



San Mateo County CHDP Provider Newsletter

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Protecting Children Through Immunization: Thank You!

Dear CHDP Provider,

On behalf of the San Mateo County CHDP Program I want to thank you and your staff for your continued efforts to protect children from vaccine-preventable diseases.

This year, in collaboration with the California Department of Public Health Immunization Branch, we observe National Infant Immunization Week (NIIW) from April 20-27, 2013, and Toddler Immunization Month (TIM) in May, by acknowledging our special partners who are instrumental in promoting childhood immunizations.

Your facility plays an important role in communicating to parents the importance of timely immunizations. We encourage your office to continue efforts to help your patients complete the immunization series and to advocate for the importance of immunizations. We urge you to use the immunization registry, reminder phone calls or postcards, and first birthday cards to keep your patients immunized, on time.

For more information about immunizations, visit www.GetImmunizedCA.org or www.smchealth.org/immunizations.

Anand Chabra, MD, MPH, CHDP Medical Director



What You Need To Know About Lead Poisoning

Contributed by the San Mateo County Childhood Lead Poisoning Prevention Team



Despite laws established in the 1970s to make people aware of the dangers of lead and its poisonous effects, lead poisoning in adults and children remains a common, yet preventable, environmental health problem. By understanding, identifying, and safely removing sources of lead, we can ensure the long-term health of children and prevent lead's devastating and irreversible effects.

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Save the Date for Upcoming Trainings:

AUDIOMETRIC HEARING SCREENING & PLAY AUDIOMETRY
MAY 21-23, 2013:
Spaces still available! Register now.

IMMUNIZATION SKILLS INSTITUTE
JULY 18, 2013

Learn best practices for immunization techniques! A refresher course for Medical Assistants and others who give immunizations.

Contact Marcy Spaulding, PHN for more information or to register for the above trainings: (650) 573-2245 or mspaulding@smcgov.org

In-Office Trainings for CHDP Providers:

USING THE WHO GROWTH CHARTS TO ASSESS CHILDREN FROM BIRTH TO 2 YEARS

Contact Yvette Rivas Bedrosian, CHDP Nutritionist (650) 573-3924 or yrbedrosian@smcgov.org

“Even Low Lead Levels Pose Perils for Children”

Repeatedly over 30 years, follow-up studies of lead-exposed children have demonstrated IQ reductions and other memory and learning disturbances associated with **lower blood lead levels** than previously considered dangerous. Even levels of lead that the government historically considered acceptable appeared to increase a child’s risk for having attention deficit hyperactivity disorder, the study found. Additionally, blood lead levels of **5-10 ug/dl** in school-age children have been found to be associated with deficits in intelligence, visual-spatial skills, executive function, and lower IQ.

Canfield, Richard L., et al. *Intellectual Impairment in Children with Blood Lead Concentrations below 10 µg per Deciliter*. N Engl J Med, 2003; 348:1517-1526.

Update on Blood Lead Levels in Children

From the Centers for Disease Control and Prevention (CDC)

- Experts now use a reference level of 5 micrograms per deciliter to identify children with blood lead levels that are much higher than most children’s levels. This new level is based on the U.S. population of children ages 1-5 years who are in the highest 2.5% of children when tested for lead in their blood.
- This reference value is based on the 97.5th percentile of the National Health and Nutrition Examination Survey (NHANES)’s blood lead distribution in children. CDC will update the reference value every four years using the two most recent NHANES surveys.
- Until recently, children were identified as having a blood lead “level of concern” if the test result is 10 or more micrograms per deciliter of lead in blood. CDC is no longer using the term “level of concern” and is instead using the reference value to identify children who have been exposed to lead and who require case management.
- In the past, blood lead level tests below 10 micrograms per deciliter of lead in blood may, or may not, have been reported to parents. The new lower value means that more children will likely be identified as having lead exposure allowing parents, doctors, public health officials, and communities to take action earlier to reduce the child’s future exposure to lead.
- What has *not changed* is the recommendation for when medical treatment is advised for children with high blood lead exposure levels. The new recommendation does not change the guidance that chelation therapy be considered when a child has a blood lead test result greater than or equal to 45 micrograms per deciliter.
- Children can be given a blood test to measure the level of lead in their blood. These tests are covered by Medicaid (Medi-Cal) and most private health insurance.

By shifting our focus to primary prevention of lead exposure, we can reduce or eliminate dangerous lead sources in children’s environments BEFORE they are exposed.

Find more information at
http://www.cdc.gov/nceh/lead/ACCLPP/blood_lead_levels.htm

**ORAL HEALTH
ASSESSMENT AND
REFERRAL**

Contact Rachelle Salvana, CHDP Dental Coordinator (650) 573-2248 or rsalvana@smcgov.org

PM160 Tip of the Month: The Ethnic Code box

Please complete the Ethnic Code box correctly and specifically.

Use "Other" only if the patient's ethnicity is not listed or is unknown. If you're not sure, ask the parent or patient which one to indicate. Currently, about 60% of PM160s list ethnicity as "Other".

Why is this important?

We use information from the PM160s to identify health needs of specific groups and plan programs to respond to them. For example, based on the number of overweight and obese children in specific groups, we can plan outreach programs for them and be sure we have patient education materials in the relevant languages.

News from the San Mateo County Childhood Lead Poisoning Prevention Program (CLPPP)

The year-round efforts of our team to reduce the incidence of lead poisoning in our county has been made through partnerships with cities, community based organizations, and businesses, and by increasing community awareness. The CLPPP staff has been conducting many outreach activities including presentations to WIC clinics, Head Start schools, Migrant Education parents, and Peninsula Housing residents. The team has distributed educational materials at Second Harvest Food Bank, school fairs, as well as at Community Partners forums.



Additionally, the CLPPP is actively working to ensure that the Lead Safe Work Practices campaign reaches consumers who are purchasing renovation supplies from paint stores and manufacturers. The team has created a partnership with Home Depot in East Palo Alto as a part of their comprehensive efforts to prevent lead poisoning. Our goal is to raise awareness about the importance of lead-safe work in preventing potential lead exposures.



For more information about the Childhood Lead Poisoning Prevention Program, call: (650) 573-2877 or go on-line to: <http://www.cdph.ca.gov/v/programs/CLPPB>

When should lead levels be checked?

- At 12 and 24 months of age
- At any age through 5 years in children who do not have a documented normal result at 24 months of age or later (this is especially important for immigrants to the U.S.)
- In children with suspected exposure to lead because of parents in occupations using lead, living in pre-1978 housing with deteriorating paint or renovations, etc.
- In any child with a condition that may be caused or exacerbated by increased lead levels, such as developmental delay, anemia, or unexplained abdominal pain

Provide basic prevention information at each visit – washing hands frequently especially before eating, ensuring adequate intake of iron, calcium and vitamin C, and avoiding contact with products that may contain lead. Contact our office for patient education materials that you can use!

Health Education Survey: We'd like to hear from you!

The CHDP Program would like some feedback from you in regards to health education materials and trainings. Please take a few minutes to complete this brief survey: www.surveymonkey.com/s/CHDPsurvey

The survey will close at 5:00PM on Monday, May 13. If you have any questions regarding the survey, please contact Robyn Ziegler, CHDP Health Educator, at 650-573-2878 or rziegler@smcgov.org

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NEW: CHDP Dental Training on Oral Health Assessment and Referral

Contributed by Rachele L. Salvana, BS, RDA

The American Academy of Pediatrics (AAP) considers oral health an important part of a child's overall health and well-being. Along with the American Dental Association (ADA), AAP encourages a visit to the dentist by the child's first birthday, and every 6 months thereafter.

Studies have shown that:

- Low income children are at highest risk for dental caries
- Over 70% of California children have a history of dental caries by grade 3
- Dental caries is historically the most frequently reported problem of CHDP children
- Nearly 75% of CHDP Dental Assessments were incompletely documented on the PM160. As a result, it is unclear whether or not they were appropriately referred to a dentist for follow-up.



Age	12 Month Dental Referral	18 Month Dental Referral
1 - 20	Check a year <input type="checkbox"/>	Most CHDP children are ineligible to High Center Visit. <input type="checkbox"/>

In the coming months, a CHDP Dental Training created and approved by the State and Bay Area Dental Subcommittees, will be offered to CHDP Providers to assist in addressing these issues. Through the training, CHDP Providers will learn how to complete a dental assessment, document dental concerns on a PM160 form, refer children to a dentist, provide anticipatory guidance and apply fluoride varnish.

For questions, or if you are interested in this training, please contact Rachele Salvana, CHDP Children's Dental Health Coordinator, at (650) 573-2248.

Electronic Billing and Reporting with eCHDP: A View from the County

A number of San Mateo County CHDP providers are now using eCHDP to send billing to Health Plan of San Mateo (HPSM) electronically.



Question: In addition to the ease of electronic billing, how else does eCHDP benefit me as a CHDP provider?

Answer: eCHDP has an online portal our staff can use to view completed and saved PM160s for San Mateo County residents. For providers without eCHDP, we continue to use the yellow copy you send us to identify children who need assistance following through on referrals and other follow-up needs. We are developing systems and procedures so that providers who use eCHDP will no longer need to send us paper copies. Call us for more information on how you can make the transition.

(eCHDP, continued on Page 5)

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Question: Are there any other advantages for the San Mateo County office with eCHDP?

Answer: We can now search the files to calculate what percentage of children have specific problems or test results. For instance, we can determine what percentage of children age 2-5 years or 2-20 years are overweight or obese using their BMI percentiles and, if the specific ethnicity code is entered, how this differs between different ethnic groups. We can also determine what percentage of children tested are anemic at various ages. Here's a summary from eCHDP for children who were tested for anemia in 2012:

Age	# anemic / # tested	% anemic	Definition of anemia used for this group
6-23 months	24/162	15 %	Hb \leq 10.9
2-5 years	52/442	12 %	Hb \leq 10.9
6-11 years	75/295	25 %	Hb \leq 11.9
12-17 years - females	28/142	20%	Hb \leq 11.9
12-17 years - males	17/127	13%	Hb \leq 12.4

CHDP Vision Screening Recertification: Online course available through Prevent Blindness Northern California

Contributed by Nadia Thind, MPH, Prevent Blindness Northern California



For many years, Prevent Blindness Northern California (PBNC) and San Mateo County's Child Health and Disability Prevention Program have provided children's vision screening trainings. Provider office staff have received this training over the years, and now PBNC has developed an online recertification course. Because the initial certification (the 3 hour theory and 3 hour practicum course) is only valid for three years, it should be renewed to review knowledge of children's vision disorders and to receive updated information on effective, reliable vision screening techniques. CHDP guidelines also require that staff who

conduct vision screenings for children be trained at least once every 4 years.

This is an online class, and if initial certification was in the Spring of 2009 or later, the renewal fee is just \$25 for 3 years. This process saves provider office staff 6 hours plus travel to become recertified (the online course takes about 45 minutes to complete). When it is time to renew, PBNC will send a link to the email address provided during the initial certification class, and there will be 30 days to complete the webinar. **If your staff has not heard from PBNC when certification expires, please call PBNC at 415-567-7500** as there is a chance that the email ended up in a spam folder or there may have been a change in email address. Upon completion, a downloadable certificate will be available to verify course completion.

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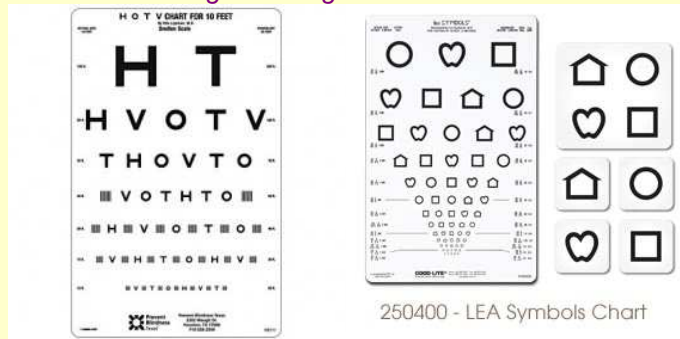
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Vision Screening Tips: Screening 3-5 year olds

CHDP requires that children be screened for vision problems starting at 3 years of age. 1 in 20 preschoolers has a vision problem, and early detection and treatment can prevent permanent vision loss.

Here are some reminders and tips for screening little ones:

- Use the correct chart. Children ages 3-5 years must be screened using either an HOTV or Lea symbols chart. A 10-foot equivalent chart is recommended.
**If your practice is not using one or both of the charts below, please contact CHDP for more information on using/obtaining these charts.*



- Make sure the chart is at the correct distance from the heel line, and is placed at eye level (about 40 inches high). The chart may be placed below the chart used for older children and adults.
- Use flash cards to prepare children before starting to screen, and have children point to a response panel to match the letters or symbols (this way the child does not have to know letters or speak if he/she is not comfortable).
- Make screening fun! Introduce it as a game (“Let’s play the eye game/matching game!”) and tell child what you want him/her to do (avoid asking “Do you want to...?”).
- Do not let the child cover his/her own eye (have parent assist) and make sure child is not peeking or squinting.
- Give one direction at a time.
- Encourage the child with positive reinforcement after each response.
- Limit distractions by placing the chart in a low-traffic area without other posters on the walls, etc.
- If the child wears glasses, screen him/her with the glasses on. A failed screen will indicate that the child may need new glasses.
- Reward the child with a prize, such as a sticker.

Referral/re-screen reminders:

- Children ages 3-5 pass at the 20/40 line.
- If a child does not pass the screening, re-screen within 1 month.
- Refer for further evaluation if child does not pass re-screen, if you or parent suspect vision problems, or if there is a 2-line difference between eyes.
- Document referral on PM160 so that CHDP staff may assist with follow-up.

Questions? Need more information? Contact a CHDP Provider Relations Nurse by calling 650-573-2877.