



California Childcare Health Program (CCHP)

E-News for

Child Care Health Consultants

August/September 2008

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Greetings

As you work with ECE programs during this back-to-school period, please call the California Childcare Health Program's toll-free Healthline (800-333-3212) if you have questions about immunization requirements, developing special health care plans for children with chronic health conditions, or inclusion plans for children with special needs. We have been receiving many calls about air quality in wildfire areas. In the resources section below, you will find links from the CA Department of Public Health to many internet sites with information on the effects of smoke and particulates in the air on children.

With this issue of the CCHP-CCHC eNews we will begin every other month delivery so your next eNews will arrive in October. As always, we look forward to your feedback and requests. Send them to CCHP-CCHC@ucsfchildcarehealth.org

Announcements

New Health Connections issue

The July/August issue of the Child Care Health Connections newsletter is now available online at

www.ucsfchildcarehealth.org/pdfs/newsletters/2008/Jul_Aug_08.pdf.

Wal-Mart is recalling seven charm key chains

The key chains contain excessive amounts of lead that threatens the health of children. For more information, call Wal-Mart at (800) 925-6278 between 7 a.m. and 9 p.m. CT Monday through Friday, or visit the recall section of the

Wal-Mart Website: walmartstores.com/FactsNews/8398.aspx?p=7701.

The Kid-Safe Chemical Act

The nation's toxic chemical regulatory law, the Toxic Substances Control Act (TSCA), was passed in 1976 and has not been amended since. It is widely regarded as the weakest of our environmental laws. The Kid-Safe Chemical Act will mandate a fundamental overhaul of our nation's chemical regulatory law.

The Act will require that industrial chemicals be safe for infants, children and other vulnerable groups. It requires:

- that new chemicals be safety tested before they are sold
- that chemical manufacturers test and prove that the 62,000 chemicals already on the market that have never been tested are safe in order for them to remain in commerce
- that the EPA review "priority" chemicals, those which are found in people, on an expedited schedule
- regular biomonitoring to determine what chemicals are in people and in what amounts
- regular updates of health and safety data

The law also provides EPA with clear authority to request additional information and tests and to promote safer alternatives and alternatives to animal testing; provides incentives for manufacturers to further reduce health hazards; protects state and local rights; and requires that this information be publicly available.

A fact sheet on the proposed legislation is available from the Environmental Working Group: www.ewg.org/files/EWG-Kid-Safe-factsheet.pdf
For more information: <http://www.ewg.org/node/26571>

Resources

Information on the Effects of Smoke

From David Núñez, MD, MPH, Chief of the California Asthma Public Health Initiative (CA PHI) Chronic Disease Control Branch California Department of Public Health come these links to resources you may find helpful in responding to the significant respiratory concerns caused by the continuing California wildfires and related smoke impact on air quality:

- Wildfire Smoke: a Guide for Public Health Officials
www.arb.ca.gov/smp/progdev/pubeduc/wfgv8.pdf
- Environmental Hazards for Children in the Aftermath of Wildfires (developed by the Pediatric Environmental Health Specialty Units and the American Academy of Pediatrics)
www.coeh.uci.edu/pehsu/Wildfires%20-%20Recovery%20Phase.pdf
- California Air Pollution Control Officer's Association (CAPCOA): How to Protect Your Family from the Health Effects of Smoke
www.airquality.org/smokeimpact/index.html

- American Lung Association of California “California Wildfires: Lung Health Tips” www.californialung.org/media-center/news-archive/california-wildfires-lung-health-tips
- Identify your local air district, contact information, and local air quality forecast at: www.arb.ca.gov/capcoa/roster.htm
- US EPA’s Air Now Web site www.epa.gov/airnow/index.html
- Current air quality conditions (Tomorrow’s AQI forecasts are generally available at 1:15 PM Pacific time): airnow.gov/index.cfm?action=airnow.fcsummary&sortby=todayfc&order=desc&stateid=0 with tables at: airnow.gov/index.cfm?action=airnow.national. Many stations forecast ozone, some forecast PM2.5, and a few forecast PM10.

Two new resources on medical emergencies and behavioral challenges for ECE programs from Redleaf Press

Medical Emergencies in Early Childhood Settings (\$14.95 Redleaf Press, 2008)

This book provides quick and accurate guidance for first aid and medical attention on all types of injury and sudden illness. It is designed with tabbed pages and spiral binding for easy page turning to provide the most up-to-date information when you need it. The book is available in either English or Spanish.

Behavioral Challenges in Early Childhood Settings (\$14.95 Redleaf Press, 2008)

This book is filled with information on how to appropriately respond to an array of behavioral challenges including aggression, defiance, inappropriate language, tantrums, and separation anxiety. It also offers prevention tips and developmental information that may affect children’s behavior.

For more information on these books, please visit www.childhealthonline.org. You can contact Dr. Charlotte Hendricks at chendricks@childhealthonline.org to ask about discounted prices on these and other materials.

Other resources available through this website: www.childhealthonline.org

- Staff and parent training modules
- *Growing, Growing Strong* preschool health curriculum
- Free downloadable health & safety booklets for young children. These can be “personalized” with your agency name and contact information. Contact chendricks@childhealthonline.org and she can send you a personalized PDF file for any of these booklets

HRSA’s Stop Bullying Now! Campaign

The U.S. Department of Health and Human Services is happy to provide you with *Stop Bullying Now!* DVDs and Activities Guides free of charge. These materials serve as excellent resources at conferences and offer ideas on how to take a stand against bullying in your community. Contact Katie Reardon, Katie.Reardon@widmeyer.com, if you are interested in distributing DVDs and/or Activities Guides to your programs. The *Take a Stand. Lend a Hand. Stop Bullying Now!* Campaign Toolkit is available online in English and Spanish

at ask.hrsa.gov/detail.cfm?PubID=MCH00115. Learn more about the *Stop Bullying Now!* Campaign at www.stopbullyingnow.hrsa.gov/.

Train-the-trainer curriculum: Child Abuse and Neglect: Parent-Provider Partnerships in Child Care (PCAN)

Zero to Three has developed a train-the-trainer curriculum entitled "Preventing Child Abuse and Neglect: Parent-Provider Partnerships in Child Care" (PCAN). The PCAN training provides resources for preparing child care professionals to help prevent child maltreatment.

The intent is to help child care providers build "protective factors" into their programs. In 2006, a grant was awarded to build on Zero To Three's earlier work by integrating PCAN training into state-level child maltreatment prevention initiatives.

It might be helpful for you to know 1) if someone in your state has been trained to use PCAN, 2) if your state has this type of child maltreatment initiative or 3) whether this information might be integrated into other health consultant activities that you are already doing. To find more about the PCAN training, contact Linda Gillespie at lgillespie@zerotothree.org.

Summer fitness calendars available

The National Association for Sport and Physical Education has developed a fitness calendar for August that can be sent home with children: web.aahperd.org/naspe/Toolbox/PDF/calendar/aug07EngElem.pdf

Immunization news from the Immunization Action Coalition is available online at:

www.immunize.org/express/issue738.asp.

A documentary film on Vitamin D deficiency in children is available online at:

web.mac.com/mstone85/iWeb/Vitamin%20D%20For%20Me/Movie.html

Reports

RAND Study on Early Childhood Program Investment

A new paper by the RAND Corporation, *The Economics of Early Childhood: What the Dismal Science Has to Say About Investing in Children*, brings forth insights on the relationship between economics and early childhood investment. The paper demonstrates how economic analyses can be used to help set agendas for early childhood policy. Access the full report here: rand.org/pubs/occasional_papers/OP227/

Prepared to Learn: The Nature and Quality of Early Care and Education for Preschool-Age Children in California

This RAND report is the third in their series, the California Preschool Study, to examine the adequacy and efficiency of preschool education in California. This last report examines the nature and quality of ECE arrangements for California children one or two years away from kindergarten entry. Study findings show that California children who could benefit most from high-quality preschool are least likely to be enrolled; at most, 15 percent of those children are in high-quality preschool programs that prepare them for success in K-12. The study also found that the quality of the state's preschools is mixed. Most are engaging and emotionally supportive, but ECE programs fall short on key quality benchmarks, particularly those related to early learning environments that foster school readiness and later school success.

The full report can be found here:

The Effects of Childhood Stress on Health Across the Lifespan

The negative impact of prolonged stress on health outcomes is well-known. Childhood stress, in particular, can have lifelong effects. The Centers for Disease Control's (CDC) Division of Violence Prevention has released this report documenting the ways stress can affect early brain development, compromise the nervous and immune systems, and lead to chronic diseases. This report summarizes existing research on the long-term consequences of childhood stress and provides practitioners with ideas to incorporate this information into their work. The full report can be accessed here:

www.cdc.gov/ncipc/pub-res/pdf/Childhood_Stress.pdf

Middlebrooks JS, Audage NC. *The Effects of Childhood Stress on Health Across the Lifespan*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2008.

Research

The Children's Environmental Health "Article of the Month" on indoor air quality and common household materials

The Children's Environmental Health "Article of the Month" is produced by the Children's Environmental Health Network (CEHN) in partnership with CEHN's Science Committee. The Children's Environmental Health Article of the Month can be viewed online at www.cehn.org/science_aom.htm.

This month's topic is: How common household materials can affect indoor air quality and children's health. The article is titled *Indoor Residential Chemical Emissions as Risk Factors for Respiratory and Allergic Effects in Children: A Review* and concludes that there is evidence that many residential materials, such as particleboard and plastics, may be decreasing indoor air quality and impacting respiratory health and allergies in children. These common but less recognized risk factors need to be further researched and addressed to aid in the implementation of preventive actions.

Prevalence of developmental delays that make children eligible for early intervention services under Part C of the IDEA is much higher than previously thought

A recent study in the journal *Pediatrics* used the Early Childhood Longitudinal Study Birth Cohort (ECLS-B) data to estimate how many children are eligible for Part C early intervention, to estimate how many children receive services for developmental delays, and to examine factors that are associated with access to services. Part C early intervention is specified in the Individuals With Disabilities Education Improvement Act (IDEA) as a program for coordinating efforts within and across community and governmental agencies to address the needs of children who are younger than 3 years and have developmental delays and the needs of their families. The study documents that about 13% of children in the sample had developmental delays that would make them eligible for Part C early intervention services. At 24 months, only 10% of children with delays received services. Children with developmental delays were more likely to receive services than those who do not have delays; black children were less likely to receive services than children from other ethnic and racial groups. The authors concluded that the prevalence of developmental delays that make children eligible for early intervention services under Part C of the IDEA is much higher than previously thought and the majority of children who are eligible for Part C services are not receiving them for their developmental problems. The authors assert that strategies need to be developed to monitor patterns of enrollment in early intervention services and to reach out to more minority children, particularly black children.

Rosenberg, S. A., Zhang, D., & Robinson, C. C. (2008). Prevalence of developmental delays and participation in early intervention services for young children. *Pediatrics*, 121(6), e1503-1509.

Children in non-English-primary-language households experienced multiple disparities in medical and oral health, access to care, and use of services

A study published in *Pediatrics* in June found that compared with children in English-primary-language households, children in non-English-primary-language households experienced multiple disparities in medical and oral health, access to care, and use of services. Children living in households in which English is not the primary language spoken were significantly more likely than children in English-primary-language households to be poor (42% vs 13%) and Latino or Asian/Pacific Islander. Significantly higher proportions of children in non-English-primary-language households were not in excellent/very good health (43% vs 12%), were overweight/at risk for overweight (48% vs 39%), had teeth in fair/poor condition (27% vs 7%), and were uninsured (27% vs 6%), sporadically insured (20% vs 10%), and lacked dental insurance (39% vs 20%). Children in non-English-primary-language households more often had no usual source of medical care (38% vs 13%), made no medical (27% vs 12%) or preventive dental (14% vs 6%) visits in the previous year, and had problems obtaining specialty care (40% vs 23%).

Flores, G., & Tomany-Korman, S. C. (2008). The language spoken at home and disparities in medical and dental health, access to care, and use of services in US children. *Pediatrics*, 121(6), e1703-1714.

Association found between prenatal and childhood blood lead concentrations and criminal arrests in early adulthood

Prenatal and postnatal blood lead concentrations are associated with higher rates of total arrests and/or arrests for offenses involving violence. This is the first prospective study to demonstrate an association between developmental exposure to lead and adult criminal behavior. These findings provide strong evidence that early lead exposure is a risk factor for criminal behavior, including violent crime, in adulthood.

Wright JP, Dietrich KN, Ris MD, Hornung RW, Wessel SD, et al. (2008) Association of prenatal and childhood blood lead concentrations with criminal arrests in early adulthood. *PLoS Med* 5(5): e101
[doi:10.1016/j.jiporl.2008.03.010](https://doi.org/10.1016/j.jiporl.2008.03.010)

The study can be read in its entirety here: medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0050101&ct=1

Health impact of home second hand smoke exposure

Household second hand smoke (SHS) exposure in early infancy increases severe infectious morbidity requiring hospital admission, particularly in the first six months of life. Reducing SHS exposure in infants and particularly in more vulnerable infants will lower the hospital bed days due to infectious causes. In vulnerable subgroups such as premature babies, the association of SHS exposure in infancy with severe infectious morbidity requiring hospital admission held through 8 years of age.

Kwok, M.-K., Schooling, C. M., Ho, L.-M., Leung, S. L., Mak, K.-H., McGhee, S. M., et al. (2008). Early life second hand smoke exposure and serious infectious morbidity during the first eight years: evidence from Hong Kong's "Children of 1997" birth cohort. *Tobacco Control*, tc.2007.023887.

Prevention of playground injuries

A new article in *The Journal of School Nursing, Developing a Playground Injury*

Prevention Plan, describes the role of the school nurse in preventing and responding to playground injuries. The material is equally relevant to CCHCs advising preschools and child care programs on playground safety. The authors describe the S.A.F.E. framework for injury prevention, developed by the National Program for Playground Safety, as the first step in preventing playground injuries. The framework identifies four elements of risk reduction: **S**upervision, **A**ge-appropriate design of equipment, **F**all surfacing, and **E**quipment and surfacing maintenance.

Olsen, H. M., Hudson, S. D., & Thompson, D. (2008). Developing a playground injury prevention plan. *Journal of School Nursing, 24*(3), 131-137.

Behavioral interventions for preschoolers with ADHD can be effective

Two types of early interventions (parent education and parent education plus development of intervention plans in both the home and school) designed to reduce symptoms of attention deficit-hyperactivity disorder (ADHD) in preschoolers led to significant improvements in behavior and preacademic skills compared with baseline. The researchers expected to see more improvement among those receiving the parenting education plus the additional interventions compared to those receiving only parenting education, but they found no significant differences in improvement rates between the two groups.

Kern, L., DuPaul, G. J., Volpe, R. J., Sokol, N. G., Lutz, J. G., Arbolino, L. A., et al. (2007). Multisetting assessment-based intervention for young children at risk for attention deficit hyperactivity disorder: Initial effects on academic and behavioral functioning. *School Psychology Review, 36*(2), 237-255.

Predicting conduct problems in children with ADHD

Children with ADHD are at risk for many adverse functional outcomes in adolescence and adulthood, especially when they develop conduct problems (e.g., lying, fighting, bullying, and stealing) during childhood. This study examined the developmental course of conduct problems among children with ADHD, and found that maternal depression is a risk factor, whereas early positive parenting (praise and positive affect) is a protective factor during the developmental stage of early childhood, for the development of conduct problems among children with ADHD.

Chronis, A. M., Lahey, B. B., Pelham, W. E., Jr., Williams, S. H., Baumann, B. L., Kipp, H., et al. (2007). Maternal depression and early positive parenting predict future conduct problems in young children with attention-deficit/hyperactivity disorder. *Developmental Psychology, 43*(1), 70-82.

Vitamin D deficiency is common among healthy infants and toddlers

This recent study found that 12.1% of the healthy infants and toddlers from an urban primary care clinic sample were vitamin D deficient and 40% had blood levels that were below an accepted optimal threshold for bone health. Breastfeeding without supplementation among infants and lower milk intake among toddlers were significant predictors of vitamin D deficiency and an elevated body mass index was also a risk factor for vitamin D deficiency in toddlers. One-third of the vitamin D-deficient participants showed bone demineralization, highlighting the deleterious skeletal effects of this condition. In this study, only 2% of breastfed infants were receiving vitamin D supplementation. The current recommendation of the American Academy of Pediatrics and the Institute of Medicine³⁰ is to provide 200 IU of vitamin D daily to most infants, children, and adolescents. These findings reinforce recommendations for health care providers and parents to ensure that breastfed infants receive daily vitamin D supplementation for the duration of breastfeeding.

Gordon, C. M., Feldman, H. A., Sinclair, L., Williams, A. L., Kleinman, P. K.,

Perez-Rossello, J., et al. (2008). Prevalence of vitamin d deficiency among healthy infants and toddlers. *Archives of Pediatric and Adolescent Medicine*, 162(6), 505-512.

In a review article in the same journal, the authors report that it is now recognized that the health consequences of vitamin D status extend beyond the skeletal system as findings from recent studies suggest that adequate levels of vitamin D may reduce the risk of type 1 diabetes mellitus, hypertension, and cancer. They conclude that low vitamin D status in children is undesirable not only for bone health but also for prevention of several chronic diseases later in life. Since Vitamin D is synthesized in the skin through sun exposure, recent efforts to limit sun exposure to prevent skin cancers increases the importance of determining effective ways of achieving optimal vitamin D concentrations through diet and supplementation.

Rovner, A. J., & O'Brien, K. O. (2008). Hypovitaminosis D among healthy children in the United States: A review of the current evidence. *Archives of Pediatric and Adolescent Medicine*, 162(6), 513-519

From Reuters Health:

[Caregivers often expose asthmatic kids to smoke

Last Updated: 2008-07-02 10:01:36 -0400 (Reuters Health)

By Joene Hendry

NEW YORK (Reuters Health) - Secondhand exposure to cigarette smoke is an asthma trigger in children and a new study shows that smoking by the primary caregiver and daycare provider are important sources of smoke exposure in children with asthma.

In the study, children with asthma who were exposed to secondhand smoke "had as much smoke exposure as if their mother smoked," Dr. Harold J. Farber told Reuters Health.

Children with a double hit of smoke exposure—from both their daycare provider and primary caregiver—had the highest levels of nicotine metabolites in their urine, said Farber, of Texas Children's Hospital in Houston.

Farber and colleagues tested urine samples of 519, 3- to 12-year-old children with asthma for nicotine metabolites indicative of exposure to secondhand smoke. They also asked the children's parents to recount their child's exposures to secondhand smoking in their home and in other areas where the children spend significant time.

More than three-quarters of the children studied had poorly controlled asthma, the researchers note in the medical journal *Chest*. Sixty-three percent of the children had a non-smoking primary caregiver.

Tests showed the lowest nicotine metabolite levels among the children with no reported exposures to secondhand smoke—about half the study population.

Caregiver reports for the remaining youngsters showed that those passively exposed to tobacco smoke either at home or at daycare had similar levels of nicotine metabolites, and these levels were markedly higher than those of unexposed kids.

Children passively exposed to tobacco smoke at home and daycare had the highest overall levels of nicotine metabolites. "Parents who smoke frequently underestimate the exposure of their children," Farber told Reuters Health. But most primary caregivers are receptive to the idea of limiting exposures, research shows. This could be achieved by making sections of the home

smoke-free or keeping kids away from smoke-exposed locations.

Farber suggests that health care providers caring for children with asthma offer parents smoking cessation help.

SOURCE: *Chest*, June 2008.]

www.reutershealth.com/archive/2008/07/02/eline/links/20080702elin023.html

Childhood stress increases risk of allergies

Some stressful events, such as the separation of parents or moving can significantly increase the risk of children developing allergies later, a new long-term study finds. Stress events have been known to influence the development of allergies, but the mechanisms behind this have been unexplained. In this German study, the LISA (“Lifestyle - Immune System - Allergy”) study, stress events were investigated for the first time during early childhood within a large epidemiological study using immune and stress markers. The study correlates life-style, immune system development and allergies.

Herberth, G., Weber, A., Roder, S., Elvers, H. D., Kramer, U., Schins, R. P., et al. (2008). Relation between stressful life events, neuropeptides and cytokines: results from the LISA birth cohort study. *Pediatric Allergy and Immunology* DOI: [10.1111/j.1399-3038.2008.00727.x](https://doi.org/10.1111/j.1399-3038.2008.00727.x)

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