San Joaquin County Public Health Services

Child Health & Disability Prevention
CHDP
Gateway To Health Coverage

Winter 2013 Newsletter

Asthma in the Primary Care Setting

From 1980 to 1996, the number of Americans with asthma more than doubled, with children under five years of age experiencing the highest rate of increase. It is crucial that infants and children be correctly diagnosed with asthma and receive appropriate asthma care. Also, their families need education about asthma triggers and management. CHDP has the following screening requirements for children from birth to age five:

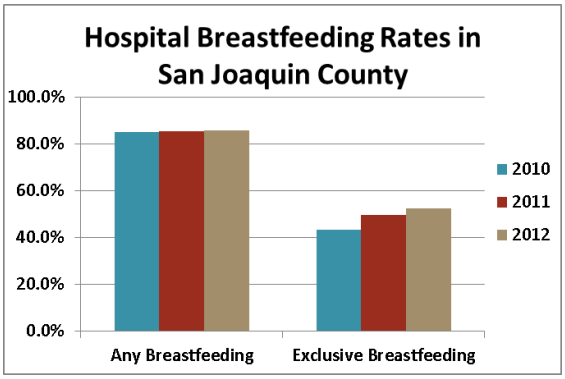
- Through a careful history and physical exam, identify:
  - Predictors of developing asthma
  - Asthma symptoms and symptom patterns
  - Triggers of asthma symptoms
- For children who are already diagnosed with asthma:
  - Review their asthma medical management plan
  - Address parental concerns and questions

If mild persistent asthma is suspected, perform a thorough assessment, review treatment options as needed, and develop an asthma action plan. If moderate or severe asthma is suspected, refer the family to a pediatric asthma specialist (allergist or pulmonologist). To review the Health Assessment Guidelines for asthma, visit www.dhcs.ca.gov/services/chdp.

Hospital Breastfeeding Rates on the Rise

Breastfeeding initiation and exclusivity rates steadily increased in San Joaquin County from 2010 to 2012.[1] These data are a testament to the improved coordination and consistent messaging from hospitals, physician offices, WIC clinics, Public Health Services, support groups and community organizations.

As the breastfeeding rates increase, there is a greater need for health professionals who are able to care for and support breastfeeding families in their practices. The American Academy of Pediatrics Breastfeeding Initiative suggests that pediatric practices display breastfeeding supportive signs and educational materials; avoid distributing free formula or coupons to mothers who have chosen to breastfeed; have breastfeeding reference books available; and encourage mothers to breastfeed in the office. For more information, visit www2.aap.org/breastfeeding.



HAG Revisions: Anemia

The main purpose of hemoglobin or hematocrit (Hb/Hct) testing is to screen for Iron Deficiency Anemia (IDA), which can have long-term adverse effects on neuro-development and behavior in children. CHDP recommends the following screening guidelines for IDA:

- Perform a nutrition assessment on ALL children (*Attachment A*)
- Assess for risk factors assocated with IDA
- Review signs and symptoms of IDA
- Test for IDA by performing Hb/Hct finger-stick testing
- Determine whether Hb/Hct is low (*Attachment B*)

For children with documented low Hb/Hct, CHDP provides these considerations for referral, treatment and/or follow-up:

- If Hb is 10-10.9 g/dL or Hct is 20-23.9%, treat presumptively as IDA using iron replacement therapy and nutrition counseling
- If HB <10 g/dL or Hct <30%, additional evaluation is essential.

For additional information, refer to Provider Information Notice 11-03 which can be accessed at www.dhcs.ca.gov/services/chdp.

[1]California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2012.

Routine Oral Health Screenings—Anything but Routine

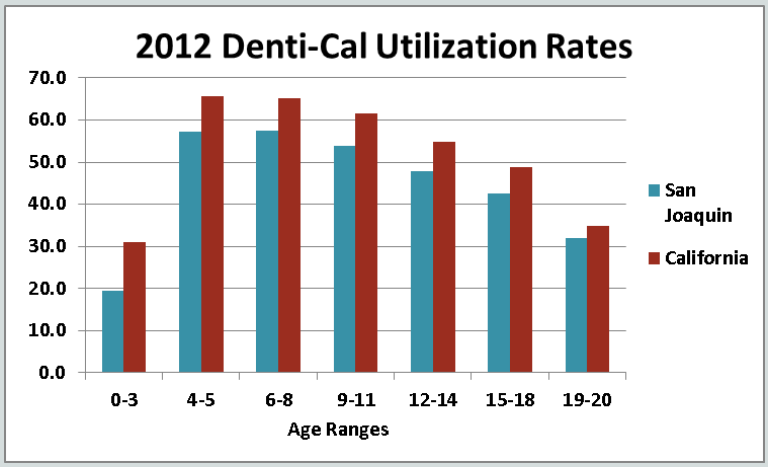
At every CHDP well-child visit, a child receives a thorough oral health screening. Additionally, the child is referred at least annually to a dentist starting by age one (1) year. It is well documented that tooth decay is the most common chronic childhood disease and if left untreated, can have far-reaching effects on eating, speaking and learning.[2] CHDP Providers share the responsibility of ensuring their patients receive timely, periodic dental care.

The graph below represents the percentage of children ages birth through 20 years with Denti-Cal who received preventive or restorative dental care during 2012. For all age ranges, **San Joaquin County's rate was markedly below the statewide average—especially for children ages 0-3 years** where the rate is more than 10 percentage points below the California rate. **All children with Medi-Cal have dental insurance through Denti-Cal, but not all families realize these services are available to them.**

"Think teeth every step of the way. Give your baby healthy teeth from the start."

-Connecting Kids to Coverage Campaign

It is important that CHDP Providers routinely perform a thorough oral health screening, refer children to a dentist at least annually, and ensure children have established a dental home by age one (1). For a current list of Denti-Cal Providers, visit the Denti-Cal website at www.denti-cal.ca.gov or call 1-800-322-6384. You can also contact your local CHDP Program at 468-8335.



The Dangers of Thirdhand Smoke

Most parents are well aware that smoking in the presence of their children can harm the health of their little ones, but often they are unaware of the harmful effects of thirdhand smoke. **This refers to the cigarettes' lingering after-effects, which are just as harmful to children as secondhand smoke. A few days or even weeks after a cigarette is smoked, particulates remain on countertops, floors and other surfaces.** Curious children crawling on the floor, pressing their faces against walls and tables, and putting objects into their mouths are at increased risk of coming into contact with these thirdhand toxins.

Eighty four percent of smokers (95.4% non-smokers) believe that secondhand smoke harms children's health, but only 43.4% of smokers (65.2% non-smokers) believe thirdhand smoke causes harm to children. Adults who recognize the dangers of thirdhand smoke are more than twice as likely to have rules prohibiting smoking inside their home.[3]

CHDP Providers can provide families with the following recommendations, based on guidelines from the American Academy of Pediatrics, to safeguard their children from thirdhand smoke exposure:

- Hire only nonsmoking baby sitters and care providers.
- If smokers visit the family's home, store the visitor's belongings out of children's reach.
- Never smoke in the presence of children or in areas where they spend a lot of time, including at home and in the car.
- If someone in the family smokes, encourage them to quit. Provide them with information about appropriate resources and support networks.

For more information, visit www2.aap.org/richmondcenter.

[2]GAO Report: Dental Disease is a Chronic Problem among Low-income Populations. 2000. Accessed 11/22/2013 at http://cdhp.org/resource/gao_report_dental_disease_chronic_problem_among_low_income_populations.

[3]American Academy of Pediatrics. Dangers from Thirdhand Smoke Accessed 11/22/2013 at http://www2.aap.org/richmondcenter/DangerFromThirdhandSmoke.html

Announcements

Preparing for Seasonal Influenza

The Centers for Disease Control and Prevention (CDC) recommend 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. There are two to three different influenza strains in this year's flu vaccine compared to last year's vaccine—this is why it is important to receive the flu vaccine **every year**.

It is especially important for pregnant women, children under the age of five years and children with chronic medical conditions to be immunized against seasonal influenza. These populations are most likely to be infected with influenza and/or experience complications if infected. For more information, visit www.flu.gov.

Friendly Reminders about the PM160

Visual Acuity Screening

Vision Screening in children, especially children ages three to six years, is a key component of pediatric preventive care. Certain vision problems, if not detected and treated early, can lead to permanent vision loss. Below are some common questions and answers regarding visual acuity screening:

1. **Can I use my Snellen chart to screen the vision of preschoolers and Kindergarten children?**

   No. CHDP follows the American Academy of Pediatrics recommendations to use LEA Symbols or HOTV letters with young children (under 6 years of age). Both are evidence-based and some research suggests that LEA Symbols work better for very young children.

2. **My eye chart says to screen at 10 feet, but it has 20/XX numbers on the side. What does this mean?**

   We are accustomed to describing visual acuity in 20 foot notations, such as 20/40, which means that the person can see from 20 feet what a person with normal vision can see from 40 feet. However, you must screen at the distance specified on the chart. **Never** screen at 10 feet for a 20 foot chart or vice versa. Also, regardless of the screening distance, **always document the screening results using the 20 foot notations**. This is why a 10 foot chart includes the 20 foot notations.

3. **If a child between the ages of 3 and 6 does not pass vision screening, should I refer that child to an optometrist, an ophthalmologist, or a pediatric ophthalmologist?**

   You should refer the child to any of the above mentioned eye care professionals that is set up to see young children, and accepts the parents/caregivers insurance. Do not attribute the inability to pass vision screening to immaturity or shyness. Doing so could delay detection of vision problems.

For additional questions, contact Krysta Titel at 468-8918 or ktitel@sjcphs.org.

Expanding Pediatricians' Roles in Breastfeeding Support

Free CME Online Tutorial

With their highly visible role in the community and their frequent, continuous interactions with soon-to-be and new parents, pediatricians can be a key component in the promotion and support of breastfeeding. This free CME course was designed as a breastfeeding refresher course for pediatricians.

To access the course, visit www.northeastern.edu/breastfeedingcme

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

What Does Your Child Eat?

Circle the foods your child ***eats*** every day or at least 3 times per week:

Baby Foods


Breast Feeding



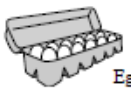
Formula with iron


Cereal with iron


Vegetable


Meat


Juice


Egg


Honey


Fruit


Beans


Tofu


Crackers


Corn Syrup

How does your child feel about mealtimes?



Breads, Grains, and Cereals


Rice


Soup Noodles


Tortilla


Pasta


Cereal with iron


Crackers


Bread/Bagel


Pretzels


Sweet Breads

Fruits and Vegetables/Vitamin A, C, Folic Acid, and Fiber Rich Foods


C
100% Juice


Strawberries


Cantaloupe

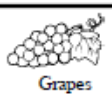

A
Mango


Peaches


Watermelon


Pineapple

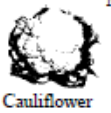

Apple


Grapes


Pear


Orange


Tomato


Cauliflower


Dark Green Leafy Vegetables

Carrot

Squash (zucchini)

Banana

Raisins

Broccoli

Bell Pepper/Chili

Cabbage

Salad

Potatoes/ Sweet Potatoes

Green Beans & Peas

Corn

Milk Products/Calcium Rich Foods

Milk Shake

Whole Milk

1% Milk/ Skim Milk

Nonfat/Lowfat Cottage Cheese

Cheese

Calcium Fortified 100% Juice

Calcium Fortified Soy Milk

Nonfat/Lowfat yogurt

Ice Cream

Calcium Fortified Tofu

Protein/Iron Rich Foods

Chicken/Turkey

Beef

Fish/Canned Fish

Taco

Ham/Pork

Egg

Peanuts

Spaghetti With Meatballs

Tofu

Dried beans/Lentils

Other Foods

Hotdog

Hamburger

Chips

Candies

Chocolate Bar

Pizza

Fried Chicken

French Fries

Burrito

Flavored Drink

Cookies

Circle if baby/child uses:

Vitamins

Circle if your baby or child receives food from:

Food Stamps **School Lunch** **Head Start** **WIC**

Circle activities your baby or child does every day.

Drinks water?

Child's name: _____ **Record #:** _____

Age: _____ yrs. _____ mos. **Wt:** _____ lbs. **Ht:** _____ in. **Date:** ____/____/___

Adapted from the Orange and San Bernardino Counties CHDP Programs.

DHCS 4035 A (09/07)

Office Use Only
Feeding milestones to check/visit

Baby: Birth to 24 months

Yes / No

- ☐ ☐ Breast-fed 8–12 times/24 hours during early weeks of lactation OR every 3–4 hours/day for older infants?
- ☐ ☐ Formula-fed w/iron no less than 20 ounces/day? Correct dilution?
- ☐ ☐ No honey/Karo Syrup until 1 year?
- ☐ ☐ 4–6 months: Start on baby cereal with iron?
- ☐ ☐ 5–7 months: Start on pureed vegetables and fruits?
- ☐ ☐ 6–7 months: Drink from a cup?
- ☐ ☐ 6–8 months: Start on pureed or ground meat, i.e., poultry, beef, pork, fish, egg yolk, beans, tofu?
- ☐ ☐ 7–9 months: Eats finger foods and mashed/chopped foods, NO grapes, nuts, popcorn, hotdogs, hard candy?
- ☐ ☐ 1 year: Drinks regular milk no less than 16 ounces/day?
- ☐ ☐ 9–12 months: Feeds self, joins family meal and snack times?
- ☐ ☐ 12–24 months: Eats variety of foods: small portions, i.e., 1–2 Tbsp., ½ c juice, ½ slice of bread.

Child: 2 to 8 years

Yes / No

- ☐ ☐ Eats recommended variety and amounts of foods daily for age from the food guide pyramid?

Mealtime/Others:

Yes / No

- ☐ ☐ Set meal and snack times?
- ☐ ☐ Brush teeth by himself at 5 years?
- ☐ ☐ Good food supply?
- ☐ ☐ Takes vitamins, iron, or fluoride?
- ☐ ☐ Growing normally according to his/her growth patterns?
- ☐ ☐ Does child play with or eat dirt, plaster, clay, and paint chips?
- ☐ ☐ Any food intolerances or allergies? _____
- ☐ ☐ Referral for identified nutrition problem? Where? _____

Activity:

- ☐ ☐ Actively plays everyday, i.e., running, biking, sports, 1 hour/day?
- ☐ ☐ TV viewing: 2 hours or less/day?

TABLE 71.2: AAP HEMOGLOBIN CONCENTRATION CUTOFF VALUES FOR ANEMIA[6]

Age in Years	Hemoglobin Concentration, g/dL
6 mo. to 6	11.0
6 - 14	12.0
Female	
≥ 15 (non-pregnant)	12.0
≥ 15 (pregnant)	11.0
Male	
≥ 15	13.0

NOTE: Treatment with iron is recommended for Hb values below the cutoff values for anemia listed above.

[6] Assessing the iron status of populations: including literature reviews: report of a Joint World Health Organization/Centers for Disease Control and Prevention Technical Consultation on the Assessment of Iron Status at the Population Level, Geneva, Switzerland, 6–8 April 2004. – 2nd ed.
http://www.who.int/nutrition/publications/micronutrients/anaemia_iron_deficiency/9789241596107.pdf