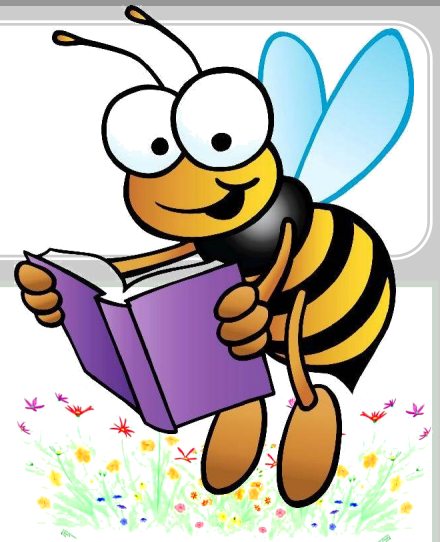


Benton-Franklin Child Health Notes



WIC is the nation's most successful and cost-effective public health nutrition program.

We provide wholesome food, nutrition education, and community support for income-eligible women who are pregnant or post-partum, infants, and children up to five years old.

For over 40 years, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has been strengthening local communities across America. In urban, rural, and suburban areas, WIC's time-limited services and benefits ensure that children get a strong, healthy start in life.



Since the program's inception, data indicates that participation in WIC not only improves many health and social outcomes, but also reduces health care costs. A recent [economic analysis](#) examined the cost, cost savings, return on investment, and preterm births prevented.

The data demonstrates the significant cost savings from prenatal investments in WIC, with every \$1 invested saving \$2.48. Just looking at the hypothetical sample used for the model, 500,000 California women in 2017, and the time horizon of the newborn's life span, produced a societal savings of \$349 million and 7575 preterm births prevented.



A 10% increase, or decrease, in prenatal WIC enrollment, resulted in significant saving and reduced preterm births, or increased costs and number of preterm births. This research is important in informing policy and program planning for food package improvements. Studies that continue to confirm that WIC works and is a wise investment!

Keeping kids healthy requires more than regular doctors' visits. When you refer income eligible women who are pregnant, post-partum, or have infants or children up to five years old to WIC, you're helping to ensure they have the wholesome food, nutrition education, and community support to keep their child healthy between doctor visits.

We can connect your clients with resources outside of WIC including healthcare professionals like dentists, immunization services, substance abuse counselors, domestic abuse counseling and social services.



Whether we are lending moms a sympathetic ear, providing them with free and healthy food, or referring them to outside care and social services, we hope to give them the resources, knowledge and tools they need to be the moms (and dads) they want to be.



[Empower Parents, Enable Breastfeeding](#)

Breastfeeding is one of the biggest investments in improving health of families but many barriers to



optimal breast-feeding exist. Breastfeeding is a team effort. It requires evidence-based, unbiased information and support to create an environment that empowers mothers to breastfeed. Although breastfeeding is a mother choice, support from fathers, partners, families, medical providers, workplaces, and communities improve breastfeeding outcomes.



Breastfeeding is an investment in health and not just a lifestyle decision. There are many benefits for both infants and their mothers when a mother breastfeeds.



Infants who are breastfed have a reduced risk of asthma, obesity, Type 2 diabetes, ear and respiratory infections, and sudden infant death syndrome (SIDS); breastfeeding can also help lower a mother's risk of high blood pressure, Type 2 diabetes, ovarian cancer, and breast cancer.

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

Mothers need support throughout their breastfeeding journey. According to the [Center for Disease Control](#), only one in four infants are exclusively breastfed as recommended by the time they are six months old; black infants are 21% less likely to have ever been breastfed than white infants and 60% of mothers stop breastfeeding sooner than they planned. Over 85% of women in Benton and Franklin Counties who are participate in the WIC program initiate breastfeeding and 44.6% of these women are continuing to breastfeeding at six months. Certain factors make the difference in whether and how long babies are breastfed. Some of these factors are hospital practices, education and encouragement, policies or supports in the workplace, and access to community supports.

The WIC program is a great resource to help support moms meet their breastfeeding goal.

[The U.S. Surgeon General's Call to Action](#) seeks to make it possible for every mother who wishes to breastfeed to be able to do so.



About Breastfeeding

Breastfeeding is the best source of nutrition for most infants.

It can also reduce the risk for some short- and long-term health conditions for both infants and mothers.



Late and Moderate Preterm Infants: Best Practices for a Population at Risk

Moderate and late preterm infants, defined as birth at 32 0/7-33 6/7 weeks and 34 0/7-36 6/7 weeks of gestation respectively, are more vulnerable to brain injury and neurodevelopmental sequelae than previously appreciated. They account for ~84% of all preterm births and ~6–7% of all births in the United States. These infants are at increased risk for short, and long-term neonatal morbidity and mortality. The third trimester of pregnancy is a period of rapid fetal brain development characterized by growth of gray matter, increased myelination, increased synaptogenesis, and neural connectivity. Underdevelopment of the preterm brain has been associated with poorer educational/academic performance and lower intellectual ability compared with full-term infants. The most common clinical problems for this population are respiratory distress/insufficiency in the immediate neonatal period, hypoglycemia, hyperbilirubinemia, hypothermia, and feeding difficulties.

Late preterm infants are often considered “imposters” as they appear healthy and may have similar developmental scores as their term counterparts at 24 months. However, issues with higher executive function reemerge at preschool and kindergarten. Because of these high numbers, even a modest increase in babies born at these gestations can have a high impact on the economic burden due to long-term health and developmental problems.

CDC Natality Dashboard for increasing Preterm Birth Rates

The 12 month total preterm birth rates (<37 weeks) increased from 9.87% to 9.93% (2017 Q1 to 2018 Q1). This increase was due to an increase in the late preterm (34-36 weeks) birth rates (from 7.12% to 7.18%) with no change seen



Short Term Outcomes

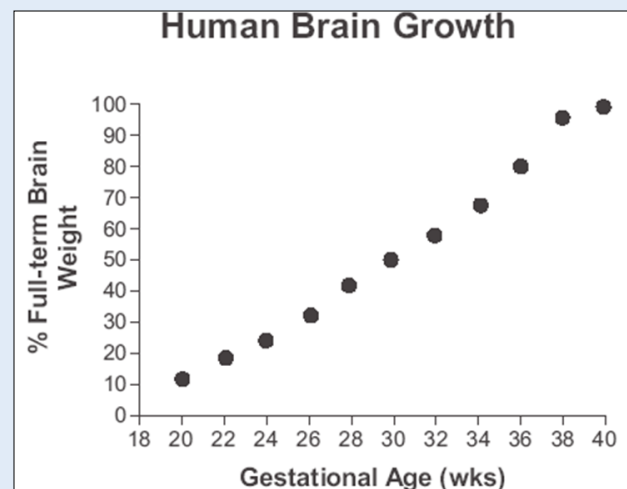
Immediate Postnatal Period:

Most common clinical problem: increased incidence of respiratory distress

- ⇒ 1/3 need respiratory support and 3% need mechanical ventilation
- ⇒ Rarely severe respiratory failure requiring ECMO
- Apnea
- Feeding immaturity
- Hyperbilirubinemia
- Hypothermia
- Hypoglycemia
- Sepsis

Newborn Period:

- Have higher morbidity & mortality than term infants. They are:
 - ⇒ 1.5 times more likely to need hospital care after routine newborn care
 - ⇒ 2 times more likely to be readmitted to hospital during the first 28 days of life



Long Term Outcomes

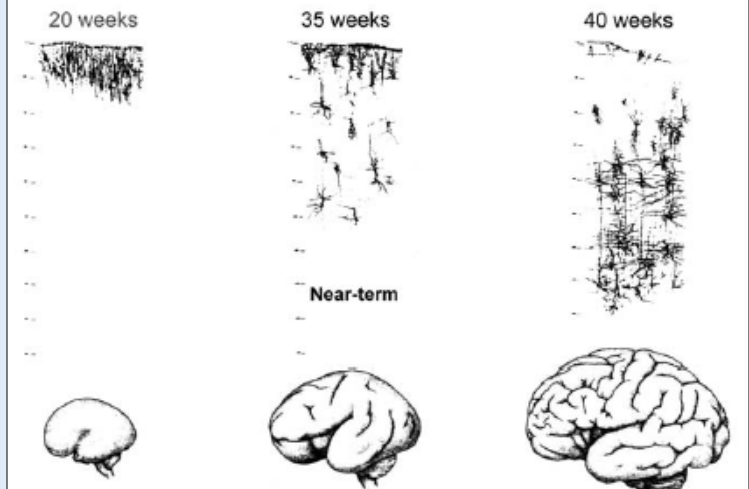
Compared to term, higher risk for:

- Motor and language delay
- Poor executive functioning (self-regulation, inhibition, judgment, working memory)
- Poor visual-motor skills
- Lower intelligence
- Lower reading and math scores
- Difficulty with fine motor skills and writing
- Behavioral and emotional disturbances
- Psychological problems
- Blindness, decreased vision, hearing loss, epilepsy

At school age increased risk for:

- Cognitive impairments
- Difficulty with complex language functions
- Up to 1/3 with learning difficulties requiring additional help at school
- Hyperactivity in 8% with associated poor school performance
- Neurosensory impairments: sensory modulation and processing difficulty
- Motor skills (coordination, balance)

Development of the Human Cerebral Cortex



Implications for Primary Care Providers (PCPs)

It will be important for PCPs to remember that patients with a history of moderate-to-late preterm birth face a higher incidence of developmental delays, learning/school challenges (particularly in reading and math), executive functioning difficulties, and behavioral problems. PCPs can identify developmental delays in this population through universal developmental screenings with a standardized instrument at well-child visits. If a concern is identified, a PCP may refer for further evaluation to early intervention (if under 3 years old), to the school for an Individualized Education Plan (IEP) (if 3 years and older), and/or a neurodevelopmental specialist such as a developmental pediatrician or developmental nurse practitioner. PCPs can also have families fill out the [Ages and Stages Questionnaire \(ASQ\) online](#) through WithinReach free of charge for Washington State families. It takes 10-15 minutes to complete the ASQ. A coordinator from WithinReach will call the family to talk about the results and can suggest activities or resources. PCPs can partner with families in monitoring for developmental issues by educating parents on the short and long-term morbidities of this population.

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Special Needs Information and Resources:



Local:

(1) **The Arc – Parent to Parent (P2P) Programs**
Support and information for families of children with developmental disabilities or healthcare needs

English: p2p@arcoftricity.com
Spanish: mariar@arcoftricity.com
Website: www.arcoftricity.com
Phone: 509-783-1131 X- 108

(2) **The Children’s Developmental Center**
Provides services to young children, birth to three years old with disabilities and challenges and their families. They offer some services to children up to 10 years old with Autism Spectrum and also an Incontinence Program for those 5 to 16 years.

Website: www.childrensdevelopmentalcenter.org
Phone: 509-735-1062

(3) **Seattle Children’s Tri-Cities Clinic**, The clinic offers services in medical specialties provided by the same doctors and nurses who take care of children in the Seattle Clinics. They work closely with our local providers to meet the needs of the child in our home community.

Website: <https://www.seattlechildrens.org/contact/tri-cities> Phone: 509-946-0976

(4) **Educational Service District 123-** Provides a range of services to schools and communities with special needs students.

Website:
http://www.esd123.org/programs__services/special_services

Trauma Informed Approaches to Care

BY CAROL MOSER

Imagine walking into your dentist office for your root canal. You’re already anxious because of previous bad experiences at the dentist, but this time the office staff greet you with a welcoming smile, there is minimal paperwork to do, and you are ushered into your dental chair where the hygienist offers you a blanket, pillow, headphones, sunglasses, and a little laughing gas to help you relax. You think to yourself, “The staff really care about me, and must know how traumatized I get at the dentist’s office!” Your anxiety is lessened a few notches. This is a trauma informed office!

According to Ken Kraybill, MSW, Director of Training for t3 (think. teach. transform.), trauma informed care is a bunch of little things that we can do to better serve our clients: active listening, saying “I’m sorry,” “thank you for sharing,” (don’t ask for more details), normalizing and say, “sadly, that happens to a lot of people.” Avoid taking over the other person’s conversation and telling your own story. Create a safe environment. Be accepting and empathetic. Trauma informed listening is non-judgmental, compassionate, and forgiving. Becoming trauma informed involves using knowledge of trauma and recovery to design and deliver effective services.

Peter Levin, PhD and trauma therapist, says “Trauma is the most avoided, ignored, denied, misunderstood, and untreated cause of human suffering.” It is especially important to incorporate trauma informed approaches into the healthcare delivery system because traumatic experiences have a direct impact on patients’ health and on how they engage in healthcare. Patients that have experienced trauma can be re-traumatized through medical care such as invasive procedures, removal of clothing, physical touch, and personal questions. Past traumatic experiences can manifest themselves in repeatedly missed or cancelled appointments, avoiding preventive care, poor adherence to treatment recommendations, and anxiety about certain medical procedures.

Becoming trauma informed is essential to better patient care, but the good news is that it benefits both patient and provider; clients become more engaged in their own care, and providers learn new skills to heal.



- ◆ Article reposted with permission of Carol Moser of the Greater Columbia Accountable Community of Health.





Fluoride Report for Benton, Franklin, Umatilla, and Walla Walla Counties

Fluoride supplementation can be an effective way of reducing cavity risk. Included in this report are the fluoride levels of the water systems in Benton-Franklin counties and neighboring communities to help you determine if they are needed. Please refer to this list when determining fluoride supplementation for your clients.

This fluoride fact sheet gives a general scope of the fluoride levels but please be advised that although fluoride is generally very stable in a water supply, variations can occur for a variety of reasons. If you have any concerns about a patient's specific water, testing is available through the Benton-Franklin Health District for the most accurate and specific data. Water testing is \$25 and a testing container with instructions may be picked up at the front desk of any Benton-Franklin Health District site. Results are available in about two weeks.

For your convenience, the current recommended fluoride supplement schedule is below:

Recommended dietary fluoride supplement* schedule (American Dental Association/American Academy of Pediatric Dentistry)

Fluoride concentration in community drinking water

Age	<0.3 ppm	0.3-0.6 ppm	>0.6 ppm
0-6 months	None	None	None
6 months – 3 years	0.25 mg/day	None	None
3-6 years	.50 mg/day	0.25 mg/day	None
6-16 years	1.0 mg/day	.50 mg/day	None

* Sodium Fluoride (2.2 mg sodium fluoride contains 1 mg fluoride ion).

† 1.0 parts per million (ppm) = 1 mg/L

If you have other questions, please contact Lauren Spilles at (509) 460-4254 or laurens@bfhd.wa.gov





Fluoride Report for Benton, Franklin, Umatilla and Walla Walla Counties

Fluoride Deficient Levels (<0.3)

City of Milton-Freewater	0.2	City of Richland	0.2
City of Pendleton	0.2	Hillview Mobile Home Court	0.2

Partial Fluoride Levels (0.3-0.6)

Badger Canyon Water Association	0.4	Kelley's Estates/ Columbia Place LLC	0.6
Badger Mountain Irrigation	0.6	Kepp's Acres	0.5
BC Water Company	0.4	KID 501/Lorayne J	0.5
Benton City	0.4	Kiona Village	0.5
Burbank Heights	0.3	Mesa Water Department	0.3
Canyon Village Water System	0.6	Metz Water Association	0.3
City of Irrigon	0.3	Mini-Pearl Water System	0.3
City of Kennewick	0.3	Nine Canyon Ranch	0.5
Clark Addition	0.5	North Slopes Estates	0.4
Clearwater Domestic	0.4	Oasis Water Corp.	0.5
Community Water District	0.5	Rainbow Court	0.4
Coxville Water Association #1	0.4	Roza Heights Water Association	0.3
Eaton Park Subdivision	0.6	Sundance Imp. Association	0.4
Good Neighbor Water Association	0.6	Sunrise Acres	0.4
Goodnight Water System	0.6	Sunrise Estates	0.5
Goose Gap Water Association	0.5	Tri-City Estates	0.5
Harrison-Kiona	0.5	Whitstran Heights	0.4
Kahlotus	0.5		

Optimal Fluoride Levels (>0.6ppm)

Badger Mountain Estates	0.7	Land Owner Association	0.8
Basin City Water Co	1	Mount Adams Vista	0.7
Burbank Irrigation District No. 4	1.6	Mt. View Tracts	0.7
City of Connell	1	Pasco Heights	1.1
City of Hermiston	1.3	Radar Hill	0.8
City of Pasco	0.9	Red Mountain Water Association	0.7
City of Prosser	1.3	River Ridge Estates	0.9
City of West Richland	1.3	Southgate Water Association	0.7
Con Agra Foods/LambWeston	1	Summit View	0.8
Eltopia Water Association	1.4	Sunset Domestic Water Association	1
KID 502 (Elliot Lake)	1.2	West 15 Domestic Water Association	1.7
Kiona West Heights	0.7	White Bluffs	0.9

Moderately High Levels (>1.7ppm)

Arlene's Addition	2.9	Ringold Domestic	2.3
Harrison-Ray-Burbank Water System	1.3-2.8	Sun Harbor Water District No. 3	2.9
North 16 Domestic Water	2	Westbourne Acres	2.2
Patterson Heights	2	West Mesa Domestic Water	2.4
Plymouth Water District	1.9		



Head Injury Prevention

More children ages 5 to 14 are seen in emergency rooms for injuries related to biking than any other sport.

SAFE KIDS **Does your helmet fit properly?**
WORLDWIDE Take the Helmet Fit Test

1



Eyes: Put the helmet on your head. Look up. You should see the bottom rim of the helmet.

2



Ears: Make sure the straps form a 'V' under your ears when buckled. The straps should be a little tight but comfortable.

3



Mouth: Open your mouth as wide as you can. Does the helmet hug your head? If not, tighten the straps.

Now you're ready to roll!



Helmets can reduce the risk of severe brain injuries by 88 percent – yet only 45 percent of children 14 and under usually wear a bike helmet. Emergency departments are also reporting a large number of injuries to younger kids on scooters.

Reinforce the importance of helmets to your patients and remind parents that it's just as important for them to wear a helmet, too.

Their brain is also vulnerable and it's essential for caregivers to model proper behavior, even if they didn't wear a helmet as a child.

Helmets are available at Richland and Pasco Parks & Rec. Their staffs are trained to properly fit the helmet to the child. Requested donation is \$8 for a bike helmet and \$10 for a multisport helmet, but no one will be turned away due to inability to pay.

More information is available at:

https://bfhd.wa.gov/programs_services/injury_violence_prevention/head_injury_prevention



Leadership Summit on Fatherhood

Benton-Franklin Health District partnered with the National Fatherhood Initiative to host a Leadership Summit on Fatherhood on May 2nd, 2019. The Summit was attended by 76 representatives from education, law enforcement, health, social services, government, business, faith, community activist, media and philanthropic sectors. Participants received a report on the state of fatherhood in Benton and Franklin Counties, and the importance of father involvement. They also participated in breakout sessions, where they brainstormed ideas to help support fathers in our community. These sessions will be compiled into an action plan, and will be the first step in forming a Fatherhood Initiative for Benton and Franklin Counties.



Studies show that health, academic, and social outcomes are far greater for children who have positive relationships with their fathers. Pregnant women also have more positive birth outcomes when the father of the baby is involved and supportive. However, far too many fathers are still absent in the lives of their children. Providers can help by assessing their clinics for father friendliness, training staff to engage with fathers, encouraging fathers to be involved in the care of their children, and referring fathers to support services. More information about resources for fathers will be coming soon. Benton-Franklin Health District would like to invite the healthcare community to be involved in the Fatherhood Initiative. Please contact Vanessa McCollum at (509)460-4258 or vanessam@bfhd.wa.gov if you are interested in participating in a Fatherhood Advisory Board or receiving more information about this project.

