

San Joaquin County Public Health Services

Child Health & Disability Prevention



Spring 2015 Newsletter

Measles Outbreak: Your Role as a Provider

In the year 2000, measles was declared to be eradicated in the U.S.¹ However, in 2014 the U.S. experienced a record number of measles cases since this declaration, with 644 cases from 27 states reported to the Centers for Disease Control and Prevention (CDC). The most recent of these cases stemmed from an outbreak at a California based amusement park that had extended into this year and infected over 147 people in 7 states before it was officially declared over on April 17th.¹

Even though we have yet to have a confirmed case of measles in San Joaquin County, the California Department of Public Health (CDPH) still cautions that “the recent measles cases in California highlight the need for healthcare professionals to be vigilant about measles”. In order to ensure proper identification and response to a possible measles case the CDPH and CDC recommend the following :

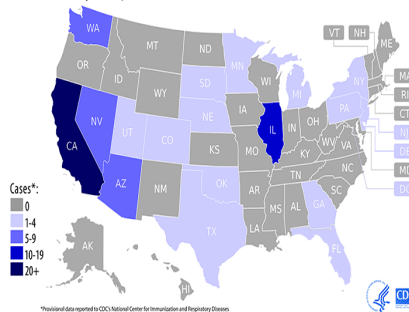
1. Ensure all patients are up to date on MMR vaccine and other vaccines
2. Remember the diagnosis (**Attachment A**)
 - a. Consider measles in patients of any age who have a *fever AND a rash* regardless of their travel history
 - b. In measles cases there *must be some fever*, even subjective fever, and the *rash must start on the head or neck*
 - c. Patients with measles usually have 1 or 2 of the “3 C’s” - *cough, coryza, or conjunctivitis*
 - d. If measles testing is being considered please [contact your local health department immediately](#)
3. Isolate patients with acute febrile rash illness
4. Perform laboratory testing for suspect measles cases, including viral specimens for confirmation and genotyping
5. Isolate suspect measles patients and contact local health department if not already done so
6. Encourage immunization before patients travel abroad

For further resources on measles identification and response please visit the CDPH Health Advisory release at

<http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPH-MeaslesHealthAdvisory2-20-2015.pdf>

2015 Measles Cases in the U.S.

January 1 to April 17, 2015



Friendly Reminders about the PM160

Appropriately Documenting Follow-up Codes 4 & 5

If a new problem is diagnosed or suspected during a CHDP health assessment, follow-up codes should be marked under column C in the corresponding row with notes included in the Comments/Problems section of the PM 160.

Follow-up Code 4—If a return visit is scheduled for diagnosis and/or treatment and the child will be returning to your office or clinic for follow-up, the code 4 should be marked in column C in the row corresponding to the problem. Further explanation and follow-up should also be documented in the Comments/Problems section.

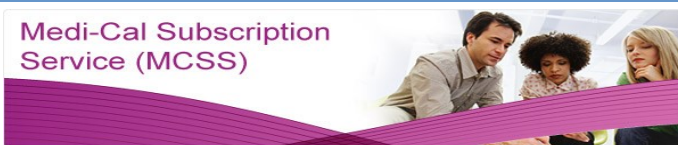
Attachment B is a sample PM 160 utilizing follow-up code 4.

Follow-up Code 5—If the child is referred to a specialist outside of your office or clinic for diagnosis and/or treatment, the code 5 should be marked in Column C in the row corresponding to the problem. Also use follow-up code 5 if a child is diagnosed in your office or clinic, but is referred elsewhere for treatment. Further explanation and follow-up should be documented in the Comments/Problems section and the contact information (i.e. name and phone number) for the referral should be included in the “Referred to” box directly above the Comments/Problems section.

Attachment C is a sample PM 160 utilizing follow-up code 5.

If you have any questions, or would like to schedule a training on properly completing the PM 160, please contact the local CHDP program at 468-8335.

Medi-Cal Subscription Service (MCSS)



Reminder: The Medi-Cal Subscription Service (MCSS) is a free service that keeps you up-to-date on the latest Medi-Cal and CHDP news. **Subscribing is simple and free!** To subscribe, please visit the [MCSS Subscriber Form](#).

¹ Centers for Disease Control and Prevention (CDC). *Measles Cases and Outbreaks*. <http://www.cdc.gov/measles/cases-outbreaks.html>. Published February 23, 2015. Accessed April 20, 2015

Update: Lodi Tuberculosis Outbreak



San Joaquin County Public Health Services (PHS) issued a [press release](#) on February 20th highlighting the continuing efforts to respond to a tuberculosis (TB) disease outbreak centered in Lodi. There has been a total of 21 individuals linked to this current outbreak over the past three years, with 16 of these 21 individuals being diagnosed in 2014. Some of those diagnosed are children under two years of age, and one child has suffered serious complications as a result.

While the risk to the general public of getting TB from this outbreak is very low, the surge in the number of cases does illustrate the vulnerability of certain populations within the CHDP population, such as young children and the homeless. Given this ongoing issue, San Joaquin County PHS stress the need for adequate resources for prompt, proactive, and sustained TB control efforts, and that these efforts must be continued on a regular and ongoing basis in order to prevent future outbreaks.

According to the CHDP Health Assessment Guidelines (HAG), Section 73, the CHDP program supports the recommendations of the CDPH Tuberculosis Control Branch which advises screening two groups of individuals: (1) those who are at risk of contracting TB (HAG, Table 73.2), and (2) those at increased risk of progression from Latent Tuberculosis Infection (LTBI) to active disease based on coexisting medical conditions.

For more information on TB and screening in SJC, please contact the PHS Tuberculosis and Communicable Disease Control Program at 209-468-3822 or visit the [CDPH website](#) for more information on TB.

Secondhand Smoke Exposure: Still a Concern

The rate of secondhand smoke (SHS) exposure in the U.S. has drastically declined over the past 10 years. However, from 2011-2012 the CDC estimates that 58 million nonsmokers were still exposed to SHS.² Unfortunately, many of the populations CHDP serves in SJC are among the highest in exposure rates, i.e. those who live in poverty, blacks, those in rental housing, and children.

From 2011-2012, the Healthy Stores for a Healthy Community Campaign survey for SJC reported that 14.6% of residents reported smoking, while this rate for the state was 13.8% respectively.³ Also, when evaluating this same statistic for youth who smoke (grades 9-12), they found that 10.3% reported being smokers, versus 10.5% statewide.

According to the Surgeon General, there is no safe level of SHS. Each year, exposure to SHS contributes to more than 400 deaths from Sudden Infant Death Syndrome (SIDS), and it can also be the cause of asthma attacks and ear and respiratory infections.² The SJC Asthma & COPD Coalition (SJCACC) reports that SJC has the highest rates of asthma symptoms, asthma-related emergency department visits and hospitalizations in California, and it is also the leading cause of school absences in the county.

According to the CHDP HAG, Section 506, the screening requirements for tobacco use and exposure include assessing exposure and use at each visit, implementing the Protocol for Anti-Tobacco Health Education (PATHE) guidelines (see Table 506.1 of HAG), and providing anticipatory guidance to patients and their guardians. Remember, CHDP providers play a vital role in the education delivered to their clients regarding the dangers of tobacco use and SHS exposure.

For information on tobacco cessation resources for CHDP clients please visit the STOPP Tobacco Control Program (TCP) [Cessation Resource List](#), and for a list of local asthma resources please view the SJCACC Asthma & COPD Resource Guide. (Attachment D)



² Centers for Disease Control and Prevention. *58 million nonsmokers in US are still exposed to secondhand smoke.* <http://www.cdc.gov/media/releases/2015/p0203-secondhand-smoke.html>. Published February 2015. Accessed February 25, 2015.

³ Healthy Stores for a Healthy Community Campaign. *San Joaquin County.* <http://www.healthystoreshealthycommunity.com/documents/counties/San%20Joaquin%20County%20Data.pdf>. Published March 2014. Accessed February 27, 2015.

SJC Public Health Reports Infant Death from Pertussis



Pertussis has claimed the life of a three-week old infant in SJC. As of March 4th, 2015, this is the first death of the 23 cases reported in the county this year. In 2014, SJC had 212 pertussis cases reported, which was a dramatic increase from the 27 cases in 2013.

Pertussis is cyclical and peaks every three to five years so health officials recommend that pregnant women receive the Tdap vaccine during the third trimester of every pregnancy to protect their infant children. This way, some immunity is transferred from the mother to the infant until the first pertussis immunization can be given to the child at two months of age.

Typical symptoms in older infants and young children can include intense coughing accompanied by a whooping sound, and post-cough vomiting. For younger infants, they may not even be able to cough but could have severe trouble, or even stop, breathing.

For more information please visit the SJC Public Health Service press release at http://www.sjcphs.org/assets/2015-02%20Pertussis%20News%20Release_Data_Fact%20Sheet.pdf

"Everyone who has or will have frequent contact with an infant is urged to make sure that their pertussis vaccination is up-to-date; this is to provide a "cocoon" of protection around the infants and avoid inadvertently infecting them."

- Dr. Alvaro Garza, San Joaquin County Public Health Officer.

Alert: Depression Among Perinatal Women is Overlooked and Undertreated

Even though pregnancy increases the risk of depression in women, perinatal women enrolled in the Medi-Cal fee-for-service program are less likely to be diagnosed with depression than non-pregnant women, according to a recent study published in the November 2014 edition of CNS Spectrums. The authors analyzed three years of data from women continuously enrolled in the Medi-Cal fee-for-service program and found that even when pregnant women were diagnosed with depression, fewer than half received any treatment, versus 72% receiving treatment in a non-pregnant control group. Women suffering from postpartum depression were similarly undertreated. Specific demographic factors predicting a lower probability of depression detection and treatment included women who were of Hispanic ethnicity, under 25 years of age, and/or residing in a rural setting.

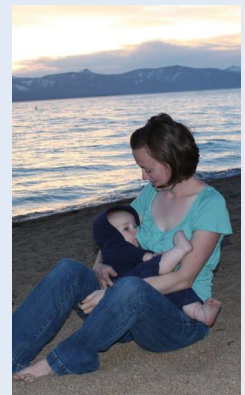
An interview with the lead author of the study, Patrick Finley, PharmD, is available on the University of California, San Francisco website at: <http://pharmacy.ucsf.edu/news/2014/12/study-finds-depression-pregnancy-postpartum-overlooked-and-undertreated>.

Breastfeeding Resources in San Joaquin County



The CDPH highly recommends babies be fed only breast milk for the first six months of life. Information and support make learning to breastfeed easier. There are many organizations in SJC that are eager to help soon-to-be moms and new moms have a wonderful breastfeeding experience.

For more information on these local resources please visit the SJC Breastfeeding Coalition Resource Guide at: http://www.breastfeedsjc.org/breastfeeding_help.html



Photos courtesy of Breastfeeding Coalition of San Joaquin 2011 Photography Contest.

Announcements

★ Provider Newsletter Survey ★

We want to hear from **YOU!** The CHDP quarterly newsletter is meant to keep our providers, and other partners, abreast of current updates within the program, resources and events within the county and state, and current child health topics. Therefore, in order to ensure that we are reaching this goal, we have attached a brief newsletter survey.

Please take a moment to fill out the survey. Your honest responses are appreciated!

[Click Here](#) to take the survey.

FREE Patient Resource!

Text4baby is the first mobile information service designed to promote maternal and child health through text messaging, and it's FREE!

Women who text **BABY** (or **BEBE** for Spanish) to **511411** receive three free text messages a week, timed to their due date or their baby's birth date, through pregnancy and up until the baby's first birthday. The messages address topics such as labor signs and symptoms, prenatal care, developmental milestones, immunizations, and much more!



For more information please visit www.text4baby.org

New Resource: 2-1-1 San Joaquin



2-1-1 is a free phone number and online database (www.211sj.org) that connects Californians quickly and effectively to existing health and human service programs, joblessness support, and disaster response information in their communities. It's available 24 hours a day, 7 days a week, and in 150 different languages.

Examples of the Types of Services People Can Access by Calling 2-1-1:

- Housing
- Health Services
- Help for Seniors and Disabled
- Emergency and Disaster Response
- Resources for Children and Families
- Income Support: Earned Income Tax Credit

Please inform your patients and caregivers about this free, useful resource!

New Point of Service Device for CHDP Gateway Transaction

The Gateway Transactions Overview of the CHDP Provider Manual has been revised to indicate the replacement of the VeriFone Omni 3300 Point of Service (POS) device with the VeriFone VX 520 POS device for submission of CHDP Gateway transactions.

To view the full provider update click [HERE](#)

Children's Medical Services Medical Director	Vacant
Children's Medical Services Administrator	Marianne Hernandez, PHN, MSN, CNS
CHDP Deputy Director	Surbhi Jayant, PHN, MSN
CHDP Public Health Educator (Interim)	Lauren Brown, MPH
CHDP Provider Relations	Jay Chevalier, PHN II Donna Skidgel, PHN II
CHDP Foster Care Coordination	Charlene Devera PHN I Christine Merin, PHN I
CHDP Outreach & Support	Xia Lo Ronald Ross

Fever and Rash?.....Consider Measles

Measles is highly contagious. Please protect patients, visitors, and staff!

✓ Keep an eye out for measles symptoms:

Suspect Measles in patients with fever, rash, and who have been in the last 3 weeks:

- In contact with a person with measles or febrile rash illness
- In locations or communities with cases of measles
- Outside of the U.S. or in contact with international visitors
- Visited sites popular with international visitors (tourist attractions, airports, etc.)

Note: A history of 2 doses of MMR vaccine does not exclude a measles diagnosis.

Prodrome

- Mild to moderate fever
- Cough
- Coryza
- Conjunctivitis

Rash onset

- Fever spikes, often as high as 104° to 105° F
- Red, maculopapular rash that may become confluent—typically starts at hairline, then face, and spreads rapidly down body
- Koplik's spots (tiny blue/white spots on the bright red background of the buccal mucosa) may be present



✓ Act immediately if you suspect measles:

- **Immediately use airborne infection control precautions. Mask and isolate patient, in a negative pressure room whenever possible.**
- **Protect others: Ensure airborne infection control precautions during medical transport and at receiving facilities.**
- **Permit only staff immune to measles to be near the patient. Staff should use N95 respirators, if available.**
- **Do not use any regular exam room for at least 1 hour after a suspected measles patient has left.**
- **Notify your local health department immediately; arrange for expedited PCR testing at a public health lab.**



Visit www.GetImmunizedCA.org for more information

CLAIM CONTROL NUMBER • FOR STATE USE ONLY

STAPLE
HERE

DO NOT STAPLE
IN BAR AREA

PATIENT NAME (LAST)		(FIRST)		(INITIAL)		MEDICAL RECORD NO.				LA Code			
JONES		SAMUEL		P		9876543210				05			
BIRTHDATE	AGE	SEX M/F	PATIENT'S COUNTY OF RESIDENCE			CO. CODE		TELEPHONE NUMBER		NEXT CHDP EXAM			
Mo. 03	Day 24	Year 97	104	M	COUNTY			19	(805) 555-1234		Mo. 07	Day 01	Year 11
RESPONSIBLE PERSON (NAME)			(STREET)			(APT/SPACE #)		(CITY)		(ZIP)		Ethnic Code	
AMY JONES			1234 MAPLE LANE					TOWN		90212		5	

CHDP ASSESSMENT

Indicate outcome for each screening procedure	NO PROBLEM SUSPECTED	REFUSED, CONTRA-INDICATED, NOT NEEDED	PROBLEM SUSPECTED Enter Follow Up Code in Appropriate Column		DATE OF SERVICE		FEES
	✓A	✓B	NEW C	KNOWN D	Mo. 07	Day 01	
01 HISTORY and PHYSICAL EXAM	✓				01	42.12	
02 DENTAL ASSESSMENT/REFERRAL	✓						
03 NUTRITIONAL ASSESSMENT	✓						
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION	✓						
05 DEVELOPMENTAL ASSESSMENT	✓						
06 SNELLEN OR EQUIVALENT	✓				06	2.54	
07 AUDIOMETRIC	✓				07	11.60	
08 HEMOGLOBIN OR HEMATOCRIT	✓				08	3.01	
09 URINE DIPSTICK	✓				09	2.87	
10 COMPLETE URINALYSIS		✓			10		
12 TB MANTOUX			4		12	7.91	

FOLLOW UP CODES

- NO DX/RX INDICATED OR NOW UNDER CARE.
- QUESTIONABLE RESULT, RECHECK SCHEDULED.
- DX MADE AND RX STARTED
- DX PENDING/RETURN VISIT SCHEDULED.
- REFERRED TO ANOTHER EXAMINER FOR DX/RX.
- REFERRAL REFUSED

COMMENTS/PROBLEMS
IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA

12 TB MANTOUX (4)
Return visit scheduled, 07/03/07, 4:30pm

CODE	OTHER TESTS	PLEASE REFER TO THE CHDP LIST OF TEST CODES	CODE	OTHER TESTS

HEIGHT IN INCHES	WEIGHT LBS	BODY MASS INDEX (BMI) PERCENTILE	BLOOD PRESSURE
055 2/4	079 0/0	55 %	105 / 72
HEMOGLOBIN	HEMATOCRIT	BIRTH WEIGHT LBS	
123	.0%		

IMMUNIZATIONS PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES		GIVEN TODAY		NOT GIVEN TODAY	
NOW UP TO DATE FOR AGE	STILL NOT UP TO DATE FOR AGE	ALREADY UP TO DATE FOR AGE	REFUSED OR CONTRA-INDICATED		
A	B	C	D		

ROUTINE REFERRALS (✓)	PATIENT IS A POSTER CHILD (✓)
<input type="checkbox"/>	<input type="checkbox"/>
BLOOD LEAD	DENTAL
<input type="checkbox"/>	<input type="checkbox"/>
DIAGNOSIS CODES	
1	2

PATIENT VISIT (✓)	TYPE OF SCREEN (✓)	TOTAL FEES
<input type="checkbox"/> New Patient or Extended Visit	<input type="checkbox"/> Initial	70.05
<input checked="" type="checkbox"/> Routine Visit	<input checked="" type="checkbox"/> Periodic	

SERVICE LOCATION: Name, Address, Telephone Number (Please include Area Code)

Your Facility / provider Name
Your Street Address
City, State, 9-digit Zip Code
Your telephone Number

PROVIDER NUMBER: N P I N U M B E R

PLACE OF SERVICE: 11

- THE QUESTIONS BELOW MUST BE ANSWERED
- Patient is Exposed to Passive (Second Hand) Tobacco Smoke. Yes No
 - Tobacco Used by Patient. Yes No
 - Counseled About/Referred For Tobacco Use Prevention/Cessation. Yes No

Enrolled in WIC Referred to WIC

NOTE: WIC requires HL, WL, and Hemoglobin/Hematocrit

PARTIAL SCREEN SCREENING PROCEDURE RECHECK

ACCOMPANIES PRIOR PM 160 DATED

PATIENT ELIGIBILITY	COUNTY	AID	IDENTIFICATION NUMBER
<input checked="" type="checkbox"/>	19	8W	5458436891

- If covered by Medi-Cal, or pre-enrolled in CHDP Gateway, enter BIC number.
- Patient eligible for CHDP benefits only.

This is to certify that the screening information is true and complete, and the results explained to the child or his parent or guardian. I understand that payment and satisfaction of this claim may be from Federal or State funds, and that any false claims, statements or documents or concealment of a material fact, may be prosecuted under applicable Federal or State law. I also certify that none of the services billed on this form have been or will be billed to Medi-Cal, the patient, or other insurance providers.

Examiner Signature: _____ DATE: 07/01/07

SIGNATURE OF PROVIDER DATE

STATE OF CALIFORNIA-CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

Medi-Cal/CHDP
P.O. Box 15300
Sacramento, CA 95851-1300

CLAIM CONTROL NUMBER • FOR STATE USE ONLY

STAPLE
HERE

DO NOT STAPLE
IN BAR AREA

PATIENT NAME (LAST) (FIRST) (INITIAL) MEDICAL RECORD NO. L.A. Code
 D O E J A N E A 1 2 3 4 5 6 7 8 9 0 0 5 94 09446783 J

BIRTHDATE (Mo. Day Year) AGE SEX M/F PATIENT'S COUNTY OF RESIDENCE CO. CODE TELEPHONE NUMBER NEXT CHDP EXAM (Mo. Day Year)
 0 2 2 5 0 1 6 Y F COUNTY 1 9 (310) 555-1212 0 7 0 1 1 0

RESPONSIBLE PERSON (NAME) (STREET) (APT/SPACE #) (CITY) (ZIP)
 AMY DOE 1234 OAK STREET TOWN 9 0 0 2 2

Ethnic Code: 6

1-American Indian
 2-Asian
 3-Black
 4-H'p'no
 5-Lat. Amer./Hispanic
 6-White
 7-Other
 8-Pacific Islander

CHDP ASSESSMENT
Indicate outcome for each screening procedure

	NO PROBLEM SUSPECTED √A	REFUSED, CONTRA-INDICATED, NOT NEEDED √B	PROBLEM SUSPECTED Enter Follow Up Code in Associate Column		DATE OF SERVICE Mo. Day Year 0 7 0 1 0 7	FEES
			NEW C	KNOWN D		
01 HISTORY and PHYSICAL EXAM	✓				01 42.12	
02 DENTAL ASSESSMENT/REFERRAL	✓					
03 NUTRITIONAL ASSESSMENT	✓					
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION	✓					
05 DEVELOPMENTAL ASSESSMENT	✓					
06 SNELLEN OR EQUIVALENT				5	06 5.04	
07 AUDIOMETRIC	✓				07 11.60	
08 HEMOGLOBIN OR HEMATOCRIT	✓				08 3.01	
09 URINE DIPSTICK	✓				09 2.87	
10 COMPLETE URINALYSIS		✓			10	
12 TB MANTOUX		✓			12	

CODE OTHER TESTS PLEASE REFER TO THE CHDP LIST OF TEST CODES CODE OTHER TESTS

FOLLOW UP CODES

1. NO DX/RX INDICATED OR NOW UNDER CARE.
 2. QUESTIONABLE RESULT, RECHECK SCHEDULED.
 3. DX MADE AND RX STARTED

4. DX PENDING RETURN VISIT SCHEDULED.
 5. REFERRED TO ANOTHER EXAMINER FOR DX/RX.
 6. REFERRAL REFUSED

REFERRED TO: John Brown TELEPHONE NUMBER (310) 555-4321

REFERRED TO: TELEPHONE NUMBER

COMMENTS/PROBLEMS
IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA

06 Failed vision (5)
 20/50 OD
 20/50 OS
 20/50 OU

Appointment scheduled with optometrist
 07/26/07, 3:00 PM

HEIGHT IN INCHES: 0 4 8 0/4
 WEIGHT LBS: 0 5 5 0 5
 BODY MASS INDEX (BMI) PERCENTILE: 8 0 %
 BLOOD PRESSURE: 90 / 60

HEMOGLOBIN: 1 2 1
 HEMATOCRIT: .0%

BIRTH WEIGHT LBS: OZS

IMMUNIZATIONS
PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES

GIVEN TODAY		NOT GIVEN TODAY	
NOW UP TO DATE FOR AGE A	STILL NOT UP TO DATE FOR AGE B	ALREADY UP TO DATE FOR AGE C	REFUSED OR CONTRA-INDICATED D

ROUTINE REFERRAL (✓)
 BLOOD LEAD DENTAL

PATIENT IS A FOSTER CHILD (✓)

DIAGNOSIS CODES
 1 2

PATIENT VISIT (✓) TYPE OF SCREEN (✓) TOTAL FEES
 New Patient or Extended Visit Routine Visit Initial Periodic 64.64

SERVICE LOCATION: Name, Address, Telephone Number (Please include Area Code)
 PROVIDER NUMBER: N P I N U M B E R PLACE OF SERVICE: 11

Your Facility / Provider Name
 Your Street Address
 City, State, 9-digit Zip code
 Your telephone number

THE QUESTIONS BELOW MUST BE ANSWERED

1. Patient is Exposed to Passive (Second Hand) Tobacco Smoke. Yes No

2. Tobacco Used by Patient Yes No

3. Counseled About/Referred For Tobacco Use Prevention/Cessation. Yes No

Enrolled in WIC Referred to WIC
 NOTE: WIC requires Ht., Wt. and Hemoglobin/Hematocrit

PARTIAL SCREEN SCREENING PROCEDURE RECHECK

ACCOMPANIES PRIOR PM 160 DATED

PATIENT COUNTY AID IDENTIFICATION NUMBER
 ELIGIBILITY 1 9 8 W 5 4 5 8 9 6 7 1 5 6

If covered by Medi-Cal, or pre-enrolled in CHDP Gateway, enter BIC number.
 Patient eligible for CHDP benefits only.

This is to certify that the screening information is true and complete, and the results explained to the child or his parent or guardian. I understand that payment and satisfaction of this claim may be from Federal or State funds, and that any false claims, statements or documents or concealment of a material fact, may be prosecuted under applicable Federal or State law. I also certify that none of the services billed on this form have been or will be billed to Medi-Cal, the patient, or other insurance providers.

Examiner Signature DATE: 07/01/07

SIGNATURE OF PROVIDER DATE

STATE OF CALIFORNIA-CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
 Medi-Cal/CHDP
 P.O. Box 15300
 Sacramento, CA 95851-1300



San Joaquin County Asthma & COPD Coalition

Take a Deep Breath San Joaquin

Asthma & COPD Resource Guide

Local Resources

Agency/Organization	Contact
Asthma Clinic	San Joaquin General Hospital (209) 468-6167 referral only
Asthma Management Strategies (One-hour Sessions)	St. Joseph's Medical Center (209) 461-5061 for appointment
California Better Breathers Club	St Joseph's Medical Center Pulmonary Rehabilitation Meets 3 rd Tuesday of each month , 2:30pm Laurie Hansston (209) 467-6338
Lodi Better Breathers Club	Lodi Memorial Hospital Meets 1 st Tuesday of each month Debbie Cameron (209) 339-7445

Online Resources

Agency/Organization	Website
Allergy and Asthma Network: Mothers of Asthmatics	www.aaaai.org
American Association for Respiratory Care	www.aarc.org
American College of Allergy, Asthma, and Immunology	www.acaai.org
American Lung Association in California	www.lung.org/associations/states/california
Breathe California	www.sacbreathe.org
California Breathing	www.californiabreathing.org
Center for Disease Control and Prevention	www.cdc.gov
Central California Asthma Collaborative	www.centralcalasthma.org
COPD Foundation	www.copdfoundation.org
COPD Support, Inc.	www.copd-support.com
Environmental Protection Agency	www.epa.gov
National Heart Lung & Blood Institute	www.nhlbi.nih.gov
Regional Asthma Management & Prevention (RAMP)	www.rampasthma.org
San Joaquin Valley Air Pollution Control District	www.valleyair.org www.healthyairliving.com www.airelimpiovidasana.com