

CHDP SPRING NEWSLETTER



Stress-related Dental Issues and Dental Assessment at Medical Clinics during the COVID-19 pandemic

Preventive dental care is essential and highly recommended by the American Dental Association (ADA). However, the number of dental visits has decreased during the COVID-19 pandemic. According to the ADA Health Policy Institute's (HPI) impact poll, patient dental visit volume leveled off to 80% during the pandemic even though more than 99% of dental offices were open nationwide when the data was collected. With the decrease in dental visits these children need a dental assessment in a medical setting more than ever. Children in low-income families had more dental caries and dental-related issues compared to their peers pre-pandemic. Additionally, during the pandemic, many children and adolescents have experienced more stress, which has had a negative impact on their well-being.

Continued on page 2

IN THIS QUARTERLY ISSUE

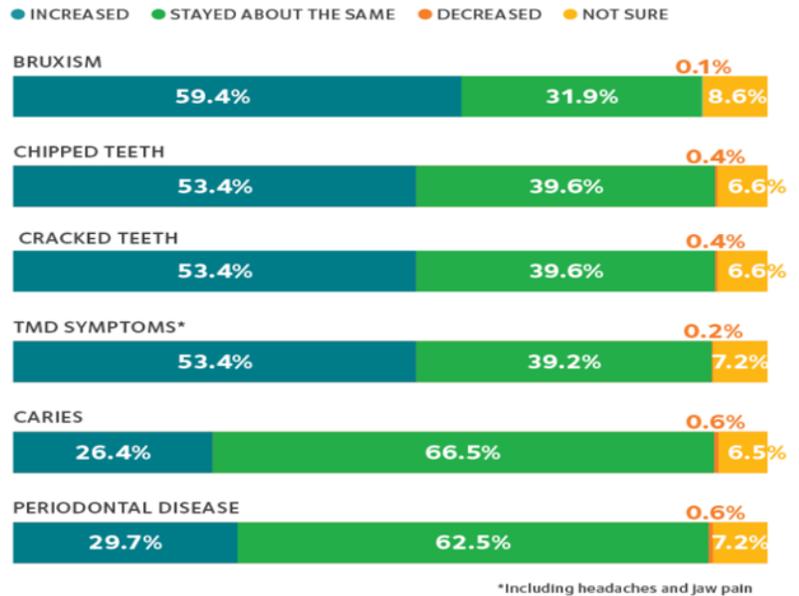
**Stress-related Dental
Issues and Dental
Assessment at Medical
Clinics during the
COVID-19 pandemic**

**Dietary Guidelines
for Americans
2020-2025**

**2021 AAP Recommendations
and ACIP
Vaccination Schedule Summary
of Changes**

**New DHCS Medi-Cal
program changes- CalAIM**

According to data from HPI’s COVID-19 poll, stress-related dental issues increased during the pandemic. The dentists were asked how the prevalence of the following conditions has changed among patients in their practices compared to that pre-COVID-19 pandemic. Dentists who participated in the poll reported an increase in bruxism, chipped teeth, cracked teeth, Temporal Mandibular Disorder (TMD), dental caries, and periodontal disease in their practice.



COMPARED TO BEFORE THE COVID-19 PANDEMIC, how has the prevalence of the following conditions changed among patients in your dental practice?



There has been more than a 50% increase in bruxism, chipped teeth, cracked teeth, and TMD symptoms during the pandemic. Though dental caries and periodontal disease have other contributing factors, these conditions are increased during stressful periods.

Stress-related dental issues can happen to anyone including children and adolescents. Moreover, studies show that many families’ daily oral health routines and eating habits have changed during the pandemic, resulting in poor oral hygiene. Parents’ fear of COVID-19 has also caused them to delay or avoid seeking dental care for their children. Therefore, medical providers can pay close attention to the increased prevalence of stress-related oral conditions during the oral health assessment at well-child visits and refer the patients to dental providers for further dental treatment. For those children not linked to regular dental care, medical providers can inform them about their oral health condition and encourage the patients and families to receive appropriate dental treatment along with their preventive dental care.

References:

<https://www.ada.org/en/press-room/news-releases/2020-archives/november/dental-care-should-continue-during-pandemic>

<https://www.ada.org/en/publications/ada-news/2020-archive/september/hpi-poll-dentists-see-increase-in-patients-stress-related-oral-health-conditions>

<https://www.dentistrytoday.com/news/industrynews/item/7045-stress-related-oral-health-issues-see-an-increase-during-the-pandemic>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7490252/>

<https://www.today.com/health/teeth-grinding-other-dental-damage-increasing-during-pandemic-t193060>

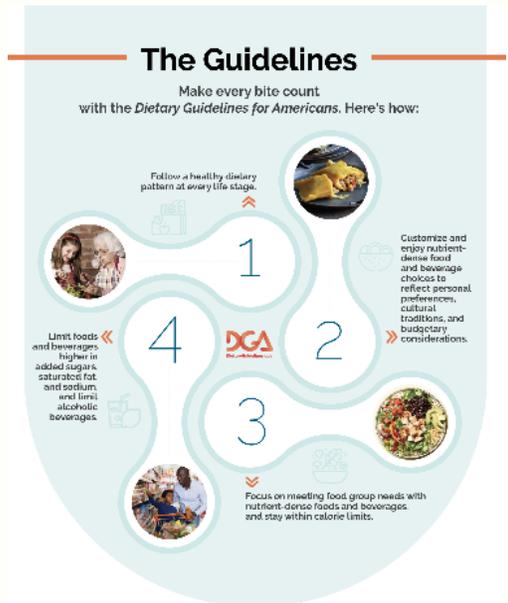
Dietary Guidelines for Americans 2020-2025

The *Dietary Guidelines for Americans* provides science-based advice on what to eat and drink to meet nutrient needs, promote health, and help prevent chronic disease. The U.S. Departments of Agriculture (USDA) & Health and Human Services (HHS) update the guidelines every five years. *The Dietary Guidelines for Americans, 2020-2025* is the first edition to provide guidance for healthy dietary patterns by life stage, from birth through older adulthood, including women who are pregnant or lactating. Providers are encouraged to share this updated information with patients.

The Guidelines – Make Every Bite Count:

1. Follow a healthy dietary pattern at every life stage.

- 0-6 months:
 - o Exclusively feed infants human milk through at least the first year of life, and longer if desired. When human milk is unavailable, feed infants iron-fortified infant formula.
 - o Provide infants with supplemental vitamin D beginning soon after birth.
- Around 6 months:
 - o Introduce nutrient-dense, developmentally appropriate complementary foods.
 - o Introduce infants to potentially allergenic foods along with other complementary foods. For infants at high risk of peanut allergy, introduce peanut-containing foods at age 4 to 6 months. More information available at the *Addendum Guidelines for the Prevention of Peanut Allergy in the United States* at <https://www.niaid.nih.gov/sites/default/files/addendum-peanut-allergy-prevention-guidelines.pdf>
 - o Encourage infants and toddlers to consume a variety of foods from all food groups and foods rich in iron and zinc.
 - o Avoid foods and beverages with added sugars and high in sodium.
- 12 months through adulthood:
 - o Infant formula is no longer recommended, including toddler milks or drinks.



Continued on page 4

- o Follow a healthy dietary pattern across the life span to meet nutrient needs, help achieve a healthy body weight, and reduce the risk of chronic disease.
- o Calories and nutrients should predominately be met from a healthy dietary pattern of age-appropriate foods and beverages.

2. Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.

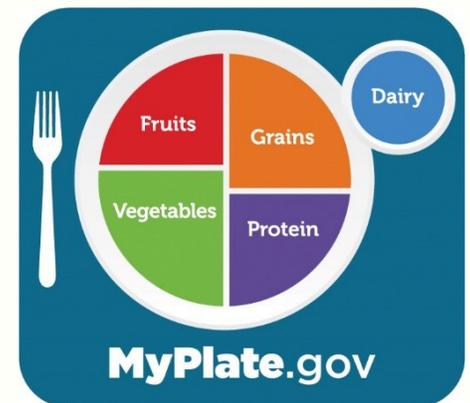
The *Dietary Guidelines* provide a framework intended to be customized to individual needs and preferences of the diverse cultures in the United States.



3. Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits.

Nutritional needs should be met primarily from nutrient-dense foods and beverages. A healthy dietary pattern includes:

- Vegetables: dark green, red and orange, beans, peas, lentils, starchy, and other vegetables
- Fruits: especially whole fruit
- Grains: at least half of grains whole grains
- Dairy: including fat-free or low-fat milk, yogurt, cheese, lactose-free, and fortified soy beverages and yogurt alternatives
- Protein: lean meats, poultry, eggs, seafood, beans, peas, lentils, nuts, seeds, and soy products
- Oils: vegetable oils and oils in food (such as seafood and nuts)



4. Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages.

Limits are:

- Added sugars: < 10% of calories/day starting at age 2. Avoid foods and beverages with added sugars for those younger than age 2.
- Saturated fat: < 10% of calories/day starting at age 2.
- Sodium: < 2,300 milligrams/day, even less for children < 14 years.
- Alcoholic beverages: Drinking less is better for health than drinking more. Adults of legal drinking age can choose not to drink or drink in moderation: ≤ 2 drinks/day for men and ≤ 1 drink/day for women.

For more information, please visit <https://www.dietaryguidelines.gov/>

2021 AAP Recommendations and ACIP Vaccination Schedule Summary of Changes

Summary of Changes made to American Academy of Pediatrics (AAP) Recommendations:

Here are the summary of changes made to the AAP periodicity table, it's recommendations and the related links that take an in depth look into the why these updates are necessary.

Click here for the complete 2021 AAP periodicity table: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

DEVELOPMENTAL

- Footnote 11 has been updated to read as follows: “Screening should occur per ‘Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening’.”
<https://pediatrics.aappublications.org/content/145/1/e20193449>

AUTISM SPECTRUM DISORDER

- Footnote 12 has been updated to read as follows: “Screening should occur per ‘Identification, Evaluation, and Management of Children With Autism Spectrum Disorder’.”
<https://pediatrics.aappublications.org/content/145/1/e20193447>

HEPATITIS C VIRUS INFECTION

- Screening for hepatitis C virus infection has been added to occur at least once between the ages of 18 and 79 years (to be consistent with recommendations of the US Preventive Services Task Force and Centers for Disease Control and Prevention).
 - o An accompanying footnote (#31) has been added.
- Footnotes 31 through 35 have been renumbered as footnotes 32 through 36.
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening>

Summary of Changes made to ACIP Vaccination Schedule:

Vaccine specific changes include updates to influenza, meningococcal serogroups (A,C,W,Y) and COVID-19 vaccines. Clarifications of the recommendations have been made for the following vaccines: DTaP, Hib, HepA, HepB, HPV, PCV13 and PPSV23), MMR, Tdap, and VAR. Please refer to the link below for the complete list/details of changes:

2021 Child and Adolescent Immunization Schedule: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7006a1.htm>

References:

(2021). Periodicity Schedule. Retrieved February 22, 2021, from <https://www.aap.org/en-us/professional-resources/practice-transformation/managing-patients/Pages/Periodicity-Schedule.aspx>

Lipkin, P. H., Macias, M. M., & Council On Children With Disabilities, S. O. (2020, January 01). Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening. Retrieved February 22, 2021, from <https://pediatrics.aappublications.org/content/145/1/e20193449>

Hyman, S. L., Levy, S. E., Myers, S. M., & Council On Children With Disabilities, S. O. (2020, January 01). Identification, Evaluation, and Management of Children With Autism Spectrum Disorder. Retrieved February 22, 2021, from <https://pediatrics.aappublications.org/content/145/1/e20193447>

(2020, March 02). Recommendation: Hepatitis C Virus Infection in Adolescents and Adults: Screening: United States Preventive Services Taskforce. Retrieved February 22, 2021, from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening>

Wodi AP, Ault K, Hunter P, McNally V, Szilagyi PG, Bernstein H. Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger –United States, 2021.MMWR Morb Mortal Wkly Rep 2021-70:189-192. DOI: http://dx.dor.org/10.15585/mmwr/mm70006aexternal_icon.

New DHCS Medi-Cal Program Changes – Implementing California Advancing and Innovating Medi-Cal (CalAIM)

The Department of Health Care Services (DHCS) is planning the implementation of a new Medi-Cal framework that will provide for a broad-based delivery system, program and payment reform called, California Advancing and Innovating Medi-Cal (CalAIM). CalAIM was originally scheduled to begin on January 1, 2021, but was delayed due to the COVID-19 public health emergency. **Thus a new CalAIM start date has been proposed for January 1, 2022.**

Using a whole-person care approach via Medi-Cal, CalAIM seeks to address many of the complex challenges faced by the most vulnerable communities including homelessness, behavioral health care access, youth with complex medical conditions, the increasing number of residents in the jail/county juvenile facilities who have significant clinical needs, and the rising aging population. The broader program and payment reforms in the CalAIM proposal also takes a population health, person centered approach to providing services towards improving health outcomes for all Californians.

For more information, please refer to the DHCS CalAIM website:
<https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>



References:

<https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-Updated-1-8-21.pdf>

<https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>

<https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Executive-Summary-02172021.pdf>

SF CHDP website

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

E-mail address

chdp@sfdph.org

Mailing address (Interim until Spring 2021)

25 Van Ness Ave, Suite 660, San Francisco, CA 94102

Phone number

628-217-6730

Fax number

415-558-5905

SF CHDP Staff:

Deputy Director: Kimberlee Pitters

kimberlee.pitters@sfgov.org

Medical Director: C. Jeanne Lee, MD, MPH - currently activated for COVID-19

jeanne.lee@sfdph.org

Nurse Manager: Dorothy Quan, RN, PHN, MPA

dorothy.quan@sfdph.org

Charge Nurse/ Provider Relations Nurse: Margaret Suda, RN, PHN, MSN

margaret.suda@sfdph.org

628-217-6741

Provider Relations Nurse: Stacey Burnett, RN, PHN, BSN

stacey.burnett@sfdph.org

628-217-6736

Continued on page 8

Nutritionist: Teresa Chan, RD, MPH
teresa.chan@sfdph.org
628-217-6737

Dental Hygienist: May Bosco, RDHAP, MBA
may.bosco@sfdph.org
628-217-6735

San Francisco
Department of Public Health

