



CHDP NEWSLETTER

Dr. Gee's Presentation—A Huge Success

Norene Bailey, RN, PHN CHDP Deputy Director

Inside this issue:

Backpack Injuries	2
Nutritional Counseling	2
Exceptional WIC Service	3
Dientes Operates Referral Program	4
Transmitting Peanut Allergy	4
Lead Program	5
First Smiles Training	5
Fish and Pregnant Women	6
Provider Information Notices	6
Newly Revised VIS	7
Body Mass Index	8

A big Thank You! goes out to Dr. Scott Gee of the Kaiser Permanente Foundation for the very engaging and informative presentation he gave to Santa Cruz County CHDP providers on October 27, 2005. The event, held at the Chaminade, was well attended by clinicians, registered dietitians and nurses.

This event was presented by the Health Care System Committee of the Go For Health Collaborative and co-sponsored by CHDP and the Central Coast Alliance For Health. Drs. Barbara Palla and Salem Magarian hosted the event. Information about Go For Health activities was presented to the participants. Registered Dietitians from WIC, Dominican Hospital's Lifestyle Management Program, Watsonville's Diabetes Center and Santa Cruz Medical Foundation presented information about their programs, services provided, and how to refer clients.

Dr. Gee presented practical and family based strategies for primary care clinicians to effectively manage childhood obesity. Dr. Gee's strategies are based on Kaiser's model of intervention for overweight children and adolescents. These strategies included how

to focus on the essential components of an effective medical office visit and to learn office-based weight management interventions. He also discussed how to maximize reimbursement for office visits for management of overweight children as well as communication strategies for counseling patients and families.

The post-evaluation feedback from the participants indicated that there was a strong interest in having Dr. Gee return for a follow-up training to cover in more depth the interviewing process used by Kaiser clinicians. Watch for information in Spring 2006.

Thank you goes out to the Health Care System Committee for planning this event, to the CHDP staff for all the work done preparing packets of handouts, and to all the participants who took time out of their busy schedules to attend this event. We look forward with anticipation to the next training.

Contact Karrie Courneen at 831-763-8665 for a copy of Dr. Gee's power point presentation and/or the training handout. The event was videotaped and the video will be available for viewing soon.

CHDP Reminder

The CHDP program will cover the well child examination and immunizations for children whose insurance plans do not cover these services. However, if Gateway eligibility is not established at the date of service, you cannot bill for these services after the fact.

As far as we know, the following insurance plans do NOT cover well child examinations: Coastal Health Care, the Robert F. Kennedy Plan and Western Growers. If there are other insurance plans that you are aware of that do not cover well child examinations, please let us know so we can inform other CHDP providers.

To insure reimbursement of these services, please use the following process: when a child presents in your office with these insurance plans, do a Gateway transaction at the time of the visit so that you have this documentation for billing purposes later. When you get the denial from the insurance company, attach a copy of the denial to the PM 160. Be sure to include the ID number that appears on the Gateway response on the PM 160 and mail to EDS. You may want to use this process any time there is a question about whether or not the insurance plan covers the well child examination and/or immunizations.

Backpack Injuries In Children Not What You May Think

Backpacks have become the major way children carry books and other items to and around school, and there has been growing concern among health care professionals, parents, and educators that backpacks may injure the growing child's back. Even though many orthopedic surgeons report seeing very few children who have back pain due specifically to backpacks, many people cite federal data that describe frequent injuries associated with backpacks. Indeed, in 1999 and 2000, the U.S. Consumer Product Safety Commission (CPSC) reported that backpacks were associated with over 12,000 injuries. However, pediatric orthopedic surgeons in Michigan and Ohio had seen very few acute back injuries in children that seemed to be caused by backpacks, so they decided to carefully study just what kind of injuries the CPSC had in its files.



When the researchers excluded injuries from infant carriers and camping backpacks, and then looked only at school-age children (ages 6-18 years), the more than 12,000 reports came down to 247. They then examined these in detail, and instead of finding back injury to be the most common problem blamed on school-type backpacks, the authors found that these injuries accounted for only 11% of the total. The other 89% of backpack injuries involved other parts of the body, most often the head or face followed by hand, wrist or elbow, shoulder, and foot or ankle.

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Rather than backpacks injuring children's backs from excessive weight putting strain on their backs, the CPSC data revealed that the most common way injuries occurred was from tripping over the backpack or being hit with it (often when it was being used as a weapon). Even among back injuries, only 59% were blamed on actually carrying a backpack. The authors urge that "public health officials should expand their backpack safety initiatives to cover injuries caused by tripping over a backpack and being hit by a backpack." (Weirsema BM et al: Pediatrics, January, 2003, pp. 163-166)

COMMENT: We admit to being surprised by these results, since we—like many others—have become very concerned about the extreme weight that many children carry around to and from school and between classes. Carrying heavy weight might be more likely to cause chronic back problems, not the kinds of acute back injuries that the CPSC study collected, so the case might not be closed on whether carrying heavy packs is bad for children's backs. On the other hand, this new report does provide convincing evidence that backpacks can be harmful to children in ways that most of us hadn't considered.

Web Resource: For handouts on backpack safety, see <http://www.sesameworkshop.org/parents/advice/article.php?contentId=64101>, and <http://www.aap.org/advocacy/releases/septschool.htm>. R

(Adapted from Child Health Alert, <http://www.childhealthalert.com/index.html>)

Nutritional Counseling for Overweight Children

Dominican Hospital's Center for Lifestyle Management provides nutritional counseling for overweight children. These services are provided by Melissa DeVera, RD, Registered Dietitian at the Center for Lifestyle Management. She holds certifications in adult and pediatric weight management from the American Dietetics Association and provides medical nutrition therapy including weight management counseling for all ages. She supports clients and their families in making lifestyle changes that improve their health and quality of life.

To refer a client to Lifestyle management please fax a Request for Authorization Form (RAF) and all office visit notes to 831-457-7149. The Center accepts Medi-Cal, Healthy Families and private insurance. The Center for Lifestyle Management is located at the Dominican Hospital Rehabilitation Center 610 Frederick Street in Santa Cruz.

For more information please call 831-457-7077. Bilingual services are available.

RECOGNIZING EXCEPTIONAL WIC SERVICE

By Rosario Quintero BS, CLC WIC Nutritionist

The Community Bridges WIC program continues to serve nearly 8,000 low income clients each month! The program provides supplemental food, nutrition and preventative health education to pregnant women, breastfeeding women, postpartum women, infants, and children up to age five.

Foods offered by WIC are chosen to provide vitamins A, C, D, iron, protein and calcium. The foods are meant to supplement the diet rather than provide total food needs. WIC foods include milk, cheese, dried beans and peas, eggs, peanut butter, iron-fortified cereal, infant formulas with iron, vitamin C rich juices, and tuna and carrots for breastfeeding women. These foods are available by means of food vouchers that are redeemed at most local grocery stores. By providing these foods rich in nutrients, the WIC program aims to decrease the complications of pregnancy, prevent low birth weight babies, decrease iron deficiency anemia, and to promote optimum growth and development of infants and young children.

A priority of WIC is to provide health and nutrition education through individual counseling and classes. Some of the topics include nutrition during pregnancy, breastfeeding, infant nutrition, anemia/iron foods, dental health, healthy snacks, child nutrition, physical activity and fitness, and feeding picky eaters. The WIC program has also teamed up with Santa Cruz County Health Services Agency (SCCHSA) staff and Planned Parenthood staff, who provide monthly classes at WIC on lead poisoning prevention and family planning. WIC Dietitians are busy

training staff on new nutrition education skills such as motivational interviewing and interactive teaching strategies. Clients report that the classes are more fun now and that they are learning so much! Look for more information on WIC Nutrition Education in a future article CHDP article.



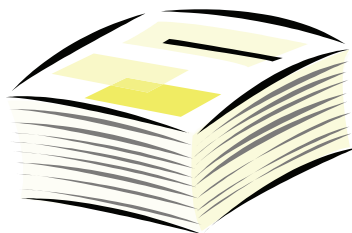
The Community Bridges WIC program has grown over the years and in addition to healthy foods and nutrition education, WIC now offers many other services. For example, from May to September, clients can receive extra coupons to use at any of the Santa Cruz County Farmer's Markets. Last year, our WIC clients spent over \$29,000 on fresh fruits and vegetables at local Farmer's Markets!

With funding from First Five, the staff at *Regalo De Amor* Lactation Center at WIC Watsonville is able to provide free electric breast pump loans and free bilingual consultation with a Internationally Board Certified Lactation Consultant or Certified Lactation Counselor to over 80 women each month! With funding from SCCHSA, the WIC program also has staff available to enroll families with children 1 to 19 years of age for Healthy Families or Healthy Kids Insurance, helping families to access complete health, dental and vision care for low cost.

We encourage all eligible participants to apply for the WIC program. For the Community Bridges WIC Program in Watsonville please call (831) 722-7121, and for Santa Cruz or the Ben Lomond satellite office call (831) 426-3911. For more information visit www.wicworks.ca.gov or contact us directly. We are here for you!

REMINDER!

All yellow copies of PM 160's should be sent to the local CHDP office , not to the Alliance or EDS in Sacramento.



Dientes Operates Referral Program for Children Needing Conscious Sedation

By Mark Riley, MPA Executive Director Dientes Community Dental Clinic

In the clinic it is sometimes difficult to treat young children with general dentistry, and even in some cases, with a pedodontist. In most cases a pedodontist can treat young patients employing a highly skilled chair side manner and skillful use of light sedation (nitrous oxide.) However, there are children who cannot be routinely treated because the amount of work they require is too painful or extensive, such as multiple teeth affected by baby bottle caries. Additionally, from a clinical perspective, some children are “uncooperative” or “pre-cooperative.” This means the dentist cannot access the teeth due to the child’s behavior. The age of these children can vary but most range from 2-4 years of age.

In the more extensive cases, the child may have to be treated using full general anesthesia or intravenous sedation, which require special operator or hospital conditions. However, the bulk of the cases, perhaps up to 95%, can be treated using oral conscious sedation. Dentists have a variety of pharmaceutical options available for oral conscious sedation. The specifics of each case dictate the doctor’s choice of anesthetic(s). Light monitoring equipment, such as a pulse oximeter, is also used.

To apply oral conscious sedation, a dentist needs a sedation certification. Unfortunately there are few sedation

dentists in Santa Cruz County that take Medi-Cal, Health Kids, or Healthy Families. For this kind of treatment Dientes refers children to the Central Coast Pediatric Dental Group (CCPDG) that operates out of the Children’s Miracle Network Center at 631 E. Alvin Drive in Salinas (near Natividad Hospital.)

In the past, hefty cash co-payments at CCPDG have posed a barrier for families bringing their children in for sedation dentistry. To help solve this problem and to lower this barrier to treatment, Dientes has negotiated an arrangement with the Children’s Miracle Network of Salinas Valley Memorial Hospital that pays this co-payment for those who can’t afford it. Additionally, Dientes has negotiated an agreement with CCPDG to accept a set co-payment for the treatment of children referred by Dientes for oral conscious sedation.

Dientes has referred almost 30 children since the inception of this program in April. If you have a child who may meet the criteria for sedation dentistry, they should be referred to Dientes, where a pediatric dental specialist will perform an exam and determine if the child is a candidate for oral conscious sedation. If so, the child will then be referred to CCPDG>

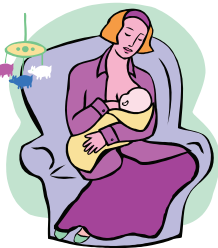
Transmitting Peanut Allergy Through Breast Milk

Allergy to peanuts has become a larger problem in recent years, and in some children, even very small amounts of peanuts can trigger a potentially fatal allergic reaction. Why this allergy has been increasing isn’t clear. We do know that someone doesn’t get an allergic reaction the first time in their life that they eat peanuts; instead, the first time peanuts are eaten, they set up an allergic sensitivity in certain people, and it is only when these people come into contact with peanuts again that they have an allergic reaction. Yet most peanut allergic people haven’t had any known exposure that would have made them sensitive. One explanation is that the first exposure might actually take place in the womb or through a mother’s breast milk.

To see whether peanut can actually get into breast milk, researchers asked 23 healthy breastfeeding women to eat about 2 ounces of dry roasted peanuts; they then tested breast milk samples at hourly intervals.

Peanut protein was detected in 11 of the 23 women. The authors conclude that these data, together with earlier studies, suggest that peanut protein can be transferred to

nursing infants through their mother’s breast milk, putting these infants at risk for sensitization to peanuts. (Vadas P et al: Journal of the American Medical Association, April 4, 2001; pp. 1746-1748)



COMMENT: Peanut allergy in children has become a real problem, not only because of the health hazard it obviously poses to the child, but also because schools and child care providers have to make sure that peanut allergic children won’t be exposed to foods containing peanuts that may be brought in by other children.

While we still don’t know why there’s been such a large increase in the number of affected children, this study adds further evidence that children may be at higher risk for peanut allergy if their mothers eat peanuts during pregnancy (perhaps exposing the infant to peanut allergen while in the womb) or if their breastfeeding mothers eat peanuts (exposing infants to peanut allergen that is contained in breast milk). For this reason, it’s no surprise that many experts suggest that pregnant and nursing mothers avoid eating peanuts.

(Adapted from Child Health Alert, <http://www.childhealthalert.com/index.html>)

GOOD NEWS FROM THE LEAD PROGRAM!

By Erma Coty, MSN,RN, PHN Lead Program Coordinator

Good News from the lead program! We are finally able to officially follow up on perinatal patients with elevated blood lead levels (BLL). And we are sending lead education materials to all families whose children have measurable lead levels of 5 µg/dcl and above. We believe that early intervention for children with measurable BLL will be instrumental in eliminating the source of the child's exposure. The goal is to prevent the permanent effects of lead poisoning.

Lead Week 2005 was observed from October 23rd – 29th. During Lead Week we took the opportunity to thank the CHDP providers for doing such good work. We also want to encourage providers who are not yet doing fingerstick blood lead testing in the office to consider offering this service. We have conducted training in the providers' offices and are happy to say that the process is easier than it has been in the past.

We are experiencing an increase in caseloads due to the diligence of our providers in testing children who are "at risk". Remember, this group includes all children eligible for Medi-Cal, all children in Foster Care, all children who live or spend time in pre-1980 housing and those with a suspected exposure, such as adulterated food products or remedies. There are still many children in our county who have never been tested for lead poisoning; we can predict statistically some of these children have measurable or high blood lead levels. who have measurable or high blood lead levels.

AB 121 (Vargas adulterated candy: maximum allowable levels) was signed into law by the governor on October 18, 2005. This law requires that the State Department of Health Services regulate through testing if unsafe levels of lead are present in candy.

Congratulations!

Dr Stephen Halpern

Dr. Raghavan

Dr. Hsu

Now offering fingerstick blood lead testing to their clients!

UPDATE ON THE FIRST SMILES ORAL HEALTH TRAINING

By Karrie Courneen RDH, MPH CHDP Health Educator

In an effort to present our CHDP medical providers with the newest scientific information on dental disease prevention in children, we are pleased to report that on September 16, 2005 thirty-six providers attended the First Smiles Oral Health Training held at the Green Valley Grill.

First Smiles promoted the importance of early oral health risk assessment, a dental home by age 1, and age-specific anticipatory guidance.

The speaker, Dr. Francisco Gomez DDS, MS, MPH, addressed how to perform an oral health assessment; the nature and ramifications of early childhood caries (ECC); the pathological and protective factors involved in the development of ECC; and effective preventive strategies. He of-

fered a practical step-by-step guide to oral health assessment and included training on how to reduce caries risk by applying fluoride varnish.

Many thanks to the medical professionals who were able to attend the First Smiles training. The medical professionals typically see children at a much younger age than the dental professionals and are in a unique position to be able to prevent and to detect ECC before it becomes more severe, costly and difficult to treat.

Please contact Karrie Courneen at 763-8665 to schedule an in office training on the importance of early oral health risk assessment and age-specific anticipatory guidance or to order copies of any First Smiles training materials.

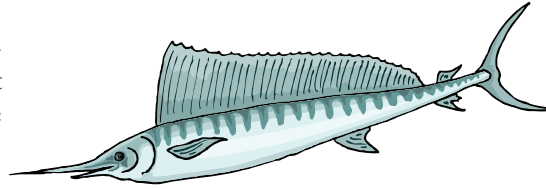
How Much Fish Should Children And Pregnant Women Eat?

It's been known for many years that mercury can harm the developing nervous system of the fetus and young child, so it's particularly important that this toxin is avoided by pregnant or nursing women and by children. It's also been known that mercury can be present in certain kind of fish, and a number of warnings over the years have discouraged children and pregnant women from eating too much mercury-containing fish. What's been less clear is how much mercury is harmful, how much is in different kinds of fish, and how much fish can be eaten safely.

Now, both the U.S. Food and Drug Administration and Environmental Protection Agency have issued new recommendations. Both agencies point out that pregnant women and children can safely eat up to 12 ounces of fish each week, as long as they avoid shark, swordfish, king mackerel, and tilefish, which all contain relatively high concentrations of mercury. No more than 6 ounces should come from canned albacore ("white") tuna (canned light tuna has less mercury than albacore). Alternative choices would include shrimp, salmon, Pollock, or catfish. Fresh tuna steaks fall into the same category as albacore tuna, and also should be limited to 6 ounces. Fish sticks and most fast-food fish sandwiches are low in mercury.

The recommendation for tuna was the most controversial, with some critics arguing that amounts should be re-

duced further. FDA acknowledged that following the new tuna recommendation would push the level in a pregnant or nursing woman's blood above the level that been identified by EPA as posing "no risk", but Dr. David Acheson of the FDA noted that "If you're a little above the reference zone, you're not in a zone of harm." He argued that "Fish is good to eat. It's high in protein, low in saturated fat, and it's a very important part of a balanced diet. We have to balance the good side of fish with any risks from mercury." (Dembner A: Boston Globe, March 8, 2004)



COMMENT: For years, the FDA and EPA have each issued different recommendations about how much fish is safe to eat, so the fact that both agencies are in agreement should end some of the confusion. On the other hand, this is a very complicated area, and parents and others should recognize that there are few absolute guidelines to follow. First, the problem with any of these recommendations is that it's very difficult to really know how much they actually affect a child's development—for example, it's not entirely clear just how much mercury is required to harm a child's brain development. Also, fish get their mercury from their immediate environment, and levels of contamination can vary in different locations, so it's hard to know just how much mercury will be in different species caught in different regions.

(Adapted from Child Health Alert, <http://www.childhealthalert.com/index.html>)

2005 CHDP Provider Information Notices (PIN)



PIN: 05-09 Addition of Menactra (TM), Meningococcal Conjugate Vaccine (MCV4), as a CHDP Benefit, Reporting Codes, Reimbursement for Vaccine Administration, and Updated CHDP Vaccine Benefit and Reimbursement Table.

PIN: 05-12 Pre-Enrollment of Children Through the CHDP Gateway who are evacuees from States hit by Hurricane Katrina.

PIN: 05-13 Amendment to CHDP Provider Information Notice No.: 05-09 Addition Menactra (TM), Meningococcal Conjugate Vaccine (MCV4), as a CHDP Benefit and CHDP Vaccine Codes and Rates.

PIN: 05-14 Addition of FluMist As CHDP Benefit and Updated CHDP Vaccine Benefit and Reimbursement Table and CHDP Vaccine Codes and Rates.

PIN: 05-15 Addition of Booster Tetanus, Diphtheria and Acellular Pertussis Vaccine (TDAP) as a CHDP Benefit and Updated CHDP Vaccine Benefit and Reimbursement Table, CHDP Vaccine Codes and Rates and Combined Tetanus, Diphtheria, and Pertussis (Tdap) Vaccines for Adolescents 10-18 Years of Age Letter.

PIN: 05-16 Addition Of Fasting Blood Glucose and Cholesterol Screening Tests as CHDP Benefits, Reporting Codes, and Reimbursement.

PIN: 05-18 Pre-Imprinting of PM 160 Forms to be Discontinued.

Instructions for the Use of Vaccine Information Statements

Required Use

1. Provide VIS when vaccination is given.

As required under the National Childhood Vaccine Injury Act (42 U.S.C. §300aa-26), all health care providers in the United States who administer to any child or adult any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, *Haemophilus influenzae* type b (Hib), trivalent influenza (use of influenza VIS required effective January 1, 2006), pneumococcal conjugate, or varicella (chickenpox) vaccine shall, prior to administration of each dose of the vaccine, provide a copy to keep of the relevant current edition vaccine information materials that have been produced by the Centers for Disease Control and Prevention (CDC):

- to the parent or legal representative* of any child to whom the provider intends to administer such vaccine, and
- to any adult to whom the provider intends to administer such vaccine. (In the case of an incompetent adult, relevant VISs shall be provided to the individual's legal representative.* If the incompetent adult is living in a long-term care facility, all relevant VISs may be provided at the time of admission, or at the time of consent if later than admission, rather than prior to each immunization.)

If there is not a single VIS for a combination vaccine, use the VISs for all component vaccines. The materials shall be supplemented with visual presentations or oral explanations, as appropriate.

2. Record information for each VIS provided.

Health care providers shall make a notation in each patient's permanent medical record at the time vaccine information materials are provided indicating:

- (1) the edition date of the Vaccine Information Statement distributed and
- (2) the date the VIS was provided. This recordkeeping requirement supplements the requirement of 42 U.S.C. §300aa-25 that all health care providers administering these vaccines must record in the patient's permanent medical record (or in a permanent office log):
- (3) the name, address and title of the individual who administers the vaccine,
- (4) the date of administration and
- (5) the vaccine manufacturer and lot number of the vaccine used.

*"Legal representative" is defined as a parent or other individual who is qualified under State law to consent to the immunization of a minor child or incompetent adult.

Applicability of State Law

Health care providers should consult their legal counsel to determine additional State requirements pertaining to immunization. The Federal requirement to provide the vaccine information materials supplements any applicable State laws.

Availability of Copies

Single camera-ready copies of the vaccine information materials are available from State health departments. Copies are also available on the CDC website at <http://www.cdc.gov/nip/publications/VIS>. Copies are available in English and in other languages.

Current Editions of VISs

- Diphtheria, Tetanus, Pertussis (DTaP/DT): 7/30/01
- Haemophilus influenzae* type b: 12/16/98
- Hepatitis B: 7/11/01
- Inactivated Influenza: 10/20/05
- Live, Intranasal Influenza: 10/20/05
- Measles, Mumps, Rubella (MMR): 1/15/03
- Pneumococcal conjugate: 9/30/02
- Polio: 1/1/00
- Tetanus Diphtheria (Td): 6/10/94
- Varicella (chickenpox): 12/16/98

Reference 42 U.S.C. §300aa-26
11/4/2005





"Sip all day – get decay" is a public awareness campaign that targets over consumption of soda and other acidic sugary beverages that can have a serious negative effect on oral health. The campaign features two 30-second radio spots that air in markets across the state. For more information go to www.cda.org.

Imagine this: Open your mouth and put in 11 teaspoons of sugar. Then pour in phosphoric acid, citric acid, add a little water, mix well. That little concoction creates cavities and contributes about 200 additional calories to your waist line. Imagine doing that to your teeth all day long. That's exactly what you're doing if you drink soda throughout the day. Remember, sip all day ... get decay.

The following web sites can compute a child's Body Mass Index and the Weight Percentile.

http://allnutritionals.com/calculators/body_mass_index_calculator_children.htm

<http://www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm>

Season's Greetings and Happy New Year!!

Special thanks to all of our contributors to this newsletter. Various contributing articles from programs within the Santa Cruz County Health Services Agency are included in each issue.

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