Child Health & Disability Prevention



CHDP NEWSLETTER

Spring 2011, Volume XIV, Issue 2 CHDP Program, Children's Medical Services San Joaquin County Public Health Services

National Infant Immunization Week

April 23-30 is National Infant Immunization Week (NIIW), an annual observance to promote the benefits of a broad global initiative of the World Health Organization (WHO) to advance vaccination through education and communication activities. In the Western Hemisphere, It is jointly supported by the CDC and the Pan American Health Organization (PAHO).

Important milestones already reached in controlling vaccinepreventable diseases among infants worldwide include:

Congratulations to Tdap Providers

CHDP and other providers in San Joaquin County are doing an excellent job of assuring that all their patients entering 7th to 12th grades this Fall have received their Tdap vaccine against pertussis (whooping cough). The local and State Departments of Public Health and Education are very proud of provider performance in San Joaquin County. We still have a way to go before immunization coverage is universal, but we have 5 months to complete the job before school entrance. Visit Public Health Services at www.sjcphs.org/ for more information Tdap and all childhood vaccines.

- Routine immunization protects infants and children from 14 vaccine-preventable diseases before age two.
- Measles is very rare in the U.S.A.
- Rubella has not been a major threat to expectant mothers and their unborn children in the U.S.A. since 2005.
- Rates of childhood immunizations in the U.S.A. reached an all time high in 2010

Yet without diligent efforts to maintain immunization programs in the United States and to strengthen them worldwide, vaccinepreventable diseases will remain a threat to children. As illustrations, consider the 2010 California outbreak of whooping cough where over 8,000 cases were reported to the state and where there were 10 infant deaths, or measles, which takes the lives of more than 100,000 children globally each year.

PROVIDERS: PLAY YOUR PART BY SHOWING A SHORT FILM IN YOUR WAITING ROOM. DOWNLOAD www.cdc.gov/CDCTV/GetThePicture/ index.html

Good News re Adult Smoking Prevalence in San Joaquin Co.

There is good news regarding adult smoking prevalence in San Joaquin County (SJC), according the 2010 annual report of the Tobacco Control Program for the California Department of Public Health. The SJC rate of 11.4% is lower than statewide rate of 13.1%. It's a first for SJC, and a feather in the cap of STOPP, the Smoking & Tobacco Outreach Prevention Program, coordinated by Ina Collins, MPH.

Counties with the lowest adult smoking prevalence rates in California are Marin at 7.3% and Yolo at 7.7%; the highest are Tehama at 22.8% and Butte at 21.0%.

Statewide, in the past 25 years, the adult smoking prevalence rate dropped 47 percentage points from 24.9% in 1984 to 13.1% in 2008. A major accomplishment.

Nationwide, it's taken nearly 50 years to cut the adult smoking rate in half from 1963 when U.S. Surgeon General Koop issued the warning "smoking is hazardous to health" to the present. In this period, the prevalence of adult smoking dropped from 40% to 20%. The highest rate, 44%, was observed in the 1950s — a legacy of WWII and Madison Avenue. The CHDP Program requires its physicians to give every new patient family a questionnaire on tobacco use within the family and the home. From this data, providers are able to tell if children are exposed to second hand smoke. The data is recorded and tallied by the CDC so that every year, county CHDP programs can tell what the second hand smoke rate is among the CHDP population.

In 2008, the year of the data utilized in the 2010 State annual report, second hand smoke rates among the CHDP population 14% for SJC and 16% for California. Both rates were higher than the population-wide exposure rates for second-hand smoke.

STOPP SMOKING CESSATION classes are held throughout San Joaquin County. The list of classes will be mailed, faxed or emailed to you by contacting:

1-800-540-6775 or (209) 468-2415 Here is the CHDP Tobacco Questionnaire CHDP families sign and date:

- Do you smoke, chew, or use tobacco? If yes, what type and how often (cigarettes, chewing tobacco, Snus, Orgs, Camel Sticks or Strips, cigars, other: ____)
- Do members of your family or friends smoke. If yes, please identify the smokers (parents, guardians, sons, daughters, friends, grandparents, brothers, sisters, other ____)
- 3. How much time do these smokers spend around your child/children?
- 4. Are you aware that smoking, chewing, using and/or exposure to second hand smoke can cause health problems, such as asthma, lung cancer, emphysema, bronchitis, pneumonia. otitis media, coughs, runny nose, and colds?
- 5. Are you interested in a class to stop smoking or using tobacco?

Signatures:

Patient (age 9>)	Date:
Parent/Guardian	Date:

Honor Roll of Public School Districts for 2010

Congratulations to the public school districts in San Joaquin County whose first graders submitted Health Assessment Certifications at a rate of 95% or higher for the 2010-11 school year. In alphabetical order, they are:

> Aspire Rosa Parks Academy Banta Elementary School District ** Jefferson Elementary School District Lincoln Unified School District Linden Unified School District New Hope Elementary School District ** Oak View Elementary School District ** Tracy Unified School District Venture Academy ** se districts with double asterisks (**) achieved a rate

Those districts with double asterisks (**) achieved a rate of 100% by October 31, 2010.

Countywide, the submission rate for health assessment certifications was 86% among the 10 districts submitting data. This figure represents an 11 percentage point drop since 2006 — the last year school districts were required to submit triplicate reports to the State of California.

This rate might have been considerably lower were it not for the fact that district health administrators and school nurses sent letters in the late Fall 2010 to parents who had not yet received or submitted their children's certifications. CHDP assisted some districts by sending follow-up letters when no response was forthcoming. The CHDP letter directed families to the CHDP providers nearest their home and reiterated the fact that all qualifying, low-income families can receive CHDP school examinations and certifications for their first graders at no cost to the family.

Spring is the time to make sure children entering K-First Grade get their school physicals, immunizations, and certifications for the coming Fall. Each exam given by a CHDP provider helps raise the rate of completed health assessments for the entire kindergarten and first grade population of the coming school year. Please help us raise those health assessment rates now!

50% of Workshop Parents Wean Families off Sodas

For the past year, CHDP has been conducting nutrition workshops with Spanish-speaking parents at Head Start programs in Lodi and Stockton, with the hope of reaching all Head Start programs. Each workshop contains five 70 minute sessions over a 5-6 week period. The first session usually begins with 24-30 parents. This number dwindles to 16-18 regular attendees. In a recent workshop, 50% of the regulars were successful in weaning their families off sodas and sweetened beverages and onto plain tap water, infused tap water, or teas and tisanes made of tap water. Each of the successful families also adopted at least one of the following healthy behaviors:

- Serving fresh vegetables on one-half the dinner plate to each family members;
- Limiting screen time to 2 hours per day for children;
- Practicing family exercise each day by taking a walk together in the neighborhood or park or dancing before or after dinner.
- Enrolling children in programs with 45-60 minutes of rigorous exercise on a daily basis. (e.g., Boys & Girls Clubs or After School Programs at public schools.
- Drinking at least 8 glasses of water per day by carrying a water container filled with tap water.

These practices may look familiar to CHDP providers as they appear in *My Healthy Lifestyle Goal Tracker*, a tool CHDP began distributing in 2008. Some of the families recognized the tool and said, proudly, that their doctor had given it to them for their older children who could read. Reinforcement of this type is the way CHDP families attain consensus and adopt healthy practices. So, please continue distributing "Goal Trackers" as they are promoted throughout Head Start..

In the words of one successful family, "We were amazed that we were eating more, weighing less, feeling better, and saving money!" That's a strong testimonial and just the kind to motivate other families to follow suit and adopt healthier home behaviors.

Keys to the effective learning environment of the workshops are believed to be the following:

- English-Spanish interpreters from Head Start were thoroughly trained in advance to understand the objectives, curriculum, and methods of the workshop. In addition, the entire Head Start staff at each location was given a detailed orientation.
- Learning was interactive, sense-based and focused on demonstrations, hands-on practice, tastings, and participant dialog. Print materials were available in Spanish and English, but the emphasis was on seeing, hearing, tasting, practicing, and talking amongst each other.
- The learning atmosphere was comfortable, "tasty," and , therefore, lent itself to dialog among participants. Initially shy, the parents soon relaxed and began relating their own experiences in a comfy conversational manner. This free exchange of ideas, framed by their own experiences, enabled the real learning and motivation for behavioral change to begin.

While labor-intensive, the workshops are worth the investment of time and funds because they motivate the changes needed to prevent costly cases of child obesity and diabetes. CHDP hopes to conduct the workshops at all Head Start sites.

Safety is No Accident Live Injury Free

It only takes a moment for an injury to happen—a fall on a stair, a moment's glance away from the road, a biking or sports-related injury, a medication mix-up. But it also takes just a moment to protect against injuries and make communities safer. The potential for injury is all around us. Each year in the USA, nearly 150,000 people die from injuries, and almost 30 million people are injured seriously enough to go to the emergency room.

Injuries are not "accidents," and we can prevent them from happening. Taking actions such as wearing a seatbelt, properly installing and using child safety seats, wearing a helmet and storing cleaning supplies in locked cabinets are important ways to proactively promote safety and prevent injuries.

During National Public Health Week, April 4-10, 2011, the American Public Health Association (APHA) needs your help to educate Americans that "Safety is No Accident . . . Live Injury Free." Together we can help Americans live injury-free in all areas of life: at work, at home, at play, in your community and anywhere people are on the move. We all need to do our part to prevent injuries and violence in our communities. Join us as we work together to create a safer and healthier nation. The APHA's full message this year follows:

SAFETY IS NO ACCIDENT:

- * REDUCE HEALTH HAZARDS AT HOME.
- * KEEP HOUSEHOLD PRODUCTS, MEDICINES & FIREARMS OUT OF THE REACH OF CHILDREN & YOUTH

GUNS = DEATH

Regarding firearms, the American Academy of Pediatrics (AAP) points out that over 44 million Americans own firearms. That's averages to 1 in every 7 Americans — men, women and children — owning at least one firearm. Even more striking is the fact that there are 192 million firearms owned and registered in the United States with its population of 308 million. That's one firearm for every 1.61 people. No other nation on earth has this high a ratio of firearm ownership. Of the 192 million firearms in the United States, 65 million are handguns.

AAP research shows that guns in the home are a serious risk to families.

- A gun kept in the home is 43 times more likely to kill someone known to the family than to kill someone in self defense.
- A gun kept in the home triples the risk of homicide.
- The risk of suicide is 5 times more likely if a gun is kept in the home.

AAP RECOMMENDTIONS

AAP believes the best way to keep children safe from gun injury and death is by following the advice below. Please share it with all the parents of your patients.

- NEVER keep a gun in the home.
- Do not purchase a gun, especially a handgun.
- Talk to your children about the dangers of guns, and tell them to stay away from guns.
- Find out if there are guns in the homes where your children play. If so, talk to the adults in the house about the dangers of guns to their families.

Here is further advice for those parents who know the dangers of guns but still keep a gun in the home?

- Always keep the gun unloaded and locked up.
- Lock and store the bullets in a separate place.
- Make sure to hide the keys to the locked places where the gun and the bullets are located.

Source: TIPP-The Injury Prevention Program of the American Academy of Pediatrics. www.aap.com

WHAT ABOUT GUN CONTROL LAWS?

In the March 30, 2011 edition of *The Record* (Stockton), there was an article reporting on a Pew Research Center survey regarding American demographic groups favoring gun control laws. A summary of the results may be of help to CHDP providers as they conduct patient and parent education during anticipatory guidance sessions on injury prevention.

	Percent of Americans Favoring Gun Control
Men	40%
Women	58%
Whites	2%
Blacks	68%
Latinos	75%
College grads	53%
High School grads	51%
Democrats	67%
Republicans	26%
Independents	50%
Overall population	51%

Source: <u>Stockton.recordnet.com</u>, 3/309/1: Americans divided on gun control, page one.

February 27 Diabetes Summit a Success

300 community residents of varying ages gathered at the Lexington Hotel in Stockton on February 27 for the first community diabetes summit to be held in San Joaquin County. The challenge of the day was to engage participants in becoming aware of the severity of the diabetes epidemic in our county and of the behaviors needed to prevent and control the disease. Diabetes screening, interactive learning, an art contest, high school musicians and dancers, line dancing, healthy foods and drink, panels and group discussions were included among the day's activities. The successful event was organized by the Chronic Disease Prevention Task Force, coordinated by Shene Bowie, D.PH, Manager of Health Promotion and Chronic Disease Prevention at Public Health Services. The job is an urgent one because SJC has the highest prevalence of diabetes of all counties in California.

Prior to the summit, Joel Goldeen of The Record wrote a very comprehensive article on diabetes in the county which covered the problem and the various efforts being mounted to prevent and control diabetes. Kawabene O. Adubofour, MD, an internist and diabetes expert who runs the East Main Clinic & Stockton Diabetes Intervention Center, was featured, along with various community health educators working at the grassroots level to change individual and family behaviors. Dr. Adubofour was quoted as saying the three solutions to the diabetes epidemic are: Education, Education and Education. That's true as long as endeavors produce behavioral changes within families to prevent the disease. Mr. Goldeen's article also appeared in the Spanish-language newspaper Vida. And, he wrote a follow-up article which reported on the proceedings of the diabetes summit.

PRIMARY CARE PROVIDERS MAKE A DIFFERENCE so CHDP urges all its providers to have these diabetes articles on hand for patient and parent education. Distributing them to families with children and/or adolescents over the 85th percentile for BMI will reinforce your referrals as well as your patient and parent education messages. Contact www.recordnet.com or Dr. Bowie's office 468-3004 or CHDP 468-8918.

Regarding referrals, CHDP reminds its providers that the latest edition of the *Pediatric Referral Resources to Prevent & Treat Child and Adolescent Overweight* (PRR) has just been distributed electronically to all CHDP practices and clinics with email addresses. (HINT: send us your email address if you have not already done so.)

LOCAL PEDIATRICIANS MAKE A DIFFERENCE: CHDP also has reprints of the February BMI seminar. Just call 468-8918. Pediatricians will be interested in learning the ways Drs. Ana Revilla and Dawnell Moody of Community Medical Centers have succeeded in changing behaviors and reducing BMI rates among elementary school children and teens who attend their weekend health education workshops.

MAY

Asthma Awareness Month Toddler Immunization Month World No Tobacco Day = May 31

The Power of the Mother-Baby Connection May 20, Hilton Stockton Registration: www.bfcsj.org Questions: 468-3267

JUNE

Tobacco Awareness Month

6th Biennial Childhood Obesity Conference Manchester Grand Hyatt in San Diego June 28–30

www.childhood-obesity.net

Sponsored by California Departments of Public Health and Education, University of California at/Berkeley, Dr. Robert C. and Veronica Atkins Center for Weight and Health, California Endowment, and Kaiser Permanente.

Registration: 1-800-858-7743 or

ChildObesityConference@cce.csus.edu

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