



San Joaquin County Public Health Services



Child Health and Disability Prevention Program Winter 2016 Newsletter

A Word from our Medical Director

Dear Pediatric Healthcare Providers,

We hope you are all finding 2016 to be a healthy and happy new year.

We focus this quarter on oral health and the **prevention of dental caries, which is the most common chronic disease found in children in the United States**. In California, more than half of our children have had their first cavity by the time they enter kindergarten, and the number rises to 7 out of 10 children by third grade. Poor oral health can lead to pain, infection, nutritional deficiencies, and problems with concentration and school performance.

However, dental caries are preventable so we encourage you to include patient education around dental health as part of your anticipatory guidance at each well child visit. Remind parents and child care providers that good oral health habits should start right at birth, help to facilitate the establishment of a dental home by age 1, and consider applying fluoride varnish as part of your practice if you are not already doing so.

Please take the time to read through our newsletter and feel free to call us if you have questions or would like further training. We appreciate your commitment to whole child health in our community!

Sincerely,
Maggie Park, CHDP Medical Director

New CHDP Staff Member

Hello everyone! My name is Gwen Callaway and I am the new Health Educator for the CHDP program with San Joaquin County Public Health Services. I am originally from Houston, Texas and come to you having recently earned my MPH from Washington University in St. Louis. I am very excited to be working with everyone and look forward to developing fruitful partnerships as we address the needs of our county's at-risk children.

Dental Assessment Training Now Available

A new oral health training for providers focusing on dental assessments for CHDP children is now being offered. There will be information and materials on risk factors for childhood caries, anticipatory guidance for parents, how to perform a thorough oral exam, and guidelines for correct documentation. All recommendations are based on those of the American Academy of Pediatrics (AAP) and the CHDP Program Health Assessment Guidelines and Provider Manual. This training will take place at the individual provider offices.

For more information or to schedule a training please feel free to call or email Gwen Callaway at (209)-468-8918 or gcallaway@sicphs.org.

Update on CA Breastfeeding Rates

According to the December 2015 policy update produced by the California WIC Association and the UC Davis Human Lactation Center, California leads the nation in breastfeeding initiation rates among mothers still in the hospital. Across the state, nearly 94% of mothers begin breastfeeding before being discharged; however, disparities remain, especially with regard to low-income women of color. Accordingly, hospitals serving the largest numbers of this population have the lowest exclusive breastfeeding (EBF) rates.

The highest rates of EBF are in Northern California while the lowest are in the Central Valley and Southern California. For the second consecutive year, San Joaquin County is ranked 39th in the state for in-hospital rates of breastfeeding. However, it has been found that hospitals designated as Baby Friendly have higher rates of breastfeeding relative to other hospitals no matter their location or the population they serve. As policies supportive of breastfeeding have been widely implemented, the EBF rate statewide has risen 10% since 2010 with an increase of 13.4% among Hispanic women.

Due to these positive steps forward, **by 2025, all hospitals will be required to adopt Baby-Friendly or other evidence-based policies that promote breastfeeding** (SB402, 2013).

For the complete report see: <http://calwic.org/focus-areas/breastfeeding/hospital-rates-a-reports/317>

February is National Children’s Dental Health Month!

Children’s Dental Health was first celebrated annually back on February 3rd, 1941 in Cleveland, Ohio. Then the American Dental Association (ADA) started the first national observance just a few years later on February 8th, 1949. Since then, this event has grown into a month long celebration of good oral health habits and setting children up for the brightest possible future.

This year, the ADA’s campaign theme is Sugar Wars in which Den and Gen Smiley, Flossy and Buck McGrinn, and their doggie sidekick, K-9, fight sugary foods and beverages that can cause cavities. They practice good brushing and flossing habits as well as choose healthy food options to reduce the risk of poor oral health outcomes. The ADA has developed a range of materials for children of all ages including coloring pages, crosswords, mazes, word searches, food matching pages, and a calendar. There are also colorful posters available for both small children and adolescents reiterating the 2x2 rule that says its best to brush your teeth twice a day for 2 minutes each time.

Other recommendations from The Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatric Dentistry (AAPD) include:

- *Establishing a dental home by the age of 1 year.* Ensuring regular, professional dental care for children allows preventative care to be given and any problems to be promptly addressed.
- *Limiting sugary and carbohydrate-rich snacks.*
- *Putting the baby to bed without a bottle.* The milk can pool in the child’s mouth and cause cavities.
- *Brushing twice a day with fluoride toothpaste* as soon as the child has teeth.
- *Chewing sugarless gum containing xylitol.* If the child is old enough to safely chew gum, this is advisable after meals and snacks when they are unable to brush.
- *Professional application of topical fluoride* for all children with a high risk of dental caries.

Parents, caregivers, and providers can find more information and educational materials on good oral health habits and National Children’s Dental Health Month on the American Dental Association and Mouth Healthy websites (www.ada.org and www.mouthhealthy.org). To get started, refer to **Attachments A and B.**



“Food does not cause tooth decay, eating does. Children’s dental health depends less on what they eat and more on how often they eat it.”

-AAPD



The Facts on Fluoride Supplementation

The American Dental Association (ADA) recommends that children younger than 3 begin brushing with a grain-sized smear of fluoride toothpaste as soon as they have teeth. They also recommend that children six months to 16 years old take daily fluoride supplements **in addition to** topical fluorides if they live in areas with non-fluoridated public water, like San Joaquin County. Considerations when prescribing fluoride supplements:

- Patient exposure to multiple water sources may make correct dosage difficult
- Higher than recommended levels of fluoride intake have been associated with fluorosis in unerupted teeth
- Supplementation requires long-term compliance on a daily basis

Age	Fluoride Ion Level in Drinking Water (ppm)*		
	<0.3	0.3-0.6	>0.6
Birth–6 mo	None	None	None
6 mo–3 yrs	0.25 mg/day**	None	None
3–6 yrs	0.50 mg/day	0.25 mg/day	None
6–16 yrs	1.0 mg/day	0.50 mg/day	None

*1.0 part per million (ppm) = 1 milligram per liter (mg/l)
 ** 2.2 mg sodium fluoride contains 1 mg fluoride ion.

For more information please visit: <http://www.ada.org/en/member-center/oral-health-topics/fluoride-supplements>



“The goal is to ensure individuals impacted by this Senate Bill are properly notified of their eligibility for, and enrollment into, full scope Medi-Cal via managed care plans in counties where available.”

-DHCS

Medi-Cal for All Children: Changes and Implications

In June of 2015, Senate Bill (SB) 75 was passed and will take effect on May 1, 2016. **SB 75 extends full scope Medi-Cal coverage to all children under the age of 19, regardless of immigration status, provided they satisfy the income eligibility requirements.** As the overseeing body, California Department of Health Care Services (DHCS) is collaborating with counties, Medi-Cal managed care plans, stakeholders and the Legislature to develop an enrollment plan for this population. Primarily, this new bill will affect children under 19 who currently have restrictive Medi-Cal only and children under 19 who have no Medi-Cal and are undocumented. These are referred to as the “transition” and “new enrollee” populations, respectively. Transition children will be automatically switched from restricted Medi-Cal to full scope. At this time, it is estimated that 120,000 undocumented children will be transitioned into full scope Medi-Cal once the bill takes effect on May 1, 2016.

In the future, these changes will affect the fee-for-service (FFS) population that is covered by CHDP because the transition children, once they receive their full scope Medi-Cal, will be moved into a managed care plan of their or their family’s choice. However, these changes do not affect or replace the Gateway program. It will continue to be **temporary**, full scope Medi-Cal based on presumptive eligibility that is meant to cover the child for the current and subsequent month. The Gateway population will continue to be billed on the green PM 160s with the exception of Federally Qualified Health Centers (FQHCs). There will be no changes in reimbursement rates for services. More information can be found at <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/sb-75.aspx>

Parental Role in Limiting Risky Sexual Behavior

In a study featured in the December 2015 issue of *Pediatrics*, the journal put together by the American Academy of Pediatrics (AAP), researchers examined the effects of parental monitoring on various adolescent risky sexual behaviors. This is part of an effort to find new ways to target parents and use education and monitoring techniques to improve adolescent sexual and reproductive health.

The researchers performed a meta-analysis of studies covering a range of topics including key words like “monitoring”, “sexual intercourse”, “condom use”, and “contraceptive use”. Studies were eligible for analysis if they were published between 1984 and 2014, written in English, included adolescents as participants or subjects, and looked at the relationships between their sexual behavior and parental monitoring. Researchers calculated pooled-odds ratios and were able to come to several conclusions reinforcing the role that parents play in encouraging healthy sexual behavior in their children.

It was found that higher overall parental monitoring, monitoring knowledge, and rule enforcement were associated with delayed sexual intercourse in the adolescent. Additionally, higher monitoring levels and monitoring knowledge were associated with increased condom and contraceptive usage among adolescents. The increase in contraceptive use was particularly significant. In conclusion, parental monitoring as a family-based intervention initiated by the provider is a viable method of enhancing adolescent sexual and reproductive health. The full study can be viewed on the AAP website (<http://pediatrics.aappublications.org/content/136/6/e1587>) or in print in the December issue of *Pediatrics*.



Announcements

Flu Season Still in Effect

Current dosing algorithms for children **six months to 8 years old:**

If they have **received two or more doses** of tetravalent or trivalent vaccine before July 1, 2015, give **1 dose** of the current vaccine.

OR

If they have **not received two or more doses** of tetravalent or trivalent vaccine before July 1, 2015 **or are unsure**, give **2 doses** of the current vaccine.

More information on correct dosage can be found at: <http://www.cdc.gov/flu/about/qa/vaxadmin.htm>

CHDP Dental Referral List

With the emphasis on oral health in this quarter's newsletter, it is important for every CHDP medical provider to have a copy of the CHDP dental referral list for San Joaquin County. Each of the listed providers is accepting Denti-Cal referrals. If your office does not have a current copy of this list, you can download the latest version from the [SJC CHDP website](#) or search "SJC CHDP Resources" on your web browser. Under the **Resources** section, click [Dental Resources](#).

Read to Me, Stockton!

Read to Me, Stockton! is an organization that encourages **early childhood literacy** in Stockton where only 34% of third graders can read at a third grade level.

They send age-appropriate books to children who live in the following zip codes: **95202, 95205, 95206, 95210, and 95215**. Each month, the child will receive a **free book** from the date they enroll until they turn 5 with the goal of equipping them to learn once they reach kindergarten. The program also encourages parents to read aloud to their children. With continued support, *Read to Me, Stockton!* hopes to expand into the 95203 and 95204 zip codes in the near future.

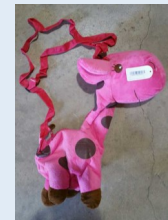
To enroll a child or for more information please visit <http://readtomestockton.org>

Lead Recalls

Pottery Barn's Avengers and Darth Vader Water Bottles are being recalled due to excessive lead levels in the grey paint.



Imagine Nations Books' Pink Giraffe Purses are being recalled due to excessive lead levels in the red zipper.



More information on lead recalls for toys can be found at: <http://clppp.sjcphs.org/>

SJC PHS on Facebook!!

San Joaquin County Public Health Services is now available on Facebook. Connect with us for the latest information on local public health events and updates!



CHDP Newsletter Team

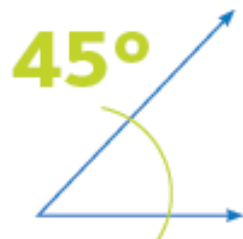
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CHDP quarterly newsletters are not intended to take the place of the CHDP Provider Manual, Provider Information Notices (PINs), or any other official correspondence from the California Department of Health Care Services. For article contributions, topic suggestions and mailing list updates, please contact Gwen Callaway at 468-8918 or gcallaway@sjcphs.org.

Quick Facts: Toothbrushing

2 minutes  **2** times per day

The American Dental Association recommends brushing twice a day for two minutes with fluoride toothpaste. Nothing works better to remove plaque and prevent cavities.



Dentists recommend placing your toothbrush at a 45-degree angle to the gums.

3
to
4

Make sure to replace your toothbrush every three to four months. Bristles that become frayed and worn will be less effective at cleaning teeth.



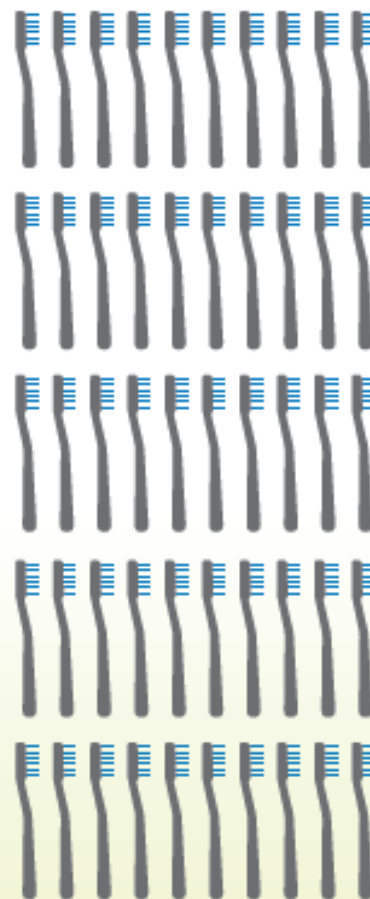
Look for toothbrushes that display the ADA Seal of Acceptance.



No one knows who invented toothpaste. The famous Greek physician Hippocrates advised people to “wash their teeth” and included recipes for toothpaste dating back to the 4th-5th century.



Both manual and powered toothbrushes can effectively and thoroughly clean teeth. People who have difficulty using a manual toothbrush may find powered toothbrushes easier to use. Your dentist can help you decide which type.



 - 10 years

500:

Number of years the toothbrush has been going strong!

In fact, did you know the toothbrush was invented in 1498 in China? That's according to a 17th century encyclopedia drawing. The nylon bristled toothbrush that we use today was introduced in 1938.

**Mouth
Healthy™**

Brought to you by the **ADA** American Dental Association*

For more facts about your dental health, visit MouthHealthy.org.

5 Ways to Prevent Kids' Tooth Decay

Care don't share



Don't share utensils with your child or "clean" a pacifier by putting it in your mouth. You can transfer cavity-causing germs to your child.

Eat healthy

and drink fluoridated water



First dental visit

no later than age 1 year old

Use fluoride toothpaste



as soon as teeth come through the gums. When kids can brush their own teeth, have them brush

Seal out decay

Ask your dentist about applying dental sealants to chewing surfaces of teeth.



2 minutes  2 times per day



Brought to you by the ADA American Dental Association*

Learn more at MouthHealthy.org.