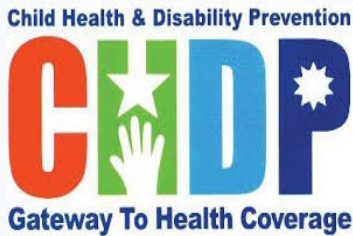


THE GROWING YEARS

A Newsletter of Riverside County's Child Health & Disability Prevention Program



July 2019 Issue

LOOK INSIDE

In This Issue	Page
Message from Dr. Dael	1
Lead Recall	2
Child Product Recall	3
Physical Activity	4
Drowning Prevention	5
Providers of Excellence	6
CHDP Word Search	7
WIC's Happenings	8
Healthy Recipe: Hummus	9
Health Assessment Guideline: Iron Deficiency	10
Postpartum Depression	11
The End of CHDP?	12
2019 CHDP Income Eligibility Guidelines	13
CHDP Bulletin/Upcoming Trainings	14



By Christopher Dael, M.D.
Medical Director
Children's Medical Services

It's summertime again and many families will be taking to the skies for a well-deserved, if not chaotic, vacation. Traveling with kids to new and exciting places can be among the best experiences for a family. But travel, especially air travel, is also fraught with challenges. Here are a few tips and ideas you can pass on to your families for making travel safer and more enjoyable.

The airport screening process can be intimidating for young children and can even lead to short duration separation from parents. Encourage parents to talk to kids about the security process before hitting the airport so they won't be surprised by it. It is also a good idea to make sure they know that it's against the law to joke about threats like bombs or guns. Even the most innocent joke by a child can delay the process and sour a trip.

When flying, the American Academy of Pediatrics (AAP) recommends that each child (even those under two who are technically permitted by the airline to sit on a parent's lap) has his or her own seat with an appropriately secured car seat for young children or, for older children, secured by the airplane's seat belt for the duration of the flight. It's simply the safer way to go.

Pressure changes are notorious for causing kids ear discomfort when flying. Parents should be advised to allow babies to nurse or suck on a bottle during takeoff and landing. Older kids might benefit from chewing gum or drinking liquid during altitude changes.

If international travel is on the agenda, parents should be advised about potential vaccines like measles immunization for children under a year who are traveling to outbreak areas. It's also wise for parents to travel with a good supply of mosquito repellent. Some countries do not have the same safety rules for young children in hotels so it's wise to advise parents to carefully survey the room for hazards like window blind strings and bare wires.

A couple things to remind parents about for all travel is to carry a small bottle of hand sanitizer for frequent hand cleaning to help prevent getting sick during the vacation. Additionally, parents should travel with a car seat or make sure one is available at the destination if they will be using a car to get around.

I hope these tips will be helpful as you see your families off on their adventures this summer. For additional information from the AAP, please see the AAP's article on this topic at <https://www.aap.org/en-us/about-the-aap/aap-press-room/news-features-and-safety-tips/Pages/Air-Travel-Tips-from-the-American-Academy-of-Pediatrics.aspx>

Thanks for all you do and have a happy, safe summer!

LEAD RECALL: HERBAL SUPPLEMENTS



Life Rising Corporation of Willowbrook, IL is recalling Life Rising Holder-W Holder Warmer capsules, Life Rising NECK-ND Neck Clear capsules, and

HoliCare Metabolism Cleansing (MET-CLS) tablets because the products have the potential to contain excessive levels of lead. According to FDA instruction, lead can accumulate in the body over time and too much of it can cause serious and sometimes permanent adverse health consequences. People with high blood levels of lead may show no symptoms, but the condition may cause damage to the nervous system and internal organs. Acute lead poisoning may cause a wide range of symptoms, including abdominal pain, muscle weakness, nausea, vomiting, diarrhea, weight loss, and bloody or decreased urinary output. Children are particularly vulnerable to lead poisoning. Lead poisoning can be diagnosed through clinical testing.

The recalled products were mostly sold locally in the Chicago area at HoliCare clinics and a limited quantity were also distributed through mail orders.

The recall includes all products purchased before May 2, 2019 of the Life Rising Holder-W Holder Warmer capsules and Life Rising NECK-ND Neck Clear capsules and lot

number T81171040 of the HoliCare Metabolism Cleansing (MET-CLS) tablets. The Life Rising Holder-W Holder Warmer capsules are sold in a bottle with 54 capsules, the Life Rising NECK-ND Neck Clear capsules are sold in a bottle with 54 capsules, and the HoliCare Metabolism Cleansing (MET-CLS) tablets are sold in a bottle with 60 tablets, marked with lot # T81171040 on the bottom.

No illnesses have been reported to date.

The recall was initiated after it was discovered, based on sampling by U.S. Food and Drug Administration, that the products contained high levels of lead which exceeded the new daily limit guidelines of 3 µg per day for children, the 12.5 µg per day for adults which we were informed by the FDA on May 1, 2019.

The sale of these products has been suspended and inventory put on hold while the FDA and the company continue to investigate the source of the problem. Consumers who have purchased these products should not consume them and are urged to return them to the place of purchase for a full refund. Consumers with questions may contact the company at (630) 654-0617 Central Standard Time, Monday to Friday, from 9:00 a.m. to 4:30 p.m.

Source: "Life Rising Corporation Recalls Chinese Herbal Supplements Because of Possible Health Risk" on www.fda.gov. Contents of the FDA website may be republished, reprinted and otherwise used freely by anyone without the need to obtain permission from FDA.

For the Latest Lead Recalls

Refer to the U.S. Consumer Product Safety Commission by visiting www.cpsc.gov or calling 1-800-638-2772.



CHILD PRODUCT RECALL: TODDLER BOOTS

Target Recalls Toddler Boots Due to Choking Hazard

Target stores have recalled the Cat & Jack “Lilia” Rain Boots, sizes 5-12, on June 11, 2019. The boots have a unicorn horn that can detach, posing a choking hazard to young children. The horn on the unicorn’s head and mane on the back of the boot are fuchsia, orange, yellow, green and blue. The model numbers are located on the inside tag of the boot: 093-10-4311 (size 5), 093-10-4312 (size 6), 093-10-4313 (size 7), 093-10-4314 (size 8), 093-10-4315 (size 9), 093-10-4316 (size 10), 093-10-4317 (size 11) and 093-10-4318 (size 12). Consumers should immediately take the recalled rain boots away from children and return them to any Target store for a full refund. Eleven consumers reported the unicorn’s horn detached. No injuries have been reported. Boots were sold at Target stores nationwide, online at Target.com, and on Google Express from January 2019 through April 2019 for about \$20. The boots are manufactured by CJCHT Groups LTD., of Hong Kong, and imported by Target Corp. of Minneapolis, MN.

ENCOURAGING PHYSICAL ACTIVITY IN CHILDREN

Children are motivated by fun and variety, and a great motivator for children to engage in physical activity is parents and caregivers! Research shows that if parents and caregivers exercise regularly, their children are more likely to be active as well. Therefore, to increase physical activity in a child, parents and caregivers must play an active role in the activities too. For middle-school children, parents can participate in activities such as dancing, biking, hiking, playing outside and sports to show their children physical activity can be fun. In some communities, it may not be safe to play outside. Other alternatives to physical activities include walking upstairs, walking in a mall, etc. For high-schoolers, provide physical activities that give opportunities to socialize, such as joining a sports team or an afterschool club. Infants benefit from physical activity as well! Infants should be active during routine activities such as bathing, dressing and diapering. Other ways parents can be active with their baby is through floor activities such as “tummy time” and playing games like peek-a-boo and pat-a-cake.

For more information, please visit [Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents: Promoting Physical Activity at \[https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Introduction.pdf\]\(https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Introduction.pdf\)](https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Introduction.pdf)



DROWNING PREVENTION: YOU CAN SAVE A CHILD!



Summer's here, the kids are out of school, and that glistening, refreshing pool is calling your name. Sometimes we don't realize the danger that something so appealing can be. According to the Center for Disease Control and Prevention (CDC), drowning is the second leading cause of accidental deaths in children ages 1 - 14. Drownings are SILENT. There is no splashing. There are no yells for help. Many of these drownings are preventable.

Here are some tips to keep children safe from drowning:

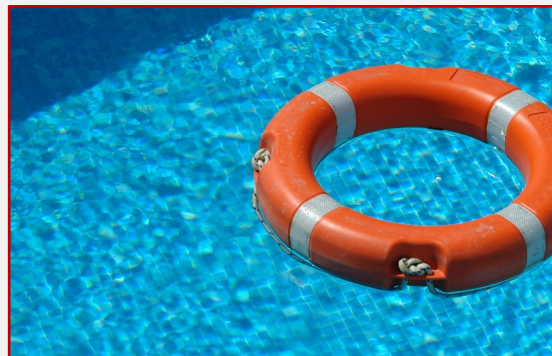
Supervision of children is crucial! An adult who is not distracted is key.

- Keep the phone away. Numerous children have drowned while parents are distracted by a cell phone. You don't need to keep it inside, just in a spot that you won't be tempted to use it. You may still need it for emergencies.
- Avoid alcohol.
- Don't read a book.
- Remove yourself from group conversations.
- When the vigilant adult needs to leave the pool area, another adult should be assigned to watch the kids.
- Do not leave children unattended, even for a short amount of time. Drownings occur *quickly*.

Ways to keep kids safe when they are NOT in the pool:

- Install a 4-foot fence around all sides of the pool. Ensure the gate to the pool area self-closes and self-latches, and that the latch can't be reached by children.
- Know how to turn off the pool pump in case a child becomes trapped at the bottom of a jacuzzi.

We'll never know how many lives have been saved by those who chose to do the right thing. The dad who chooses to leave his phone by the back door while kids are in the pool, the mom who chooses to watch the kids in a pool instead of hanging out with other adults, the parents who refuse to drink alcohol at a pool party when there are kids...all are silent, celebrated heroes.



*CHDP Honors...
Providers of Excellence!*

Children's Primary Care Medical Group of Murrieta



The CHDP Program recognizes providers who demonstrate excellence in the following areas:

- A site review score of 100%
- A chart review score of 98% or above
- And a desktop review score of 100%!

Thank you for your commitment to excellence!

WHY REFER TO WIC?



So many great things are happening at the Riverside County WIC sites!

- WIC Farmers Market checks are available with an extra \$20 to be used at local farmers markets.
- Most sites have wellness fairs. Featured this summer: Added Sugars, Potty Training, Cooking Tips, and Master Gardener demonstrations for container gardening.
- Breastfeeding support at all sites
- Online education
- Extended hours and Saturday appointments
- Nutrition education for a healthier family
- WIC checks for 1-3 months at a time to improve family nutrition
- Referrals to other needed services

Your referral and support can make a difference in so many lives. Please encourage families to enroll in WIC and continue on the program until their children are age 5.

Visit www.rivhero.com or call 1-855-RIV-HERO or (951) 358-7200 for more information.

EASY, HEALTHY RECIPE: HUMMUS

Hummus

Makes 6 servings

Prep time: 20 minutes

Serve with fresh, raw vegetables on a piece of whole wheat pita bread or tortilla, on crackers, or as a sandwich filling.

Ingredients:

- 2 cups garbanzo beans (chickpeas), cooked
- 2 cloves garlic (minced)
- 1/4 cup lemon juice
- 1 tbsp sesame tahini (sesame paste) or substitute peanut butter for a sweet taste
- 2 tbsp olive oil

Directions:

1. Mash the garbanzo beans until smooth. If you have a blender, put the beans and lemon juice in it and blend.
2. Add the garlic, lemon juice, tahini and oil. Mix well. Enjoy!

Recipe from USDA What's Cooking USDA Mixing Bowl at whatscooking.fns.usda.gov



Nutrition Facts

Calories	157
Total Fat	8 g
Saturated fat	1 g
Cholesterol	0 mg
Sodium	138 mg
Total Carbohydrates	18 g
Dietary fiber	5 g
Total sugars	3 g
Added sugars included	0 g
Protein	6 g
Vitamin D	0 mg
Calcium	40 mg
Iron	2 mg
Potassium	190 mg

CHDP HEALTH ASSESSMENT GUIDELINE: IRON DEFICIENCY



We will be highlighting a Health Assessment Guideline (HAG) in every newsletter to provide a quick summary and reference for our providers. HAGs are standards for pediatric health assessments that include frequency, content of the exam, tests to be provided, and recommended anticipatory guidance for CHDP children 0-21 years.

HAG #16 Iron Deficiency (ID) and Iron Deficiency Anemia (IDA)

Rationale: Inadequate iron intake in children may adversely affect long-term neurodevelopment and behavior which can be irreversible. Approximately one quarter of CHDP children ages 1 - 4 years had anemia according to the California PedNSS (Pediatric Nutrition Surveillance System) data from 2010. The Healthy People 2020 target for prevalence rates of anemia in 1- to 2-year-olds is 14.3% and 4.3% in 3- to 4-year-olds.

Screening Requirements:

- Perform a nutrition assessment on all children and provide nutrition counseling.
- Universal screening for anemia with determination of hemoglobin concentration should be done at 12 months of age. Risk assessment screening can be performed starting at four months of age.
- California WIC requires anemia screening with determination of hemoglobin concentration at 12 months, 24 months, 3 years and 4 years for all participants.
- Assess for risk factors associated with ID/IDA such as exposure to lead, pica or low birth weight.
- Provide supplemental iron for fully or partially breastfed preterm and term infants until infant is consuming sufficient amounts of high-iron foods.
- Refer the family to WIC to obtain supplemental nutrient-enriched foods and nutrition education.
- Check for elevated lead levels if not previously done in children under 6 years of age (see HAG #6: Blood Lead Test and Anticipatory Guidance).
- Re-check hemoglobin/hematocrit after 4-6 weeks of iron replacement therapy. Re-screen for risk factors, signs and symptoms of anemia.
- Finger-stick testing remains the standard methodology, but more specific tests are available to diagnose iron deficiency.
- You can reference page 9 in HAG #16 for ID and IDA resources.

Reference: <https://www.dhcs.ca.gov/services/chdp/Documents/IronDeficiency.pdf>

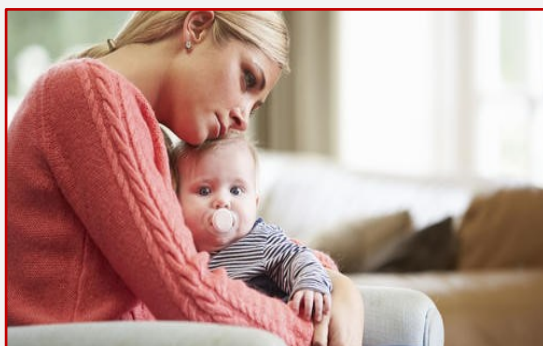
POSTPARTUM DEPRESSION SCREENING

Problem: Every year more than 400,000 infants are born to mothers who are depressed.

Postpartum depression (PPD), if gone undetected and untreated, can adversely affect a child's development. The consequences of maternal depression include negative effects on cognitive development, social-emotional development and behavior of the child. Infants who live in a setting of depression are likely to show impaired social interaction and delays in development. These changes to the infant's brain can be seen on an MRI. Maternal depression can affect parenting skills and judgment regarding supervision and safety and can take a substantial toll on the health and well-being of both mothers and children.

Role of the primary care provider: A maternal depression screening is considered an integral part of a risk assessment for a child and the importance of screening and treating maternal depression is clear. American Academy of Pediatrics (AAP) Bright Futures guidelines call for early identification of maternal depression at well-child visits at 1, 2, 4, and 6 months by utilizing a maternal depression screening tool.

Please visit <http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/psy201811.asp> for a list of validated depression tools released by Medi-Cal. Please contact CHDP at (951) 358-5481 if you have any questions about referrals or resources.



IS CHDP ENDING?!



Rumor has it that CHDP is ending. We have received calls asking questions about the program ending, even offering condolences. We have also heard that CHDP does not offer benefits anymore. Our response? CHDP is alive and well!

We have no plans to go anywhere, except out to your offices to offer the same high-quality assurance that we always have. Being part of CHDP means that you and your facility have met criteria that is up-to date with best practices. It says you care about giving only the highest standard of care to your patients. Facility and clinician applications are scrutinized to ensure that only the best facilities and highest trained clinicians can call themselves CHDP approved.

What is true is that CHDP is changing. We still offer the great benefits like Gateway, Care Coordination and Vision, Hearing and BMI screenings to our provider offices. What's changed is that billing is now easier with the elimination of the PM 160. Since tooth decay is the most common chronic illness in children, CHDP is increasing its focus towards oral health and we now provide fluoride varnish trainings. More changes are being considered and discussed on a state level.

Intercommunication between CHDP programs and managed care plans has increased. Both are recognizing the value of the other. Did you know that IEHP lists in their

Medical Care Standards that preventative services for children must be followed as specified by CHDP?

The same as managed care values CHDP, CHDP values its providers. We value and appreciate everything you do every day to improve the health and well-being of the children in Riverside County. We understand how the changes may make some think that the CHDP program is dying. As Lady Mary Montgomerie Currie said, "All (good) things come to those who wait."

Please visit www.rivcochdp.org to get acquainted with CHDP!

Children enrolled in GATEWAY in Riverside County	
March	1,109
April	1,205
May	1,259

Total number of CHDP providers
135

UPDATE: CHDP GATEWAY INCOME ELIGIBILITY GUIDELINES

Effective January 1, 2019, through December 31, 2019, providers are to use the following income guidelines when determining recipient eligibility for pre-enrollment in Medi-Cal through the Child Health and Disability Prevention (CHDP) Gateway. Providers should disregard all previous CHDP income eligibility guidelines charts.

Income Eligibility Guidelines* 266 Percent of the 2019 Federal Poverty Guidelines Effective January 1, 2019, through December 31, 2019 (For determinations of CHDP Gateway aid codes 8W and 8X only)		
Number of Persons in the Household	Monthly Income	Annual Income
1	\$2,769	\$33,224
2	\$3,749	\$44,981
3	\$4,729	\$56,738
4	\$5,708	\$68,495
5	\$6,688	\$80,253
6	\$7,668	\$92,010
7	\$8,648	\$103,767
8	\$9,627	\$115,524
9	\$10,607	\$127,281
10	\$11,587	\$139,039
For households of more than 10 persons, for each additional person, add:	\$980	\$11,758

*Gross income

CHDP BULLETIN

WORKSHOPS

CHDP Overview Workshop

August 14, 2019: Riverside
September 11, 2019: Riverside

Vision/BMI/Fluoride Varnish Training

July 24, 2019: Riverside

Audiometric Training

August 22, 2019: Indio

Vision/Fluoride Varnish Training

September 18, 2019: Indio

For more information, please visit us at www.rivcochdp.org and click on "CHDP 2019 Schedule of Training" or call us at 1-800-346-6520.

CHILD HEALTH PROGRAMS STAFF

Child Health & Disability Prevention Program

Linda Overton, ANM - Lead and CHDP Programs

Rebecca Fergus, PHN - Charge Nurse

Geraldine Odiakosa, PHN - Care Coordinator

Blanca Franco, PHN - Provider Liaison

Patricia Palomino, PHN - Care Coordinator

Laura Calderon - Health Services Assistant

Childhood Lead Poisoning Prevention Program

Noella Tataw, PHN

Desiree Contreras - Health Services Assistant

Crystal Meals - Health Services Assistant

Set-4-School

Lynne Craig - Program Coordinator II

Kylie Powers - Health Services Assistant

Office Support

Lilia Moncayo - Office Assistant II

Diane Montanez - Office Assistant II

Editors: Linda Overton, PHN, Assistant Nurse Manager, Child Health Programs; Diane Montanez, OA II, Child Health Programs

Contributors: Dr. Dael, Medical Director, Children's Medical Services; Desiree Contreras, HSA, CLPPP; Geraldine Odiakosa, PHN, CHDP; Shelley Wallevand, Environmental Health Specialist, III; Jennifer Stewart, Public Health Supervising Nutritionist II; Patricia Palomino, PHN, CHDP; Blanca Franco, PHN, CHDP; Rebecca Fergus, PHN, Charge Nurse, Child Health Programs

All CHDP programs can be reached by calling 1-800-346-6520.