

CALIFORNIA



CHILD CARE  
HEALTH  
PROGRAM

## California Childcare Health Program (CCHP)

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*E-News for*

# Child Care Health Consultants

March 2008

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## Greetings

Greetings from the California Childcare Health Program. UCSF has recently migrated email lists to a new server. As a result, we have been notified that many email addresses on the CCHP\_CCHC listserv are no longer valid. If you know someone who is not getting their eNews, please have them go to the eNews subscription page and change their email address (this page can also be used by new subscribers): [ucsfchildcarehealth.org/listserv/subscribe.html](http://ucsfchildcarehealth.org/listserv/subscribe.html)

CCHP has a new Administrative Assistant, Tina Hawkinson. We are delighted to have Tina onboard. If you have publications questions, Tina can be reached at 510-204-0930.

And, as always, if you have any suggestions for health and safety materials you would like us to develop, or questions for the CCHC listserv, please let Vickie Leonard know at 510-204-0935 or [vleonard@ucsfchildcarehealth.org](mailto:vleonard@ucsfchildcarehealth.org)

## News and Resources

### **Universal Checklist for Identifying Infants and Toddlers Eligible for Early Intervention**

The Tracking, Referral and Assessment Center for Excellence (TRACE) has released a new practice guide entitled *Universal Checklist for Identifying Infants and Toddlers Eligible for Early Intervention*, by Carl J. Dunst, Carol M. Trivette, & Glinda Hill. The guide describes the development and use of a universal checklist designed to be used by primary referral sources for identifying infants and toddlers who may be eligible for early intervention. For more information and to access the practice guide go to [www.tracecenter.info/practiceguides/practiceguides\\_vol2\\_no1.pdf](http://www.tracecenter.info/practiceguides/practiceguides_vol2_no1.pdf)

### **Electronic Media and Technology Use Among Infants, Toddlers, and Preschoolers**

*Digital Childhood: Electronic Media and Technology Use Among Infants, Toddlers, and Preschoolers.* Pediatrics 119(5): e1006-1015. Vandewater, E. A.,

V. J. Rideout, et al. (2007).

AAP guidelines recommend avoiding television-viewing entirely for children who are younger than 2 years and to limit the viewing time of older children to no more than 2 hours a day; they state that a television has no place in children's bedrooms. The objectives of this study were to describe media access and use among US children aged 0 to 6, to assess how many young children fall within the American Academy of Pediatrics media-use guidelines, to identify demographic and family factors predicting American Academy of Pediatrics media-use guideline adherence, and to assess the relation of guideline adherence to reading and playing outdoors. The study found that on a typical day, 75% of children watched television and 32% watched videos/DVDs, for approximately 1 hour and 20 minutes, on average; and 27% of 5- to 6-year-olds used a computer (for 50 minutes on average) on a typical day. Many young children (one fifth of 0- to 2-year-olds and more than one third of 3- to 6-year-olds) also have a television in their bedroom. The most common reason given was that it frees up other televisions in the house so that other family members can watch their own shows (54%). The majority of children aged 3 to 6 fell within the American Academy of Pediatrics guidelines, but 70% of 0- to 2-year-olds did not. There were no differences in time spent either with print media (reading or being read to) or playing outdoors between children who fell within versus outside the AAP media guidelines for any age group.

### **Prekindergarten Expulsion Linked to High Student-Teacher Ratios, Extended-Day Programs, and Teacher Job Stress**

Children are much more likely to be expelled from prekindergarten in programs with high student-teacher ratios and in extended day programs, according to new research from Yale University's Edward Zigler Center in Child Development and Social Policy based on data from the National Prekindergarten Survey.

The report, *Implementing Policies to Reduce the Likelihood of Preschool Expulsion*, also found that teacher job stress, which may be connected to high student-teacher ratios and extended day programs, is related to high rates of expulsion in prekindergarten.

Higher student-teacher ratios predict the likelihood of expulsion in state-funded prekindergarten programs. Only 7.7 percent of prekindergarten teachers reported an expulsion in the past year when there were fewer than eight children per adult in the class. In comparison, the rate of expulsion reported by teachers with 12 or more children per adult was 12.7 percent.

Program duration was also found to predict expulsion in state-funded prekindergarten programs. Only 7.1 percent of half-day prekindergarten classes experienced an expulsion over a 12-month period, compared to 9 percent for school-day classes, and 13.2 percent for extended-day classes of eight or more hours per day.

### **Ways to Cut Down on Pre-K Expulsions**

- Early-education programs should not expel children with challenging behaviors, but should determine which supports are necessary to keep a child in the program or help the child make a transition to a program better suited to his or her needs.
- Early-childhood-education and child-care teachers should have regular access to mental health consultants.
- Pupil-teacher ratios should be no more than 10 children-preferably fewer-per teacher.
- Teachers should work reasonable hours, with breaks away from children.

- Federal and state funds should be made available to track expulsion rates for public pre-K programs and to implement promising models for improving children's behavior.

### **Study Links Preventive Care to Decline in Kids' Hospitalization Rates**

Nine California counties that enroll children in health care coverage through Children's Health Initiatives saved \$7 million annually in taxpayer costs by avoiding more than 1,000 preventable hospitalizations, according to a study released by the Center for Community Health Studies at USC's Keck School of Medicine, the *San Luis Obispo Tribune* reports.

The study found that preventable hospitalizations for low-income children declined by 25% five years after the implementation of Children's Health Initiatives. Researchers attributed the decline to improved access to preventive care, noting that hospitalizations did not decline by a similar rate for higher-income children who likely have private insurance.

The study found that pneumonia, asthma and dehydration were the most common causes of preventable hospitalizations among children from 2000 to 2005.

Using the data from nine counties, researchers estimated that state and federal governments could save up to \$30 million annually by providing children greater access to preventive care and avoiding hospitalizations.

The study was funded by the California Endowment and First 5 Association of California. The full report can be viewed at [communityhealth.usc.edu](http://communityhealth.usc.edu).

### **AAP Amends Its Stance on the Role of Diet in Preventing Allergies in Kids**

*Effects of Early Nutritional Interventions on the Development of Atopic Disease in Infants and Children: The Role of Maternal Dietary Restriction, Breastfeeding, Timing of Introduction of Complementary Foods, and Hydrolyzed Formulas.* Pediatrics 121(1): 183-191. Greer, F. R., S. H. Sicherer, et al. (2008).

There are new guidelines from the American Academy of Pediatrics (AAP), on how and when parents should introduce their infants and toddlers to certain foods in order to reduce their risk of food allergies, asthma, and allergic rashes. These guidelines, based on a review of existing research data, reflect changes from currently accepted recommendations. The guidelines advise that avoiding certain food allergens during pregnancy, breastfeeding, and when introducing foods in the infant and toddler years has been proven to help *only* those babies with a high risk of food allergies (that is, those with a parent or sibling with allergies). For everyone else, avoiding known allergens hasn't been shown to have much effect on preventing allergies. These guidelines may be confusing for parents who have been told for years that avoidance of highly allergenic foods will reduce their child's risk of developing food allergies.

### **February is Children's Dental Health Month**

Some resources on oral health for ECE:

- CCHP's oral health curriculum is available on our website at [ucsfchildcarehealth.org/html/pandr/trainingcurrmain.htm#oh](http://ucsfchildcarehealth.org/html/pandr/trainingcurrmain.htm#oh) This oral health curriculum is written for anyone working in the field of early care and education with an interest in promoting oral health and protecting Early Childhood Caries, including Child Care Health Consultants, Child Care Health Advocates, School Nurses, Public Health Nurses and others in training/leadership positions. This curriculum provides up-to-date information and strategies about oral health that are specific to

- infants and young children. It also provides effective and practical lesson plans for child care providers, parents and children.
- The National Maternal and Child Oral Health Resource Center (OHRC) in collaboration with the Maternal and Child Health Library at Georgetown University released a new edition of its knowledge path about oral health and pregnant women, infants, children, and adolescents. Presented in time for Children's Dental Health Month in February, this electronic resource guide points to resources that analyze data, describe programs, and report on policy and research aimed at improving access to and the quality of oral health care. Separate sections identify resources on specific aspects of oral health including child care and Head Start, dental sealants, early childhood caries, fluoride varnish, K-12 education, pregnancy, and school-based care. A separate section lists oral health resources for consumers. The knowledge path is available at [www.mchlibrary.info/KnowledgePaths/kp\\_oralhealth.html](http://www.mchlibrary.info/KnowledgePaths/kp_oralhealth.html). Knowledge paths on other topics are available at [mchlibrary.info/KnowledgePaths/index.html](http://mchlibrary.info/KnowledgePaths/index.html).
  - The Colgate Bright Smiles, Bright Future dental health kit is available at no cost to you and is a great supplement to your preschool curriculum. The dental health kit has some wonderful curriculum ideas and teaching aids to help create preschool lesson plans. Kit includes a sing-along CD, *My Bright Smile Big Book*, and an eight page Teacher's Guide. Includes take home materials for preschoolers. The classroom dental health kit is free. Each January, Colgate will send you a new kit that is designed to enhance the kits you have already received. For more information about the Colgate Bright Smiles, Bright futures kit or other free teacher materials visit [www.colgatebsbf.com](http://www.colgatebsbf.com)
  - CDC Children's Oral Health. [www.cdc.gov/OralHealth/topics/child.htm](http://www.cdc.gov/OralHealth/topics/child.htm)
  - Oral Health Information from the American Dental Hygienists' Association. [www.adha.org/oralhealth/index.html](http://www.adha.org/oralhealth/index.html)

### **First California Preschool Learning Foundations Released**

The California Preschool Learning Foundations in Social-Emotional Development, Language and Literacy, English-Language Development, and Mathematics were formally released in January. The document is available online at: [www.cde.ca.gov/sp/cd/re/psfoundations.asp](http://www.cde.ca.gov/sp/cd/re/psfoundations.asp).

### **Strategies to encourage hand washing can reduce the incidence of diarrhea by about one third**

*Hand Washing for Preventing Diarrhoea*. Cochrane Database Syst Rev(1): CD004265. Ejemot, R., J. Ehiri, et al. (2008).

A 2008 Cochrane Review was conducted to evaluate the effects of interventions to promote hand washing on diarrheal episodes in children and adults. The authors report that hand washing can reduce diarrhea episodes by about 30% in institutions, including child care programs, in high-income countries.

### ***A Way with Words: Guidelines for Writing Oral Health Materials for Audiences with Limited Literacy***

Available online at: [www.cda.org/library/pdfs/awaywithwords.pdf](http://www.cda.org/library/pdfs/awaywithwords.pdf)

### ***Assuring Quality Care for People With Limited Health Literacy***

Medscape CME activity (requires Medscape registration)  
[www.medscape.com/viewarticle/569201](http://www.medscape.com/viewarticle/569201)

### **Ambulatory Care Delivered to Children in the United States**

*The Quality of Ambulatory Care Delivered to Children in the United States*. N

Engl J Med. 2007;357:1515-1523. Mangione-Smith R, DeCristofaro AH, Setodji CM, et al.

This study was intended to provide an assessment of the quality of care delivered to children and adolescents in the ambulatory setting and looked at the overall quality of care provided to children and how the quality varied by type of care. The authors identified 175 markers of quality care. For all 175 indicators, children received indicated care 46.5% of the time (95% confidence interval [CI] 44.5-48.4), but the rates were lower for preventive care at 40.7% (95% CI 38.1-43.4). Patients received indicated screening only 37.8% of the time but received indicated treatment 65.9% of the time. Some conditions received high rates of indicated care, including upper respiratory tract infection at 92% and allergic rhinitis at 85.3%. However, asthma (45.5%), acute diarrhea (37.8%), and adolescent preventive services (34.5%) all occurred at relatively low rates. For example, asthmatics using inhaled short-acting relief medications often enough to have an indication for controller drug use received controller drugs only 44% of the time. The study authors concluded that children have significant limits on the quality of care received and pointed out that improving access to care will not eliminate all deficits in care.

**Creating a State Strategic Plan for Integrating Services for Children**  
*Creating a State Strategic Plan for Integrating Services for Children Using Multiple Qualitative Methods.* Maternal Child Health Journal 12(1): 15-23. Wayne, W., Alkon, A. et al. (2008).

California's State Early Childhood Comprehensive System's grant conducted a comprehensive needs assessment which led to the state's strategic plan for coordinating services to the state's children from birth through 5 years of age in the areas of early care and education, health, mental health, parent education and family support. The Project Coordinator and colleagues wrote an article to document the process involved in the data collection for the needs assessment and how the data was used to develop the state's goals.

### **Simple, Effective Mental Health Screening for Preschoolers**

A new study by Frank Porter Graham researcher Oscar Barbarin demonstrates that preschoolers can benefit by a simple and inexpensive mental health screening process designed to flag potential signs of more serious problems. Dr. Barbarin developed a screening tool to identify young children with self-regulation problems with attention, behavior, language, and emotions. Full text at [www.fpg.unc.edu/~snapshots/snap50.pdf](http://www.fpg.unc.edu/~snapshots/snap50.pdf)

### **Early Recognition of Learning Disabilities**

Recognition and Response is a research-based approach to helping teachers and parents respond to signs of learning difficulty in young children as early as ages three or four, before they experience school failure. Addressing signs of learning difficulties in the pre-k years has the potential to mitigate or prevent later learning problems in school. For more info:

[www.fpg.unc.edu/~snapshots/RandR\\_CapitolHillBriefing\\_Jan2007.pdf](http://www.fpg.unc.edu/~snapshots/RandR_CapitolHillBriefing_Jan2007.pdf)  
[www.recognitionandresponse.org/](http://www.recognitionandresponse.org/)

### **Neighborhood Disadvantage: Pathways of Effects for Young Children**

*Influence of Multiple Social Risks on Children's Health.* Pediatrics 121: 337-344. Larson, K., Russ, S., Crall, James J., Halfon, N. (2008)

Social risk factors such as growing up in poverty, racial/ethnic minority status, and maternal depression have been associated with poorer health outcomes for children. This study examined the strength of association of 8 social risk factors, both individually and as part of a cumulative social risk index, on parent-reported child health status. RESULTS. The percentage of children in poorer health increased with the number of social risk factors across all health outcomes. More than half of children had  $\geq 2$  risk factors, and 24% had  $\geq 4$ . Low

maternal mental health, black or Hispanic race/ethnicity, <200% of the federal poverty level, low household education, unsafe neighborhoods, and lack of health insurance increased the odds for less than very good child health in adjusted models.

**CONCLUSIONS.** Multiple social risk factors have a cumulative effect on parent-reported child health status across physical and socioemotional domains, demonstrating a very strong risk gradient effect. These findings emphasize the importance of addressing multiple levels of social risk to achieve improvements in child health.

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