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Health Education Materials for Beneficiaries

BENEFICIARY EDUCATION FACT SHEET #4

Information for Beneficiaries on Child Health

The purpose of this fact sheet is to help parents develop a preventive framework that will keep their child in good health as he/she grows. It includes information on well-baby and well-child care, tips on how to find a medical home, and information on key health risks and prevention opportunities.

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Finding a Medical Home for Your Family

Your first baby is on the way. It won't be long and you need to choose your baby's healthcare provider. What should you do? When you are looking for a provider for the first time, ask friends or family members. You can also ask your primary care provider, obstetrician-gynecologist (OB-GYN), or certified nurse midwife (CNM) for their recommendations.

Different types of healthcare professionals can care for your child including pediatricians, family physicians, and nurse practitioners.

Your health plan should be able to provide you with a list of network physicians they contract with. Make a list of potential candidates, and then compare them. Quality, cost, and convenience are all important when choosing a provider.

- **Pediatricians** are physicians that specialize in the medical care of children from birth through adolescence. Pediatricians provide preventive and acute care services that address physical, mental, and social health and well-being. Pediatricians do not care for adults over the age of 23.
- **Family physicians** train in pediatrics and other areas including internal medicine, orthopedics, and obstetrics. Family physicians specialize in the lifelong care of individuals and families. If you choose a family physician your whole family can receive primary medical care from the same physician.
- **Pediatric nurse practitioners (PNPs)** are master's prepared advanced practice registered nurses who provide health care to children from birth through 21 years of age. A PNP works in collaboration with a licensed medical physician and provides comprehensive health care to children in a variety of settings. A PNP may consult with other members of the healthcare team, may coordinate care, and/or make referrals to other members of the healthcare team. PNP's practice under their state Nurse Practice Act and in accordance with individual state laws and regulations. PNP's have prescriptive authority (meaning that they can prescribe medicine) in all 50 states. **Nurse practitioners and family nurse practitioners** are also qualified to provide care to children and adolescents.

Once you have selected the type of healthcare provider and have the names and contact information of a few contenders, set up an interview or new **patient orientation visit** with them. Some practices may charge for an initial consultation; others may not. Go prepared with a short list of questions about key health issues. Is the provider available on Saturdays or in the evening? What is their on-call or emergency schedule? How does the provider handle phone calls from parents? How quickly are calls returned? Can you reach the provider by e-mail? Ask how long patients typically wait for appointments. Does the office have backups of more than a half an hour? Find out how far in advance they book-up.

It is important for you to find a healthcare provider who:

- Is accessible.
- Is close to where you live and/or where you work.
- Can see your child immediately when symptoms are concerning.
- Is covered by your health plan.
- Has appropriate board certification, licensure, or training.
- Has a qualified, caring, and friendly staff.
- Has reasonable office wait times.
- Will respond after business hours.

Are you comfortable asking your doctor questions? What will you do if your child becomes sick in the middle of the night? The relationship you form with your child's healthcare provider is an

extremely important one. Your provider will monitor your child's growth and development, help prevent diseases, and make sure your child is growing into a healthy person. Make sure you can:

- Trust your provider and his/her staff.
- Comfortably share your concerns or ask questions about your child.
- Call if you have a question.
- Feel that your provider cares about your child.

Having a strong relationship with a provider is important for you and your child. Research shows that families with a medical home are more satisfied with their care and have better outcomes. A **medical home** is an approach to delivering primary health care through a team partnership that ensures healthcare services are provided in a high quality and comprehensive manner. A primary care provider (usually a physician or nurse practitioner) leads the medical home with the support and direction of the patient, the patient's family, clinic staff, community agencies, and other specialty care providers. When selecting a practice or interviewing a provider, be sure to ask about their approach to delivering care.

Core Components of a Medical Home

Accessible and Continuous

- Care is provided in the community.
- Changes in insurance providers or carriers are accommodated by the medical home practice.

Coordinated and Comprehensive

- Preventive, acute, specialty, and hospital care needs are addressed.
- When needed, a plan of care is developed with the patient, family, and other involved care providers and agencies.
- Care is accessible 24 hours a day, 7 days a week.
- The patient's medical record is accessible, but confidentiality is maintained.

Family Centered

- Families and individual clients are involved at all levels of decision-making.

Compassionate and Culturally Effective

- The patient and family's cultural needs are recognized, valued, respected, and incorporated into the care provided.
- Efforts are made to understand and empathize with the patient and family's feelings and perspectives.¹

The Benefits of a Medical Home

Promotes Health Through Prevention

- Preventive services such as annual physical exams, developmental screening, health education, immunizations, well-child care, and other medical and community-based services help maintain optimal health.
- Women who have a regular source of health care are more likely to access prenatal care.²
- Regardless of age, sex, race, or socioeconomic status – all people can receive an array of acute, chronic, and preventive medical care services.³

Healthier Children and Families

- Among children with special health care needs, those with a medical home have less delayed care, fewer problems getting care, fewer unmet health needs, and fewer unmet needs for family support services.⁴
- In a study of medical homes among children with special health care needs, parents reported improved care delivery, a decrease in the number of missed workdays, and a decrease in hospitalizations.⁵

Reduce Healthcare Costs

- A child who receives care in a medical home is half as likely to visit an emergency room or be hospitalized.⁶

What are all those visits for? While still in the hospital, at 2 to 4 days old, your newborn will experience his/her first checkup when a doctor or nurse will:

- Weigh your baby.
- Measure the length of his/her body.
- Measure the circumference of his/her head.
- Conduct a physical exam.
- Perform a hearing test. A simple test can detect if your baby has any hearing loss. This test is important because if not detected early, your baby's speech, language, brain development, and mental health could be affected.
- Examine blood drops taken from the bottom of your newborn's foot. These samples are dried and tested for such disorders as phenylketonuria (PKU), congenital hypothyroidism (CH), galactosemia, and sickle cell disease (SCD). Accurate screening:
 - √ Identifies affected babies quickly.
 - √ Ensures cases are not missed.
 - √ Helps start treatment early. Immediate treatment prevents serious and sometimes fatal complications.

Regular check-ups ensure your child is on the right path for growth, development, and behavior. Well-baby visits include a variety of **preventive services**. Each time you visit, your healthcare provider will do some or all of the following:

- Collect information about your baby's medical and family history.
- Conduct a head to toe physical examination.
- Take a blood count between 9 and 12 months, as recommended.
- Screen your child's blood for lead at 9 to 12 months initially, then at 24 months and thereafter based on risk.
- Give a TB test, based on risk.
- Perform hearing and vision screening.
- Give proper immunizations.
- Provide nutrition advice.
- Give a dental referral.

As the parent, you will be the main source of information about your child's health for many years. Therefore, it is important to tell your healthcare provider any concerns you have about your child's growth, development, or behavior. During the visit, ask questions about your child's behavior. Some example questions are:

- Is my child getting the right amount of sleep?
- What can I do to help improve my child's communication skills?
- How can I keep my child safe in the car or at home?

Well-Child Care

3 to 10 Years of Age

What is it? Well-child care is a set of coordinated practices and activities that expand the focus of pediatric care for a young child to include greater emphasis on behavior and development – both the child’s behavior and development and parents’ understanding of behavior and developmental issues.

Why is it important? An annual preventive healthcare visit provides an opportunity to monitor a child’s growth and development; to assess his or her behavior; to provide appropriate immunizations; to discuss important issues regarding prevention of injury and violence; and to answer a parent’s questions about their child’s health.



What are all those visits for?

Annual visits tell a story of your child’s development through testing and record keeping. Your child’s primary care provider relies on you to keep a personal chart of your child’s height, weight, immunizations, and other medical information to add to his/her office record. During an annual check-up the provider will do some or all of the following:

- Give recommended immunizations.
- Screen for behavioral and mental health problems.
- Provide anticipatory guidance.
- Determine along with parents how to address developmental issues or health concerns.
- Conduct laboratory testing, including:
 - √ Urinalysis at age 5.
 - √ Cholesterol screening, based on risk.
 - √ Iron deficiency screening, based on risk.
 - √ Lead screening, based on risk.

Remember to tell you child’s primary care provider about:

- Any and all signs of illness.
- Any medications, herbs, or supplements such as vitamins that your child is taking.
- Any other doctor, chiropractor, acupuncturist, or therapist that your child is seeing.
- Any allergies or reactions to medicines that your child has.

Don’t hesitate to report personal information. Feel free to talk about your beliefs and concerns about your child’s health. You don’t need to wait to be asked.

Follow-up! Once you leave the provider's office, follow-up.

- If you have questions, call the office.
- If your child has any problems with his or her medicine, call your child's primary care provider or pharmacist.
- If your child needs to see a specialist or get a test, make an appointment or ask your provider's office to make the appointment for you.
- If you do not hear from your child's provider about test results, call and ask. If you don't understand the results, ask what they mean.

Immunizations

Prevention is the key to fighting many infectious diseases. Children in the United States get routine immunizations to protect them against more than a dozen diseases. Some vaccines are given in combination with others. Most of them require multiple doses given at various intervals.

The majority of vaccines protect against serious, potentially fatal diseases that are most likely to strike when children are very young. It is critical that children receive all recommended immunizations on time. Children who are not fully immunized are at risk for serious illness and even death. They may also put other children and adults at risk.

Below is a list of immunizations and the ages at which a child should receive them. Some children with chronic illnesses or those in certain areas of the country may follow a different schedule.

- *Hepatitis B*: At birth, 1 to 4 months, and 6 to 18 months.
- *Diphtheria, Tetanus, Pertussis (DPT)*: At 2 months, 4 months, 6 months, 15 to 18 months, and 4 to 6 years.
- *Haemophilus Influenzae Type B*: At 2 months, 4 months, 6 months, and 12 to 15 months. Depending on the type of vaccine, the 6-month dose may not be needed.
- *Inactivated Poliovirus*: At 2 months, 4 months, 6 to 18 months, and 4 to 6 years.
- *Measles, Mumps, Rubella (MMR)*: At 12 to 15 months and 4 to 6 years. Children who have not previously received the second dose should receive it by 11 to 12 years.
- *Chickenpox (Varicella)*: At 12 to 18 months if your child lacks a reliable history of chickenpox.
- *Pneumococcal disease (PPV vaccine)*: Recommended in addition to PCV for certain high-risk groups. Ask your doctor.

Vaccine Preventable Disease

- Approximately 90% of chickenpox cases occur in children 1 to 14 years of age. Before the chickenpox vaccine was introduced in 1995, there were 4 million cases each year in the United States.⁷ With vaccination, the frequency of new cases has decreased in all age groups, especially in children ages 1 to 4 years.
- Globally, measles remains a leading cause of death among young children, despite the availability of a safe and effective vaccine for the past 40 years. In 2005, an estimated 345,000 people worldwide, the majority of them children, died from measles.⁸ Measles vaccination in the United States has decreased the number of cases by 99%. Before the vaccine was available approximately 450,000 cases and 450 deaths were reported each year.⁹
- Whooping cough (pertussis) affects more than 4,400 people in the United States each year.⁷

- *Hepatitis A*: For children in selected areas or in certain high-risk groups. At 2 years or older, two doses at least 6 months apart.
- *Human papillomavirus (HPV vaccine)*: Recommended for pre-adolescent females and young women aged 9 to 26.
- *Influenza*: Yearly for children 6 months or older with risk factors such as asthma, cardiac disease, sickle cell disease, HIV, and diabetes; and household members or persons in groups at high risk. Government experts recommend that all children aged 6 to 23 months receive an annual influenza vaccine. Immunization schedules for influenza may change. For the latest information, check with your doctor or go to: www.cdc.gov/flu/.

From time to time, immunization schedules change. For the latest schedule, check with your provider or go to: www.cdc.gov/vaccines.

Vision and Hearing

Vision should be tested before age 5. Your child also may need additional vision tests as he/she grows.

Vision warning signs. If your child complains of any of the symptoms listed below, make an appointment with your child's primary care provider immediately.

- Eyes turning inward (crossing) or outward.
- Squinting.
- Headaches.
- Not doing as well in school as before.
- Blurred or double vision.

Hearing warning signs. If at any age your child has any of the warning signs listed below, be sure to talk with your child's primary care provider.

- Poor response to noise or voice.
- Slow language and speech development.
- Abnormal-sounding speech.

Oral Health

Tooth decay is the most common chronic disease of childhood – 5 times more common than asthma and 7 times more common than hay fever. It can cause pain, and make it difficult to eat, learn, and work. In many cases, however, oral health is overlooked by parents.

Your child needs regular **dental care** starting at an early age. Good oral health requires consistent daily care.

For babies:

- If most of your infant's nutrition comes from breast milk, or if you live in an area with too little fluoride in the drinking water, your child may need fluoride drops or tablets. Ask your child's primary care provider or your local water department how much fluoride is in your water. Then ask your child's primary care provider whether fluoride drops or tablets are necessary.

- Don't use a baby bottle as a pacifier or put your child to sleep with a baby bottle. This can cause tooth decay and ear infections.
- Keep your infant's teeth and gums clean by wiping with a moist cloth after feeding.
- When multiple teeth appear, begin gently brushing your infant's teeth using a soft toothbrush and a very small (pea-sized) amount of toothpaste with fluoride.

For children:

Continue regular dental visits as your child grows. Good oral health means good daily tooth care.

- Talk with your dentist about dental sealants to prevent cavities.
- Use dental floss to help prevent gum disease.
- Do not permit your child to smoke or chew tobacco and don't use it yourself.
- If a permanent tooth is knocked out, rinse it gently and put it back into the socket or in a glass of cold milk or water. Take your child and the tooth to a dentist immediately.

Growth and Development

Your child's doctor or nurse will measure his/her height and weight regularly. His/her head size will also be measured during the first 2 years of life. Keep track of his/her growth record. Keeping these measurements will help you and your provider know whether your child is growing properly.

Milestones

Children develop at different rates. The table below shows the ages by which most young children develop certain abilities. It is normal for a child to do some of these things later than the ages noted.

Infants (0 to 1 year of age)

- Language development.
- Focusing vision for the periphery or the corner to the center.
- Bonds of love and trust with parents.

2 months

- Smiles, coos.
- Watches a person, follows with eyes.

4 months

- Laughs out loud.
- Lifts head and chest when on stomach, grasps objects.

6 months

- Babbles, turns to sound.
- Rolls over, supports head when sitting.

9 months

- Responds to name, plays peek-a-boo.
- Sits alone, crawls, pulls up to standing.

Toddlers (1 to 3 years of age)

1 year

- Waves bye-bye, says “mama” or “dada.”
- Becomes more mobile and aware of surroundings.
- Walks when holding on, picks up objects with thumb and first finger.

18 months

- Says three words other than “mama” or “dada.”
- Scribbles.
- Shows great independence, defiant behavior, and imitates behavior of others.
- Walks alone, feeds self using spoon.

2 to 3 years

- Follows two- or three-phrase commands, recognizes names, forms simple phrases, follows simple instructions and directions, refers to self by name.
- Imitates actions of adults or playmates.
- Expresses a wide range of emotions.
- Runs well, walks upstairs without help.

Preschool (3 to 5 years or age)

- Becomes more independent.
- Knows age, helps button clothing, washes and dries hands.
- Throws ball overhand, rides tricycle.
- Knows first and last name and gender identity, tells a story, names four colors, counts 10 objects.
- Balances on one foot, uses children’s scissors.
- Plays with other children.
- Sings a song.

Children continue to grow and change rapidly. As children develop they experience emotional, social, mental, and cognitive changes. These changes are a normal and healthy part of human growth.

Emotional and social changes include:

- More independence from parents.
- Stronger sense of right and wrong.
- Growing desire to be liked and accepted by friends.

Mental and cognitive changes include:

- Rapid development of mental skills.
- Greater ability to describe experiences, talk about thoughts and feelings.
- Less focus on one’s self and more concern for others.

Nutrition for a Healthy Diet

Birth to 2 years of age:

- Breast milk is the single best food for infants from birth to 6 months of age. It provides good nutrition and protects against infection. **Breastfeeding** should be continued for at least the first year, if possible. If breastfeeding is not possible, iron-enriched formula (not cow’s milk) should

be used during the first year of life. Whole cow's milk can be used to replace formula or breast milk after 12 months of age.

- Begin suitable solid foods at 4 to 6 months. Use **iron-rich foods**, such as grains, iron-enriched cereals, and meats. Most experts recommend iron-enriched infant rice cereal as the first food.
- Start new foods one at a time to make it easier to identify problem foods. For example, wait one week before adding each new cereal, vegetable, or other food.
- Do not give honey or corn syrup to infants during their first year.
- Do not limit fat during the first 2 years of life.

Two years or older:

- Provide a variety of foods, including plenty of fruit, vegetables, and whole grains.
- Use salt (sodium) and sugars in moderation.
- Encourage a diet low in fat, saturated fat, and cholesterol.
- Help your child maintain a **healthy weight** by providing proper foods and encouraging regular exercise.

A child can tell you what he/she likes and what he/she is hungry for by the age of 5 or 6. Try to accommodate your child's tastes as much as possible, as long as the choices are reasonable. Boys and girls between 6 and 10 years of age require about 1,800 to 2,400 calories a day. This number increases considerably as children head into puberty. Girls require about 200 calories per day more between the ages of 10 and 12. Boys need about 500 calories per day after 12 years of age. A regular diet should include:

- Whole-grains (6 to 11 servings) (e.g., whole-wheat breads, cereals, pastas, and brown rice).
- Vegetables (3 to 5 servings).
- Fruit (2 to 4 servings).
- Dairy products (3 to 4 servings).
- Meat, fish, poultry, and beans (2 to 3 servings).

After age 2, you should begin to reduce your child's **dietary fat** consumption. In a healthy diet approximately 30% of total calories come from fat. Some ways to cut-back on fat are:

- Switch from whole milk to fat free or nonfat (skim) milk or low-fat (1%) milk.
- Serve more fish and poultry and cut back on red meat.
- Reduce the use of butter and margarine.
- Use low-fat cooking methods, such as baking, broiling, grilling, poaching, and steaming.
- Serve fiber-rich foods, including whole-grain breads, cereals, dried peas, beans, fruits, and vegetables. Dietary fiber may reduce the risk of heart disease and cancer later in life.

It is also important to monitor your child's **sugar intake**. Too much sugar can cause dental caries (cavities) and other oral health problems and, in the long-term, lead to excess weight gain and type II diabetes. Ways to reduce your child's sugar consumption include:

- Serve water instead of juice or soda pop.
- Dilute juice with extra water.



- Use less sugar when cooking.
- Substitute fruit for cookies or other sweets.
- Buy low-sugar cereals. If your child likes sweet cereals, try adding blueberries or other nutritious fruits.

Children with Special Health Care Needs

Children with **special health care needs** require more healthcare services than other children (for example, more visits, specialized treatments, or prescription drugs), because they have (or are at risk for) a chronic physical, developmental, behavioral, or emotional condition. One in five households with children in the United States includes at least one child with a special health care need.¹⁰

Special health care needs result from a wide range of chronic illnesses, disabilities, and emotional or behavioral health problems, such as severe asthma, autism, ADHD, cerebral palsy, cystic fibrosis, diabetes, Down syndrome, mental retardation, sickle cell anemia, and spina bifida. In fact, there are over 3,700 chronic conditions that affect children.

- Families in every demographic group, including all income levels and ethnicities, have children with special health care needs.
- Boys are more likely to have special health care needs than girls—15% versus 10.5%, respectively.¹¹
- The prevalence of special health care needs increases with age. For young children up to age 5 years, the prevalence of special health care needs is just under 8%. That percentage increases to 14.6% for children aged 6 to 11; and among adolescents (children aged 12 to 17 years), the prevalence rises to 15.8%.¹²

One group of children with special health care needs are children with developmental problems. A developmental delay, disorder, or disability is a condition that hinders a child from developing age-appropriate psychological or motor skills such as learning, communicating with adults, playing with other children, or walking. Developmental problems can begin at any age during childhood. These conditions can result in delayed learning, a physical or mental impairment, or a permanent disability.

Poor outcomes associated with developmental delays and disabilities include:

Reduced educational attainment:

- Poor school performance
- Reduced school attendance

Poor overall health status:

- Increased rate of injuries.
- Increased rate of emergency room visits, office visits, and hospitalizations.
- Longer hospital stays.
- Higher rates of mental illness and behavioral problems

Social problems:

- Poor peer relationships.
- Increased risk of substance abuse.
- Increased risk of delinquency and violence in adolescence and adulthood.

Early intervention services are critical for children with special health care needs, particularly those with developmental problems. If your child has a special need, be sure to talk to his/her provider about medical and social services that can help your family.

Key Health Risks: Infants and Children

Sudden Infant Death Syndrome

Sudden Infant Death Syndrome (SIDS) is the leading cause of death in children between 1 month and 1 year of age. Most SIDS deaths happen when babies are between 2 and 4 months old.¹³

Injuries and Poisoning

- **Poison.** Of the more than 2 million poison exposures that occur each year in the United States, 52.7% occur among children younger than age 6.¹⁴ The poisons that your child is most likely to ingest come from common household goods like cosmetics and personal care products (e.g., shampoo), cleaning products (e.g., drain cleaner), pain relievers, and plants.
- **Drowning.** In 2003, 782 children ages 0 to 14 years died from drowning.¹⁵
- **Injuries.** More children die from injuries than any other cause. Fortunately, most injuries can be prevented if simple guidelines are followed. Your child's primary care provider can suggest ways to protect your child from injury.

Safety Guidelines

Protect your young child. In 2003, 782 children aged 0 to 14 years died in drowning accidents. More than 4,700 pedestrians died from traffic-related injuries, and another 70,000 sustained nonfatal injuries. To protect your child follow these safety guidelines:

- Use a car seat at all times until your child weighs at least 40 pounds.
- Use a rear-facing car seat until your child is at least one year old and weighs at least 20 pounds.
- Use the right car seat for your vehicle and for your child's weight. Read the car seat and vehicle manufacturer's instructions about installation and use properly.
- Older children should use car seat belts and sit in the back seat at all times until they are 8 years old or at least 4 feet 9 inches tall.
- Use safety gates across stairways (top and bottom) and guards on windows above the first floor.
- Use fences that go all the way around pools, and keep gates to pools locked.
- Keep hot water heater temperatures below 120F.
- Provide constant supervision for babies. Block access to stairways and to objects that can fall (such as lamps) or cause burns (such as stoves or electric heaters).
- If you use a baby walker, use one that will not fit through a standard doorway or has grippers to stop it at the edge of a step.
- Keep objects and foods that can cause choking away from your child. This includes things like coins, balloons, small toy parts, hot dogs (unmashed), peanuts, and hard candies.

Source: Agency for Healthcare Quality. Your child in the world. Available at: <http://www.ahrq.gov/ppip/childguide/child.htm>. Accessed on April 14, 2007.

Environmental Diseases

Rashes, irritations, and other environmental diseases can become serious, but are easily treated if caught in an early stage. If your child develops a rash or irritation that doesn't resolve in a few days on its own, or looks serious, call your child's primary care provider for advice. A rash or irritation could be caused by one of the following: eczema, impetigo, lice, ringworm, diaper rash, or thrush.

Lead

Approximately 310,000 children between the ages of 1 and 5 years have elevated blood lead levels, and more than 4% of children in the United States suffer from lead poisoning.¹⁶ The most common

Caution: Toddlers explore their world by putting things in their mouths. Children can get lead poisoning by chewing on pieces of peeling paint or by swallowing house dust or soil that contains tiny chips of leaded paint.

cause of lead poisoning today is old lead-based paint. Lead has not been used in house paint since 1978. However, many older houses and apartment buildings (especially those built before 1960) still have lead-based paint on their walls.¹⁶ Recently, popular toys and cosmetics imported from China have been contaminated with lead. Lead can harm your child, slowing physical and mental growth and damaging many organs. The most common way your child may get lead poisoning is by exposure to old house paint that is chipping or peeling. Screening for elevated blood levels helps identify children exposed to lead who need intervention to reduce their blood lead levels.¹⁶

Overweight and Obesity

Overweight among children ages 6 to 11 has more than doubled in the past 20 years, from 7% in 1980 to 19% in 2004. Today, about 25% to 30% of school-age children in the United States are overweight. Overweight children are much more likely to become overweight or obese adults than children who maintain healthy weights. They are also at risk for serious diseases such as type II diabetes, high blood pressure, and heart disease. If your child is more than 20% above the ideal weight for height and age, check with your primary care provider.

Lack of Physical Activity

To ensure a healthy weight, encourage your child to exercise regularly and keep a healthy diet. Adults and children should get 30 to 60 minutes of exercise daily.¹⁷

- Encourage your child to participate in sports.
- Encourage involvement in activities they can enjoy into adulthood (for example, walking, running, swimming, basketball, tennis, golf, dancing, and bicycle riding).
- Plan physical activities with family or friends; exercise is more fun with others.
- Limit TV watching to less than 2 hours per day. Encourage going to the playground, park, gym, or a swimming pool instead.
- Physical activity shouldn't mean competition. Don't make winning the only goal.

Many communities and schools offer exercise or sports programs – find out what is available for your child.

Activate Your Child

Obesity is a serious health issue. To prevent overweight and obesity engage your children in a health-promoting lifestyle. In one study, children of sedentary parents (a.k.a. couch potatoes) were more likely to gain weight and become overweight than children of active parents. The more you move, the more calories you burn. Examples of fun activities that will help your family become active are listed below.

- **Walk the walk:** Map a nearby park with checkpoints, mapping an expedition course. Stay together, explore the terrain, study map clues, and look for secret treasure. Take turns navigating to each point on the map. On each walk progress to a more challenging trail or hike. Use bugs, animals, or flowers as your treasure. You can't entertain a young child much better than finding a colorful salamander under a log or rock.
- **Ten minute sports:** Don't force adult exercise on children. Take advantage of their natural tendency for intermittent play. A game of tag is a perfect example. Children's bodies are designed to spring and rest since they are easily distracted and incapable of long periods of focused activity.
- **Throw a sports party:** Instead of a pin-the-tail on the donkey birthday party, go roller-skating or ice-skating, got to a laser tag center, wall-climbing gym, or indoor playground center. Do these activities anytime with the family just because you feel like it.
- **Race for home:** Give your child a head start and race home from the corner store, from the end of the block, or race around the outside of the house. You can do the same with calisthenics – you do 10 crunches, and your child does five. See who can complete them first.
- **A list of chores:** Younger children like to be helpful. They enjoy helping with household chores. Ask them to help you make the beds, fold laundry and put it away. Set the table, put the dishes in the dishwasher – all physical activities that get your heart rate up, stretch your body, and build muscles.

Source: Readers Digest. *Fun ways to a healthier and more active family.* Available at: www.rd.com/. Accessed on April 22, 2007.

Foodborne Illness

Approximately 76 million cases of foodborne illness are reported each year in the United States.¹⁸ Foodborne disease is caused by consuming contaminated foods or beverages. An outbreak of foodborne illness occurs when a group of people consume the same contaminated product and two or more of them develop the same symptoms. For example, an outbreak can occur when food is left out at room temperature for many hours. Cooking it may not affect the bacteria if prepared at too low a temperature. **Handwashing** is the most effective way to avoid the spread of bacteria.

Foodborne diseases are infections, caused by a variety of bacteria, viruses, and parasites. Other diseases are poisonings, caused by harmful toxins or chemicals that have contaminated the food, for example, poisonous mushrooms. Different diseases have different symptoms; however, most people experience nausea, vomiting, abdominal cramps, or diarrhea.

The most commonly recognized foodborne infections are those caused by the bacteria *Campylobacter*, *Salmonella*, and *E. Coli 0157:H7* and by a group of viruses called calicivirus, also known as the Norwalk and Norwalk-like virus.

- *Campylobacter* is a bacterial pathogen that causes fever, diarrhea, and abdominal cramps. It is the most common cause of diarrheal illness in the world. Eating undercooked chicken, or other food that has been contaminated with juices dripping from raw chicken is the most frequent source of this infection.

- *Salmonella* is also a widespread bacteria with symptoms that include fever, diarrhea, and abdominal cramps. In persons with poor underlying health or weakened immune systems, it can invade the bloodstream and cause life-threatening infections.
- *Escherichia coli* O157:H7 infections can spread through contaminated food, contaminated drinking water, contaminated swimming water, and from toddler to toddler at a daycare center. Depending on how it spread, measures to stop other cases range from removing contaminated food from stores, chlorinating a swimming pool, or closing a daycare center.
- *Calicivirus*, or Norwalk-like virus, is an extremely common cause of foodborne illness, though it is rarely diagnosed. It causes acute gastrointestinal illness, usually with more vomiting than diarrhea. It usually resolves within 2 days. It is believed that Norwalk-like viruses spread primarily from one infected person to another. Infected kitchen workers can contaminate a salad or sandwich as they prepare it with the virus on their hands; infected fishermen have contaminated oysters as they harvested them.

Diarrhea or vomiting can lead to **dehydration** when body fluids and salts (electrolytes) become low. Replacing lost fluids and electrolytes are important. If diarrhea is severe, call your healthcare provider for advice.

Sun Exposure and Skin Cancer

The most common form of cancer in the United States is skin cancer. Skin cancer is a preventable disease. Children are especially sensitive to the sun due to their delicate skin. Protecting children from the sun not only helps prevent painful rashes and sun burns, it also helps prevent skin cancer later in life, as 50% of a person's lifetime **sun exposure** occurs before the age of 18.¹⁹

- Encourage children to play in the shade, especially from 10am-4pm.
- Infants should be kept out of the sun entirely.¹⁹
- Use a high SPF on children²⁰ and reapply sunscreen often throughout the day.
- Ensure that protective clothing is always worn in the sun.²⁰

If you smoke, the most important thing you can do for your child's health is to quit. Ask your primary health care provider about getting help to quit or call 1-800-quitline to speak to a tobacco cessation counselor for free.

Tobacco Use

Exposure to environmental smoke – from cigarettes, cigars, or pipes – is a serious health hazard for your child. According to the Centers for Disease Control and Prevention, exposure to **secondhand smoke** is associated with higher rates of sudden infant death syndrome

(SIDS), ear infections, asthma, bronchitis, and pneumonia in young children. If you smoke, the most important thing you can do for your child's health is to quit. Ask your doctor about getting help to quit. Never let yourself or other adults smoke around your child – in your home, in your car, anywhere!

Child Abuse

Child abuse is a serious problem that can happen in any family. The scars, both physical and emotional, last a lifetime. Because children can't protect themselves, adults must protect them.

Sexual child abuse prevention:

- Teach your child not to let anyone touch him or her inappropriately: Tell your child to say “NO” and run away from sexual touches.
- Take reports by your child about physical or sexual abuse seriously.
- Report any abuse to your local or State child protection agency.

Parental child abuse:

- Post your local child abuse hotline in a conspicuous place near the phone.
- If you feel angry and out of control, leave the room, take a walk, take deep breaths, or count to 100. Don't drink alcohol or take drugs. These can make your anger harder to control. If you are afraid you might harm your child, get help immediately.
- Take time for yourself. Share childcare between parents, trade babysitting with friends, or use daycare.

Family Resources on the Web

The internet can help you find healthcare information for you and your family. Click on the links below to begin your search.

Finding a Medical Home for Your Family

KidsHealth, an organization sponsored by the Nemours Foundation, is a website devoted to helping parents navigate medical care for their family. The site explains different options and suggests how to search for a healthcare provider for your child:

http://www.kidshealth.org/parent/system/doctor/find_ped.html

The *American Academy of Family Physicians* is the national association of family doctors. Their website has general information about current family medicine topics as well as a sister page specifically designed for patients to learn about diseases and conditions as well as health tools:

<http://www.aafp.org/> and <http://familydoctor.org/>

The *American Academy of Pediatrics* is an organization of pediatricians committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. Their website contains general information and publications related to child health, guidelines on pediatric issues, and a link to locate a pediatrician: www.aap.org

The *American Medical Association* will help you search for a physician in your area:

<http://www.ama-assn.org/aps/amahg.htm>

The mission of the *National Association of Pediatric Nurse Practitioners (NAPNAP)* is to promote optimal health for children through leadership, practice, advocacy, education and research. Their website contains tips and information for parents about immunizations, breastfeeding, bottle feeding, eating well, and the role of the PNP in serving children & families: <http://www.napnap.org>

The *National Association of County and City Health Clinics* will help you find your state's local health departments: <http://www.naccho.org/GENERAL8.cfm>

The **Bureau of Primary Health Care**, part of the Health Resources and Services Administration of the U.S. Department of Health and Human Services, can help you find a medical clinic near you: <http://www.bphc.hrsa.gov/databases/fqhc/default.htm>

Maternal and Child Health (General)

The **Maternal and Child Health Bureau** is a component of the Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (DHHS). The MCHB provides national leadership to reduce disparities, assure the availability of quality care, and strengthen the Nation's maternal and child health infrastructure in order to improve the physical and mental health, safety, and well-being of women, infants, children, adolescents, and their families (including fathers and children with special health care needs). References and materials are available on their website at: www.mchb.hrsa.gov

The **MCH Library** at Georgetown University provides accurate and timely information, resource guides, publications, databases, and links on maternal and child health topics: www.mchlibrary.org

The **National Institutes of Health** website provides a wide range of topics on child and adolescent health: www.health.nih.gov/

Children with Special Health Care Needs

Family Voices is a national grassroots network of families which advocates for health care services and provides information for families with children and youth with special health care needs: www.familyvoices.org

The **Healthy and Ready to Work National Center**, sponsored by the Maternal and Child Health Bureau provides information and resources to help youth with special health care needs transition to adult health: www.hrtw.org

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