San Joaquin County Public Health Services

Child Health & Disability Prevention
CHDP
Gateway To Health Coverage

Winter 2013 Newsletter

School Health Examination Annual Report

Thank you to our CHDP providers, principals, health administrators, school nurses and clerks for making sure students start school healthy and ready to learn. The Health Examination for School Entry includes a well-child check-up and necessary immunizations before first grade entry, demonstrating the importance of health to learning. Each school district completes an annual report documenting the number of first grade students who have submitted a report of health examination or waiver. It is no longer mandatory for schools to report these data to CHDP, however tracking these data allows CHDP to monitor how many of the county's children receive the health care they need, and if necessary, to connect families with available services for receiving the health examination at no cost. Ninety percent of schools with first grade entry submitted an annual report this year. For more information about the School Health Examination Annual Report, please contact Krysta Titel at 468-8918 or ktitel@sjcphs.org.

State Extends Foster Care Benefits

Each year approximately 5,000 of California's foster children "emancipate" from the foster care system and are left to fend for themselves. As a result, former foster youth are more likely to experience homelessness, unemployment, unplanned pregnancy and involvement with the legal system. To address these concerns, the California Fostering Connections to Success Act was signed into law September 30, 2010 through Assembly Bill (AB) 12.

In recognizing the importance of family and permanency for youth, this legislation extends benefits and transitional support services for youth in foster care past age 18. Effective January 1, 2012, youth are allowed to remain in foster care up to age 19. On January 1, 2013, the option was extended to age 20 and on January 1, 2014, the option will be extended to age 21. Youth over age 18 in foster care are designated as non-minor dependents (NMDs). Among the benefits extended to foster youth are medical services and health insurance. NMDs can now continue to receive health care and preventive services up to age 21, and care coordination through the Health Care Program for Children in Foster Care (HCPCFC) continues during this transition period. New aid codes for NMDs are detailed in *Attachment A*.

Through these extended benefits, young adults can receive the social and emotional support, in addition to the practical skills necessary to achieve their full potential and succeed in life. For more information, contact Sue Gibson at 468-1408 or sgibson@sjgov.org or visit www.cafosteringconnections.org.

Flu Vaccine: It's NOT Too Late!

The Centers for Disease Control and Prevention (CDC) recommends that everyone six months of age and older receive an annual seasonal flu vaccine as the single best way to protect against seasonal flu and its potential complications.

Flu season usually peaks in January or February, but it can occur as late as May. Early prevention is the most effective, but it is not too late to get the vaccine in December or January and beyond. San Joaquin County Health Officer Dr. Karen Furst urges, "All those who have not done so already, should get their annual flu vaccination now; it is not too late to protect yourself and your family against influenza this year."

Vaccination is especially important for high risk groups who are at increased risk of developing serious flu complications, including children under age five and those with chronic medical conditions such as diabetes and asthma. For more information, visit www.flu.gov.

Breathable Air: Air Quality & Asthma in SJV

"When we breathe cleaner, we live better - that's the point of Healthy Air Living!"

-San Joaquin Valley Air Pollution Control District

The San Joaquin Valley (SJV) is well known as a rich agricultural region, but the climate and terrain of the valley also create an ideal place for air pollution to accumulate. The Sierra Nevada mountains to the east, the Coast Range to west and the Tehachapi mountains to the south transform Central California into a giant bowl where air pollution from the Bay Area and other regions can get trapped and adversely affect the air quality throughout the valley. Additionally, the long, sunny days in the summer provide the perfect environment to incubate the components of ozone or smog and residential fireplaces release tons of dangerous particulate pollution into the skies during the winter.

Poor air quality in the valley can have far-reaching effects on the health of valley residents, especially children. Since a child's lungs are still developing, particulate pollution that causes irritation in the lungs can be especially harmful.[1] Poor air quality is particularly dangerous for children with respiratory illnesses such as asthma. In San Joaquin County, 15.5% of children ages 5-17 have active asthma, compared to 10.7% in California. Asthma exacerbations often lead to emergency department visits and hospitalizations, making asthma one of the costliest child health conditions. Each hospitalization due to asthma costs an average of $23,361 (for children ages 0-17) and Medi-Cal is predominantly the source of payment for asthma-related hospitalizations.[2]

In response to concerns about the air quality in the valley and high associated health costs, the San Joaquin Valley Air Pollution Control District has launched the **Healthy Air Living Schools Campaign** to raise awareness of air quality issues, promote practices that improve the air quality and reduce exposure to harmful pollution when the air quality is poor. These school-based air quality programs are detailed below.

In addition, the **San Joaquin County Asthma and COPD Coalition** was recently formed to address these concerns on a local level. Anyone interested in raising awareness, providing training, improving care or promoting better air quality is welcome to attend the **San Joaquin County Asthma and COPD Coalition** meetings or participate on one or more of the coalition's subcommittees. For more information, contact Krysta Titel at 468-8918 or ktitel@sjcphs.org.

Healthy Air Living Schools

The San Joaquin Valley Air Pollution Control District is working with the **San Joaquin County Asthma and COPD Coalition** to promote three air quality programs in San Joaquin County Schools.

- The **Air Quality Flag Program** advises students, teachers, parents and administrators of the daily predicted Air Quality Index (AQI) level for the whole county. The color of the flag displayed by the school represents the AQI level for the day and acts as a visual reminder to the school and surrounding community.
- The **Real-time Air Advisory Network** (RAAN) helps schools and individuals make decisions on whether current air quality is acceptable for outdoor activities. The Air Quality Flag Program should be used with the RAAN program to give schools a complete set of tools to protect their students' health in a variety of settings during the school day
- The **Anti-Idling Campaign** seeks to improve air quality around schools by encouraging parents to turn off their engine while waiting to drop off or pick up their child at school.

For more information about the Healthy Air Living Schools Campaign and associated programs, visit www.healthyairliving.com.

[1]Gauderman, WJ, et al. (2004). The Effect of Air Pollution on Lung Development from 10 to 18 Years of Age. *New England Journal of Medicine.* 351:1057-67.

[2]California Breathing. San Joaquin County Asthma Profile. Accessed 12/21/2012 at http://californiabreathing.org/asthma-data/county-asthma-profiles/san-joaquin-county-asthma-profile

Fast Food Swamp: Assessing the Nutrition Environment in Stockton Neighborhoods

The Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention (CX^3) Project takes an in-depth, on-the-ground look at select low-income neighborhoods in Stockton to measure the nutrition environment and identify opportunities for improvement. Through neighborhood audits, the CX^3 project examined a range of factors, including food quality, affordability, and availability of healthy food, messaging and marketing practices. The local data and resulting performance measurements show how a community currently "measures" and where it needs to improve to become a "community of excellence in nutrition, physical activity and obesity prevention."

Three low-income neighborhoods in Stockton were included in this first round of the CX^3 Project. The combined population of these three neighborhoods is 64,251 residents and there are only four supermarkets or large grocery stores servicing these neighborhoods. In addition, less than 25% of the population live within a half mile of a supermarket or grocery store. In contrast, there are 18 fast food outlets in the three neighborhoods—4.5 times the number of supermarkets–with a ratio of one fast food outlet for every 3,569 persons compared to one supermarket for every 16,063 persons. There are 30 small markets and convenience stores located in the three neighborhoods; however, the majority of them did not meet standards for access, availability, and quality of healthy food options offered to customers.

This analysis points to clear opportunities for action at the local level. Members of the San Joaquin County Public Health Services' Network for a Healthy California Program are currently presenting data findings to community groups and mobilizing local efforts to seize opportunities for improvement. This includes increasing access to a variety of fruits and vegetables in small markets and convenience stores, addressing safety concerns in neighborhoods, and providing nutrition education to community members. For more information on how get involved in these efforts, contact Daniel Kim at 468-3842 or dkim@sjcphs.org.

"Access, availability, quality and the promotion of nutritious foods, especially fruits and vegetables, are key measurements of a healthy environment."

-CX^3 Community Profile

Healthy Smile, Healthy Child

Tooth decay, the most common chronic childhood disease, is more prevalent among low-income children. About 25% of children have caries in their permanent teeth, but 80% of untreated caries is found in roughly 25% of children ages 5 to 17 years old, most of whom reside in low-income households. If tooth decay is left untreated, the pain and infection can lead to problems with eating, speaking and learning.[3]

In California, one third of all preschoolers and 70% of children in grades K-3 have a history of dental caries.[4] In 2008, seven counties in the Bay Area reviewed CHDP health assessment forms and found that nearly 75% of CHDP Dental Assessments were incorrectly documented on the PM160, resulting in children not being referred to a dentist.[5] The following guidelines ensure that children receive the preventive and restorative care needed to maintain optimal oral health:

- **Perform** a complete dental assessment at every CHDP Health Assessment regardless of age
- **Document** correctly on the PM160 form suspected problems or routine dental referral
  - Please refer to the PM160 Dental Guide for detailed instructions *(Attachment B)*
- **Refer** all children age one and over at least annually to a dentist at the time of their CHDP Health Assessment, and more frequently if a problem is detected or suspected
- **Provide** anticipatory guidance and encourage establishment of a "Dental Home" for child/family
- **Apply** fluoride varnish to prevent, arrest, or delay the onset of caries

For more information on these guidelines, contact Krysta Titel at 468-8918 or ktitel@sjcphs.org.

[3]GAO Report: Dental Disease is a Chronic Problem among Low-income Populations. 2000. Accessed 12/28/2012 at http://cdhp.org/resource/gao_report_dental_disease_chronic_problem_among_low_income_populations.

[4]Healthy Smiles. Why Oral Health Matters. Accessed 12/28/2012 at http://healthysmilesoc.org/home/about/why-oral-health-matters/

[5]Survey of 7 Counties, California Child Health and Disability Prevention (CHDP) Program, 2008.

Announcements

New First 5 San Joaquin Electronic Tool Kit

First 5 San Joaquin invites you to partner to help families and communities in San Joaquin County GET FIT! Children who are physically fit are less likely to suffer from chronic diseases in childhood and adulthood, and are more likely to become physically active adults. This electronic tool kit includes parent educational materials, physical activity advocacy tools, key health messages and helpful websites. To access the electronic tool kit as well as more information about First 5 San Joaquin, visit www.sjckids.org.

Health Net

As of January 1, 2013, Health Net has replaced Anthem Blue Cross as the commercial managed care plan in San Joaquin County. The plan code for Health Net is 354.

Health Plan of San Joaquin will remain as the local initiative managed care plan for San Joaquin County. The plan code for Health Plan of San Joaquin is 308.

Health Plan of San Joaquin

Friendly Reminders about the PM160

For each patient age two years and older, the **height**, **weight** and **Body Mass Index (BMI) percentile** should be recorded on each PM 160. Height should be measured and recorded to the quarter inch. Weight should be measured and recorded to the nearest ounce. The BMI number is calculated by dividing the weight in kilograms by the height in meters squared or can be calculated using a BMI wheel, an online BMI calculator, a computer program or an application on a handheld electronic device. The BMI number is important for finding the BMI percentile, but is not required for the PM160. Taking into account the patient's age and sex, the BMI number is plotted on a CDC growth reference chart to obtain the BMI percentile. It is essential that the BMI percentile be recorded correctly on the PM160 so the need for follow-up tests, health education and referrals to resources can be determined. If you have any questions, please contact your local CHDP office at 468-8335.

CHDP Provider Information Notices (PIN) 2012

12-02: Revised Recommendation for Quadrivalent Human Papillomavirus Vaccine CHDP Code 76 for Males and Females

12-03: CHDP Health Assessment Guidelines (HAG) Revision: Section 56, Injury Prevention and Anticipatory Guidance

12-04: Administration of a Single Supplemental Done of Pneumococcal Conjugate Vaccine 13 Valent (PCV13) for Children Who Have Received a Full Series of PCV7

12-05: Recommended Booster Dose of Meningococcal Conjugate Vaccine (MCV4), CHDP Code 69

If there are any of these PINs that you have not received, please contact your local CHDP office at 468-8335.

CHDP Newsletter Team

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For article contributions, topic suggestions and mailing list updates, please contact Krysta Titel at 468-8918 or ktitel@sjcphs.org.

New Aid Codes for Non-Minor Dependents

In response to Assembly Bill (AB) 12 (Chapter 359, Statutes of 2010, California Fostering Connections to Success Act), six new full scope aid codes have been created to identify **Non-Minor Dependents (NMDs) age 18 through 21** who qualify for the following programs:

- California Work Opportunity Responsibility to Kids (CalWORKs)
- Foster Care (FC)
- Kinship Guardianship Assistance Payment (Kin-GAP) Program
- Adoption Assistance Program (AAP)

A NMD is defined as a current or former dependent child or ward of the Juvenile Court, who is at least 18 but less than 21 years of age, in foster care placement under the responsibility of the county social services agency, county probation department, or an Indian tribe, and participating in a transitional living plan.

The **six new aid codes** are as follows:

Aid Code	Benefits	Share-of-Cost	Program/Description
07	Full Scope	No	A cash grant program to facilitate the ongoing adoptive placement of hard-to-place NMDs, whose initial AAP payment occurred on or after age 16 and are over age 18 but under age 21, who would require permanent foster care placement without such assistance.
43	Full Scope	No	Covers NMDs over age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for state-only foster care placement.
49	Full Scope	No	Covers NMDs over age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for federal foster care placement.
4N	Full Scope	No	Covers NMDs over age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for foster care placement, living with an approved CalWORKs relative who is not eligible for Kin-GAP or foster care.
4S	Full Scope	No	Covers NMDs over age 18, but under age 21, by moving them from foster care placements to more permanent placement options through the establishment of a relative guardianship that occurred on or after age 16. (Also "includes youth over age 18 but under age 21 based on a disability.")
4W	Full Scope	No	Covers NMDs over age 18 but under age 21, eligible for extended Kin-GAP assistance based on a disability or based on the establishment of the guardianship that occurred on or after age 16. Non-title IV-E Kin-GAP must have a full Medicaid eligibility determination.

If you have any questions or need additional information, please email AB12@dss.ca.gov or visit www.cafosteringconnections.org.

PM160 DENTAL GUIDE

CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM

PERIODICITY SCHEDULE FOR DENTAL REFERRAL BY AGE

Age (years)	12 Month Dental Referral	6 Month Dental Referral
1 - 20	☑ Once a year minimum	☑ Most CHDP children are moderate to high caries risk. Refer every 6 months. Children with special needs may need more frequent referrals.

- A dental screening/oral assessment is required at every CHDP health assessment regardless of age.
- Refer children directly to a dentist:
  - **At least annually** beginning at age one for maintenance of oral health (mandated beginning at age 3)
  - **At any age** if a problem is suspected or detected
  - **Every six (6) months** if moderate to high risk for caries
  - **Every three (3) months** for children with documented special health care needs when medical or oral condition can be affected
- To help find a dentist for a child with Medi-Cal, contact Denti-Cal at 1-800-322-6384 or http://www.denti-cal.ca.gov. For families with or without Medi-Cal, the local CHDP program can assist in finding a dentist.

PM160 EXAMPLE

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 Appropriate Column NEW C	PROBLEM SUSPECTED Enter Follow Up Code In Appropriate Column KNOWN D	DATE OF SERVICE Mo. Day Year / FEES
01 HISTORY and PHYSICAL EXAM					
02 DENTAL ASSESSMENT/REFERRAL			5		
03 NUTRITIONAL ASSESSMENT					
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION					
05DEVELOPMENTAL ASSESSMENT					
06 SNELLEN OR EQUIVALENT					06
07 AUDIOMETRIC					07
08 HEMOGLOBIN OR HEMATOCRIT					08
09 URINE DIPSTICK					09
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:	TELEPHONE NUMBER
M. Painless, DDS	(916) 123-4567
REFERRED TO:	TELEPHONE NUMBER

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

02 - Class II - gingivitis and tooth decay (5)

ROUTINE REFERRAL(S) (✓) ☐ BLOOD LEAD ☐ DENTAL	PATIENT IS A FOSTER CHILD (✓) ☐

- Routine Referral(s) (✓)
  Enter a check mark in this box only when no dental problem is detected or suspected, and you have referred parents to a dentist to obtain any needed dental care. Annual dental referrals are recommended beginning at one (1) year of age and are mandatory beginning at three (3) years of age.
- Follow-up codes for use in columns C and D
  1) **NO DX/RX INDICATED OR NOW UNDER CARE:** **Enter code 1** if no treatment is indicated or the patient is now under care, e.g. dental problem now under care.
  2) **REFERRED TO ANOTHER EXAMINER FOR DX/RX:** **Enter code 5** if a dental problem is suspected and enter name and telephone number of the dentist in the "Referred To" area.
  3) **REFERRAL REFUSED:** **Enter code 6** if patient or responsible person refused referral/follow-up for any reason.

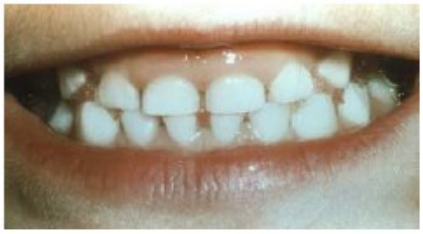
DENTAL CLASSIFICATIONS

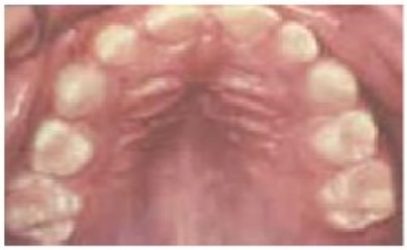
The American Dental Association's "Classification of Treatment Needs" is a tool for referring children for dental services. If a problem is detected or suspected, on line 02 - "DENTAL ASSESSMENT/REFERRAL" enter code 5 in "Problem Suspected" columns C or D. In "Comments/Problems" section, describe the condition and classify using Class II, III, or IV. Enter dentist's name/phone number in "Referred To" box.

CLASS I: NO VISIBLE DENTAL PROBLEM

No problem visualized. If child has not seen a dentist in the last 6 -12 months, check box "Routine Referral-Dental".

Annual referrals recommended beginning at one (1) year of age and mandatory beginning at three (3) years of age.





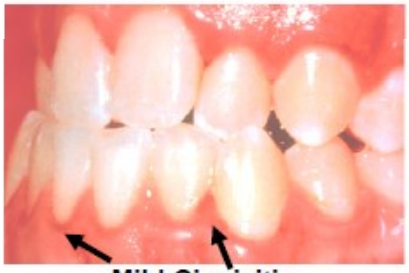
Appears Healthy But Needs Routine Referral

CLASS II: MILD DENTAL PROBLEMS

Small carious lesions (including decalcifications) and/or gingivitis. The patient is asymptomatic. Condition is not urgent, yet requires a dental referral. Write *"02-Class II"* and describe in the "Comment/Problems" section of PM160.

Beginning Decay-white decalcification

Small Carious Lesion

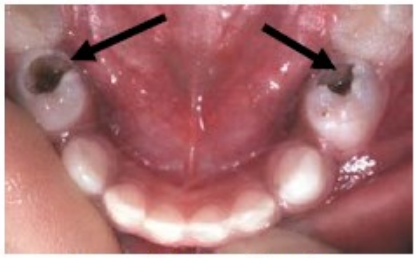


Mild Gingivitis

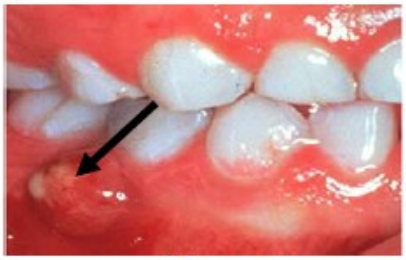
CLASS III: SEVERE DENTAL PROBLEMS

Large carious lesions, abscess, extensive gingivitis, or history of pain. Need for dental care is urgent – conditions can progress rapidly to an emergency. Write *"02-Class III"* and describe in "Comments/Problems" section of PM160. (If abscess suspected see dentist without delay.)

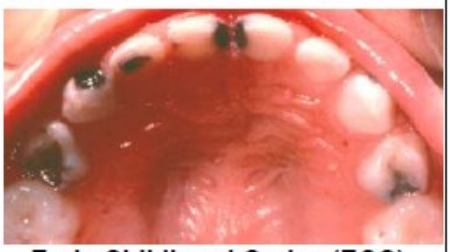
For a severe (medically handicapping) malocclusion or craniofacial anomaly child should be referred to a dentist. Write *"02-Class III"* and describe condition in "Comments/Problems" section of PM160".



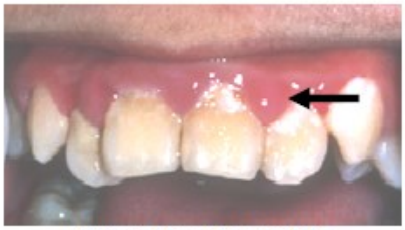
Large Carious Lesions



Abscess



Early Childhood Caries (ECC)

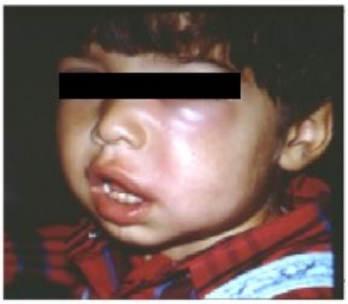


Extensive Gingivitis

CLASS IV: EMERGENCY DENTAL TREATMENT REQUIRED

Acute injury, oral infection, or other painful condition. An immediate dental referral is indicated. Write *"02-Class IV Emergency"* and describe in "Comments/Problems" section of PM160.

Acute Injuries



Oral Infection/Cellulitis