparedness can be overwhelming, and it is not something that people want to think about, let alone prepare for," Burke says. "We really work hard to break it down into manageable components so that everyone feels empowered and prepared to handle a disaster for the first 72 hours."

The group also continues to build upon its past work partnering with faith-based organizations in South Los Angeles. "I am so proud of the work we have done and the progress we have achieved," says Burke. "I look forward to expanding our program within the community." ■

Gang Reduction Youth Development

"I live in a neighborhood where there are a lot of gang-related crimes and some of my friends have been involved in gang activity," says a 14-year-old participant in the Gang Reduction and Youth Development (GRYD) Program at Children's Hospital Los Angeles. "I recently experienced a gang injunction in my neighborhood, and there were cops everywhere. This is something I see a lot in my community."

Every day, many young people in our community must cope with an environment where educational, recreational and employment opportunities are very limited. At the same time, young people are exposed to alcohol and drugs—and gang violence in their schools and on the streets.

According to the Los Angeles County Department of Public Health, homicide is one of the leading causes of death among youth ages 10-24 in the city of Los Angeles. A high percentage of these homicides are committed with firearms, and many are related to gang violence.

In response to the city's need for a comprehensive, community-based strategy to reduce gang crime and violence in Los Angeles' most gang-plagued communities, the Division of Adolescent and Young Adult Medicine at CHLA launched a comprehensive multiagency gang prevention program in 1996. In 2008, the Division was awarded funding from the Los Angeles Mayor's Office of Gang Reduction and Youth Development to reduce gang-related crime and membership in gangs and engage the most vulnerable youth in positive activities.

Children's Hospital Los Angeles is the lead agency for the Cypress Park/Northeast Los Angeles and Secondary Hollywood GRYD zones, which oversee violence prevention efforts to improve the well-being and safety of youth and their families in the Cypress Park, Glassell Park and Hollywood neighborhoods.

The GRYD Program provides eligible youth and their families with intensive and comprehensive case management services, including home visitation, individual and family counseling, mentorships, cultural and recreational activities, and community mobilization and parent leadership workshops.

"My grades have definitely improved since I started the GRYD Program, and I am much more considerate toward my mother," says the 14-year-old. "I have also connected with a youth mentoring program and participate in healthy activities, such as bowling, camping and rock climbing."

Recently, this participant was reassessed, and staff were proud to learn that she will be successfully graduating from the program because of her family's support and involvement. For the first time, the family is actively engaged in the youth's life, and together they participate in monthly family meetings and social activities. The staff report that strengthening families and building hope motivates their work, and that the participants bring a new perspective and positive change after successful completion of the program.

Since its launch, the GRYD Program at CHLA has received over 2,300 referrals. Every year it serves more than 200 youth and their families in the community.

"When I have problems, I know that I can talk to the program staff, and they will listen to me," says the participant. "This program has shown me that I do not have to join a gang to feel included and have friends; I have my family and the program staff to support me." ■



GRYD participant and family member



Ellen Zaman, LCSW, FACHE, discusses workforce development collaboration with civic partners.

Achieving Our Best With Our Community Partners

A Unified Community

At Children's Hospital Los Angeles we recognize the importance of community capacity building and civic, business and community engagement. Working in collaboration with these partners helps to advance initiatives that address the health and social needs of children and adolescents and their families.

"Strong connectivity with these partners has led to the implementation of significant hospital and community initiatives, including pipeline programs for minority students, community wellness outreach and education, and neighborhood beautification projects," says Ellen Zaman, LCSW, FACHE, CHLA's director of Government and Public Policy and Community Affairs. "These collaborative efforts are important because they bring together various communities in Los Angeles."

Zaman and her team have built meaningful relationships with the local business community, government agencies and civic

organizations. In addition, they have also fostered relationships with elected officials, academic leaders and professional associations.

One example is Children's Hospital's partnership with the Health Care Sector Collaborative and the Education & Workforce Development Council of the Los Angeles Area Chamber of Commerce. Together, the partners promote health career training opportunities for students, provide programs to help businesses connect to schools and develop activities to expand college access.

Children's Hospital also partners with the East Hollywood Business Improvement District, which includes the Hollywood Chamber of Commerce, Kaiser Permanente-Los Angeles Medical Center, Hollywood Beautification Team and other local leaders, to spearhead neighborhood beautification projects. Over the past several years, these efforts have led to the development of projects and programs addressing civic and environmental issues in our community.

"These efforts and partnerships are proof that by working together with our community we can achieve our best," says Zaman. ■

Coming Together for Healthy Babies

This past March, Gail Margolis, Esq., vice president, Government, Business and Community Relations at CHLA and member of the California State March of Dimes Board, was honored by the March of Dimes National Board of Trustees Advocacy Committee at the National Public Affairs March on Washington Conference. Margolis was recognized as one of the top advocates for healthy pregnancies and healthy babies and for all of her contributions to the March of Dimes' work in California.

The March of Dimes is a national nonprofit organization that works to improve health outcomes of mothers and babies. Its fundraising efforts support research into breakthrough therapies and treatments, community programs and services, information for families, and education and medical resources for health care providers.



Team CHLA at the 2014 March of Dimes March for Babies

As a result of Margolis' advocacy efforts and collaboration with the March of Dimes, CHLA is one of only a few California hospitals to host a personalized Family Support Program, provided for families in our Newborn and Infant Critical Care Unit (NICCU). Since its inception, the program has provided more than 140 parent activities, including parent education hours, awareness workshops, support groups, parent panels and parent advocacy projects for more than 900 NICCU families.

Through the community benefit program, Margolis has encouraged hospital staff, leadership, clinicians and families to walk together at the annual Los Angeles March of Dimes March for Babies event. For the past seven years, Team CHLA has celebrated successful March for Babies events.

"As health care professionals and advocates for the babies, children, adolescents and families we serve, it is important to engage in these opportunities and to keep connected with our partners and the community," Margolis says. "Together we can make a difference." ■



Gail Margolis, Esq. (left), Rolando Gomez and Ellen Zaman, LCSW, FACHE, at the 2014 March of Dimes Walk for Babies



Clinical Services

Adolescent and Young Adult Medicine

- Behavioral health
- Center for Transyouth Health and Development
- HIV care services
- Homeless health services
- My VOICE (transition program for youth with chronic illness)
- Project NATEEN (case management for teen parents)
- Reproductive health
- Substance abuse prevention and treatment
- Teenage and young adult health (primary and specialty care)
- Youth violence and gang prevention

Anesthesiology and Critical Care Medicine

- Cardiothoracic intensive care
- Inpatient procedural sedation
- Pain management
- Palliative care
- Pediatric anesthesiology
- Pediatric intensive care

Cardiology and Cardiothoracic Surgery

- Cardiac arrhythmias
- Cardiac catheterization
- Double switch for L transposition
- Ebstein's anomaly
- Electrophysiology
- Fetal cardiology
- Heart failure
- Heart transplants
- Hyperlipidemia
- Hypertension
- Neonatal surgery
- Noninvasive imaging
- Single ventricle
- Tetralogy of Fallot
- Total anomalous pulmonary venous return
- Transposition of the great arteries
- Valvular disease

Clinical Immunology/Allergy

- Asthma
- Atopic dermatitis/eczema
- Drug allergies/challenges
- Food allergies/challenges
- Hereditary angioedema
- Pediatric HIV/AIDS
- Primary immunodeficiencies
- Respiratory allergies

Dentistry

- Comprehensive dental treatment under sedation/general anesthesia
- Craniofacial and special care orthodontics
- Interceptive orthodontics
- Nasoalveolar molding
- Oral surgery
- Pediatric and special needs dentistry

Dermatology

- Acne
- Benign growths
- Birthmarks
- Eczema (atopic dermatitis)
- Genetic skin disorders
- Hemangiomas and other vascular lesions
- Infectious skin diseases (fungal, viral, bacterial)
- Moles
- Psoriasis
- Rashes or skin lesions of unknown cause
- Skin manifestations of rheumatologic disorders
- Warts and molluscum

Emergency Medicine

- Kids Care (urgent care)
- Pediatric emergency department
- Transport
- Trauma care

Endocrinology/Metabolism

- Adrenal disorders
- Bone and mineral abnormalities
- Diabetes insipidus
- Hypoglycemia
- Obesity
- Puberty problems
- Short stature
- Thyroid issues
- Type 1 diabetes
- Type 2 diabetes

Gastroenterology

- Achalasia
- Biliary atresia
- Celiac disease
- Chronic abdominal pain
- Chronic constipation
- Chronic diarrhea
- Crohn's disease
- Dyspepsia
- Dysphagia
- Encopresis
- Fatty liver
- Gastroesophageal reflux
- Gastrointestinal endoscopy
- Hepatitis A, B, C
- Hirschsprung's disease
- Home TPN
- Intestinal bleeding
- Intestinal failure
- Intestinal rehabilitation
- Irritable bowel syndrome
- Jaundice
- Liver and intestinal transplant
- Liver dysfunction
- Megacolon
- Pancreatitis
- Poor growth or malnutrition
- Short gut syndrome

- TPN-associated cholestasis
- Ulcerative colitis
- Unspecified functional motility disorders
- Vomiting
- Wilson's disease

General Pediatrics

- Autism and neurodevelopmental conditions
- Behavioral and mental health
- Community advocacy and policy development
- Developmental and behavioral pediatrics
- Developmental disabilities
- Foster care, child abuse and violence intervention
- Primary/general health care
- Rett syndrome
- Special health care needs – case management
- Spina bifida

Hematology, Oncology and Blood and Marrow Transplantation

- Blood and marrow transplant
- Bone and soft tissue sarcomas
- Bone marrow failure
- Brain and spinal cord tumors
- Clinical trials
- Clotting
- Developmental therapeutics
- Education resource center
- Genetic anemia
- Genetic white cell disorders
- Hemophilia
- Histiocytosis
- Iron overload
- Leukemia/lymphoma
- Neuroblastoma
- Neuropsychology assessment
- Psychology services
- Psychosocial and educational support
- Radiation oncology
- Retinoblastoma

Hematology, Oncology and Blood and Marrow Transplantation (continued)

- School reintegration
- Sickle cell disease
- Solid tumors
- Survivorship and transition services
- Teen support services
- Thalassemia
- Thrombosis

Hospital Medicine

- Attending-only inpatient services
- Complex medical care
- Inpatient access
- Inpatient care coordination
- Inpatient consults
- Inpatient unit coverage
- Reciprocal transfers

Infectious Diseases

- Bacterial, fungal and viral infections
- Infections following travel
- Infections in immunocompromised patients, including those with cancer and transplant recipients
- Kawasaki syndrome
- Neonatal infections, including those seen in premature infants
- Unexplained fevers
- Unusual infections, including bone, joint and central nervous system

Infusion Center/Day Hospital

- Antibiotic therapy
- Anticoagulation
- Apheresis
- Biologic therapy
- Blood draws
- Catheter care and maintenance
- Chemotherapy
- Endocrine stimulation testing
- Enzyme replacement therapy

- Hematopoietic stem cell infusion
- Hydration
- Injections
- Intravenous therapy and fluids
- Iron replacement therapy
- Photopheresis
- Transfusion of blood and blood products

Medical Genetics

- Birth defects and dysmorphology
- Clinical genetics
- Genetic counseling
- Inborn errors of metabolism
- Mitochondrial disorders
- Neurocutaneous disorders
- Prenatal genetics consultations

Neonatology

- Extracorporeal membrane oxygenation (ECMO)
- Fetal diagnosis and intervention
- High-risk infant follow-up
- Maternal-fetal health
- Minimally invasive fetal surgery
- Newborn and Infant Critical Care

Nephrology

- Acute kidney failure
- Chronic kidney failure
- Congenital kidney abnormalities
- Dialysis, acute and chronic
- Glomerulonephritis
- Hematuria
- Hypertension
- Nephrotic syndrome
- Polycystic kidney disease
- Proteinuria
- Recurrent UTIs
- Transplantation

Neurology

- Brain tumors
- Cerebral palsy and other developmental disabilities
- Epilepsy
- Headaches
- Immune-mediated neurological disorders
- Movement disorders
- Muscular dystrophy
- Neurocutaneous disorders
- Neurogenetic, degenerative and leukodystrophy disorders
- Neuromuscular disorders

Neurosurgery

- Arachnoid cysts
- Brachial plexus injuries
- Brain and spinal cord tumors
- Chiari malformation and spinal cord syringes
- Craniosynostosis and craniofacial reconstruction
- Diaphragmatic pacing
- Head and spinal cord trauma
- Hydrocephalus in utero
- Medically intractable epilepsy
- Neural tube defects
- Neurocutaneous syndromes
- Neuroendoscopy
- Spasticity surgery
- Vascular malformations
- Vertebral column anomalies

Ophthalmology

- Cataracts
- Contact lenses
- Cornea issues
- Eye birth defects
- Eye technology
- Glaucoma
- Neuro-ophthalmology
- Ocular plastics
- Orbit and eye movement
- Retina issues

- Retinoblastoma
- Strabismus
- Trauma
- Uveitis
- Vision development

Orthopaedic Surgery

- Bone and soft tissue tumors
- Concussion evaluations and treatment
- General fracture care
- Hand and microsurgery
- Hip disorders
- Motion and sports evaluation and analysis
- Neuromuscular
- Scoliosis and spinal disorders
- Sports medicine

Otolaryngology

- Airway and breathing disorders
- Branchial cleft cyst and sinuses
- Cholesteatoma surgery
- Cochlear implantation
- Dermoid cyst and sinuses
- Ear drum perforations
- Ear infections and tube placement
- Facial nerve problems
- Foreign bodies of the ear, nose, airway and esophagus
- Head and neck masses
- Hearing loss
- Lymphatic malformations
- Mastoid diseases
- Neuro-otologic disorders
- Outer ear malformations
- Parathyroid diseases
- Sinus disease
- Sleep apnea
- Thyroglossal duct cyst and sinuses
- Thyroid masses and cancers
- Tonsil and adenoid surgery
- Tracheal reconstruction
- Turbinate reduction
- Voice disorders

Pathology and Laboratory Medicine

- Anatomic pathology
- Biochemical genetics, endocrinology and special chemistry
- Chemistry
- Chromosomal microarray with genetic counselor
- Comprehensive consultation services in all areas of anatomic pathology
- Cytogenetics
- Electron microscopy
- Flow cytometry immunophenotyping (leukemia/lymphoma, immunodeficiency, stem cells)
- Hematology and coagulation
- Hematopathology
- Histocompatibility and immunogenetics (human leukocyte antigen laboratory services)
- Immunology and immunoserology
- Microbiology, mycology, microbacterium and parasitology
- Molecular and genetic pathology
- Neuropathology and muscle biopsies
- Pediatric phlebotomy expertise
- Point of care testing
- Surgical pathology, perinatal pathology, autopsy and cytopathology
- Transfusion medicine (donor center, blood bank, therapeutic apheresis)
- Virology

Pediatric Surgery

- Abdominal
- Ambulatory surgery
- Kidney and liver transplant
- Laparoscopic endoscopic single-site (LESS) surgery
- Neonatal
- Oncologic
- Pediatric gynecology
- Thoracic

Plastic and Maxillofacial Surgery

- Cleft lip and palate
- Craniofacial
- Craniosynostosis

- Ear reconstruction
- Facial paralysis
- Hand and microsurgery
- Jaw deformities
- Scar revisions
- Tissue transplantation
- Vascular anomalies and pigmented lesions

Pulmonology

- Asthma
- Altitude testing
- Chronic lung disease of infancy
- Chronic respiratory failure
- Cystic fibrosis
- Diaphragm pacing
- Exercise stress testing
- Home mechanical ventilation
- Interstitial lung disease
- Neuromuscular disease with ventilatory muscle weakness
- Primary sleep disorders
- Pulmonary function laboratory
- Respiratory control disorders
- Sleep laboratory
- Sleep-related breathing disorders
- Sweat chloride laboratory
- Thoracic restriction

Radiology/Imaging Services

- CT (computed tomography)
- General anesthesia and sedation
- Interventional radiology
- MRI (magnetic resonance imaging)
- Nuclear medicine
- PET-CT (positron emission tomography with computed tomography)
- Ultrasound
- X-ray

Rehabilitation Medicine

- Audiology hearing testing
- Inpatient acute rehabilitation
- Newborn hearing screening
- Occupational therapy
- Physical therapy
- Sedated and non-sedated auditory brainstem response hearing testing
- Speech language pathology

Rheumatology

- Autoimmune hearing loss
- Chronic inflammatory and degenerative eye diseases
- Chronic inflammatory muscle diseases
- Chronic pain conditions of childhood
- Juvenile idiopathic arthritis
- Periodic fever syndromes
- Scleroderma
- Systemic lupus erythematosus
- Vasculitis

STAR (Specialty Treatment Answers and Recommendations) Service

- Physician consultations for difficult-to-diagnose patients

Transplant Programs

- Blood and marrow
- Heart
- Kidney
- Liver and intestinal

Urology

- Advanced fetal care
- "Belly button" surgery/single-incision laparoscopic surgery
- Bladder exstrophy
- Bladder issues
- Circumcisions
- Duplex kidneys
- Genital reconstruction
- Genitourinary tumors
- Hernias
- Hydroceles
- Hydronephrosis
- Hypospadias
- Disorders of sex development (intersex conditions)
- Kidney stones
- Neurogenic bladder/urodynamics/spina bifida
- Robotic surgery/minimally invasive surgery
- Undescended testicles (cryptorchidism)
- Ureteropelvic junction obstruction/pyeloplasty
- Urinary reconstruction
- Vesicoureteral reflux
- Voiding dysfunction

(as of March 2014)



Credits

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