

Benton-Franklin Child Health Notes



Promoting early identification and partnerships between families, primary health care providers & the community.



*Expert
guidance for
children during
seasons of grief*

Cork's Place



712 W. 19th Ave.
Kennewick, WA
99336
(509) 783-7416
[http://
chaplain-
cyhealthcare.org/
corks-place/](http://chaplaincyhealthcare.org/corks-place/)

Children and Grief



At some point in their childhood, the vast majority of children will experience the death of a close family member or friend (Pediatrics 8/2016). It is likely that pediatricians interact with a child who is grieving a death virtually every week, if not every day (Pediatrics 8/2016).

Pediatricians within a patient-centered medical-home are in an excellent position to provide anticipatory guidance to caregivers and to offer assistance and support to children and families who are grieving (Pediatrics 8/2016).

When a child experiences the death of a loved one, the effects can be profound and often result in an array of both short- and long-term responses. Many children who are grieving show little to no outward signs during an office visit, and parents are often unaware of the signs of grief or the need to inform the health care provider, increasing the challenge of identification.

Health care providers can periodically encourage families to report any significant changes, losses, or traumatic events experienced by the child/family. The provider can stress the impact of trauma on overall child health and well-being therefore improving the likelihood that children and/or their caregivers will inform them of the loss of a loved one.

The holiday season can be an especially difficult time for grieving children and families as the absence of the loved one is often acutely felt. Health care providers can monitor for the signs/symptoms of grief in children which include, anger, irritability, rage, fear, anxiety, confusion, difficulty sleeping, regressive behaviors, stomach-aches and headaches, changes in appetite, denial, and emotional numbness.

Providers should advise caregivers to be aware of them as well. If a child reports a loss of a loved one, health care providers can offer assistance by asking open-ended questions such as "How are you doing since your loved one died?" or "How is your family coping?"

It is also important for pediatricians to be familiar with, and provide when necessary, referrals to local organizations specializing in youth and family bereavement and/or mental health services.

Corks Place Bereavement Center, a program offered by Chaplaincy Health Care and located in Kennewick is specifically designed for children and teens ages 3 to 17 who are grieving the loss of a loved one.





The Dougy Center offers a wide array of resources for children and families struggling with grief, many of them freely accessible online at <http://www.dougy.org/?gclid=CMux7fjc2M8CFQ2Kfgodh1QI-A>.

The Dougy Center has been helping children, teens, young adults and their parents cope with death since 1982. Our practical, easy-to-use materials are based on what we have learned from more than 30,000 Dougy Center participants over the past three decades.

A [Getting through the Holidays tip sheet](#) can be downloaded and shared with children and families struggling with grief or made available in the office waiting room.

There are also several camps in our region available to all children who have experienced a loss; these camps provide an amazing therapeutic experience for grieving children.

They include:

Camp Amanda, annual weekend camp for children ages 7 - 14 to help them deal with the death of a loved one, includes recreational activities and grief support. <http://web01.wvchhs.org/wp-content/uploads/2014/03/129.html>

Camp Erin, the largest bereavement camp in the country, is designed for children and teens ages 6-17 who have experienced the death of someone close to them. It is a 3 day-long experience filled with traditional, fun, camp activities combined with grief education and emotional support-lead by grief professionals and trained volunteers.

<http://robertashouse.org/programs/summer-camp/>.

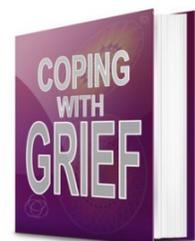


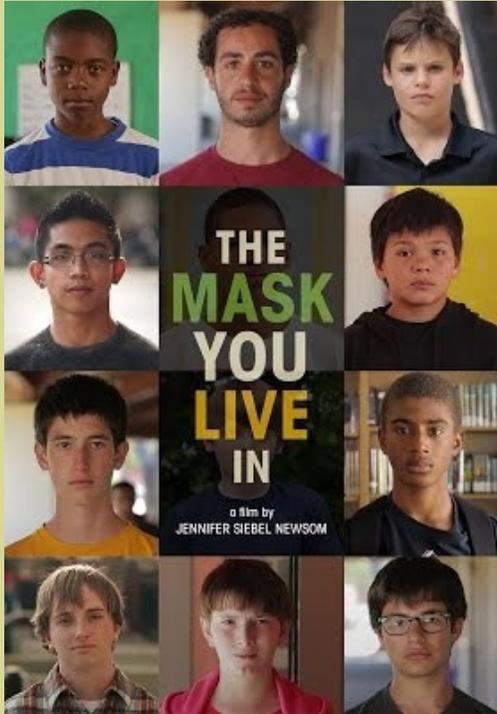
Reference:

Schonfeld, MD, FAAP, D. J., & Demaria, PhD, T. (2016, August 29). Pediatrics: Committee on Psychosocial Aspects of Child and Family health. Disaster Preparedness Advisory Council. Pediatrics. doi:10.1542/peds.2016-2147 Web link: <file:///C:/Users/robinh/Downloads/e20162147.full.pdf>



The pressures around the holidays can be even more challenging after the death of a family





Benton-Franklin Health District and 21st Century Community Learning Centers

hosted two free screenings of *The Mask You Live In*, a documentary focusing on the harmful effects of masculinity in our culture and what can be done to raise a healthier generation of boys and young men.

The documentary addresses research and statistics, showing that compared to girls in the United States, boys are significantly more likely to:

- Be diagnosed with a behavior disorder
- Flunk or drop out of school
- Be expelled from school
- Binge drink
- Commit a violent crime
- Take their own lives

The Mask You Live In describes how factors such as bullying, father absence, family or neighborhood violence, child physical or sexual abuse, the media and even sports culture can contribute to these statistics. Both film screenings were followed by panel discussions with staff representing local youth-serving organizations. The panel discussions focused on how the film messages apply to youth in our community and how we can provide more support to boys and young men through partnerships, mentorship programs, support groups and community trainings.

Attendees of the film screenings included parents, educators, coaches, youth workers, social workers and school counselors.

Benton-Franklin Health District plans to continue work in this area with the hope of raising community awareness and providing support and training to individuals and organizations working with youth. Research also shows that it only takes one caring adult to build resilience and make a difference in a child's life.

Healthcare providers can help by providing a safe place for children and teens to talk and by screening all patients for Adverse Childhood Experiences and risky behaviors.

For more information on this work, or if you are interested in viewing *The Mask You Live In*, please contact Vanessa McCollum at vanessam@bfhd.wa.gov or call (509)460-4258.



<https://www.youtube.com/watch?v=hc45-ptHMxo>



Great MINDS:

Great Medical Homes Include Developmental Screenings



The American Academy of Pediatrics recommends general developmental screening at 9, 18, and 30/24 months of age, autism screening at 18 and 24 months of age, and screening whenever there is provider or parent/caregiver concern.

In Washington State, only 29.9% of parents with children aged ten months to five years, report completing a standardized developmental screening tool at a health care visit.

Benton-Franklin Counties

January 20, 2017
7:00am-8:30am

**Breakfast will be provided!*

Kadlec Regional Medical Center

White Bluffs Conference Room Mountain Pavilion, 3rd Floor
888 Swift Blvd
Richland, WA 99352

Please RSVP:

Edna Maddalena

emaddalena@wcaap.org

Regional Training for Health Care Providers

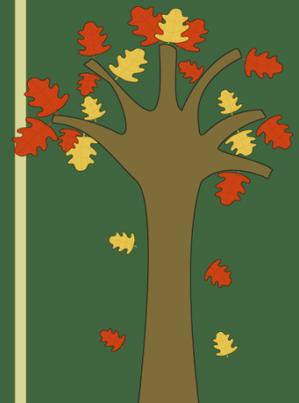
Great MINDS is a project of Washington State Department of Health (DOH) in collaboration with the Washington Chapter of the American Academy of Pediatrics. We believe that all children in Washington State should have access to high-quality, comprehensive, family-centered medical homes that include regular developmental screenings.

You can better serve the children in your practice and become familiar with developmental screening and the referral process by signing up for a Great MINDS training. Training conducted by an experienced physician includes:

- Why use a screening tool?
- How do I integrate use of a screening tool into my practice?
- How do I bill for screening?
- Results, resources and referrals.

Who should attend? Anyone involved with caring for children, including family medicine physicians, pediatricians, PAs, ARNPs, RNs, other primary care providers, medical assistants and support staff!

CME Credits Available!





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Speech and Language Development

Speech and language development begin long before a child utters the first recognizable word!

Even before birth, a child is listening to speech sounds and attaining the paralinguistic communication skills on which future language development will depend. Early exposure to language through face-to-face conversation and books sets the stage for speech and language acquisition. The timely attainment of communication, speech and language milestones sets the foundation for a child's subsequent academic and social success.

Speech and language delays:

- Can be identified early, even though findings are subtle in the first two years of life.
- Do not generally self-resolve, especially when associated with other disabilities.
- Are associated with increased incidence of learning disabilities, especially in reading and writing. Can impact behavior and the ability to form peer relationships.
- May be the first sign of hearing loss in infants, or autism spectrum disorder in toddlers.
- May be associated with oral motor problems that can impact feeding and may benefit from consultation with a feeding team.

In unfamiliar settings (or Primary Care Clinics), children may not fully display their communication skills. When concerns are present, parent report should be used to supplement observations. If English is not the primary language used at home, parents should be asked to report on their child's communication in his/her primary language.



IF one or more red flags are present or a parent expresses concern, further speech/language assessment may be indicated.

IF hearing loss is suspected at any age – a complete audiological examination is indicated.

Early Intervention for speech and language delays:

- Assists a child in attaining communication, social and academic milestones through individual and peer-group therapy and by teaching parents to provide enriched communication opportunities.
- Ensures that caregivers and teachers set reasonable communication expectations to prevent a child's frustration from turning into behavior problems or low self-esteem.





RED FLAGS IN SPEECH/LANGUAGE DEVELOPMENT

*SIGNS OF POSSIBLE AUTISM SPECTRUM DISORDER

0-6 months

- Fails a newborn hearing screening
- Identified neuro-developmental delay or disorder
- Does not startle to or awaken to loud sounds
- Does not respond to changes in tone of voice
- Does not smile or interact with others

9 months

- Is still making only vowel sounds with no speech-like consonants (e.g. “aaa” instead of an occasional “mmm” or “bah”)

12 months

- *Is not babbling (saying “ba-ba-ba” or “dee-dee”)
- *Is not using eye gaze or gestures like pointing and showing to communicate interests or needs
- *Has infrequent eye contact or little interest in interaction
- Does not respond to own name or common words like “no,” or “bye-bye,” etc.

18 months

- Is not saying 10 single words (don’t have to be pronounced perfectly)

24 months

- Does not say at least 50 single words
- *Is not combining words into two-word phrases (e.g., “mommy go,” “daddy ball”)
- Does not follow simple directions (e.g., “Roll the ball”)
- Does not point to named body parts or pictures

36 months

- Says only one or two words at a time (e.g., “kick ball” instead of “I kick ball to daddy”)
- Cannot answer “what” or “who” questions
- *Does not initiate conversations; speaks only when spoken to or only repeats what others say
- Strangers understand less than half of what child says

4 years

- Talks only about the “here and now” rather than events in the past and future, objects/people that are not present, etc.
- Puts words in the wrong order in sentences, and /or leaves out little words (in, the, of) and word endings (-ing,-ed,-s)
- Does not follow two-step directions
- Cannot listen to 2-3 lines of a story and answer simple questions about it
- Speech is still hard to understand (i.e., many sound errors)

5 years

- Uses only 3-4 word sentences to talk about “here and now”
- *Talks a lot, but does not engage in reciprocal conversation and/or make comments relevant to the situation
- Cannot answer “how” and “why” questions, or questions about past or future events
- Still has trouble with early speech sounds (other than r, l, and th)



Speech/Language Resources

Note: The initial portal for all referrals for Birth to 3 year old children in Benton and Franklin counties is Benton Franklin Infant Toddler Program ESIT (Early Support for Infants and Toddlers).

Family Resource Coordinators contact the family to screen and arrange child developmental assessments. If the child qualifies, an IFSP (Individual Family Service Plan) is developed with the parent for services that are provided through Children's Developmental Center, local school district or ESD.



Achieve Center Pediatric Therapy

Ryan Edwards, Clinic Manager & Speech Language Pathologist, Speech & Language Therapy, Feeding Therapy.
2 bilingual ST; looking for OT, mostly clinic based right now.
Insurance plans accepted: all plans including state HO plans; Primary Care Provider referral.
Phone: 509-619-7397
Fax: 866-798-0203
Ryan.edwards@achievecenter.net
Address: 7203 W. Deschutes Ave., Suite A, Kennewick, WA 99336

Agape Therapy Services

Amy Low, PT- Owner
9 Therapists- Peds PT, OT, Speech- Birth to 21, School District, Birth to 3. Home/Clinic
Insurance plans accepted: private, Molina HO only

Kadlec Healthplex

17 Speech Therapists- Serves infants through adults
Insurance plans accepted: most, includes state HO plans
Phone: 509-942-2660
Address: 1268 Lee Blvd., Richland, WA 99352

Trios Health- Southridge Hospital

2 Speech Therapists- Infants to teens
Insurance plans accepted: Trios private insurance contracted, state HO plans
Phone: 509-221-6350
Address: 3730 Plaza Way

Trios Health- Home Health Care

One Speech Therapist- Homebound Infants to teens
Insurance plans accepted: some private & state HO if homebound
Phone: 509-221-2273



Audiology Clinics

(Use link for Diagnostic Clinics for Infants in WA for full Central & Eastern Washington list)

Hearing Healthcare Associates

Kennewick, WA 99336
Phone: 509-735-7461
Fax: 509-783-8167

Kadlec Clinic Ear, Nose & Throat

Richland, WA 99352
Phone: 509-942-3288
Fax: 509-946-1735

Benton-Franklin County Special Needs Information and Referral Resources

WithinReach Family Health Hotline:

(English/Spanish and telephonic interpretation for other languages)

1-800-322-2588, 1-800-833-6388 TTD
www.parenthelp123.org/



For Children Under Age 3:

Contact Benton-Franklin Lead Family Resources Coordinator: Becky Seaman 509-783-1131 Ext. 128

For Children Birth - 18yrs:

Contact Public Health Nurse Children with Special Health Care Needs Coordinator:
Carla Prock, RN, BSN 509-460-4225
Benton-Franklin Health District

For Children 3 and Over:

Contact local school district: Request for Screening in Benton and Franklin Counties

<http://www.bfhd.wa.gov/Publications/app/Universal%20Request%20for%20Screening-Fillable.pdf>

Family Support:

Contact: Parent to Parent- Melissa Brooks, RN
509-783-1131 Ext. 108
For Spanish speaking support call: Maria Ramos
509-619-2711

<p>WA State:</p>	<p>Diagnostic Clinics for Infants in WA</p> <p>WA State Resources by County for Children with Hearing Loss and their Families</p> <p>Reach Out and Read WA</p>	<p>http://www.doh.wa.gov/Portals/1/Documents/Pubs/344-040_EHDDIPedAudioSvcs.pdf</p> <p>www.doh.wa.gov/YouandYourFamily/InfantsChildrenandTeens/HealthandSafety/EarlyHearingLoss/DeafHardofHearingServices</p> <p>http://www.reachoutandreadwa.org/</p>
<p>National:</p>	<p>American Speech and Language Association</p> <p>Identify the Signs of Communication Disorders</p> <p>American Academy of Pediatrics</p> <p>AAP Developmental and Behavioral Pediatrics</p>	<p>http://www.asha.org</p> <p>http://identifythesigns.org/</p> <p>www.aap.org</p> <p>www.dbpeds.org</p>

“DENTAL SEALANTS PREVENT CAVITIES”



Effective Protection for Children

Dental sealants prevent **80%** of cavities in the back teeth, where nine in ten cavities occur.

About **60%** of children ages 6-11 years don't get dental sealants.

Children from low-income families are **20%** less likely to get dental sealants than children from higher-income families.

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What are sealants?

- ◆ Sealants are thin coatings painted on teeth to protect them from cavities. They flow into the deep grooves of teeth and harden immediately so a child is able to chew right away.
- ◆ Sealants prevent the most cavities when applied soon after permanent molars come into the mouth (around age 6 for first molars and age 12 for second molars).
- ◆ Sealants can be applied by a dentist, dental hygienist or other qualified dental professional, depending on state law and regulations. This can be done in dental offices or using portable dental equipment in community settings like a school.





Any provider who would like more information about connecting a patient to a dental home where they can get sealants can contact **Lauren Spilles, ABCD Coordinator** at the **Benton-Franklin Health District.** laurens@bfhd.wa.gov **509-460-4254**



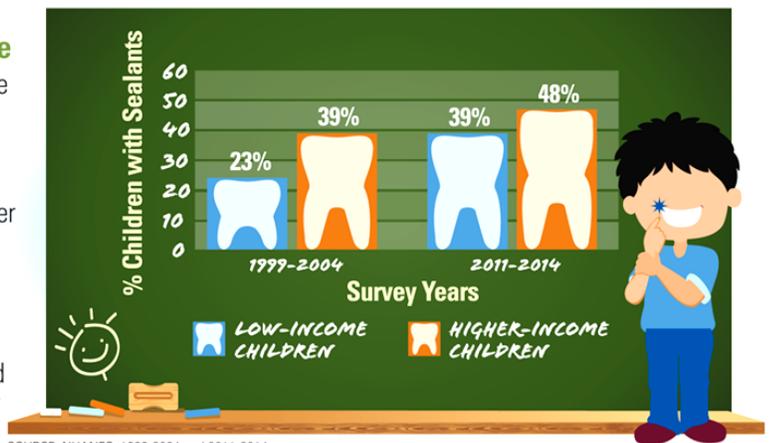
Why use sealants?

- ◆ Sealants are a quick, easy and painless way to prevent most of the cavities children get in the permanent back teeth, where 9 in 10 cavities occur.
- ◆ Once applied, sealants protect against 80% of cavities for two years and continue to protect against 50% of cavities for up to four years.
- ◆ Sealants can eliminate the need for expensive and invasive treatments like dental fillings or crowns.

Sealant Use

Disparities are decreasing over time

The number of low-income children with sealants increased by about 70% from 1999-2004 to 2011-2014, and the number of higher-income children with sealants increased by 23%. The increase in sealants among low-income children prevented almost 1 million cavities.*



SOURCE: NHANES, 1999-2004 and 2011-2014.
*Journal of Public Health Dentistry, 2014: <http://bit.ly/2cZX0Yh>

Cavities

Disparities still exist

Low-income children without sealants have about 60% more cavities in their 1st permanent molars than higher-income children.



SOURCE: NHANES, 1999-2004 and 2011-2014.

"Dental Sealants Prevent Cavities." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 2016. Web. 04 Nov. 2016.

BREASTFEEDING FRIENDLY WASHINGTON CLINICS



Breastfeeding Friendly Washington is a voluntary program recognizing the important role communities play in promoting and supporting breastfeeding families. Their efforts make a difference in the health of moms and babies in our state.



The American Academy of Pediatrics recommends infants be exclusively breastfed for at least six months. In Washington, over 90% of parents start out breastfeeding their babies. However, by six months of age only 20% of babies are exclusively breastfeeding. We want our next generation to be the healthiest ever. Your support of breastfeeding can help all of us reach the goal to support healthy babies and families.

The Breastfeeding Friendly Washington Ten Steps for Clinics consist of evidence-based practices that increase breastfeeding duration and exclusivity. The Ten Steps are developed from the Ten Steps to Support Parents' Choice to Breastfeed Their Baby by the American Academy of Pediatrics and the Ten Steps to Successful Breastfeeding by the World Health Organization.

The Centers for Disease Control and Prevention found that without maternity support, about one in three mothers stop breastfeeding early. The American Academy of Pediatrics recommends that infants be exclusively breastfed for six months. In Washington, about 90 percent of women start breastfeeding. However by six months of age, only 20 percent of babies are still breastfeeding. We want our next generations to be the healthiest ever, and supporting breastfeeding can help our state reach this goal.

How can a clinic become Breastfeeding Friendly?

The Washington State Department of Health has created the Breastfeeding Friendly Washington program for clinics. This program recognizes facilities implementing the Ten Steps.

Breastfeeding Friendly Washington recognizes clinics that help families meet their breastfeeding goals. Clinics can attain incremental recognition (Bronze, Silver or Gold) depending on the number of steps they practice.

TEN STEPS FOR BREASTFEEDING FRIENDLY WASHINGTON CLINICS

- Step 1:** Make a commitment to the importance of breastfeeding.
- Step 2:** Train all staff in the skills necessary to support breastfeeding.
- Step 3:** Inform women and families about the benefits and management of breastfeeding.
- Step 4:** Assess infants during early follow-up.
- Step 5:** Encourage mothers to breastfeed on demand.
- Step 6:** Show mothers how to breastfeed and how to maintain lactation even if they will be away from their babies.
- Step 7:** Use appropriate anticipatory guidance that supports exclusive breastfeeding until infants are about 6 months old, and encourage the continuation of breastfeeding as long as mutually desired by the baby and mother.
- Step 8:** Support breastfeeding by providing accurate information about maternal issues.
- Step 9:** Communicate support for breastfeeding in the clinic.
- Step 10:** Expand the network of support for breastfeeding.



- BRONZE LEVEL:** Implement Steps 1,3,4,5 & 9
- SILVER LEVEL:** Implement Steps 1,2,3,4,5,9 & one additional step of your choice.
- GOLD LEVEL:** Implement all Ten Steps

