



CHDP HIGHLIGHTS

Ventura County Public Health
Child Health and Disability Prevention Program

November 2017 | Quarterly Newsletter

California Rural Legal Assistance helps rural Californians

Have you ever wondered where your patients can get free legal services, referrals, and information on their rights?

[California Rural Legal Assistance, Inc.](http://www.crla.org/) (CRLA) is a nonprofit organization that helps over 50,000 low-income rural Californians with free legal assistance and a variety of community education and outreach programs each year. The Oxnard office is one of 20 offices across the state! Each office differs in the services provided and the areas in which they practice. Learn more at <http://www.crla.org/>.

CRLA helps low-income families and individuals that qualify in the areas of employment, public benefits, education and housing. CRLA staff, including Mixteco speakers, serve the broader low-income community as well as farmworkers and the indigenous community. CRLA's Rural Education Equity Program helps youth with a variety of matters including suspensions, expulsions, alternative school transfers, language access issues, bullying and more.

Applicants may seek CRLA legal services by visiting the office or calling 805-483-8083. For a schedule of *Know Your Rights* workshops available regularly, to request a specific workshop, or for any other questions, please contact the Oxnard office.

CRLA Oxnard Office (Walk-ins welcome)

338 South A St
Oxnard, CA 93030

Hours: M-W-Th-F, 9 am – 5 pm and Tu 1 pm – 5 pm

Basic Services 805-483-8083
Migrant Services 805-486-1068

Leoda Valenzuela
Rural Education Equity Community Worker



California Rural Legal Assistance, Inc. – CRLA
Fighting for Justice, Changing Lives

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STD Reduction Campaign

The California Department of Public Health [Sexually Transmitted Diseases \(STDs\) Control Branch](#) is reporting increasing rates of chlamydia, gonorrhea, and early syphilis. The incidences of STDs are lower in Ventura County when compared to the state. Ventura County Public Health invites you to join us in mitigating the spread of these infections. Chlamydia and gonorrhea incidences in our county are highest in 15 to 24 year olds. Please continue to educate your teens and young adults about safe sex practices. Empower parents to talk to their teens about their teens' choices and being safe.

Ventura County [Public Health Clinics](#) provide low to no cost screening and treatment for chlamydia, gonorrhea, syphilis, and trichomonas. The clinics also provide HIV screening, with cases forwarded to the HIV/AIDS program for referral to appropriate care and case management, as needed. Ventura County Public Health Clinics are located in North Oxnard at 2240 E. Gonzales Rd., Suite 140, and in South Oxnard at 2500 S. C St., Suite B-1. Call (805) 981-5221 for more information. We can achieve our goal of being the Healthiest County in the Nation with your help!

Ventura County Public Health

Teen Contraceptive and STD Services

There is a new clinic option for teens seeking **comfortable** and **confidential** services regarding safe choices for relationships and sex. At the clinic, teens can ask about their bodies and learn about the many different options for birth control available. In most cases, a pelvic exam is not required. Services and supplies are usually covered by a State program. Testing for sexually transmitted diseases is also available. Call (805) 981-5161 for information, locations, and appointments.

Robert Lefkowitz, MD, is an OB-GYN physician practicing in Oxnard and Ventura

Every year 20 million new sexually transmitted infections occur in the US.



Provider Resources

View the [CHDP Health Assessment Guidelines](http://www.dhcs.ca.gov/services/chdp/Pages/HAG.aspx) (<http://www.dhcs.ca.gov/services/chdp/Pages/HAG.aspx>). Recent updates include:

- [Blood Lead Test and Anticipatory Guidance](#)
- [Nutritional Assessment and Anticipatory Guidance](#)
- [Substance Abuse: Alcohol and Drugs](#)

Food Waste

From farm to fork, nearly 40 percent of food in the United States is going to waste. Each year, \$375 per person is spent on wasted food and 25 % of our fresh water supply goes to waste. Food loss also contributes 23 % of the total methane emissions in the country. Food waste is steadily delivering a blow felt nationwide. Though some food is lost at harvest or during packing, processing, and shipping, the majority of food waste is generated in our homes.

With much to lose (including food itself), what can we do? Here are 5 strategies to reduce what we are sending from our plates to the landfill:

1. **Buy only what you need.** Bulk foods can be a great option, but only if you will use the entire purchase within a reasonable length of time.
2. **Maximize the lifespan of your food with optimal storage techniques.** [Fight Bac!](http://www.fightbac.org) (www.fightbac.org) and [Foodsafety.gov](https://www.foodsafety.gov/) (<https://www.foodsafety.gov/>) provide useful tip sheets and flyers for consumers.
3. **Prevent spoilage** by designating an “Eat First” area of the refrigerator for older foods, using apps like [Handpick](https://handpick.com/app/) (<https://handpick.com/app/>) and [Foodfully](http://foodful.ly/) (<http://foodful.ly/>) for recipes with the exact ingredients you have on hand, or keeping a running list of foods in the refrigerator to prevent foods in the back from going unnoticed and uneaten.
4. **Plan first, cook second, and serve third.** Cook and serve food in appropriate portion sizes and without excess. If you still end up with leftovers, throw them in the freezer or share them with a friend.
5. **Compost.** Not all your waste has to be wasted. Use simple composting techniques to turn your green waste into homemade fertilizer plus carbon dioxide, rather than trash plus methane. [Composting at Home](https://www.epa.gov/recycle/composting-home) (<https://www.epa.gov/recycle/composting-home>) explains composting basics, its benefits, and “how to” steps.

SAVETHEFOOD.COM offers more tips to reduce food waste.

*Anna Mason, Registered Dietician Nutritionist
WIC Program*



Talking to Kids About Bad News



Sarah Horrigan/Flickr (CC BY-NC 2.0)

After any tragedy, bad news is readily available through channels we may not expect, such as radio, TV, smartphone, and Facebook. Many parents wonder how they can talk to their children about tragedies. JAMA Pediatrics online recently posted a new resource to help parents,

[How to Talk to Your Children About Tragedies in the News](http://bit.ly/2vQ97Ma) (<http://bit.ly/2vQ97Ma>). The article offers ideas on how to approach this topic with a child depending on her age and developmental stage.

The American Academy of Pediatrics (AAP) encourages parents, teachers, childcare providers, and others who work closely with children to filter information about the crisis and present it in a way in which their child can accommodate, adjust, and cope.

Here are some tips on how to help your child cope:

- **Be a calm presence.** It is okay for children to see adults be sad or cry, but consider excusing yourself if you experience intense emotions.
- **Reassure your child of his safety.** Consider reviewing your family's plans for responding to an emergency.
- **Maintain the routine.** To give your child a sense of normalcy, keep up your family's usual dinner, homework, and bedtime routine.
- **Spend extra time together.** This can foster your child's sense of security. Encourage your child to express her feelings.
- **Do something to help.** Consider ways that you and your family can help survivors and their families.

In addition, read, print, or listen to [Talking to Children About Tragedies & Other News Events](https://www.healthychildren.org/English/family-life/Media/Pages/Talking-To-Children-About-Tragedies-and-Other-News-Events.aspx) in English or Spanish (<https://www.healthychildren.org/English/family-life/Media/Pages/Talking-To-Children-About-Tragedies-and-Other-News-Events.aspx>) for additional guidance.



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My child is a picky eater? What can I do?

Parents and caregivers often worry about their child's eating. As a child grows, his appetite may lessen at the same time he develops more interest in feeding himself. He may become fussy about what foods he will or will not eat. He may want to eat the same food at every meal or eat very slowly. He may have a hard time sitting at the table long enough until he is done eating. To the parents, it may seem as though the child isn't eating enough or an adequate variety of food.

Frequently, these problems are related to normal changes in appetite as the growth rate slows in early childhood and are short-lived. Sometimes these problems come about when there is a change in routine, such as eating earlier or later than usual, or if the child becomes sick. Picky eating is a common complaint of parents with typically developing children but may occur more frequently in children in foster care and children with developmental delay or autism spectrum disorders. Refusing foods and eating a limited number of foods may be a part of the adjustment to a new environment for foster children.

Providers can help parents, caregivers and foster parents develop strategies for expanding food acceptance and variety. Cultivating a comfortable nurturing eating environment is more important than enforcing rigid mealtime expectations. Focus on familiar foods before trying foods that challenge a child's comfort zone. Advise parents to create a pleasant mealtime environment, offer a variety of foods at regularly scheduled meals and snacks, and limit juice intake according to [AAP fruit juice recommendations](#).

Guide parents toward helping their children develop a healthy relationship with food by following the division of responsibility for feeding. Parents are responsible for what, when and where children eat, and the child is responsible for deciding whether and how much she wants to eat. Despite parents' concerns, most children identified as picky eaters continue to grow and gain weight without any problems. Children are naturally able to gauge their hunger and satiety. Allowing children to use these natural abilities will promote a healthy weight throughout their lifespans.

Persistent food refusal may be a sign of a more difficult situation. A problem eater may eat very few foods, develop nutrient deficiencies, and eat so few calories that it affects her weight gain and growth. Common indications for a problem eater include:



- Eating fewer than 20 foods
- Eating fewer foods over time, eventually limiting her acceptance to 5-10 foods
- Crying, screaming, and panicking over touching, smelling or tasting new food
- Refusing to eat foods from an entire texture category
- Frequently eating different foods than the family
- Unwilling to try almost any new food even after 15-25 exposures
- Parent or caregiver consistently reporting to health care provider that child is a picky eater

In addition, children who have experienced out-of-home placement may develop obsessive overeating patterns or hoarding based on fear and insecurity. When you identify a child as a problem eater for whom the usual recommendations do not succeed, rule out dental, medical and motor problems that may contribute to poor eating. Consider referral to a specialist or team specializing in feeding problems depending on the individual needs of the child. The following specialists may be able to identify the causes of the child's feeding problems and create an individualized treatment program to help overcome it: behavioral therapist, gastroenterologist, occupational therapist, registered dietitian, and/or speech language pathologist.

Parent and provider resources:

- [Healthy Tips for Picky Eaters](https://wicworks.fns.usda.gov/wicworks/Topics/TipsPickyEaters.pdf) in English and Spanish (<https://wicworks.fns.usda.gov/wicworks/Topics/TipsPickyEaters.pdf>)
- [Ellyn Satter Institute](http://www.ellynsatterinstitute.org/) (<http://www.ellynsatterinstitute.org/>)
- [Adoption Nutrition](http://adoptionnutrition.org) (<http://adoptionnutrition.org>)