

3 Pediatrics at  
Community  
Medical Centers

4 CCH Spotlight:  
Fever in Children

6 Timely Access  
to Care

9 Summertime  
Safety Tips

Quarterly Newsletter | Summer 2018

# HealthMatters



A  
Special  
Pediatrics  
Issue

Community Care Health  
for the Central Valley



This summer we are pleased to bring you a special edition of Health Matters – our quarterly Community Care Health (CCH) newsletter – focused on children. At CCH, we are proud of our superior pediatric services and we want to ensure you know how we deliver this care to our youngest members.



Designed to keep members abreast of some of the latest information impacting their well-being, Health Matters wanted to highlight particular conditions and vulnerabilities affecting kids and babies, and more importantly, preventative measures and services we provide, to help lower these risks.

This issue of Health Matters helps to educate our members on our pediatric specialty services, why CRMC is your choice for pediatric care, fever and asthma in those 3 – 36 months old – with insights from our Chief Medical Officer. This edition also shares information on our unique partnership with the UCSF Benioff Children’s Hospital – recognized throughout the world as a leader in pediatric healthcare—and practical advice for parents worried about their teen’s mental health, as well as a healthy recipe that helps encourage children to eat their daily vegetables.

Our physician profile segment highlights Dr. Joseph Shen, MD who is dedicated to improving children’s health.

We continually strive to meet your needs and listen to your feedback. Feel free to send any comments or suggestions about HealthMatters to [info@communitycarehealth.org](mailto:info@communitycarehealth.org).

For specific questions about your health plan, Member Services can be reached at (855) 343-2247.

We hope you find this a valuable resource. Enjoy.

**Aldo De La Torre**  
President, CEO and Chairman of the Board  
Community Care Health

## In this issue...



- 3 What Are Child Life Specialists?
- 4 CCH Spotlight: Fever in Children
- 6 Timely Access to Care
- 7 Why CRMC Is Your Choice for Pediatric Care
- 8 Advice on Teen Mental Health
- 8 Physician Profile: Meet Dr. Joseph Shen, Pediatric Specialist
- 9 Summertime Safety Tips
- 10 Healthy Recipe: Hidden Veggie Smoothie
- 11 Summer Events & Activities Around the Community



COMMUNITY CARE  
HEALTH

HealthMatters is a quarterly newsletter brought you from Community Care Health. Designed to keep members abreast of the latest information impacting their health, we hope you find this a valuable resource.

## PEDIATRICS AT COMMUNITY MEDICAL CENTERS

# A Healthy Start Makes All the Difference

The health and well-being of the Valley’s children is one of our top priorities at Community Medical Centers. As such, we offer a range of family-centered, high-quality pediatric specialty services at our hospitals.

Our partnership with UCSF Benioff Children’s Hospital— recognized throughout the world as a leader in pediatric healthcare — significantly enhances and expands our pediatric services. The integration of Community’s clinical expertise in neonatology and pediatric primary care with UCSF’s academic strengths and expertise is critical to providing the highest quality of care to Valley patients. So, whether it’s a check-up in our children’s clinic in the Deran Koligian Ambulatory Care Center or asthma education for the whole family – children receive top-notch care from our compassionate team.

The team at Community Regional Medical Center cares for more than 71,000 pediatric patients a year. The subspecialists at Community Regional are board certified in more than 20 areas of pediatric medicine, offering patients a wealth of diagnostic and therapeutic services. Our Level 3 neonatal intensive care unit (NICU) offers around-the-clock care and is licensed by the state to care for the sickest infants.

Clovis Community Medical Center’s team delivers approximately 5,500 babies a year in its Women’s and Children’s Pavilion. The team in the Level II NICU cares for infants born around 32 weeks of gestational age or greater.



The specialized higher level of care provided in the 8-bed NICU mitigates having to transfer the neonates to another facility thereby ensuring mother and child are in the same facility. Our neonatologists, specially trained nursing staff and team of highly skilled professionals all work together to care for infants around the clock so parents can bring their little ones home as soon as possible.

## What Are Child Life Specialists?



Child Life Specialists support children and families with the goal of decreasing fear and reducing the risk of traumatization before undergoing medical procedures.

The main goal of Child Life Specialists is to prepare a child and their

family for invasive procedures and help them understand diagnoses in words they can understand.

Utilizing play to teach children about their medical treatment, assess their understanding, and support their ability to reach and maintain

developmental milestones while in the hospital, Child Life Specialists work closely with all members of the medical team, including doctors, nurses, occupational and physical therapists, and social workers.

Child Life Specialists use distraction and relaxation techniques to ease pain, enhance coping skills, and help a child cooperate during something that might be scary for them. Often, medical equipment that may be used during the procedure is utilized during play.

Child Life Specialists may also present the child’s concerns and interests to the rest of the team, allowing them to understand how the child is feeling about the procedure, pain management and more. Additionally, helping parents and siblings understand and cope with the procedures assures a better outcome for the whole family.



# Fever in Children

Insights from  
**Dr. Daniel Bluestone,**  
Community Care Health Chief Medical Officer

**FEVER OVERVIEW** — Fever is a normal response to a variety of conditions, the most common of which is infection. Fever occurs when the body's temperature is elevated as a result of the body's thermostat being reset to a higher-than-usual temperature. Nearly every child will develop a fever at some point. The challenge for parents is to know when to be concerned.

**FEVER DEFINITION** — Because of the normal variation in body temperature, there is no single value that is defined as fever. In general, a fever means a temperature above 100.4°F (38°C). You might get slightly different numbers depending on how you take your child's temperature – oral (mouth), axillary (armpit), ear, forehead, or rectal. Axillary, ear, and forehead temperature measurements are easier to obtain than rectal or oral temperatures, but they are less accurate and may need to be confirmed rectally or orally. Colds, gastroenteritis, ear infections, and urinary tract infections are the most likely illnesses to cause fever. Some childhood immunizations can cause fever, and the timing of the fever varies, depending upon which vaccination was given.

There is little or no scientific evidence to support the belief that teething causes fever. Although it is difficult to disprove this notion completely, alternative causes of fever should always be sought and temperatures

above 102°F (38.9°C) should never be attributed to teething.

Bundling a child who is fewer than three months old in too many clothes or blankets can increase the child's temperature slightly. However, a rectal temperature of 100.4°F (38°C) or greater is not likely to be related to bundling and should be evaluated by your health care provider.

**SHOULD YOU TREAT YOUR CHILD'S FEVER?** — There are pros and cons of treating fever. Fever may play a role in fighting infection, but it can also make a child uncomfortable. The height of a child's fever is not always the best indicator of whether the child needs to be treated and/or evaluated. Instead, it is important to note how a child behaves and appears. Fever is usually accompanied by other symptoms. Some of these symptoms require evaluation by a health care provider, even if there is no fever. The table provides a list of some of these symptoms (*see page 5*).

The treatment guidelines that follow that do not apply to every situation; parents who have questions or are concerned about their child should contact their child's health care provider for advice.

**Evaluation recommended** — Your health care provider should be consulted in the following situations:

- Infants who are less than three months of age who have a rectal

temperature of 100.4°F (38°C) or greater, regardless of how the infant appears (e.g., even well-appearing young infants should be evaluated). These patients should not receive fever medication (e.g., acetaminophen) until they have consulted with their health care provider.

- Children who are 3 to 36 months who have a rectal temperature of 100.4°F (38°C) or greater for more than three days or who appear ill (e.g., fussy, clingy, refusing to drink fluids).
- Children who are 3 to 36 months who have a rectal temperature of 102°F (38.9°C) or greater.
- Children of any age whose oral, rectal, ear, or forehead temperature is 104°F (40°C) or greater or whose axillary temperature is 103°F (39.4°C) or greater.
- Children of any age who have a febrile seizure. Febrile seizures are convulsions that occur when a child (between six months and six years of age) has a temperature greater than 100.4° F (38°C).
- Children of any age who have recurrent fevers for more than seven days, even if the fevers last only a few hours.
- Children of any age who have a fever and have a chronic medical problem such as heart disease, cancer, or sickle cell anemia.

- Children who have a fever and a new skin rash.

**Treatment recommended** —

Treatment of fever is recommended if a child has an underlying medical problem, including diseases of the heart, lung, brain, or nervous system. In children who have had febrile seizures in the past, treatment of fever has not been shown to prevent seizures, but is still a reasonable precaution. Treatment of fever may be helpful if the child is uncomfortable, although it is not necessary.

**Treatment not required** — In most cases, it is not necessary to treat a child's fever. A child older than three months who has a rectal temperature less than 102°F (38.9°C) and who is otherwise healthy and acting normally does not require treatment for fever. Parents who are unsure if their child's fever needs treatment should contact the child's health care provider.

**Fever Treatment Options**

**Medications** — The most effective way to treat fever is to use a medication such as acetaminophen (sample brand name: Tylenol) or ibuprofen (sample brand names: Advil, Motrin). These treatments can reduce the child's discomfort and lower the child's temperature by 2 to 3°F (1 to 1.5°C). Aspirin is not recommended for children under age 18 years due to concerns

that it can cause a rare, but serious illness known as Reye syndrome.

Acetaminophen may be given every four to six hours as needed, but should not be given more than five times in a 24-hour period. Acetaminophen should not be used in children younger than three months of age without consultation with a health care provider. The dose of acetaminophen should be calculated based upon the child's weight (not age).

Ibuprofen may be given every six hours. Ibuprofen should not be used in children younger than six months of age. The dose of ibuprofen should be calculated based upon the child's weight (not age). Giving combinations of acetaminophen and ibuprofen or alternating acetaminophen and ibuprofen increases the chance of giving the wrong dose of one or the other. Fever-reducing medications should only be given as needed and discontinued once bothersome symptoms have resolved.

**Increase fluids** — Having fever can increase a child's risk of becoming dehydrated. To reduce this risk, parents should encourage their child to drink an adequate amount of fluids. Children with fever may not feel hungry, and it is not necessary to force them to eat. However, fluids should be offered

## The most effective way to treat fever is to use a medication

frequently. Older children may eat flavored gelatin, soup, or frozen popsicles. If the child is unwilling or unable to drink fluids for more than a few hours, the parent should consult the child's health care provider.

**Rest** — Having a fever causes most children to feel tired and achy. During this time, parents should encourage their child to rest as much as the child wants. It is not necessary to force the child to sleep or rest if he or she begins to feel better. Children may return to school or other activities when the temperature has been normal for 24 hours.

**Sponging and baths** — Sponging is not as effective as medications for fever and generally is not recommended. Alcohol should not be used for sponging because of the risk of toxicity if it is absorbed through the skin.

**WHERE TO GET MORE INFORMATION** — Your child's health care provider is the best source of information for questions and concerns related to your child's medical problem.

### When to Take Your Child or Infant to the Doctor

Your child should be seen as soon as possible if he or she:

IMMEDIATELY	AS SOON AS POSSIBLE
Does not respond to you, has trouble waking up, or is limp	Has a severe headache
Has trouble breathing	Has severe belly pain
Has blue lips, tongue, or nails	Has a rash or purple spots that look like bruises on the skin (that were not there before he or she got sick)
Starts to lean forward and drool	Refuses to drink anything or seems too sick to drink enough
Is an infant, and the soft spot on his or her head seems to be bulging or caving in	Will not stop crying
Has a stiff neck	Is very cranky or irritable

Call or visit your child's doctor or nurse if your child:

Has diarrhea that lasts more than two to three days or seems to be getting worse	Seems to be dehydrated (signs include urinating less than usual, not having tears when crying, being less alert and less active than usual)
Has vomiting that goes on for more than one day	Has a specific symptom, such as a sore throat or ear pain
Has pain when he or she urinates	

**DID YOU KNOW?**

# Timely Access to Care

Health Plans in California must ensure that members have timely access to their physicians and other providers when seeking care. This means that there are limits on how long you have to wait to get an appointment and telephone advice. The wait times are shown in the chart below. Some exceptions to the wait times apply. Sometimes waiting longer for care is not a problem. Your provider may give you a longer wait time if it would not be harmful to your health. It must be noted in your record that a longer wait time will not be harmful to your health. Members who have questions or believe they need to be seen sooner should contact either their provider's office or Community Care Health's Member Services Department at (855) 343-2247.



Appointment Type	Standard
Emergency Care (life threatening)	Seek immediate care at the nearest hospital
Urgent Care (non-life threatening) – no prior authorization required	Appointment offered within 48 hours of request
Urgent Care (non-life threatening) – prior authorization required	Appointment offered within 96 hours of request
Non-urgent care appointments with a primary care physician (PCP) for regular and routine primary care services	Appointment offered within 10 business days of request
Non-urgent care appointments with a specialist	Appointment offered within 15 business days of request
Non-urgent care appointment with a mental health provider (who is not a physician)	Appointment offered within 10 business days of request
Non-urgent care appointments for ancillary services for the diagnosis or treatment of an injury, illness or other health condition	Appointment offered within 15 business days of request
Telephone triage and advice*	No greater than 30 minutes

\*Community Care Health also provides access 24-hours-a-day, 7 days per week to talk to a qualified health care professional through Teladoc. Please call (800)-835-2362.

# Nondiscrimination Notice

Community Care Health does not exclude, deny covered benefits to, or otherwise discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. If you have a concern of discrimination, you can file a civil rights complaint with the United States Department of Health and Human Services Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

**Or by Mail or Phone at:**

U.S. Department of Health and Human Services  
 200 Independence Avenue SW,  
 Room 509F, HHH Building  
 Washington, DC 20201  
 1 (800) 368-1019  
 1 (800) 537-7697 (TDD).

**Complaint Forms are Available at:**

<https://www.hhs.gov/ocr/office/file/index.html>

This statement is in accordance with the provisions of Health and Safety Code Section 1367.042, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

**PEDIATRIC SPECIALTY SERVICES**

# Why CRMC Is Your Choice for Pediatric Care



Every kid is unique. And many times, discovering and treating their health needs can require equally unique care.

That's why Community Medical Centers partnered with UCSF Benioff Children's Hospital to open the Community Pediatric Specialty Center, providing more than 20 different specialties, treating every child with the right care at the right time – right here in Fresno.

### Home-Field Advantage

Our UCSF Benioff partnership helps provide high-quality pediatric specialty services right here at home – reducing the need to leave the area for care. And with the integration of UCSF's academic strengths and expertise in perinatal, pediatric specialty care and pediatric critical care, we're staying true to our mission and commitment to training the next generation of pediatric physicians.



### Lower Costs

As a CCH member, you'll incur fewer out-of-pocket expenses when using the hospitals of Community Medical Centers, affiliated service providers and physician partners. Learn more about the advantages of using our providers in the upcoming benefits enrollment.



### Pediatric Specialty Services

- Adolescent Medicine
- Child Development
- Diabetology
- Dermatology
- Genetics
- Hematology
- Nephrology
- Orthopedics
- Pediatric Unit
- PICU (Pediatric ICU)
- Prompt Care
- Surgery
- Rheumatology
- Urology

### Services part of the California Children's Services (CCS)\* Program

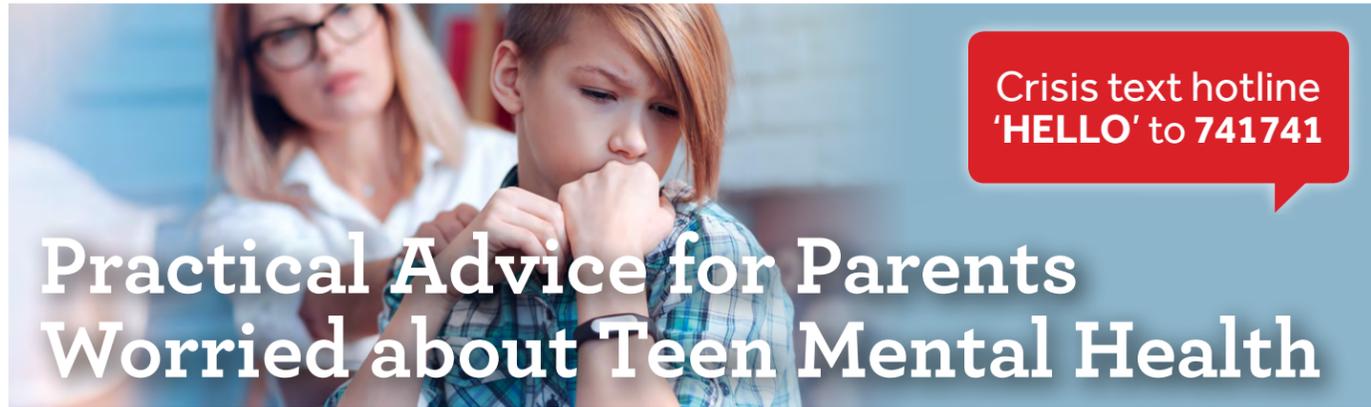
- Burn Services
- Craniofacial Cleft Palate
- Cystic Fibrosis & Pulmonary Disease Center
- Gastroenterology
- High Risk Infant Follow-Up Clinic
- Level III Neonatal Intensive Care Unit
- Metabolic & Endocrine Centers
- Non-Invasive Cardiac Center
- Specified Inherited Neurological Disease

\*The CCS Program provides necessary diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions whose parents are unable to pay for these services, wholly or in part, with the help of funding through allocations of State General Fund and county monies.



# Check Your Mail!

You will soon receive our annual patient satisfaction survey. Your feedback is invaluable in our effort to continually improve the quality of care you receive.



# Practical Advice for Parents Worried about Teen Mental Health

Dr. Sarah Stender, with UCSF Fresno and Community Regional Medical Center's pediatric department, is the Valley's only board-certified adolescent medicine physician. The years that can be most difficult for parents are also tough on teens themselves, she said, as they try to navigate huge physical and hormonal changes and increasing life stresses.

There are many demographics of children who suffer from mental health challenges. According to Dr. Stender, mental health challenges are being seen in a wide variety of teens and in all socioeconomic classes. Many are immigrants who are fearful because their family is not naturalized or have been through a lot of trauma in the process of getting here.

She went on to say, "There is a great deal of poverty in the patients we see in this particular clinic."

**Warning Signs:**

- Suddenly becomes withdrawn
- Stops coming to dinner or having a family meal
- Extreme mood changes
- Not sleeping enough or sleeping too much
- Overeating or not eating at all

Parents need to remember that it's their job to be a parent and not a friend and to watch for these changes as their children go through the teen years.

PHYSICIAN PROFILE



**Joseph Shen, M.D., Ph.D.**

Board certified by both the American Board of Medical Genetics and the American Board of Pediatrics, Joseph Shen M.D. is a practicing clinical geneticist with UCSF Fresno and with University Pediatric Specialists. His genetics practice encompasses pediatrics, adults, prenatal counseling, cancer genetics, inborn errors of metabolism, cardiovascular genetics, neurogenetics, and others. He participates in clinical and academic research with patients enrolled in various national preclinical and clinical trials and studies.

Dr. Shen is helping to advance academic initiatives in the Central Valley. His work with the Department of Pediatrics at UCSF Fresno includes Pediatric Grand Rounds and the Rural Health component of the Community Pediatrics & Public Health rotation of the Pediatrics Residency Program. In addition, he has published more than two dozen research articles in prestigious journals such as *New England Journal of Medicine*, *Nature Genetics*, *American Journal of Human Genetics*, *American Journal of Medical Genetics*, and others. He is a member and active participant in several regional and national societies, including the American Society of Human Genetics, American College of Medical Genetics and Genomics, and Western Society for Pediatric Research.

**Board Certified:**

American Board of Medical Genetics  
American Board of Pediatrics

**Medical School:**

Case Western Reserve University (MD/PhD combined program)

**Residency and Fellowship:**

Baylor College of Medicine (Pediatrics)  
Baylor College of Medicine (Medical Genetics)



# Leaving Children and Pets in Hot Cars Can Turn Deadly Within Minutes

**Did you know that the internal temperature of your car can increase by 20 degrees in just 10 minutes – even on a cloudy or overcast day?**

**It Only Takes Minutes**

The National Highway Traffic Safety Administration (NHTSA) estimates that since 1998 there have been more than 700 deaths resulting from adults leaving a young child in a hot car. And this doesn't even include the countless close calls that don't result in death, but can cause permanent brain injury, blindness, and loss of hearing.

**Signs of Heatstroke**

Children left in a hot car can easily suffer from heatstroke, a fatal condition caused by elevated body temperatures. Your child may begin exhibiting signs of heat stroke well after they've spent 15 minutes in a 105-degree car.

**Symptoms Include:**

- Hot, red, dry skin
- Rapid pulse
- Restlessness
- Confusion
- Dizziness
- Headache, which may make them irritable
- Vomiting
- Rapid, shallow breathing
- Lethargy
- Unconsciousness

**Preventable Deaths**

Always take your child with you when you leave the car, no matter how short you think the errand will be. To help prevent yourself from absentmindedly forgetting that your child is with you, place your purse or wallet in the back seat with your child. Parents can also put a stuffed toy in the car seat when it is empty and move it to the front when it isn't. This is especially helpful for caregivers who are not used to traveling with a child.

**Pets Are No Different**

Unlike children, pets are generally banned from most business. As a result, it's tempting to leave them in the car while you run that errand. But the same rules of internal car temperature apply.

Like with a child, signs of heatstroke in your dog may start to show well after you've returned.

**Symptoms Include:**

- Panting and dehydration
- Excessive drooling
- Increased body temperature - above 103 degrees
- Reddened gums and moist tissues of the body
- Production of only small amounts of urine or no urine
- Rapid heart rate
- Irregular heart beats

Remember, if you are going someplace that doesn't allow dogs, leave your furry companion at home!

Leaving Children and Pets in Hot Cars Can Turn Deadly Within Minutes. 17 April 2018. North Carolina Consumers Council. Blog Post. Retrieved from <https://www.nccoconsumer.org/news-articles/summer-safety-leaving-babies-and-pets-in-hot-cars-can-be-deadly.html> (01 July 2018)

## SAFETY TIPS

# Splashing Into Summer; Pool Safety Tips

Becky Turpin, director of home and community safety for the National Safety Council.

### Help ensure everyone has a fun – and safe – summer.

Memorial Day weekend marked the beginning of pool season in many areas of the country. Cannon balls and flutter kicks can be great fun, but the National Safety Council reminds people that pools can lead to danger if certain precautions are not taken.

More than 3,700 people drowned in 2016 in the United States. Drowning deaths increase during the summer months and can happen to people of any age. These deaths are particularly prevalent among babies and toddlers. In fact, it was the leading cause of preventable death for 1 to 4 year olds in 2016, with 463 drownings.

Being prepared and knowledgeable about swimming is the first step. It's never too late to begin swimming lessons. Many community organizations offer swimming lessons for all ages, including most YMCAs.

No person is immune from drowning, however, even after swimming lessons. The tried and true "buddy system" is important for everyone – no one should swim alone. Swimming in designated areas with lifeguards present is a great second step to assuring a safe summer. Parents need to remember that lifeguards aren't babysitters – parents should always keep an eye on their children and parents should keep young children within arm's length at all times.

Children's curiosity makes them a magnet to water. To prevent children from unsupervised access to home pools, a four-sided fence at least 4 feet in height is recommended. Pools should also have a self-closing, self-latching gate.



All pools and spas must have compliant drain covers to protect adults and children alike from entrapment. Drains have powerful suction that can have deadly consequences if not properly covered. Do not use pools that have flat, broken or missing drain covers. For more information about compliant covers and keeping your home pool safe visit [www.poolsafely.gov](http://www.poolsafely.gov).

Last but not least, caregivers, including babysitters, can prepare for pool-related injuries by having a first aid kit nearby and emergency contacts programmed in their phone. Being trained in CPR and other rescue techniques is critical if a water emergency arises. Anyone planning any amount of time near water this summer should find a first aid class nearby and get trained today.

The benefits of swimming are numerous. It's great exercise, can lead to lasting friendships and can be a fun – or relaxing – activity. By keeping pool safety in mind, we can help ensure that everyone has a fun and safe summer.

Turpin, Becky. Splashing into Summer; Pool Safety Tips. 24 May 2018. National Safety Council. Blog Post. Retrieved from <https://www.nsc.org/safety-first-blog/splashing-into-summer-pool-safety-tips> (01 July 2018)

## HEALTHY RECIPE

# Hidden Veggie Smoothie

Getting kids to eat their vegetables can be a challenge, that's why the blogger behind **Yummy Toddler Food** creates recipes that kids will love out of things they might not be so willing to eat if they knew what were in them. In her *Hidden Veggie Smoothie* recipe, Amy Palanjian shares why she doesn't include too many extras and how she manages to get her kids to look forward to their shakes.

In her blog post Amy explains, "If you have a kid who won't eat many vegetables, smoothies can be a great option since the

veggies are served in a slightly sweet drink that tastes like a milkshake." She goes on to share that adding too many veggies into one drink can make it too thick and less desirable for the kids.

Amy's recipe includes milk (various kinds that can be substituted) as a base, bananas and other fruits and a veggie added in. She also adds fiber or protein as needed. Her complete instructions and other ideas for toddler friendly foods can be found on her website: [yummytoddlerfood.com/veggiesmoothies](http://yummytoddlerfood.com/veggiesmoothies)



# What's Happening

...around town and at Community Medical Centers

## JUNE - AUG

**Regal Cinemas - \$1 Kids Movies**  
10 a.m. on Tuesdays and Wednesdays  
Each week both movies play on both days.  
Check out link for movie listings:  
[www.regmovies.com/movies/summer-movie-express](http://www.regmovies.com/movies/summer-movie-express)



## JULY 6 - OCT 5

**Dollar Friday at the Discovery Center**  
Where Science Is Kids Play  
Join us every first Friday of each month for \$1 admission per person!  
[www.thediscoverycenter.net](http://www.thediscoverycenter.net)



## CPR Certification

It's never too late to be prepared. The Fresno Chapter of the Red Cross holds a variety of adult and pediatric CPR and other classes throughout the summer. Visit [www.redcross.org/take-a-class](http://www.redcross.org/take-a-class) to learn more.



RSVP online at  
[ClovisHealthQuest.org](http://ClovisHealthQuest.org)  
or call (559) 324-4787

## Thursday, August 2

**Patrick Shea, MD**  
*Teen Mental Health – Bullying*

**Free to the General Public**  
6:00pm at the H. Marcus Radin  
Conference Center on the campus  
of Clovis Community Medical Center



## Adventure Camp at the Fresno Chaffee Zoo

Your kids will gain an appreciation for and understanding of animals and nature through live animal interactions, animal observations, games, arts & crafts, and many other exciting activities.

**Mondays throughout the Summer**

[www.fresnochaffeezoo.org/zoo-camp/](http://www.fresnochaffeezoo.org/zoo-camp/)



## Farmers Market Around Town

**Eat Healthy. Stay Healthy. Support Your Community.**

**Fresno VA Farmers Market**  
Tuesdays, 8:00am - 1:00pm  
Front Entrance of the Fresno VA

**Old Town Clovis Saturdays Farmers Market**  
Saturdays, 8:00am - 11:30am  
Pollasky & Fifth

**River Park Farmers Market**  
Tuesdays, 5:00pm - 9:00pm  
(May-September)



COMMUNITY CARE  
HEALTH

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1-855-343-2247  
communitycarehealth.org

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PERMIT NO. 49

# Committed to Providing Quality Healthcare Services for the Central Valley



**Your Voice  
Matters**

Have a story to share, questions or  
comments? Please contact our staff at  
[staff@communityhealth.org](mailto:staff@communityhealth.org)

Would you like to get HealthMatters by  
email? Please send your email address to  
[editor@communityhealth.org](mailto:editor@communityhealth.org)