



CHDP HIGHLIGHTS

Ventura County Public Health
Child Health and Disability Prevention Program

August 2019 | Quarterly Newsletter

Save the Dates

August 21 — Behavioral Health In-Service

Register online at: <https://bit.ly/2X8ACxT>

September 18 — Vision Screening In-Service

Register online at: <https://bit.ly/2L8DgOx>

October 16 — Lead Updates & Finger Stick Certification In-Service

Register online at: <https://bit.ly/2GGHatO>

Our CHDP website has MOVED!

Check out our new website at

www.vchca.org/chdp

where you can learn about our programs!



Find additional resources about the following:

- Child Health & Disability Prevention (CHDP)
- Childhood Oral Health Program
- Childhood Lead Poisoning Prevention Program (CLPPP)
- Health Care Program for Children in Foster Care (HCPCFC)
- Breastfeeding Resources
- Developmental Screening

We value your feedback!



Scan above or search: <http://bit.ly/CHDPfeedback>

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Developmental Screening- 3 before 3!

All children deserve a healthy start. Like assessing vitals, checking on early development during a well-child visit supports a child’s wellbeing. The early years provide an incredible opportunity to help children build a strong foundation and grow to their full potential. But we know that some children need a little extra help. Fifteen percent of all children have at least 1 developmental delay, but only about 1/5 of those children receive early intervention before the age of 3.¹ Developmental screening helps by providing a blueprint for early development. This blueprint highlights ways to support developmental skills and also gives children access to early intervention when it’s needed.

Developmental Surveillance & Screening: A Great Partnership

As recommended by the American Academy of Pediatrics (AAP), developmental surveillance should happen at every preventative visit. This includes: asking about parental concerns, obtaining a developmental history, and making informative observations of children.² Developmental screening, the use of standardized, validated tools at specific well-child visits, strengthens developmental monitoring by accurately identifying areas of strength and concern.³ The [Bright Futures/ AAP periodicity schedule](#) and the [CHDP Health Assessment Guideline #10](#) recommend a general developmental screening at 9 months, 18 months, and 30 months.

The ASQ-3 and the PEDS: Tools for the Developmental Toolbox

Parent-completed questionnaires have become the vanguard of screening tools as they allow for simple administration and implementation, especially in busy practice settings. Two such tools that are recommended by the AAP include the *Ages and Stages Questionnaires, Third Edition (ASQ-3)* and the *Parents’ Evaluation of Developmental Status (PEDS)*. Both tools are supported locally by CHDP and Help Me Grow Ventura County. Some basic information about each tool is provided below.

ASQ-3	PEDS
No. of Questions: 30 (closed-ended)	No. of Questions: 10 (open-ended)
Validation Notes: Sensitivity = 86%, Specificity = 85%	Validation Notes: Sensitivity = 86%, Specificity = 83%
Parent Completion Time: 10-15 min	Parent Completion Time: 5-8 min
Scoring Time: 2-5 min	Scoring Time: 2-5 min
Languages: English, Spanish, and more	Languages: English, Spanish, and more
Literacy Level: 4 th – 6 th grade	Literacy Level: 4 th - 5 th grade

For more information or technical assistance, contact CHDP at (805) 981-5291 or CHDPadministration@ventura.org.

Additional Resources:

- [Screening Technical Assistance Resource \(STAR\) Center](#) (<https://bit.ly/AAPSTARCenter>)
- [Help Me Grow VC](http://www.helpmegrowvc.org) (www.helpmegrowvc.org)
- [First 5 Ventura County](http://www.first5ventura.org) (www.first5ventura.org)

References:

1. Vitrikas K, Savard D, and Bucaj M. (2017). Developmental Delay: When and How to Screen. *American Family Physician*. 96(1):36-43
2. Committee on Children with Disabilities (2001). Developmental Surveillance and Screening of Infants and Young Children. *Pediatrics*. 108: 192-196
3. American Academy of Pediatrics (2017). *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition.

Annual Well-Care Visits for Adolescents

Only 53% of Medicaid adolescents received a well-care visit in 2017, according to the National Committee for Quality Assurance (NCQA). While many teens don't want to see a doctor because they feel healthy, well-care visits are key to adolescent health.

The American Academy of Pediatrics and Bright Futures recommend adolescents receive a yearly well-care visit to promote healthy behaviors, prevent risky ones and identify conditions that can hinder a teen's physical, social and emotional development. Behaviors established during these formative years, such as eating habits and physical activity, can extend into adulthood. These visits give providers the opportunity to influence sustainable behaviors.

A comprehensive well-care visit should include the following age-appropriate services:

- A physical exam
- Immunizations
- Health history screening
- Mental health screening
- Physical developmental history
- Oral health risk assessment
- Health education / Anticipatory guidance



(TCH, 2015)

Adolescent Care: Recommended Best Practices

Care provided to adolescent members should include education in relation to how he or she relates to the world. During this stage of growth, teens undergo considerable changes physically, mentally, sexually, socially and emotionally. It is also recommended that providers educate parents of adolescent patients about the changing dynamics of their young family member.

According to Healthy People 2020, the adolescent population is becoming more ethnically diverse. This means providers need to be culturally responsive to health care needs and give heightened attention to unequal health, academic and economic factors. For more information, resources, and overview of adolescent health goals, visit [Healthy People 2020—Adolescent Health \(https://bit.ly/2KbKkqB\)](https://bit.ly/2KbKkqB).

A Note to CHDP Health Care Providers

When to use the CHDP Care Coordination/Follow-up Form?

- Complete the [CHDP Care Coordination/ Follow-up Form \(https://bit.ly/2LAnVX6\)](https://bit.ly/2LAnVX6) for clients:
 - That have Fee-for-Service Medi-Cal or temporary Medi-Cal Coverage thru Gateway (except Federally Qualified Health Centers).
 - Found to have problems during an exam or has been referred to another provider.
- Submit a copy of the form to the fax number (805) 658-4505, which is also listed on the form.

When to use the Foster Care Medical (Specialty) Form?

- Complete the [HCPCFC Foster Care Medical \(Specialty\) Contact Form \(https://bit.ly/2YWmGo9\)](https://bit.ly/2YWmGo9) for all types of visits for clients in the foster care system.
- Submit a copy of the form to the fax number (805) 658-4505, which is also listed on the form.

Measles: Current Recommendations

Vaccination continues to be the best way to prevent measles infections. The California Department of Public Health (CDPH) recommends the following for children:

If traveling internationally:

- Infants 6-11 months of age should receive one extra, early dose of measles, mumps, rubella (MMR) vaccine before they travel.
- Infants who get one dose of MMR vaccine before their first birthday should get two more doses starting at 12 months of age and separated by at least 28 days.
- Children 12 months of age and older should receive two doses of MMR vaccine, separated by at least 28 days.



(CDC, 2019)

If not traveling internationally:

- The first dose is recommended on or after their first birthday, but not before.
- The second dose is routinely recommended at age 4-6 years, before school entry.
- Children can receive the second dose earlier as long as it is at least 28 days after the first dose of MMR.

For more information, read the full [“Summary of Current Recommendations on Measles Immunization”](https://bit.ly/2XViXpJ) (<https://bit.ly/2XViXpJ>) reported by the CDPH. Also, check out the measles testing guidance flyer [“Should I Test for Measles? A Guide for California Healthcare Providers”](https://bit.ly/2JQlpsf) (<https://bit.ly/2JQlpsf>).

National Childhood Lead Poisoning Prevention Week

The 2019 National Childhood Lead Poisoning Prevention Week is October 20-26.



(CLPPB, 2019)

The Ventura County Childhood Lead Poisoning Prevention Program (CLPPP) is looking forward to promoting this year’s theme: “Dust and dirt with lead can hurt. Keep kids away from lead where they play.” In California, children can be exposed to lead by ingesting lead-contaminated dust, paint chips from deteriorating lead-based paint, and lead-contaminated soil. Other sources of lead poisoning include lead dust brought home on parents’ work clothes, certain imported ceramic pottery, painted objects, traditional home remedies, traditional cosmetics, and imported spices.

Lead poisoning can seriously affect a child’s brain and nervous system, which can cause learning and behavioral problems. A blood lead test is the only way to identify lead poisoning in children. Our CLPPP/CHDP staff will be raising awareness for lead poisoning prevention at outreach events to families and at visits to community and health care partners. Plan to attend the noontime Childhood Lead Poisoning Prevention in-service on October 16, 2019. Please contact us at (805) 981-5291 with questions about lead poisoning prevention in childhood or to request health education materials or trainings.

World Breastfeeding Week 2019

Ventura County is proud to celebrate World Breastfeeding Week during the week of August 1-7, 2019. This is an annual worldwide celebration of breastfeeding promoted by the World Alliance for Breastfeeding Action (WABA). WABA is a global network of individuals and organizations concerned with the protection, promotion, and support of breastfeeding.

Breastfeeding is one of the best ways to promote health in both infants and mothers. The American Academy of Pediatrics recommends that infants be exclusively breastfed for the first 6 months of life and continue breastfeeding along with appropriate complementary foods for at least 1 year. The World Health Organization recommends continued breastfeeding with complementary foods up to 2 years of age or beyond.

Health care providers play a crucial role in supporting breastfeeding initiation and continuation. If you are looking to promote and support breastfeeding in your clinic, please reference [“The 9 Steps to a Breastfeeding Friendly Clinic: Guidelines for Community Health Centers and Outpatient Care Settings”](http://calwic.org/storage/documents/bf/2016/9StepGuide.pdf) (<http://calwic.org/storage/documents/bf/2016/9StepGuide.pdf>).

Links to upcoming events and resources:

- [Breastfeeding Coalition of Ventura County](https://breastfeedventura.org) (<https://breastfeedventura.org>)
- [Women Infants and Children](http://www.vchca.org/women-infants-and-children-wic) (<http://www.vchca.org/women-infants-and-children-wic>)
- [Healthy Ventura County](https://www.healthyventuracounty.org/healthy-kids/breastfeeding/) (<https://www.healthyventuracounty.org/healthy-kids/breastfeeding/>)



WABA | WORLD BREASTFEEDING WEEK 2019

New Tube Feeding Support Group for Children and their Families in Ventura County

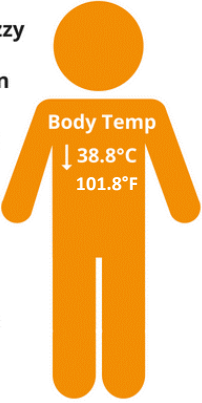

Many families struggle to navigate the challenges presented by having a child who is tube fed. To address this need, Ventura County California Children’s Services (CCS) and Rainbow Connection are collaborating to provide a forum for these families to meet on a quarterly basis in 3 locations throughout the county (Oxnard, Santa Paula, and Simi Valley). Groups are being facilitated by the CCS Registered Dietitian, Maggie Leroy and CCS Social Worker, Alex Miller. The groups will have guest speakers present on different topics which include a review of tube feeding formulas, G-tube site care, and navigating the social dynamics of tube feeding. Spanish and English speaking families are welcome. For more information, contact Rainbow Connection at 805-485-9643 or [register here](https://bit.ly/2M0NkcM) (<https://bit.ly/2M0NkcM>).



Beat the Heat

Heat-related illnesses, such as heat exhaustion or heat stroke, are caused by an overload to the body's temperature control system. Everyone is at risk, however infants and children ages 4 years and younger are at a greater risk. Share the following differences between heat exhaustion vs. heat stroke and ways to prevent both with your clients and their families.

Signs and Symptoms of Heat-Related Illness:

HEAT EXHAUSTION vs.		HEAT STROKE	
Faint or Dizzy	 <p>Body Temp ↓ 38.8°C 101.8°F</p>	Throbbing Headache	 <p>Body Temp ↑ 40.0°C 104.0°F</p>
Anxiety & Confusion		Anxiety & Confusion	
Excessive Sweating		Sweating Stops	
Fast, Weak Pulse		Fast, Strong Pulse	
Nausea or Vomiting		Nausea or Vomiting	
Cold, Pale, Clammy Skin		Hot, Red, Dry Skin	
Muscle Cramps		May Lose Consciousness	
Treatment		<ol style="list-style-type: none"> 1. Get to a cooler place and rest 2. Drink water if conscious 3. Have a cool shower/use cold compresses 	

(VCFD, 2018)

How to Prevent Heat-Related Illness:

- Do not leave children or pets in parked vehicles, even if windows are open.
- Dress children in light-colored, loose, lightweight clothing.
- Stay indoors during the hottest time of the day.
- If you have outdoor activities scheduled, plan them in the morning or evening.
- Stay cool in the pool or by taking cool baths/ showers.
- Seek medical attention if you show any signs or symptoms stated above.

For more information about protecting children from extreme heat, visit HealthyChildren.org.

Packing Healthy School Lunches

Lunch plays an important role in children's overall health and school performance. If a child skips lunch, they are likely to have trouble concentrating in the classroom, show lack of energy and overeat on low-nutrient, after-school snacks. Share the following tips and ideas to create healthy lunches, with your clients and their families.

Balanced lunches typically include:

- One serving of fruit
- One serving of vegetable
- Two servings of grains (aim for more whole grains)
- One serving of lean protein
- One serving from the dairy group (aim for low-fat and low sugar varieties)
- Water or low-fat milk to drink

School lunch safety tips:

- Wash out lunch bags, boxes, and containers with warm soapy water daily.
- Prepare lunches on clean surfaces and wash hands before preparation.
- Teach children to wash hands before meals. Consider packing a moist towelette.
- Wash all fruits and vegetables.
- Perishable foods should not be out of refrigeration for more than 2 hours. Pack a frozen water bottle or ice pack in the lunch bag to keep these foods cold.
- Instruct children to throw away all perishable leftovers after lunch.

Quick and healthy lunch ideas:

- Hummus, cheese, lettuce, and tomato sandwich on whole grain bread
Cored and sliced apple with nut or sunflower seed butter
Hard-boiled egg
Water to drink
- Chicken salad (made with chopped chicken, apples, grapes, celery, avocado, and mayonnaise)
Whole grain crackers
Tangerine and strawberries
Low-fat milk or yogurt

Additional Resources:

- ⇒ [Safe Lunch Study Guide](https://bit.ly/2LNmOnb) (<https://bit.ly/2LNmOnb>)
- ⇒ [Food Allergies in Schools](https://bit.ly/2UnRtLL) (<https://bit.ly/2UnRtLL>)
- ⇒ [Making the Grade at Lunchtime](https://bit.ly/2nIid7y) (<https://bit.ly/2nIid7y>)
- ⇒ [School Lunches](https://bit.ly/2SSITSM) (<https://bit.ly/2SSITSM>)



Protecting Kids Traveling to and from School

Summer is wrapping up and children are looking forward to entering the next grade level, seeing their friends and meeting new people. It's important to remind children of how to get to and from school safely. Safety must be the first lesson of every new school year. Whether your child rides a bus to school, walks to school, or you drive them in a car, review and share the following safety tips with your clients and families to make traveling to and from school a safer experience.

When riding the school bus:

- Never step off the curb until the bus comes to a complete stop.
- Always wait for the bus driver to tell you when to board.
- Face forward after finding a seat on the bus.
- Teach kids to wait for the bus to completely stop before getting off and not to walk behind the bus.

When walking:

- Use the sidewalk and if there isn't one, walk facing traffic as far to the left as possible.
- Encourage kids to be especially alert for cars that are turning or backing up.
- Use crosswalks whenever they are available to cross the street.
- Look left-right-left before crossing any street.

When driving:

- Use appropriate car seats and booster seats for younger passengers.
- The car shouldn't move until everyone is buckled up.
- Obey school zone speed limits and follow your school's drop-off procedure.
- Remember that the phone must stay down when you're driving.

Additional Resources:

- ⇒ [Back to School Safety Checklist](https://bit.ly/2KIPh8T) (<https://bit.ly/2KIPh8T>)
- ⇒ [School Bus Safety Tips](https://www.safekids.org/safetytips/field_risks/school-bus-safety) (https://www.safekids.org/safetytips/field_risks/school-bus-safety)
- ⇒ [Pedestrian Safety Tips](https://www.safekids.org/tip/pedestrian-safety-tips) (<https://www.safekids.org/tip/pedestrian-safety-tips>)
- ⇒ [In and Around Cars](https://www.safekids.org/safetytips/field_risks/and-around-cars) (https://www.safekids.org/safetytips/field_risks/and-around-cars)



(CDC, 2014)