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What to do and how to get through to Overweight Teens?

- Use Motivational Interviewing techniques and discuss challenges/barriers to healthy lifestyle (MI is proven effective with teens)
- Provide a relevant resource (handout, website, referral)
- Start up a teen group program at your site and promote social support and healthy lifestyle changes

Online Nutrition Handouts for Teens

Eat to be Fit: Nutrition Information Handouts
Eat to be Fit is a series of twelve informational handouts for teenagers. These handouts address various nutrition topics that were identified by teens to be of most interest and importance to them.

http://opi.mt.gov/programs/healthtopics/fit.html

Easy Meals and Snacks: A Healthy Cookbook for Teens (3rd Edition)
A Healthy Cookbook for Teens contains meal-planning tips, healthy recipes and fitness tips to encourage adolescents to make more nutritious food choices through simple food preparation for themselves and their families.

http://www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Pages/EasyMealsandSnacks.aspx

Health Websites for Teens
TeenGrowth
Offers a secure environment to search for, request and receive valuable health care information on topics such as alcohol, drugs, emotions, health, family, friends, school, sex and sports.

http://www.teengrowth.com/

MyPlate Super Tracker
Personalized food and physical activity plan with tips and support to make healthier choices.

Personalized weight manager.

https://www.choosemyplate.gov/SuperTracker/

Curriculum for Teen Programs

Pacific Islander Teen Health Spa Curriculum, Healthy = Beautiful
PITHS is a 9 hour, six lesson, interactive nutrition and physical activity program, focusing on evidence-based behavior change for obesity prevention, designed for girls 12-17 years to benefit from the power of group education and cultural tailoring.

http://www.dhcs.ca.gov/services/CHDP/Pages/PITHS.aspx
Every February, after all the sweets have been eaten and all the holiday decorations have been put away, just as the plum blossoms begin to show, we celebrate National Children’s Dental Health Month!

Across the country, dental health professionals strive to raise awareness of the importance of oral health and preventing tooth decay in our young people. SF CHDP coordinated two Give Kids a Smile Day events this year!

We joined with the SF Dental Hygiene Society and the SF Dental Services, to offer dental exams and cleanings with fluoride at South East Health Center on Feb. 3rd, and dental screenings and fluoride varnish at SF General Hospital on Feb. 9th! We aimed to serve mostly WIC families. With the help from both WIC location staff and SFGH Children’s Clinic, we were able to get the word out! In total, we served 179 kids and provided them with toothbrushes, toothpaste, healthy snacks and toys. We also educated their parents.

We received donations from ADA, Premier Dental Supply, local stores such as Whole Foods and Trader Joes and even Peet’s Coffee. UOP SCOPE Dental Students and AmeriCorps interns provided education while volunteer dental hygienists provided preventive services. Over the next few months all of the children will be followed up and linked to “dental homes” by our CHDP AmeriCorps intern!

For the past two years, we have also worked with SF State University School of Nursing to train future nurses on how to perform an oral assessment and to apply Fluoride Varnish! During our Feb. 9th GKSD event, they screened over 120 kids! The best way to put a dent into the completely preventable dental decay epidemic that our preschoolers face, is to have both dental and medical professionals working together to assess, educate, provide fluoride treatments and refer to dental homes!

The only sad part was the number of children with active untreated dental decay! Over 37% needed referrals to a dentist. Some with beginning white line reversible decay and others with full blown “frank” decay.

“White line” dental decay can be reversed with improved home care, better nutrition and professional fluoride varnish applications.

Our goal is to link these kids up to a “dental home” to make sure we keep our kids strong with healthy teeth!

Recommendations for reducing preventable ED visits for dental conditions include: increased dental, medical and nursing professional collaboration across sectors and referring patients appropriately for needed oral and general health care.

Interested in learning more about making sure all your patients get early preventive dental care? Call San Francisco CHDP Oral Health Consultant Margaret Fisher, RDHAP, (415) 575-5719 or email: margaret.fisher@sfdph.org
Healthy Smiles: Fluoride ~ Risks and Benefits

For such a friendly little “ion”, fluoride has gotten itself into many a controversy. The CDC says water fluoridation is "one of 10 great public health achievements of the 20th century", while many on the internet see it as the “devil’s” handiwork.

Last year the US HHS reduced its water fluoridation recommendation from 0.7—1.2 mg/L to 0.7 mg/L (0.7ppm). HHS based this change on data that Americans have access to more sources of fluoride than they did when water fluoridation was first introduced in the United States. Reducing the level is meant to ensure the benefits of fluoride and minimize any risks.

Is SF tap water fluoridated?
YES! Our water is fluoridated, so children who drink tap water get both the topical and systemic benefits of fluoridated water. Fluoride is a naturally occurring mineral and many water sources are fluoridated naturally. No chemical difference exists between fluoride present naturally and that which is added to the water supply.

How do we get fluoride?
Topically, directly applied to the teeth (most effective)
- Tap water
- OTC toothpaste (identified with the ADA seal)
- Fluoride rinses such as ACT or Fluoriguard
- Dental prescription at higher strength for those at high decay risk

Systemically, swallowed and added into the enamel layer when teeth are forming or re-mineralizing
- Tap water

How does it work?
Throughout the day, the enamel of the tooth is de-mineralized by acid as a by-product of the bacterial metabolism of fermentable carbohydrates (bread, crackers, potatoes, pasta, cookies, candies). It can take 20 seconds for enamel to de-mineralize from an acid attack and another 30 minutes for saliva to re-mineralize the tooth. Re-mineralizing with fluoride makes enamel harder and more resistant to future acid attacks.

The eminent UCSF fluoride researcher Dr. John Featherstone recommends small amounts of daily topical fluoride to be the most effective way to re-mineralize and strengthen the dental enamel.

Who needs fluoride?
The average healthy adult and child who visits their dentist twice a year or more can usually prevent tooth decay by brushing with a fluoride toothpaste and flossing twice a day, along with limiting sugary drinks and snacks. This is a general recommendation that works well for many. Adults and children who are at a higher risk for dental decay may need more frequent brushing with fluoride and more frequent dental visits.

What are the risks?
As with other nutritional vitamins or minerals, high levels of ingested fluoride (50 – 150 grams) can be toxic and even lethal.

Fluoride intake from water and other fluoride sources, such as toothpaste and mouth rinse, during the ages when teeth are forming (from birth through age 8) also can result in changes in the appearance of the tooth’s surface called dental fluorosis. In the United States, the majority of dental fluorosis is mild and appears as white spots that are barely noticeable and difficult for anyone except a dental health care professional to see.

What do we recommend?

Parents should supervise the use of fluoride tooth paste by children under the age of 6 to encourage them to spit out excess toothpaste. Because our CHDP children are considered “high risk”, we strongly recommend beginning brushing with a tiny ‘dot’ of fluoride toothpaste as soon as teeth erupt and wiping off any excess. In this case, the benefits of decay prevention outweigh the risks of mild fluorosis. It is important to remind parents that fluoride alone will not prevent cavities. Taking their child to a dentist every six months, brushing twice a day and healthy eating are all keys to having strong and healthy teeth!

http://www.cdc.gov/fluoridation/fact_sheets/cwf_qa.htm
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm
www.mchoralhealth.org/PediatricOH/mod4_2_3.htm

Size of a “grain of rice” “Pea sized” for all others

(dot) until child can spit
CHDP Providers Information

http://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx

PIN # 11-12 1-5-12. CHDP Health Assessment Guidelines (HAG) Revision: Section 21 - Periodicity Schedule for Health Assessment.


CHDP Bulletin

Bulletin # 88 – February 2012

   To access seminars, please read Bulletin # 87 bullet # 4 & Bulletin # 86 bullet # 1 below.

2. Low Income Health Programs: Out-of-Network ER Services
   Please read the entire online bulletin for details.

3. HIPAA ASC X 12N 5010, NCPDP D.0 & 1.2 Transactions
   Update: Crossover Claims
   Please refer to the entire online bulletin for details.

Bulletin # 87 – January 2012

1. HIPAA ASC X12N 5010, NCPDP D.0 and 1.2 Transactions
   Update
   On 10-13-11, DHCS announces a delay of the HIPAA ASC X12N 5010 and the NCPDP D.0 and 1.2 version implementation for the Medi-Cal fee-for-service (FFS) program. The continued use of the current ASC X 12N 4010A1 and NCPDP 5.1 and 1.1 standard transactions is projected for up to one year beyond 01-01-12. The compliance date for the implementation of Version 5010 and NCPDP D.0 and 1.2 transactions remains January 1, 2012.

2. Medi-Cal Payment Reductions (for details, please read the entire Bulletin online)
   Reductions will be effective retroactively for dates of services on or after June 1, 2011. DHCS has received federal approval to implement AB97 payment reductions as follows:
   - Payments for services to children (20 years of age or younger) provided and billed by physicians and clinics will continue to be reduced by 1 percent.
   - Payments for services to adults (21 years of age or older) provided and billed by physicians and clinics will be reduced by 10 percent.
   - Payments for all other identified outpatient services will be reduced by 10 percent.
   At this time, payment reductions will NOT be applied to pharmacists or hospital-based skilled nursing facilities.
   Payments for services provided under the following programs will be reduced in the same manner as fee-for-service (FFS) Medi-Cal. The percentage reduction will be based upon the provider type billing the service and the age of the patient as noted above:
   - California Children’s Services (CCS) Program
   - Child Health and Disability Prevention (CHDP) Program
   - CCS/Healthy Families
   - State-Only Family Planning Program (except Aid Code8H)
   - Genetically Handicapped Persons Program

3. New Enrollment and Disenrollment Options for Medi-Cal Managed Care
   Medi-Cal recipients may call Health Care Options at 800-430-4263 M-F 8a – 5p to
   - Join a Managed Care Plan (MCP)
   - Switch their MCP
   - Change from MCP to regular Medi-Cal (if eligibility permits)

4. 2012 Medi-Cal Billing Seminars
   Throughout the year, the Department of Health Care Services (DHCS) and the new Fiscal Intermediary for Medi-Cal, Affiliated Computer Services (ACS), will conduct Medi-Cal training seminars. These seminars, which target both novice & experienced providers and billing staff, will cover the following topics:
   - Changes to Medi-Cal billing
   - Basic and advanced billing issues
   - Provider-specific billing questions
   - Specialty programs such as California Children’s Services (CCS)
   Providers may also schedule a custom billing workshop by contacting their Regional Representative in one of the following ways:
   - Call Medi-Cal at 1-800-541-5555 and request to be contacted by a representative
   - Use the Lookup Regional Representative tool on the MLP

Bulletin # 86 – December 2011

1. Medi-Cal Webinars
   - Accessible through the Medi-Cal Learning Portal or by visiting the home page of the Medi-Cal website.
   - All recorded webinars will be archived in the Learning Portal. You will have the ability to print class materials.
   - To view the training webinars, must have internet access and create your user profile in the Medi-Cal Learning Portal. For more detailed instructions about the registration process and how to access webinar classes, please visit the Outreach and Education page of the Medi-Cal website.

2. 2012 CPT-4 and HCPCS Codes Not Yet Adopted
   Updates to the CPT-4 and HCPCS Level II codes will become effective for Medicare on January 1, 2012. The Medi-Cal and Family PACT Programs have not yet adopted the 2012 updates. Providers should NOT use the 2012 codes to bill for Medi-Cal and Family PACT services until notified to do so in future Medi-Cal Updates.
We get a lot of phone calls about the proper vision chart to use for different age groups. Should we move people to the 20 foot line if they are an adult? Are all vision charts for children 10 foot charts? The answer to those two common questions is NO.

Prevent Blindness Northern California and CHDP Guidelines recommend the LEA and HOTV charts for children between the ages of 3 to 5 years. These charts are designed for children to use with a matching response panel, so they do not need to know the names of the shapes or know their letters. Remember to look for proportional spaced charts, meaning that the space between lines is equal to the size of the letters or shapes on the next line down.

When screening, you always want to screen down to the smallest line the child can pass. At this age, 20/40 is considered passing. But just because a child passes at 20/40 doesn’t mean you stop there! Keep going down to the smallest line a child can pass (you should use 20/20 as the smallest line on a chart) because you don’t want to miss a child with a two-line difference (20/25 in one eye and 20/40 in the other eye). Always look at the chart to see the correct distance someone should be standing away from the chart. On most approved charts, bought from a reliable company, the chart should say “for testing at _ feet” near the top center of the chart. While Prevent Blindness Northern California recommends a 10 foot chart for the age group you screen, you can also use other charts, like a 13 foot or 20 foot chart. Just make sure the person is standing at the appropriate distance for testing as indicated on the chart!

If you have questions or need assistance with getting the right charts, contact Prevent Blindness Northern California at 1-800-338-3041.

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**Vision Charts**

*By Nadia Thind, MPH, CHES, Program Coordinator, Prevent Blindness Northern California*

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**CHDP Vision Screening Training 2012**

San Francisco CHDP and Prevent Blindness Northern California hosted a two-day Vision Screening Training for our providers in February. Participants attended one didactic lecture, where they learned basic anatomy and physiology of the eye, essential screening techniques and one three-hour skill session, where they practiced proper techniques for vision screening on young children.

The skill sessions were held at Capp Street Center pre-school, where participants were able to “play screen” students aged three to five years.

It was a great success! The training was booked to capacity, with clinicians from CHDP sites all over San Francisco attending. April Nakayoshi, MPH, CHES, the dynamic program director of Prevent Blindness Northern California, led the three-hour lecture as well as each of the skill sessions.

Two of CHDP’s Health Workers, Silvia Martinez and Sandra Gomez, were on hand to help the participants work with some of the younger, mono-lingual Spanish speaking Capp Street students. Stickers abounded and everyone had a good time!

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What participants like best about this class - see the positive reviews from below:

*Well paced. Good balance of information and detail. Not too hard – not too easy."

"We have a lot of changes to make at our clinic!"

"I liked the tips on how to help with screening children and signs to look for."

"We have outdated charts!"

"The information presented were the most current recommendations, include the eye charts and screening materials."

"Learning screening techniques."

"Step by step process necessary for a valid test"

"All the information about the types of eye illnesses"

"Better understanding the objectives of vision screening."

"Everything. So much helpful information. Great job."

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New Members to CHDP Family

New CHDP Medical Director – Dr. Caroline Jeanne Lee

Dr. Caroline Jeanne Lee comes to CHDP from DPH Community Oriented Primary Care (COPC), where she has worked in the Community Programs for Youth (CHPY) clinics since completing her pediatrics residency at UCSF. She is a well-respected pediatrician and youth advocate who will integrate her clinical and public health experiences to improve the health of children and families in San Francisco. For the past year, she has helped plan and coordinate the implementation of CarelinkSF, the electronic health record for SFGH and COPC clinics, which has garnered her much praise. Dr. Lee has also worked at San Mateo Medical Center, La Clinica de la Raza, and Asian Health Services. She graduated from UCSF Medical School and earned her Masters in Public Health at the University of North Carolina, Chapel Hill.

Some of Dr. Lee’s goals include streamlining and minimizing administrative requirements of CHDP for providers, promoting pediatric quality measures such as developmental screening and supporting school-based health services. She will split her time as CHDP Medical Director (.25 FTE) and MCAH Medical Epidemiologist (.25 FTE) while continuing as a half-time pediatrician at CHPY's youth clinics.

Dr. Lee is highly skilled, knowledgeable, dedicated and well-liked by her colleagues. She will be a wonderful asset to our program. Please join us in welcoming Dr. C. Jeanne Lee, to our local CHDP office.

Julianne Lee is a seasoned health worker joining CHDP from Chinatown Public Health Center. She will fit right in assisting access to care and guiding Medi-Cal eligible families to locate a medical and a dental home. With her language capabilities (fluent in English, Mandarin and Cantonese) she can easily help these families to schedule a dental, vision and/or hearing appointments if need be. Furthermore, Julianne will assist these families with identifying and obtaining permanent health insurance. She is delighted to be working with the CHDP team in accessing preventive health and dental services for her clients.

Our program regretfully says good-bye to Winnie Yuk PHN, provider relations nurse. She has only been with us for a few short months and has decided to return to a clinic setting. For those providers who have been working with Winnie in the past 6 months, we apologize if she has not prepared you in advance of her plan to leave as we received a very short notice from her. In the meantime if you have concerns or questions, please do not hesitate to contact Susan Rudolph PHN at 575-5707 or the nurse manager Dorothy Quan at 575-5712. We thank you for your patience and understanding as we work hard to backfill her position.
Save the Date
Audiology Screening and Play Training
May 7-8th, 2012
Call your CHDP office @ 415-575-5712 for registration details

**What:** A two-part training with lecture and skills session.
Participants will learn proper techniques for hearing screening your CHDP patients.
Participants must attend the lecture and one skill session.
This training meets the requirements in the CHDP Health Assessment Guidelines.

**Who:** This is only open to CHDP providers and their clinic staff who conduct hearing screenings on children. Priority given to San Francisco CHDP providers.

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**FREE**
Colorful Oral Health Brochures
Order online ~
http://www.mchoralhealth.org/order/index.html
Or Call: 575-5719

**Free CHDP Trainings** can be scheduled and conducted at your clinic by licensed CHDP staff members:
- PM 160 Training
- Oral Health Training
- Assessing Child Growth Using the Body Mass Index (BMI)-for-Age Growth Charts
- Counseling the Overweight Child
- For more information, contact: your CHDP nurse consultant, dental hygienist or nutritionist (listed on address page)

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**CHDP Oral Health Training**
- CHDP Oral Health Training offers “in-office” Early Dental Assessment & Referral training and support!
- SF Health Plan reimburses for Fluoride Varnish Applications!!
  - $15/application for SFHP children
- **FREE** Box of Fluoride Varnish (worth $150) with the training 575-5719

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Updated Winter 2011–2012 Dental Directory Available Now On-line

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COMING SOON ~ NEW CA CHDP Dental Training!
http://www.dhcs.ca.gov/services/chdp/Pages/Training.aspx
San Francisco CHDP Program Staff

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415-575-5722 (currently on leave)
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Susan Rudolph, RN, PHN
415-575-5707
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Vacant nursing position