

2015

Community Benefit Report

Continuing Our
Commitment to a
Healthy Community



We Treat Kids Better



Table of Contents

To Our Community Partners and Friends: a Letter From Our President and CEO	1
About Children’s Hospital Los Angeles	2
Our Commitment to the Community	3
Community Demographics	4
Community Benefit Implementation Strategy.....	7
A Lens on Our Community’s Health	8
Increasing Access to Health Care Resources and Information for Children, Youth and Families in our Community	10
Raising Awareness of Pediatric Health and Related Safety and Social Issues in the Community	14
Having an Impact on Reducing Obesity in Children and Youth in Our Community	16
Enhancing Access to Development and Training Opportunities Targeting Youth and Young Adults in our Community	18
Achieving our Best With our Community Partners	20
Clinical Services	22



To Our Community Partners and Friends

As one of the nation's premier pediatric academic medical centers, our vibrant institution remains steadfast in its commitment to work with and for the community that we serve.

Children's Hospital Los Angeles is guided by our strong adherence to our mission: to create hope and build healthier futures.

We remained focused on this compelling mission by delivering the highest-quality pediatric patient care to children throughout Southern California, and we continue to extend our care and services to children and families beyond the walls of our hospital.

Last year, the more than \$232.6 million in community benefit and services that Children's Hospital Los Angeles delivered to our community took many forms. More than 9,500 local children and their families obtained health coverage and access to medical care as a result of CHLA's support. More than 13,500 children, teens and families were engaged in illness and injury prevention programs. Through Camp

CHLA, we opened the doors of our hospital to 150 young people who see their future careers in health care. These are just a few examples of the wide variety of ways that we are committed to the community's success.

At Children's Hospital Los Angeles, we take enormous pride in our community initiatives. Providing resources and tools that support the health of children and families results in healthier environments that keep children out of the hospital.

As you review how we delivered on our commitment to Los Angeles this past year, please know that I am looking forward to continuing to work together with you and our community to create hope and build healthier futures.

Sincerely,

A handwritten signature in black ink that reads "Paul S. Viviano".

Paul S. Viviano
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 health care providers

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 11 children's hospitals in the nation, and the top-ranked in California, to be named to the prestigious U.S. News & World Report Honor Roll of children's hospitals for 2016-17.

The Saban Research Institute comprises basic, translational and clinical research at Children's Hospital Los Angeles—one of the few freestanding pediatric hospitals in the country where scientific inquiry is combined with clinical care 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 the Community

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 network of care. Our community benefit activities help make a difference in the lives of the thousands of children, adolescents and families we serve throughout the Los Angeles County region.

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 public 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 Profile

Grand Total:
\$232.6 million

\$161.1 million
Unreimbursed Costs for Medical Services of Government-Sponsored Programs¹

\$4.5 million
Charity Care at Cost²

\$25.6 million
Health Professions Education

\$29.9 million
Research Activities

\$4.3 million
Community Health Improvement Services and Other Community Benefits³

\$7.2 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 \$47.7 million in DSH funding in FY 2015. 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 \$167.1 million to Children's Hospital Los Angeles in the fiscal year ended June 30, 2015.

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

3. Children's Hospital Los Angeles' investment in the Community Benefit Inventory for Social Accountability (CBISA) system has proven to be an excellent mechanism to track otherwise undocumented community benefits.

Our Community

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.

2013 CHLA Community Health Needs Assessment

Every three years, we conduct a Community Health Needs Assessment to understand our community’s profile, including demographics, disparities in health, risk of communicable disease and chronic conditions, and the social determinants

of health affecting children, adolescents and their families. We utilize this assessment as the basis for planning and delivering community benefit programs and services.

Key findings

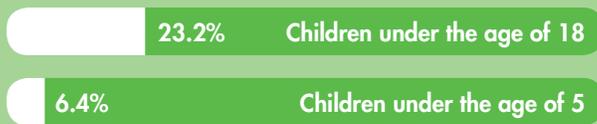
Health Care

- Overall, 44.8 percent of county residents have employment-based insurance, and 17.5 percent are covered by Medi-Cal.
- In L.A. County Service Planning Area (SPA) 4 – Metro region, 39.1 percent have employment-based insurance, and 19 percent are covered by Medi-Cal.
- Children and seniors visit emergency departments (EDs) at the highest rates. Residents with lower incomes visit EDs at higher percentages than the population as a whole. Over one year, 16.7 percent of residents visited an ED.

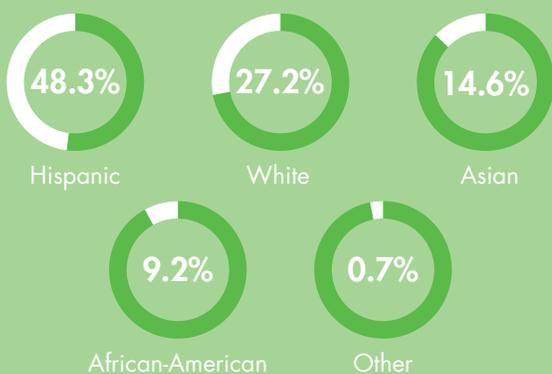
Community Demographics

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

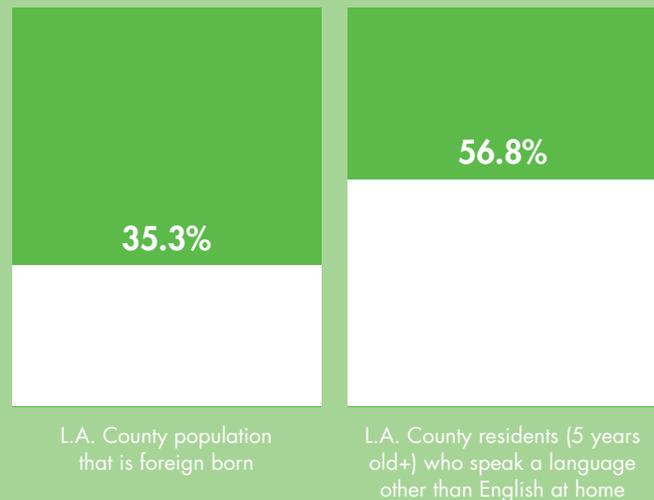
Demographics (2013)



Ethnicities (2013)



Language (2013)



Poverty (2013)



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



The City of Los Angeles

Overweight/Obesity

- 33.2 percent of adults, 18.6 percent of teens and 12.1 percent of children are overweight.
- L.A. County has higher rates of fast-food consumption among youth and seniors than the state. Among all residents, 21.9 percent eat fast food three to four times a week.
- 18.1 percent of children and teens consume two or more sodas or sweetened drinks a day. This is higher than California's rate of 14.7 percent.

Employment/Education

- Unemployment rates were lower in 2009, rose in 2010 and decreased in 2011. The county's 2011 unemployment rate was 12.3 percent.
- Among those 25 and over, 24.1 percent have less than a high school diploma.

Learning from our community

Leaders of key organizations, community members and residents participated in the 2013 CHLA Community Health Needs Assessment and provided input and helped identify issues.

Many of these issues and concerns were linked to poverty and lack of resources and included:

- Lack of access to primary and specialty care services
- Lack of education or job skills
- Unemployment, or employment in low-wage jobs with no benefits or security
- Language barriers/lack of English language skills
- Undocumented immigration status
- Lack of literacy
- Residing in insecure and unsafe housing
- Living in "obesogenic" areas with "food deserts," which lack affordable, fresh produce, and "food swamps," which have high levels of caloric and minimally nutritious food (fast food and junk food)
- Lack of green space and opportunities for physical activity, along with a tendency toward a sedentary lifestyle and a focus on television and screen time

The 2013 CHLA Community Health Needs Assessment was conducted by the Advancement Project Healthy City, Biel Consulting and the Office of Community Affairs at Children's Hospital Los Angeles. Other institutions, organizations and agencies—as well as members of the Children's Hospital Community Benefit Advisory Committee—also contributed time and resources to assist with this assessment. ■



Community Benefit Implementation Strategy

Priority areas

As part of the 2013 Community Health Needs Assessment process, 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 findings guided the development of our community benefit goals and initiatives into four broad priority areas:

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

CHLA's Fiscal Year 2014-15 Community Benefit Implementation Strategy addresses these four areas. Local and regional community organizations and partners are addressing other

identified needs. Considering existing community resources, CHLA selected the health and social needs that could most effectively be addressed by the hospital.

Strategies

- Increase access to health care resources and information to children, youth and families in the community.
- Raise awareness of pediatric health and related safety and social issues in the community.
- Have an impact on reducing obesity in children and youth in our community.
- Enhance access to development and training opportunities targeting youth and young adults in our community.

The hospital's Community Benefit Advisory Committee, community leaders, representatives and residents participated in this process. CHLA is currently conducting the 2016 Community Health Needs Assessment and developing our FY 2016-18 Community Benefit Implementation Strategy. ■



Coming together to discuss community health needs



CHLA's Dean Coffey, PsyD (left) and Dr. Joyce Javier (center) with partners from the Search to Involve Pilipino Americans (SIPA) organization.

A Lens on Our Community's Health

The Saban Research Institute

The Saban Research Institute comprises basic, translational and clinical research at Children's Hospital Los Angeles—one of the few freestanding pediatric hospitals in the country where scientific inquiry is combined with clinical care devoted exclusively to children.

The Institute's interdisciplinary research is organized around areas of focus that together fully explore the developmental origins of health and disease and address the most pressing national child health issues.

Research is performed at the lab bench, in the clinic and in the community. Collaborating with other organizations, institutions and members from our community strengthens the Institute's ability to spearhead research innovation.

Filipino Family Health Initiative

Mental health disorders are widespread among children and are a significant burden for both children and their caregivers. According to surveys recently published in the *Journal of the American Academy of Child and Adolescent Psychiatry*, 1 in 5 children has a diagnosable mental disorder, and the lifetime prevalence of mental disorders among adolescents is nearly 50 percent. Despite these numbers, which are on the rise, only 20 percent of children with mental disorders are diagnosed and receive mental health services (Source: U.S. Surgeon General).

Filipino youth have a disproportionately heavy burden of behavioral problems, including higher rates of dropping out of high school, depression, teen pregnancy and substance use. Filipinos are the second-largest Asian subgroup in the United States and the largest Asian subgroup in California, making up 21 percent of U.S. Asian children, according

to the U.S. Census Bureau. However, they are less likely to participate in mental health and preventive care interventions, and they have significant mental health risk factors, including exposure to harsh discipline and parents who have their own unmet mental health needs. Stigma associated with mental health is a significant barrier to care.

As part of the Filipino Family Health Initiative, Joyce Javier, MD, MPH, MS, a pediatrician at CHLA and assistant professor of Clinical Pediatrics at the Keck School of Medicine of the University of Southern California (USC), brought together health and mental health providers, faith-based leaders, government and community representatives, school personnel, parents and caregivers, and members of the Filipino community in Los Angeles to discuss the health needs of Filipino children and adolescents.

The discussions were conducted primarily in English, but a Tagalog interpreter was present at each session to provide interpretation if needed. The group also discussed the factors that influence participation of Filipino parents, guardians and caregivers in parenting programs, such as The Incredible Years (IY).



(left) Dr. Joyce Javier with Consul General Leo Herrera-Lim of the republic of the Philippines in Los Angeles (center) and Anna Marie Cruz of SIPA

The Incredible Years is a series of interlocking, evidence-based programs for parents, children and teachers supported by over 30 years of research. The goal is to prevent and treat young children's behavior problems and promote their social, emotional and academic competence. The programs are used worldwide in schools and mental health centers and have been shown to work across cultures and socioeconomic groups.

"The program shares video vignettes of both positive and negative parent-child interactions, allows parents to share, observe and learn from each other, and recognizes the parents as the experts in their child's behavior," says Javier. "While these lessons are generally applicable, adding the unique cultural and social strengths of the Filipino community to this model has allowed us to engage this population and encourage their participation."

With regard to participating in parenting programs, Javier and her team learned about the benefits, motivation and barriers specific to the Filipino community in Los Angeles. Javier and her team customized the IY program model based on the needs identified in these discussions, such as providing parenting workshops in faith-based settings.

Parents participating in the IY program reported a significant improvement in their own stress levels and a reduction in their child's problem behaviors. They also reported increased use of positive parenting techniques that fostered a more open and positive relationship with their children and their spouse.

"As health and mental health providers, we empower parents to participate effectively in their child's development by providing them with the necessary knowledge and tools," says Javier. "We always want to honor and acknowledge the uniqueness of cultural and social attributes as we develop interventions, and in doing so, we increase cultural sensitivity and awareness in the delivery of health care."

This work was funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development and the Southern California Clinical and Translational Science Institute. ■

Increasing Access to Health Care Resources and Information for Children, Youth and Families in our Community

A chance to thrive

Samantha and Marco Davila were at week 20 of their pregnancy and excited to learn the sex of their first child. But something was spotted on the ultrasound that would change all three lives.

What their doctor saw would ultimately be diagnosed as a rare heart condition called hypoplastic left heart syndrome (HLHS) with a restrictive atrial septum. Frank Ing, MD, chief of the Division of Cardiology, co-director of the Heart Institute and director of the Cardiac Catheterization Laboratory at Children's Hospital Los Angeles, describes the condition as having three instead of four normal-size heart chambers. In the Davilas' case, their baby, whom they named Grayson,

had an underdeveloped left ventricle, the main pumping chamber, which prevented blood from being pumped to the body.

"The first thing that came to mind was, 'Can you survive with this? Will Grayson be able to thrive?'" says Samantha. "We immediately went to Google and started researching." There they learned about Children's Hospital Los Angeles.

In most HLHS cases, the infant faces open-heart surgery after birth. However, when Samantha and Marco arrived at CHLA, Jay Pruetz, MD, a fetal cardiologist, found an additional problem: a restrictive atrial septum or wall, which could be lethal in Grayson's circumstance.

Luckily, with the expertise available at CHLA, the Davilas had an option—a fetal cardiac intervention procedure while their unborn child was still in the womb. If successful, the



Grayson Davila



Samantha and Marco Davila with Grayson

procedure would increase Grayson’s chances of survival to as much as 50 percent when his open-heart surgery took place.

“When we heard of this procedure, we were scared, excited and nervous all at the same time,” says Samantha. The Davilas were able to have a roundtable discussion with all doctors involved to help them make an informed decision, and they chose to go through with the procedure.

This procedure—a first for the CHLA-USC Institute for Maternal-Fetal Health (IMFH) and for any Southern California hospital—included Pruetz, Ing and Ramen Chmait, MD, director of Los Angeles Fetal Surgery, a branch of the IMFH. Everything about the procedure required special preparation and precision, including the small fetal microsurgery tools and a tiny transcatheter stent that would help open up the atrial septum.

Afterward, Samantha was followed closely for the remainder of her pregnancy to ensure the atrial stent was functioning well. Grayson’s tiny lungs had been given time to strengthen and develop normally, making open-heart surgery possible after birth.

Grayson was born Nov. 19 and was immediately transported to CHLA. Ninety minutes later, he underwent a full Norwood surgery performed by Vaughn Starnes, MD, co-director of the Heart Institute. The surgery creates a new pathway for pumping blood to the body, using the right heart and the pulmonary artery.

“This coordination of care between the fetal therapy team and CHLA surgeons was extraordinary, starting with the transcatheter fetal cardiac procedure, the monitoring during the pregnancy leading up to the birth, and the surgery,” says Starnes.

Grayson was on the road to recovery, but it wasn't an easy one. At this point, both Samantha and Marco had not been able to hold Grayson, and Samantha was still in the hospital herself, recovering from her cesarean section.

"I just remember praying and saying, 'Please hold on until mom can see you. If you want to go back to heaven, we're OK with that, but please just hold on,'" says Marco.

For the four weeks he spent in the hospital, Grayson did hold on. Now at 3 months old, he is doing the one thing Samantha and Marco wished for him: thriving. ■



A smile restored!

After an accident playing tetherball on the school playground, Calliope found herself without half of one of her front teeth. The 10-year-old girl was distressed. For her, and for many young children and adolescents, a smile is priceless—a welcome card to friendships. All she could think was: How will I be able to go back to school without my smile?

When Calliope's mother got the call from the school, she was even more distraught than her little girl. After the initial shock, however, she called Calliope's dentist at the Division of Dentistry at Children's Hospital Los Angeles and was told to bring her child to the hospital.

CHLA has had an active dental presence since its inception in 1901. The division conducts over 9,000 outpatient visits yearly, mostly for patients with severe medical disabilities. But its after-hours work in the Emergency Department (ED) is one of the services that the community appreciates most. The ability to find expert care for your children when they are in distress and at their most vulnerable is priceless.

"I take great comfort knowing we have dentists at CHLA who not only have the pediatric dental expertise, but they also really understand kids. They pay attention to the details that help kids feel comfort," says Calliope's mom.

Calliope's trauma was severe enough to be treated at the Emergency Department. But there's been a troubling increase in dental-related emergency visits nationwide, and it's estimated that 2 to 3 percent of these visits are for preventable dental conditions, including cavities and their effects—dental abscesses, facial cellulitis and severe dental pain. For young children, severe dental infection can mean days of antibiotics and possible hospital admission, as well as dental surgery under general anesthesia.

At CHLA, the Division of Dentistry is working with the community to find and create appropriate dental homes for children most at risk of developing oral diseases. With the right oral health education and care early on, the severe effects of these diseases can be prevented. In addition, patients will be much more likely to receive appropriate care when an unexpected trauma occurs.

"Because we had made it a point to get regular pediatric dental care early on, when my daughter's tooth was knocked out during school recess, I was confident that she would be well cared for by a dentist that she trusts," says Calliope's mom. "And they did such a wonderful job, her teachers can't even tell which tooth was broken!" ■



L-R: Raul Rosas (Clerk), Ashpreet Garcha (Nurse), Jacki Corletto (Medical Case Worker), Dr. Tracey Samko, Dr. Eunice Rios, Marlyn Molina (Medical Case Worker), Dr. Mohamad Raad.

ACT for adolescent care and transition

For many children and adolescents with special health care needs, Children's Hospital Los Angeles has been the only medical home they have ever known. At CHLA, children and adolescents living with complicated illnesses and disabilities are able to receive the comprehensive care and support necessary to address their physical and mental health needs.

Unfortunately, many of these patients lose this support when they reach their 21st birthday. That's because there is no equivalent to CHLA in the adult health care system that supports a comprehensive care model for young adult patients with complex health care needs.

"Many of our 'graduating' patients may encounter adult primary care providers who are unfamiliar with pediatric-acquired chronic conditions and do not feel well-prepared or trained to manage young adults with complex conditions," says Ellen Iverson, MPH, director of Transition Research in the hospital's Division of Adolescent and Young Adult Medicine. "Without support to make this transition, we are finding that many of our graduated young adult patients face enormous challenges linking to the adult care needed and they often encounter gaps in care that can seriously impact their health."

Transition preparation and support has become a priority concern for our CHLA teams. Many of our CHLA subspecialty care centers begin preparing patients for transition from pediatric to adult care when they enter adolescence. This preparation focuses on education to ensure patients have the knowledge they need about their condition and its management so they can advocate for themselves when they meet new adult health care providers.

The Adolescent and Young Adult (AYA) Transition Working Council was created in 2012 and established a CHLA-wide transition infrastructure to address, coordinate and support all transition efforts. The council brings together representatives from all subspecialty services. It also includes representatives from state insurance programs, patients and parents, as well as adult health care providers from the Keck School of Medicine of the University of Southern California (USC) and LAC+USC Medical Center, who receive many of our transitioning young adult patients.

The council's most recent success has been its partnership with LAC+USC Medical Center to establish a specialized adult primary care medical home for CHLA's young adult patients. The Adolescent Care and Transition (ACT) Clinic, launched in May 2015, offers comprehensive primary care and a conduit to adult specialty care. The clinic's primary care providers are trained in both adult and pediatric medicine, while wrap-around support includes insurance counseling, case management, health education and access to mental health resources and information.

The ACT Clinic has become a welcoming, attractive and responsive new home for patients enrolled in the program. Since its launch, 113 patients have successfully transferred to the ACT program. CHLA is guiding patients interested in the ACT Clinic to transfer at age 18, while continuing to receive CHLA's subspecialty care.

This staged approach to transition gives patients time to acclimate to their new adult primary care team while still receiving care from their pediatric subspecialists—easing them into the adult world with the subspecialists who will eventually assume their care. ■



CHLA staff conducting outreach and providing education out in the community.

Raising Awareness of Pediatric Health and Related Safety and Social Issues in the Community

Knowledge is prevention

In the words of Benjamin Franklin, "An ounce of prevention is worth a pound of cure."

Each year, CHLA staff, faculty and trained volunteers participate in over 75 community health outreach and education events across the Los Angeles region.

The CHLA Community Health Outreach Network, administered by the hospital's Office of Community Affairs, conducts outreach and education at various community sites, including public schools and universities, parks and recreation centers, faith-based establishments, community institutions, shelters, consulates and partner health organizations.

Information and educational resources on health and wellness topics range from nutrition and well-child immunizations to injury prevention and health insurance assistance. The Community Affairs team developed the CHLA Community Health Outreach and Education Toolkit, which includes activities to engage children and adolescents in health education, literature regarding prevention and wellness, information about hospital resources and services, and strategies to engage with families in discussions about pediatric health.

In 2015, the network launched a community health outreach and education campaign regarding accessing care. Partners included the Los Angeles Access to Health Coverage Coalition, Maternal and Child Health Access, and Community Health Councils, Inc. The campaign reached more than 13,500 children and teens, with 1,200 individuals referred for primary care services and approximately 9,500 people receiving assistance in identifying available health coverage.

“Community-based outreach and education plays a key role in preventing disease and injury and promoting healthy behaviors and wellness,” says Olga Taylor, administrative coordinator of Outreach at CHLA’s Office of Community Affairs. “We are conducting outreach, providing education and increasing awareness of significant health issues. By doing this in venues outside of traditional health care settings, it provides us the opportunity to reach more individuals beyond the walls of our hospital.”

Health and quality of life rely on many community systems and factors, not simply on a well-functioning health care system. Reaching out to people in their neighborhoods also allows for greater tailoring of health information and education and the promotion of health and wellness—ensuring that the knowledge gained by the community positively impacts prevention efforts. ■



Every child deserves a safe ride

Road injuries are the leading cause of unintentional deaths of children in the United States.

With over 24 million vehicles and 170,000 thousand miles of roadway, virtually all of California’s 8 million young people are routinely exposed to traffic-related injury, disability and death. Motor vehicle occupant injuries are among the top three causes of both death and hospitalization among children under age 16.

The National Highway Traffic Safety Administration (NHTSA) reports that—taking into account driver seat belt use and the

child’s seating position—child car safety seats in passenger cars are 71 percent effective in reducing fatalities among infants, and 54 percent effective among children ages 1 to 4.

“All children deserve a safe ride,” says Helen Arbogast, DrPH, MPH, CHES, manager of the Injury Prevention Program at Children’s Hospital Los Angeles.

To share best practices and knowledge about preventing traffic-related deaths and injuries among children, the program’s staff work closely with national child health and safety institutions, local county health departments, law enforcement, local academic institutions, community and faith-based organizations, offices of elected officials, elementary schools, parent groups, community partners, and, recently, international health organizations.

“Together with our partners, we are ensuring that children in the community are riding in the appropriate car seat, facing the direction safest for them. We also ensure parents and caregivers have the information and tools necessary to make informed decisions to prevent injury,” says Arbogast.

This past year, the team of certified child passenger safety technicians and instructors conducted over 20 child safety seat inspection events at various community sites and provided more than 2,000 child car safety seats to parents and caregivers at no cost. In addition, the team taught over 60 child passenger safety classes to more than 900 participants.

The classes are held at CHLA and throughout Los Angeles County, and they are free and open to the public. Topics include child passenger safety laws; best practices; selection, installation and harnessing of car seats; and common mistakes. The participants conduct hands-on exercises and must install the child car safety seat in front of the instructor, allowing for practice and feedback.

One parent said, “Now I am prepared! It feels great to have new knowledge, and now I have access to the information I will need to keep my child safe. Thanks to the experts at CHLA.”

The Injury Prevention Program at CHLA is partially funded through a grant from the Kohl’s Corporation. ■

Having an Impact on Reducing Obesity in Children and Youth in Our Community

BodyWorks program

Childhood obesity affects child's health and ability to socialize, learn and play, and it is a serious problem in the United States. Despite recent declines in its prevalence among preschool-aged children, obesity among children is still too high.

The BodyWorks program was developed to intervene in this important health concern noted among pediatricians in the AltaMed General Pediatrics Clinic at CHLA. To address the gap in services among the underserved, AltaMed and CHLA's Division of General Pediatrics collaborated to make this program possible. The program uses an interdisciplinary approach to teach children, parents and families how to make healthy food choices and how to engage in healthy activities together.

BodyWorks is a comprehensive family-centered, child-driven program that focuses on the experience of becoming healthier as a community. The clinical facilitators, including registered dietitians and occupational therapists, teach leadership development to children and parents, promote empowerment and engage in skill-building activities.

Children and their families participate in weekly sessions for a total of seven weeks. The curriculum is designed to provide children and families with hands-on activities that support learning, practice and mastery of skills. Families first meet with a pediatrician to review progress toward their goals. Children and families together prepare healthy snacks, explore the sensory components of fruits and vegetables, and socialize.

Parents move to a separate space to discuss challenges, parenting strategies, self-care activities, coping skills and managing the stressors of being a parent with limited financial and social support. The multidisciplinary program team creates a system of accountability by celebrating every tiny step of progress with positive attention and praise. Parents are provided the opportunity to reinforce their place as role models and leaders.

Children, meanwhile, engage in experiential kinesthetic learning activities; eat whole, colorful foods; and find opportunities to move and have fun. The program provides additional support to children with special health care needs, including those with autism and intellectual disabilities, so that they can engage in all activities.



BodyWorks Program Yoga Session

At week seven, the families participate in play-based activities reinforcing a positive parent-child relationship. Families share knowledge gained, lessons learned and plans to improve their overall health.

"In its simplest form, the beauty of the program is that it brings multiple disciplines, children and families together to learn," says Jazminne Orozco, OTD, OTR/L, assistant professor of Clinical Occupational Therapy and Pediatrics at the USC University Center for Excellence in Developmental Disabilities (UCEDD) at Children's Hospital Los Angeles. "The team and the families cheer each other on and push past barriers. The resilience of the participants is what moves us all forward."

One parent says, "As a family, we are eating together and hiking at Griffith Park once a month. It was hard to make changes at home without the support of my husband, but the weekly group sessions kept us all motivated. We will not quit now. We are taking ownership of our health and celebrating wellness, thanks to Children's Hospital Los Angeles." ■



EMPOWER clinic encounter

EMPOWER Clinic

The EMPOWER (Energy Management for Personalized Weight Reduction) Clinic at Children's Hospital Los Angeles addresses childhood obesity by treating the whole person.

"At EMPOWER, we believe that all children and adolescents have the potential to achieve a healthy weight, although it often requires a personalized approach with a specially

trained team," says Patricia Novak, MPH, RD, CLE, clinical dietitian with the EMPOWER Clinic in the Diabetes and Obesity Program at CHLA.

EMPOWER's multidisciplinary team includes physicians who identify and treat the medical complications associated with obesity; psychologists who help the family identify and remove barriers to creating a healthier lifestyle; physical therapists who create personalized activity plans based on their assessment of the child's capacity and interests; and registered dietitians who address shopping, cooking and modifying the family's eating habits.

The team helps children and families develop health-promoting routines that address sleeping patterns and stress management, comprehensive wellness plans and strategies to engage within their community.

The team also connects families to community physical activities and mental health resources to help continue their progress toward a healthy lifestyle after EMPOWER graduation. Referrals are made for physical therapy to address orthopaedic disorders resulting from obesity.

"As we work toward a health-promoting diet, we also provide medical nutrition therapy when necessary to address elevated cholesterol, triglycerides or blood sugar," says Novak.

Throughout the process, the EMPOWER physicians refer to related medical specialties, such as Pulmonology or Orthopaedics, and communicate back to the child's medical home to assure comprehensive care. They also oversee EMPOWER's participation in research, including a national pediatric obesity database. In its two short years of existence, the clinic has cared for over 300 patients and their families.

Martie, 13, who attends the clinic with his grandmother, describes his experience at EMPOWER as "awesome." His grandmother adds, "The entire team works together with our whole family, not only on the individual patient, and teaches us how to live a better life! It was the push in a healthier direction." ■



CAMP CHLA student participants

Enhancing Access to Development and Training Opportunities Targeting Youth and Young Adults in our Community

Shadowing clinical experts

Camp CHLA, a health careers exploration program, provides high school students a firsthand look into the daily lives of health care professionals. Since its inception in 2006, over 1,000 students from our community have had the opportunity to:

- Observe medical procedures and job-shadow health care professionals as they care for patients
- Participate in hands-on skills labs, where they learn how to take vital signs, perform CPR and acquire other essential skills for the medical field
- Gain exposure to different career paths by participating in presentations given by medical professionals in various specialties
- Debrief at the end of each day to reflect and share their experiences with other campers

Children’s Hospital Los Angeles staff and faculty, including nurses, physicians, surgeons, therapists and Child Life specialists, invest more than 4,000 volunteer hours

annually in the camp—facilitating over 600 job-shadowing assignments, conducting 12 different hands-on skills labs, participating in panel discussions, presenting at workshops and participating in community outreach at numerous high schools and career fairs.

The program’s wide success is due 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 the hospital.

“I have always known that I wanted to do something in the health care field, but I wasn’t exactly sure what I wanted to do,” says Sarah Smith, a former Camp CHLA participant. “At the end of my Camp CHLA experience, I knew that I wanted to pursue a career as a registered nurse.”

Like Smith, all campers are empowered with the confidence, motivation and knowledge needed to pursue a health career.

Smith recently graduated from the University of California, Riverside, with her bachelor’s degree in biology. She hopes to one day work at CHLA and adds, “My experience at camp is something that I will carry with me the rest of my life.” ■



Jay Hollingsworth of the CHAMP program with CHLA colleague Kevin Lewis, Project Manager Jr., Pediatric Operations

Igniting a passion for health care administration

"Participating in CHLA's Careers in Health and Mentorship Program (CHAMP) has been the best career move I've made," says Jonathan Hollingsworth, an administrative assistant in the Department of Surgery at CHLA. Hollingsworth is a graduate of the 2015 CHLA CHAMP cohort.

CHAMP is administered by CHLA's Division of Government, Business and Community Relations, and it is one of the hospital's pipeline programs for students and early careerists seeking exposure to health care administration, hospital operations, finance, human resources and other administrative roles. Through CHAMP, students participate in professional development and career readiness workshops led by CHLA leaders and partners. Following a month of workshops, "CHAMPers" complete a two-month administrative internship in various work areas across the hospital.

"CHAMP was the first internship I had seen that focused on the administrative side of health care," says Hollingsworth. "I was completely blown away by the quality and integrity of the CHAMP program. Every workshop and presentation provided new skills that I could apply right away. We learned everything from how to build a business strategy to effective

networking to hospital operations. CHAMP taught me the fundamentals I needed to thrive and be successful in a health care environment."

This past year, the hospital's Community Benefit Committee members extended the CHAMP experience to 20 young adults from the Los Angeles community. The committee reviewed over 150 applications and supported the facilitation of over 25 work-readiness sessions. CHLA staff and partners invested more than 3,500 hours in creating and implementing the 2015 CHAMP curriculum.

Since its inception in 2013, the program has had 55 interns, provided work-readiness experience to over 250 students and reached more than 30,000 students in the community through outreach efforts. More than 35 percent of CHAMPers have obtained contracted or permanent positions at CHLA and neighboring institutions following the internship, while other CHAMPers continue their pursuit of higher education.

"We pride ourselves in upholding our organizational commitment to supporting and encouraging young talent and the pursuit of professional growth and higher education," says Rolando Gomez, MBA, manager of Government and Public Policy with CHLA's Office of Government, Business and Community Relations. "Practical experiences are the ones that stick, and with CHAMP, we are providing young people in our community with the foundational skills and professional development tools they will need to be effective health care leaders."

Hollingsworth applied his newfound skills and knowledge and was hired toward the end of his internship by the former associate vice president of Pediatrics, who was his CHAMP mentor.

"In this role, I've been gaining incredible exposure to the industry," he says. "I hope to cultivate my career in health administration so that I can be a competitive candidate for higher-level positions in the future. Thanks to CHAMP, I am confident that I can do it!"

CHAMP is partially funded through a grant from Bank of America. ■

Achieving our Best With our Community Partners

Working together with the community

“We achieve our best together.” At Children’s Hospital Los Angeles, this organizational value has been fundamental in the development of our Community Benefit efforts, programs and initiatives.

Our hospital leaders, staff, faculty and friends are proud of our longstanding commitment to community health and wellness. We collaborate closely with the neighborhood, local businesses, government agencies, community-based organizations, academia and other health-related institutions.

Through these strong connections, we’ve developed programs and services that have increased access to skills-training opportunities for young people, partnerships with community providers to implement wellness initiatives in the community, and collaborations with local civic, business and government partners to carry out neighborhood projects.

“Building community is about promoting a shared vision and strengthening engagement of civic partners and residents,” emphasizes Ellen Zaman, FACHE, director of Government and Public Policy and Community Affairs at CHLA.

One recent example is Children’s Hospital’s collaboration with the Friends of the Hollywood Central Park (FHCP). The FHCP is a group of community business, entertainment, private and nonprofit leaders, advocates, elected officials and key appointed representatives who are working together to build a 38-acre park over the 101 Freeway in Hollywood.

With one of the lowest resident-to-park space communities in California, the proposed Hollywood Central Park will benefit the community by providing a safe green open space to children, families and residents. More than 180,000 people, including 40,000 children, live within just one mile of the proposed park. The park’s activities will encourage healthy and active lifestyles, promote community engagement and spur local economic growth and jobs. CHLA is a proud partner in this initiative.

CHLA also continues our work with the East Hollywood Business Improvement District on projects such as tree planting and graffiti removal; with the Los Angeles Chamber of Commerce to share best practices across industries and promote child health; and with the Hollywood Chamber of Commerce to address important health care issues facing our local community.

“Working together makes all the difference,” says Zaman. ■



(far right) Ellen Zaman, FACHE, director of Government and Public Policy and Community Affairs at CHLA with CHLA leadership and staff engaging with residents of the local neighborhood.



Gold champion

Los Angeles was the host city for the 2015 Special Olympics World Summer Games, and CHLA was a proud partner!

The Special Olympics World Games—promoted as “the largest sports and humanitarian event anywhere in the world”—are an international sporting competition for athletes with intellectual disabilities. The event brings together 6,500 Special Olympics athletes from 165 nations competing in 25 Olympic-type sports. The Special Olympics is the world’s largest sports organization for children and adults with intellectual disabilities, providing year-round training and competitions to more than 4.5 million athletes in 170 countries.

CHLA oversaw and coordinated medical services for all competing athletes at the Los Angeles event. Lee Pace, MD, attending physician in the Children’s Orthopaedic Center and director of the Sports Medicine Program at CHLA, served as venue medical director for the Games, while Nancy Blake, PhD, RN, patient care services director for inpatient services at CHLA, was the lead venue administrator.

This yearlong effort included more than 150 clinical volunteers (nurses, doctors, nurse practitioners, surgeons and athletic trainers) planning and developing policies, procedures and protocols to triage care at events across the Greater Los Angeles region.

Nurses from throughout the hospital volunteered to provide first aid to participating athletes, caring for lacerations, bee stings, dehydration, hypoglycemia, trauma, abrasions, fevers and panic attacks. Almost all the athletes were able to be treated and then return to competition.

Blake shares a memorable experience:

“One athlete in particular was a golfer and had a major problem with acquiring severe blisters that interfered with his golf game. One of the nurses took it upon herself to find the perfect type of blister Band-Aids for him that would protect his hands and give him the ability to golf without constant pain. Each day all week, this athlete would come to the medical tent and ask for his blisters to be wrapped by the nurses. The blisters were wrapped on all of his fingers, multiple times a day. He came with a smile, and he left with a smile.”

At the end of the Olympic Games, this athlete had won gold. He came to the medical tent after the awards ceremony to show the nurses his gold medal and take pictures with all of them, including the nurse who had found him those special Band-Aids.”

Just as the 6,500 athletes representing 165 countries inspire us with their perseverance, the dedicated CHLA volunteers remind us of the power and importance of giving, and the significance of partnership and collaboration.

CHLA was proud to have been recognized as an event “Gold Champion.” ■

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 brain stem 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

Paul S. Viviano, President and Chief Executive Officer
Lara M. Khouri, MBA, MPH, Senior Vice President and Chief Strategy Officer
Ellen Zaman, LCSW, FACHE, Director, Government and Public Policy & Community Affairs
Rolando Gomez, MBA, Manager, Government and Public Policy
Susana Gantan, MPH, Project Leader, Government and Public Policy
Jim Deeken, Vice President, Marketing
Jennifer Duerksen, Associate Director, Creative Operations
Mallory Car, Project Manager, Creative Services
Matthew Pearson, Assistant Vice President, Content Development
Sarah Brown, Associate Director, Content Development
Jeff Weinstock, Senior Communications Specialist, Content Development

Office of Community Affairs

4650 Sunset Blvd., #118
Los Angeles, CA 90027

323-361-2487 | CHLA.org