



Community Connections

A COMMUNITY NEWSLETTER FROM THE
UCLA/RAND CENTER FOR ADOLESCENT HEALTH PROMOTION

MAY 2010

YCAB WALKABILITY ASSESSMENT OF CARSON

The Center Youth Community Advisory Board (YCAB) is comprised of 16 high school students from the South Bay and Westside areas of Los Angeles. Under the direction of Camillia Lui and Burt Cowgill, Center Youth Liaisons, the YCAB participated in a walkability assessment in the City of Carson on January 30, 2010. Last year, YCAB members highlighted obesity and physical activity as important health problems facing youth in their community. For this year's project, YCAB members investigated how the built environment relates to opportunities for physical activity and access to food through a walkability assessment. Prior to conducting the assessment, Center staff made a formal presentation to the Carson Mayor and City Council and received overwhelming support and enthusiasm for the walkability project.



To assess the walkability of Carson Street and the surrounding areas in the City of Carson, YCAB members were trained to use the Pedestrian Environmental Quality Index (PEQI) by Malia Jones, a UCLA doctoral student in public health who is an expert on walkability assessments. The PEQI was developed by the San Francisco Department of Public Health and is one of a few tools that can systematically measure the aspects of the environment through the eyes of a pedestrian. The five key domains for walkability are intersection safety, traffic, street design, land use, and perceived safety.

YCAB members were joined by Center staff, UCLA School of Public Health graduate students, and community volunteers from Carson. Over 50 youth, staff, students, and community members participated in the event. After a morning training and lunch, teams of 2-3 volunteers took clipboards, stop watches, and measuring tapes to assess the sidewalks, intersections, and street segments of Carson. Each team was assigned a small section along Carson Street or neighboring streets around Carnegie Middle School and Carson Park. Teams timed how long a pedestrian had to cross a street when a walk signal was present, how wide the sidewalks were, and whether graffiti and/or litter were present. The YCAB incorporated an assessment of the eating establishments present on the street segment, and each team recorded the number of fast food restaurants, convenience stores, and markets along the way. Each team also reported their subjective rating of the attractiveness, safety, noise level, odors and overall walkability of the street segment.



During their April meeting, YCAB members were presented with summary data and maps from the PEQI assessment. YCAB members used these summary data and maps to identify what factors make Carson more or less walkable. In small groups, they reviewed and discussed how individual components of the pedestrian environment can encourage or deter youth from walking in Carson. They determined that Carson could benefit from more painted crosswalks, graffiti cleanup, more pedestrian lighting at night, and access to healthier food options. YCAB members, along with Paul Chung, Center Director, Burt and Camillia, presented these walkability findings to Mayor Dear and the Carson City Planners on May 20, 2010. The City Planners will use the findings to support pedestrian improvements that are incorporated in the Carson Street Master Plan (a redevelopment plan for Carson Street between the 110 and 405 freeways).

10960 WILSHIRE BLVD. • SUITE 1550 • LOS ANGELES, CA 90024

PH: (310) 794-3000 • FAX: (310) 794-2660

EMAIL: ADOLESCENT@RAND.ORG • WWW.RAND.ORG/HEALTH/CENTERS/ADOLESCENT

PEDIATRICIAN'S CORNER

HEALTH CARE REFORM – A PEDIATRICIAN'S VIEW

CARLOS LERNER, MD, MPhil

MEDICAL DIRECTOR, UCLA CHILDREN'S HEALTH CENTER



On March 23, 2010, after more than a year of political wrangling, heated public debates and boisterous demonstrations, President Obama signed the Patient Protection and Affordable Care Act. This landmark legislation is the culmination of decades of attempts to reform the US health care system. Yet, months after the law has gone into effect, many citizens—including many physicians—know little about the contents of the new law. As a practicing pediatrician, I've been particularly interested in understanding the likely impacts of health care reform on children.

I got a promising glimpse of the future the day after the law was signed. I was examining an 8 year-old girl with a rare but potentially devastating genetic disorder. Fortunately, she had remained relatively healthy, and that day she required nothing more than a school physical. During our conversation, her mother explained that her daughter had not seen her genetics specialist in many years because she had no health insurance. The father was self-employed, and earned too much to qualify for public insurance. The family was willing to buy private insurance for their daughter, but, because of her pre-existing condition, no insurance company would issue them a policy. Like many other American families, they were living one illness away from bankruptcy. On that day, for the first time, I could offer them some hope. Starting this year, insurance companies can no longer deny coverage to children because of pre-existing conditions. (This protection will extend to adults in 2014.) I still have questions about the implementation of this measure—will the insurance companies follow through quickly? How much would the individual policy cost? But it's hard to deny that this is a step in the right direction.

Several other changes are beginning to take effect right now:

- Young adults can stay in their parents' insurance plan until age 26 years. (Initially, this will apply to "dependent" children who do not have available insurance through their own employer, but this restriction will be eliminated in 2014.)
- New health plans are required to cover immunization and other preventive health services, without deductibles or other cost-sharing.
- Insurance companies are prohibited from dropping people from coverage when they get sick, or from having lifetime limits on the amount of coverage.
- States are prohibited from cutting children from CHIP (Children's Health Insurance Program), which provides coverage to lower income children who do not qualify for Medicaid, until 2019. Federal funding has been extended at least through 2015.

Most major changes will take effect in 2014, including the mandate requiring everyone to have health insurance and the creation of insurance exchanges to provide a menu of affordable insurance plans. Of specific relevance to children:

- Medicaid payments to primary care doctors will improve.
- All new health plans will be required to include dental and vision coverage for children.
- All states will be required to extend Medicaid coverage to foster youth until age 26.

In my view, this legislation represents a momentous leap on the long road to providing high quality, affordable care to all Americans. Yet, more work remains to be done. The cost of reform, and how to pay for it, is a major concern that threatens reform's long-term viability. As the legislation's effects unfold over the next few years, and as new and inevitable legislative fixes are proposed, it will remain critically important for all of us who advocate for children to remain vocal, informed and engaged.

FEATURED COMMUNITY ADVISORY BOARD (CAB) MEMBER

MICHAEL BALLUE, BSBA, CADC II
EXECUTIVE DIRECTOR

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE SOUTH BAY



Michael Ballue became the Executive Director of The National Council on Alcoholism and Drug Dependence South Bay (NCADD South Bay) and a member of the UCLA/RAND CAB in the spring of 2008. NCADD South Bay is a 501(c)(3) non-profit corporation incorporated in 1975. NCADD South Bay's Mission Statement is:

"The NCADD/South Bay is dedicated to the promotion of better health and greater safety in the South Bay and its neighboring communities. To accomplish this the Organization provides programs of education and prevention regarding the misuse of alcohol and other drugs and the diseases of alcoholism and drug dependence, and offers recovery and/or referral services to those afflicted with such problems and for their loved ones who also suffer."

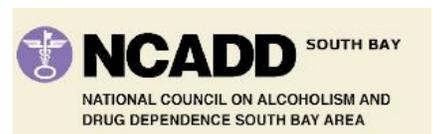
NCADD South Bay offers a wide diversity of programs to directly address substance use related problems, including:

(1) a 34-bed "Flossie Lewis Center" in Long Beach, a residential treatment program for women who are pregnant and/or parents; (2) a 6-bed transitional living facility in Carson for women with children known as the "Building Blocks" program; (3) a first- and multiple-offender DUI program in Westchester; (4) a first-offender DUI program that offers adult outpatient treatment, adolescent intensive education, and assessment and referral services at the Torrance headquarters. NCADD South Bay has long believed that in order to truly address the substance related problems in the South Bay community, much more had to be done than to just treat those who had developed symptoms of a problem. To act upon that belief, NCADD South Bay has been long committed to Prevention efforts and is currently providing a strengths-based indicated sector (on the IOM continuum of prevention) assessment to teens exhibiting risk factor behaviors, parenting classes (including Spanish Speaking Parenting and Parenting for Teens), a Community Education Lecture Series and a pledge campaign for alcohol and drug-free zones for minors. Also, NCADD South Bay participates in numerous programs to support struggling families such as Family Preservation, Partnership for Families, Family Support and School Readiness and many community coalitions.

NCADD South Bay has endeavored to provide the best possible quality of services with meaningful adjuncts to traditional core services. Long active in Tobacco Policy work from smoke-free outdoor areas to smoking cessation promotion, NCADD South Bay is proud of making The Flossie Lewis Center entirely smoke free (for all residents and staff) and offering a range of cessation services to the women there. NCADD South Bay has an active and vibrant Chess Club for children of families involved in the Family Preservation Program and is currently exploring expansion of these services to other Family Preservation Agencies in an effort to ramp up their activities to do an evaluation. In this regard they can attain a large scale sample size that will poise Chess Club in a position to partner with UCLA/RAND to conduct an evaluation focused on the outcomes of Chess Club participation.

Michael joined NCADD South Bay in May of 2008 and was able to enjoy a 3-month transition with retiring President/CEO Alberta Batenburg, whose decades of leadership were instrumental in NCADD South Bay's success and who continues to serve as Treasurer on the Board of Directors. Immediately prior to taking the reins at NCADD South Bay, Michael had been Program Director for the Men's Program of Ocean Recovery in Newport Beach and before that had worked at Peninsula Recovery Center, Brotman Medical Center, Avalon Treatment Programs and as a consultant for Manhattan Beach and Palos Verdes school districts. Michael is a certified alcohol and drug counselor (CADC II) and holds a Bachelor's Degree in Business Administration.

For more information, please visit: <http://www.ncaddsb.com>



CBPR WORKSHOP FOR CENTER COMMUNITY ADVISORY BOARD

On Friday, February 12, 2010, the UCLA/RAND Center for Adolescent Health Promotion conducted a two-hour seminar for Community Advisory Board (CAB) members on Community-Based Participatory Research (CBPR). The seminar was hosted by CAB member, Doug Semark, PhD, at the Gang Alternative Program Office in Wilmington, California. Paul Chung, MD, MS, Center Director of Research & Operations presented an overview of CBPR, followed by presentations by Burt Cowgill, PhD, Center researcher and youth liaison on qualitative research and research methods, and Tumaini Coker, MD, MBA, Center researcher on use of CBPR methods for program development.

RECENT CENTER PROPOSALS

1. NIH community-academic-policy partnership infrastructure (PI: Chung, CAB Partner: Sheila Lamb), under review
2. NIH community-engaged developmental screening comparative effectiveness (PI: Kaplan, Co-PI: Inkelas, Co-I: Chung, Community Partners: various, including LAUSD), under review
3. NIH community-engaged well-child care redesign (PI: Coker, Mentor: Escarce & Chung, CAB Partner: South Bay Family Healthcare Center), under review
4. NIH adolescent health in high-performing charter schools (PI: Wong, Co-I: Chung), under review
5. CDC community-engaged diabetes prevention coalition (PI: Providence Little Company of Mary, Co-I: Chung), under review
6. AHRQ pediatric quality of care measures for CHIPRA (PI: Mangione-Smith, Site PI: McGlynn, Co-I: Chung, Co-I: Coker), in preparation
7. NIH community-engaged youth development (PI: Cowgill, Community Partner: Pasadena DPH), in preparation
8. NIH family mediation and adolescent risk behaviors (PI: Tucker, CAB Partner: Centinela Youth Services), in preparation

WE'VE MOVED!

Please note our new mailing address:
10960 Wilshire Blvd., Suite 1550
Los Angeles, CA 90024
Phone: (310) 794-3000
Fax: (310) 794-2660



COMMUNITY PARTNER MEETINGS

CAB

- * September 30, 2009
- * February 12, 2010
- * June 4, 2010
- * September 2010 (TBA)

Youth CAB

- * September 22, 2009
- * January 26, 2010
- * April 27, 2010
- * June 2010 (TBA)
- * September 2010 (TBA)

ABOUT OUR PREVENTION RESEARCH CENTER

The UCLA/RAND Center for Adolescent Health Promotion is one of 37 Prevention Research Centers funded by CDC as part of a national program to address behaviors and environmental factors that contribute to chronic diseases such as cancer, heart disease, obesity, and diabetes. Our Center's mission is to conduct prevention research that addresses the needs of children, adolescents, young adults, and their families; build empowering relationships with community partners in Los Angeles and beyond; and directly benefit communities and/or transform local, state, and national policies.

CENTER LEADERSHIP

Paul Chung, MD, MS
Director of Research & Operations

Robert Kaplan, PhD
Principal Investigator

John Gutierrez, BA
Managing Director

Joan Tucker, PhD
Deputy Director of Research & Operations

Jennifer Hawes-Dawson, BA
Community Liaison

Burt Cowgill, PhD
Youth Liaison

Camillia Lui, MPH
Youth Liaison

This publication is supported by Cooperative Agreement Number 1U48 DP001934-01 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.