CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

The Child Health and Disability Prevention (CHDP) Program is a federally- and State-funded preventive health care program to make early health care available to eligible children. Eligible children include Medi-Cal beneficiaries ages 0 to 20, children of low-income families (with incomes less than 200% of the federal poverty level) ages 0 to 18, and children (generally ages 3 to 5) participating in Head Start or state preschool programs.

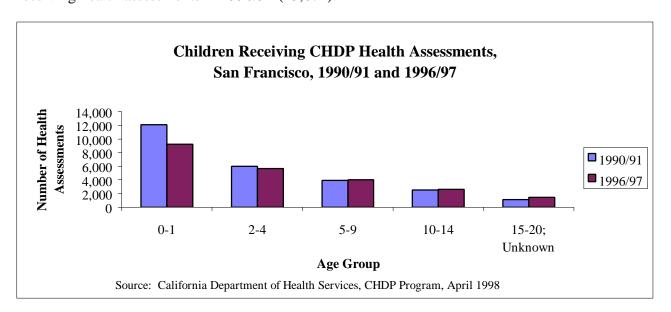
Each child is eligible to receive a periodic, comprehensive health assessment which includes a health and developmental history, physical examination, nutritional assessment, immunizations, vision and hearing testing, lead testing, laboratory tests, and health education and anticipatory guidance. CHDP health assessments are conducted by private and public physicians, clinics, and other providers. CHDP also provides annual preventive dental care for Medi-Cal eligible children ages 3 and over. Children with suspected problems are referred for necessary diagnosis and treatment.

Target Population in San Francisco

Approximately 24% of San Francisco's CHDP target population (26,690 of 109,407) were served in 1996/97. This includes 25% of Medi-Cal beneficiaries younger than 21 years of age (16,000 or 64,764) and 24% of low-income children younger than 19 years of age (10,690 of 44,643). These percentages were slightly lower than the statewide averages for the same period (30% of total CHDP, 29% of Medi-Cal, and 30% of low-income target population served).

Demographics of Children and Youth Served

In 1996/97 (July 1 – June 30), a total of 22,919 San Francisco children and youth from birth to age 20 received at least one CHDP health assessment. This was 11% less than the number of children receiving health assessments in 1990/91 (25,671).



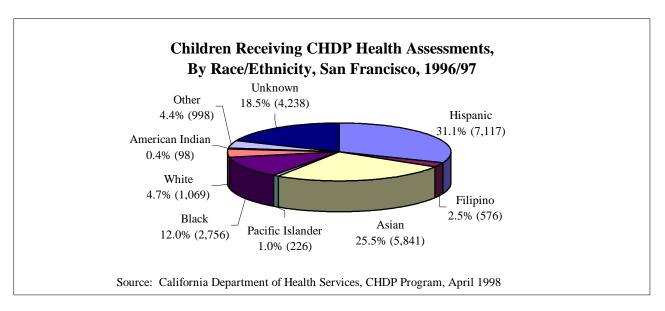
The largest proportion of children served in both 1990/91 and 1996/97 were in the birth to age 1 group (12,089 in 1990/91 and 9,219 in 1996/97). The number of children served decreased with age, with

144

¹ California Department of Health Services, Children's Medical Services, Child Health and Disability Prevention Program. Children Served By CHDP Compared to Target Populations, July 1996 through June 1997.

only 482 youth ages 15 to 20 receiving health assessments in 1996/97 (1,435 in 1990/91). (Refer to the Appendix for more detailed data.)

By Race/Ethnicity. In 1996/97, Hispanics comprised nearly one-third (31.1%) of children receiving CHDP health assessments, followed by Asians (25.5%) and Blacks (12.0%). Race/ethnic identifiers were unknown for 18.5% of children receiving health assessments.



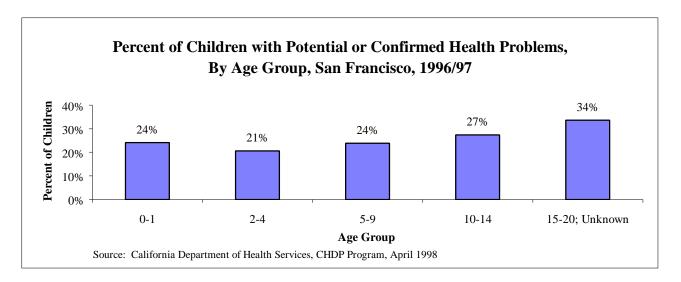
Children With Health Problems (Potential or Confirmed)

CHDP health assessments may result in identification of health problems, resulting in one of three possibilities:

- Treatment may be started for a problem with a confirmed diagnosis;
- A diagnosis may be pending and a return visit may be scheduled; or
- A referral may be made to another provider to confirm a diagnosis for the problem and/or to begin treatment.

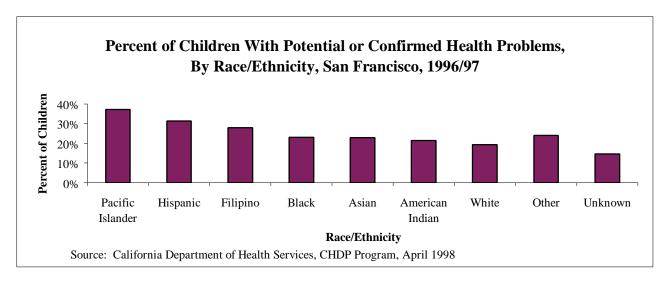
In 1996/97, about one-quarter (24%) of San Francisco children receiving CHDP health assessments (5,530) were identified as having potential or confirmed health problems. The most common types of potential or confirmed health problems were related to dental (1,360 children), vision (572), nutrition (434), blood tests (366), and developmental (343).

By Age. A larger proportion (34%) of youth compared to younger children were found to have potential or confirmed health problems, although the number of health assessments in this age group



was less than for other age groups. Infants from birth to age 1 had the highest number of children identified with potential or confirmed health problems (2,217) compared to other age groups.

By Race/Ethnicity. In 1996/97, Pacific Islanders (37%), Hispanics (31%), and Filipinos (29%) were most likely among all racial/ethnic groups to have potential or confirmed health problems. Whites



were the least likely (19%) to have potential or confirmed health problems compared to other children for whom race/ethnicity was identified.² A large proportion (24%) of children identified from "Other" race/ethnic groups had potential or confirmed health problems. (Refer to the Appendix for more detailed data.)

_

² These are the racial/ethnic categories designated by the CHDP Program.