

June 2021 | San Francisco

# CHDP SUMMER NEWSLETTER



## Updated CHDP Contact Information

Child Health and Disability Prevention Program

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## 2021 Income Eligibility Guidelines for the CHDP Gateway Program

Effective January 1, 2021, through December 31, 2021, 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 program. Providers should disregard all previous CHDP income eligibility guidelines charts.

### Income Eligibility Guidelines

266 Percent of the 2021 Federal Poverty Guidelines Effective January 1, 2021, through December 31, 2021 (For determinations of CHDP Gateway aid codes 8W and 8X only)

Number of Persons in the Household	Monthly Income	Annual Income
1	\$2,856	\$34,261
2	\$3,862	\$46,338
3	\$4,868	\$58,414
4	\$5,875	\$70,490
5	\$6,881	\$82,567
6	\$7,887	\$94,643
7	\$8,894	\$106,720
8	\$9,900	\$118,796
9	\$10,906	\$130,872
10	\$11,913	\$142,949
For households of more than 10 persons, for each additional person, add:	\$1,007	\$12,077

## In this quarterly issue:

**WE'VE MOVED:**  
Updated CHDP Contact Information

2021 Income Eligibility Guideline for the CHDP Gateway Program

Vitamin D & Healthy Dietary Pattern

Transmission of cariogenic bacteria from a caregiver to a child

The decline of Well Child examinations and vaccinations

Provider Enrollment Inquiry Form Replacing PEDCorr@dhcs.ca.gov Email

Child Health & Disability Prevention



[https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom\\_30992.aspx](https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30992.aspx)



## Vitamin D & Healthy Dietary Pattern

Vitamin D (calciferol) is a fat-soluble vitamin that plays an important role in bone health, along with calcium. Vitamin D promotes the absorption of calcium and phosphorus, helps deposit the minerals in bones and teeth, aid muscle function and nerve communication for the brain and body. The immune system uses vitamin D to help fight off invading bacteria and viruses. It is present in a few foods, fortified to other foods, and also available as a dietary supplement. The body also triggers vitamin D synthesis with ultraviolet (UV) rays from sunlight exposure. Reduced outdoor play time and increased consumption of juice and soft drinks in place of vitamin D foods and beverages elevates the probability of deficiency among children.

### Recommended Intakes & Supplementation

- Adequate Intake (AI) for infants 0 – 12 months is 400 IU/day.
  - Exclusively or partially breastfed infants should begin 400 IU (10 mcg) of supplemental vitamin D in the first few days of life. Continue supplementation until infant is weaned to at least 1 qt (1L) of whole milk/day, after age 12 months.
  - Non-breastfed infants consuming at least 32 ounces of formula/day, vitamin D supplementation is not needed.
- Recommended Dietary Allowance (RDA) for children 1 year and older is 600 IU vitamin D/day.
  - Children who are obese and children on anticonvulsant, glucocorticoid, antifungal, and antiretroviral medications may require 2-4 times the recommended dose of vitamin D.

### Status and intake

Vitamin D deficiency results in rickets in young children and increased fracture risk in older children and adolescents. Compared with younger children, adolescents have higher rates of vitamin D deficiency, with increased risk in black and Hispanic teenagers. Obese children and adolescents are also at increased risk for deficiency. Most people in the United States consume less than recommended amounts of vitamin D. 2015-2016 National Health and Nutrition Examination Survey (NHANES) found that average vitamin D intake in children aged 2-19 years from foods and beverages was 4.9 mcg (196 IU). Soda consumption is associated with lower intake of milk and calcium, preventing adolescents from achieving adequate calcium and vitamin D intake.

### Vitamin D and Healthful Diets

Increased dietary intake to meet daily requirements is encouraged. 2020-2025 Dietary Guidelines for Americans notes that “Because foods provide an array of nutrients and other components that have benefits for health, nutritional needs should be met primarily through foods. In some cases, fortified foods and dietary supplements are useful when it is not possible otherwise to meet needs for one or more nutrients (e.g., during specific life stages such as pregnancy).” Human milk does not provide adequate amounts of vitamin D, thus supplementation for breastfed or partially breastfed infants is recommended. Natural dietary sources of vitamin D include fatty fish and fortified foods and beverages such as cow's milk, yogurt, cheese or fortified dairy alternative. List of food sources of vitamin D can be found at <https://www.dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials/food-sources-select-nutrients/food-sources>

## Role of the Pediatrician

1. Ask patients/family about dietary sources and amounts of calcium and vitamin D.
2. Encourage increased dietary intake of calcium and vitamin D containing foods and beverages.  
\*Dairy/dairy alternative daily recommendation by age:

Daily Recommendation*		
Toddlers	12 to 23 months	1⅔ to 2 cups
	2-3 yrs	2 to 2½ cups
Children	4-8 yrs	2½ cups
	9-13 yrs	3 cups
Girls	14-18 yrs	3 cups
	9-13 yrs	3 cups
Boys	14-18 yrs	3 cups

3. Encourage weight-bearing activities such as walking, jumping, skipping, running, and dancing.
4. Routine screening of healthy children and adolescents for vitamin D is not recommended. However, those with conditions associated with reduced bone mass or recurrent low-impact fractures should have a serum 25-OH-D concentration measured.

More information at <https://pediatrics.aappublications.org/content/134/4/e1229>

### References:

1. Dairy. MyPlate. Retrieved May 25, 2021 from <https://www.myplate.gov/eat-healthy/dairy#mp-container-706430>
2. Golden, N.H, Abrams, S.A. (2014). *Optimizing Bone Health in Children and Adolescents*. Pediatrics, 134 (4). <https://pediatrics.aappublications.org/content/134/4/e1229>
3. U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*. 9th Edition. December 2020. <https://www.dietaryguidelines.gov/>
4. *Vitamin D Fact Sheet for Health Professionals*. 2021, March 26. National Institutes of Health. Retrieved May 25, 2021 from <https://ods.od.nih.gov/factsheets/VitaminD-HealthProfessional/>



## **Transmission of cariogenic bacteria from a caregiver to a child**

Dental caries is an infectious and transmissible disease. It is, however, preventable even from the first year of a child's life. Many parents do not bring their babies to the dentist until one year of age or later. Therefore, primary care providers are the only health care providers these children see during their first year. As a result, primary care providers play a major role in educating the family members about oral health, daily routine oral care, and dental-related habits.

Dental caries is caused by Mutans Streptococci (MS) and Lactobacilli (LB). These cariogenic bacteria can easily pass unknowingly from family members & caregivers to infants and young children. Studies show a significant association between maternal cariogenic salivary bacteria and childhood caries. The association is stronger when close maternal contact is present such as utensil sharing and family members sharing pre-chew food with the child. Sharing utensils and pre-chewed food among family members are widely accepted in many cultures. These may be ways cariogenic bacteria are introduced to the infant. The bacteria colony increases as the child gets older and more teeth erupt. It is imperative that primary care providers educate family members not to share utensils and other dental habits from the first well-child visit before eruption of the first tooth.

### **Ways caries causing bacteria (MS) transfers from parents/caregivers to a child**

- Sharing eating/drinking utensils, including cups, spoons, and straw
- Pre-chewing food for infants
- Sharing/eating of the same food items
- Blowing on the baby food to cool it down
- Sharing toothbrushes
- Allowing baby's fingers to transfer between the family member and child's mouth
- Cleaning pacifiers orally
- Kissing the infant's lips

### **The American Academy of Pediatric Dentistry (AAPD) researchers recommend the following to prevent cariogenic bacteria transfer from the caregivers to the children:**

- Caregivers should ensure they are free of active tooth decay and gum disease.
- Family members and who are in close contact with the child should have good oral health, a low level of cariogenic bacteria, and free of active tooth decay and gum disease.
- Prevent or limit interaction that will transfer the cariogenic bacteria between the caregivers and the child.
- Caregivers can chew citrus-free xylitol gum 2-3 times a day to reduce cariogenic bacteria.



Studies have shown that educating caregivers early in the infant's life can reduce the prevalence of early childhood caries, especially in families with low socioeconomic status. CHDP providers are well-positioned to reach these vulnerable families with this life-altering preventive measure. Since CHDP strives to make a positive impact on a young child's health, we would love the opportunity to partner with our CHDP providers to educate family members/caregivers on how cariogenic bacteria transfer and what they can do to prevent caries early on. If any of our CHDP providers are interested in this joint venture, please reach out to our CHDP dental hygienist at [may.bosco@sfdph.org](mailto:may.bosco@sfdph.org). Let's prevent early childhood caries by educating the family members/caregivers about cariogenic bacteria transfer and early prevention.



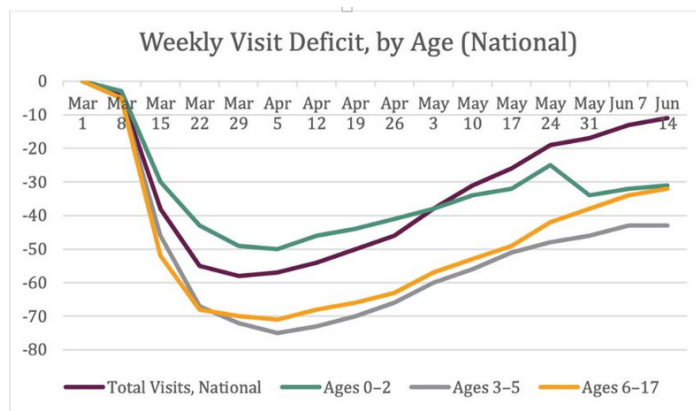
## References:

1. Damel, S.G, Dhindsa, A., Beniwal, V., Chatterjee, S., Garg, S., Loomba, A. (2016, August). *Transmission of mutans streptococci in mother-child pairs*. Retrieved May 5, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5206879/>
2. Promoting Oral Health (2015). Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents. Retrieved May 5, 2021, from [https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4\\_OralHealth.pdf](https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_OralHealth.pdf)
3. Linda (2017, March 7). *The transmission of cavity-causing bacteria from mother to child*. Retrieved May 3, 2021, from <https://tcdentalgroup.com.au/transmission-cavity-causing-bacteria-mother-child/>
4. Oral Health Practice Tools (2021). American Academy of Pediatrics. Retrieved May 5, 2021, from <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx>

# A look at the impact of the decline in Well Child examinations during COVID-19 pandemic

A report from the Institute of Child Success and a publication from the Commonwealth Fund have addressed the harm caused in declining Well Child examinations during the COVID-19 pandemic. The report from the Institute of Child Success particularly highlights that the significant decrease in Well Child examinations has resulted in missed opportunities to conduct vital screenings and opportunities for intervention around Mental Health and Childhood Abuse. The publication from the Commonwealth Fund provides helpful statistical images and data of the decline seen in well child examinations as well as a review of whether or not adopting new practices such as Telehealth are helping family's to access care.

- Click here for the publication from the Commonwealth Fund:  
<https://www.commonwealthfund.org/publications/2020/jun/impact-covid-19-pandemic-outpatient-visits-practices-adapting-new-normal>
- Click here for the entire report from the <https://www.instituteforchildsuccess.org/themencode-pdf-viewer/?file=https://www.instituteforchildsuccess.org/wp-content/uploads/2020/09/FINAL-SCAAP-Survey-Full-Report.pdf>



## The decrease of pediatric vaccinations during the COVID-19 pandemic

Prepublication Release

# PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

## Pediatric Vaccination During the COVID-19 Pandemic

Bradley K. Ackerson, MD, Lina S. Sy, MPH, Sungching Glenn, MS, Lei Qian, PhD,  
Claire H. Park, MPH, Robert J. Riewerts, MD, Steven J. Jacobsen, MD, PhD

This research publication from Pediatrics (April 2021), looks at the decreased uptake of pediatric vaccinations during the COVID-19 pandemic and the need to establish ongoing data collection during the reopening period as well as the need to create strategies such as immunization tracking and vaccination appointment reminders to facilitate a rebound in vaccination uptake.

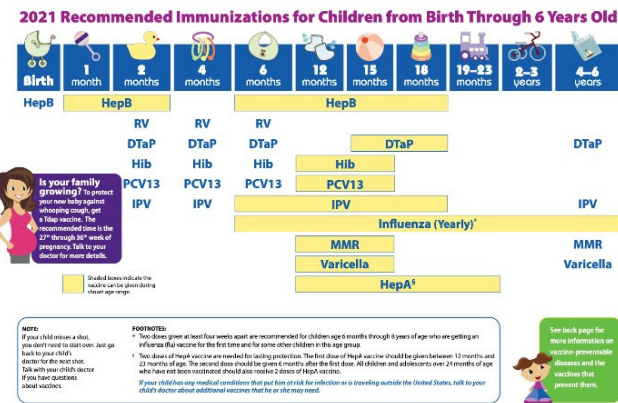
For the complete article please click here:

<https://pediatrics.aappublications.org/content/pediatrics/early/2021/04/13/peds.2020-047092.full.pdf>

# Materials to assist providers get their client's back on track.

In light of the decline in Well Child Examinations and the uptake of Childhood Vaccinations, the CDC has created some colorful resources to help providers educate parents on the importance of Well Child Examinations and vaccination catch-up:

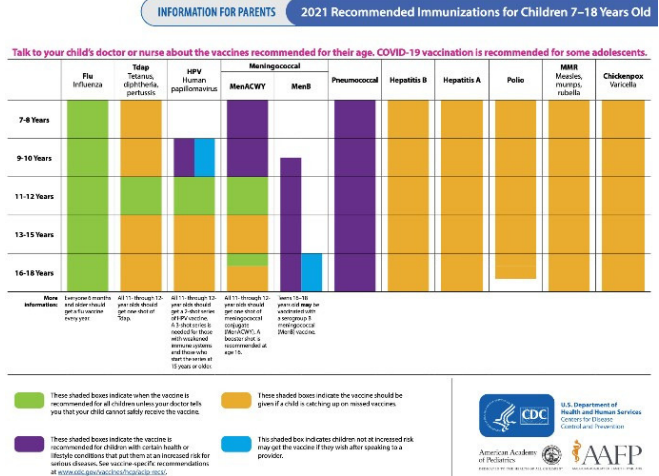
<https://www.cdc.gov/vaccines/parents/visit/vaccination-during-COVID-19.html>



For more information, call toll-free 1-800-CDC-INFO (1-800-232-4636) or visit [www.cdc.gov/vaccines/parents](https://www.cdc.gov/vaccines/parents)

**CDC** U.S. Department of Health and Human Services Center for Disease Control and Prevention

**AAFP** American Academy of Pediatrics



U.S. Department of Health and Human Services Center for Disease Control and Prevention

**AAFP** American Academy of Pediatrics

## References:

1. *FINAL-SCAAP-Survey-Full-Report - Institute for Child Success.* (2020, September). Institute for Child Success. <https://www.instituteforchildsuccess.org/themencode-pdf-viewer/?file=https://www.instituteforchildsuccess.org/wp-content/uploads/2020/09/FINAL-SCAAP-Survey-Full-Report.pdf>
2. Whitener, K., Whitener Georgetown CCF, K., CCF-admin, & Lam, A. (2021, January 13). Documenting the Harm of the Decline in Pediatric Visits: A Survey and Report from the Institute for Child Success. Retrieved May 27, 2021, from <https://ccf.georgetown.edu/2021/01/13/documenting-the-harm-of-the-decline-in-pediatric-visits/>
3. Ackerson, B. K., Sy, L. S., Glenn, S., Qian, L., Park, C. H., Riewerts, R. J., & Jacobsen, S. J. (2021, April). *Pediatric Vaccination During the COVID-19 Pandemic.* Pediatrics: Official Journal of the American Academy of Pediatrics. <https://pediatrics.aappublications.org/content/pediatrics/early/2021/04/13/peds.2020-047092.full.pdf>
4. *Well-Child Visits and Recommended Vaccinations Are Essential.* (2021, May 3). Centers for Disease Control and Prevention. <https://www.cdc.gov/vaccines/parents/visit/vaccination-during-COVID-19.html>
5. Mehrotra, A., Chernew, M., Linetsky, D., Hatch, H., & Cutler, D. (2020, June 25). *The Impact of the COVID-19 Pandemic on Outpatient Visits: Practices Are Adapting to the New Normal.* Commonwealth Fund. <https://www.commonwealthfund.org/publications/2020/jun/impact-covid-19-pandemic-outpatient-visits-practices-adapting-new-normal>

## Provider Enrollment Inquiry Form replacing PEDCorr@dhcs.ca.gov Email

To improve customer service and responsiveness, the Department of Health Care Services' Provider Enrollment Division (PED) will launch an automated online inquiry form to receive and respond to provider enrollment inquiries. The form will be posted June 1 on both the Medi-Cal website and PED webpage and will replace the [PEDCorr@dhcs.ca.gov](mailto:PEDCorr@dhcs.ca.gov) email box.

Beginning June 1, the automated online inquiry form may be accessed at the PED and Medi-Cal websites:

- Medi-Cal website
- PED webpage (<https://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx>)

PED will no longer respond to emails sent to the [PEDCorr@dhcs.ca.gov](mailto:PEDCorr@dhcs.ca.gov) email box after May 31. Please contact PED if you have any questions. Thank you for your support.



**SF CHDP website**

<https://www.sfdph.org/dph/comupg/oprograms/MCH/CHDP.asp>

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