

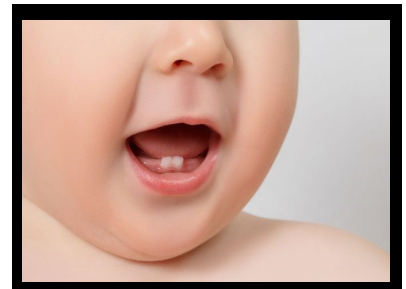


BENTON & FRANKLIN COUNTY

CHILD HEALTH NOTES

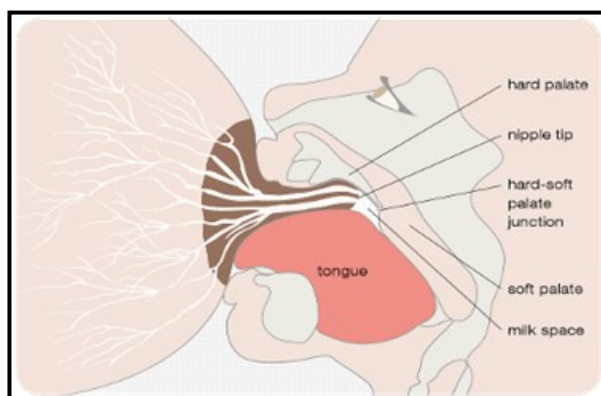
Breastfeeding and Oral Health

When referring to children's oral health it is common to focus on just the teeth and dental decay. But oral health is related to our systemic health in many ways and this is true for children as well, even before the first tooth arrives. One of the ways both medical and dental providers can support good oral health is by promoting breastfeeding. Breastfeeding supports proper development of the orofacial muscles and has benefits that go beyond nutrition.



The mechanics of breastfeeding are different than bottle feeding and it promotes proper development of the midface, airway, and swallow reflux (Palmer 1998). An underdeveloped orofacial region can have many consequences that include sleep disorders, behavioral problems, speech problems, and impaired development.

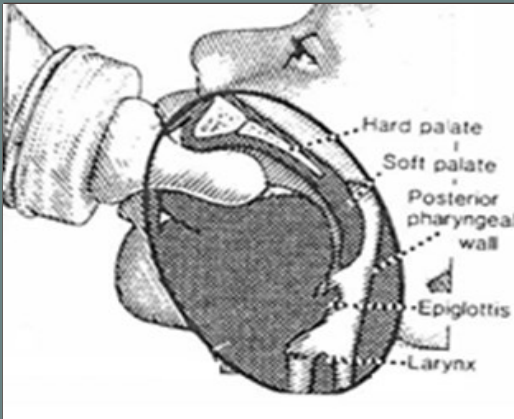
Part of promoting good oral health includes providing mothers with breastfeeding support and educating them on the many benefits it provides.



Breastfeeding

- Promotes proper "U" shape of the hard palate
- Fewer malocclusions
- Aids in developing proper swallowing habits
- Leads to proper airway development





Bottle-feeding

- Trains the tongue to thrust forward and promotes an open bite
- Shallow piston-like tongue movement promotes a deviated swallow
- Greater pressure applied to dental arch promoting a narrow “V” shaped arch

Proper “U” shaped palate



“V” shaped arch with high palate



Resources:

Palmer, Brian. “The Influence of Breastfeeding on the Development of the Oral Cavity: A Commentary.” *Journal of Human Lactation*, July 1998, journals.sagepub.com/doi/10.1177/089033449801400203

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RECOMMENDATIONS ON MEDIA USE FOR INFANTS, CHILDREN, AND ADOLESCENTS

Technological advancements have enabled most households to own multiple devices with screens--cell phones, tablets, computers, and televisions. The effects of media devices on the developing brain are not yet fully understood and are being investigated. In an ongoing study conducted by the National Institutes of Health on children in the United States, initial data examining brain MRIs of 4,500 participants revealed that 9- and 10- year-old children who spend more than 7 hours a day on smartphones, tablets, or playing video games show signs of premature thinning of the cortex.

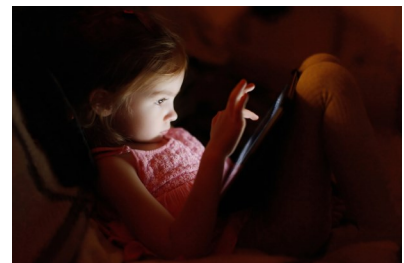


The American Academy of Pediatrics (AAP) updated their recommendations on media use in the pediatric population in November 2016:

- For children **under 18 months**: Avoid media use, except for video chatting.
- For children **18 to 24 months**: If parents would like to introduce digital devices, advise them to choose high-quality programming and use media together with their child. Solo media use in this age group should be avoided.
- For children **2 to 5 years**: Limit screen time to 1 hour per day of high-quality programming with shared use between parent and child to promote enhanced learning, greater interaction, and limit setting.

For **school aged children and adolescents**: There are no specific AAP recommendations on the amount of screen time. The American Heart Association (AHA) recommends a 2-hour limit on screen time for this age group.

- The AAP advises primary care providers (PCPs) to work with patients and families to understand the benefits and risks of media, to encourage adequate physical activity and sleep, to be aware of cyber bullying, sexting, problematic internet use, and internet gaming disorder, and to advocate for information and training in media literacy.

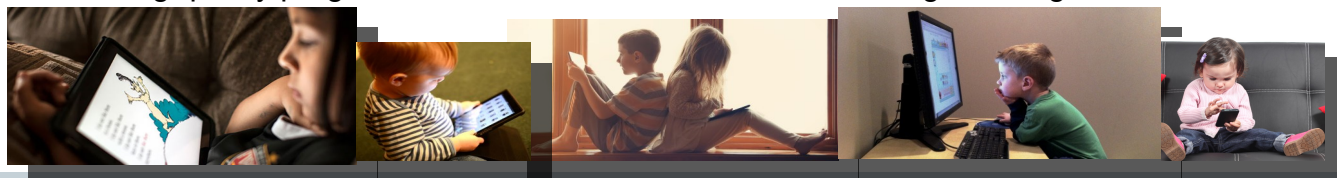


Generally, the AAP recommends no screens during meals and 1 hour prior to bedtime.



What Are the Potential Benefits of Digital Media Use?

- **Connection:** Video chatting can help keep families and friends connected even when they are geographically separated.
- **Health and Wellness:** Mobile devices allow for delivery of personalized health messages (via text or an app) that can help a child or teen combat obesity or monitor mood. It can also offer the ability to access support networks which may be especially helpful for children and teens with chronic illnesses or disabilities.
- **Prosocial Behavior:** Children can learn prosocial skills (i.e. sharing, taking turns, etc.) by watching quality programs such as Sesame Street and Mr. Rogers' Neighborhood.



Why is Screen Time and Media Use Concerning?

- **Mental Health:** Research shows that individuals who engage in heavy use of mobile devices often are more likely to feel stressed, depressed, and have trouble sleeping.
- **Attention Problems:** Observational studies in humans have linked exposure to fast-paced television in the first 3 years of life with subsequent attentional deficits in later childhood.
- **Obesity:** Research suggests the correlations between watching television and weight gain is due to several factors: children are sedentary when watching TV, they tend to eat more while they watch TV, and the foods that are advertised to children are usually unhealthy.
- **Physical Health Concerns:** Heavy users of mobile devices may find themselves making repetitive hand motions which can lead to hand and arm pain.
- **Cyberbullying:** Text messages and other mobile apps are increasingly used to send hurtful messages and pictures to victims.
- **Distracted Driving:** According to a 2013 report from the United States Department of Transportation, 330 people died in crashes involving a teen (15-19 years old) driver who was distracted by a cell phone.
- **Privacy:** Children and teens may not understand that any content placed in a shared space (even if they limit who can view the content) can easily be reposted, retweeted, re-pinned, etc., and subsequently viewed by an unintended party.
- **Sexual Predators:** In one study of internet sex crimes, researchers found that predators used social networking sites to contact youth, learn more about them, contact their friends, and distribute information or photos of the youth.
- **Exposure:** Children may be exposed to violence, sexuality, and portrayals of alcohol and other substance use.



What Can Parents Do?

- Decide what counts and what doesn't. Some families don't limit emails to extended family or doing homework, for example, but do track time on social network sites, watching online videos, or playing video games.
- Set a screen time budget, including TVs, tablets, phones, video game consoles, and computers.
- Be your child's media mentor and make content meaningful.

For example, children under 3 years old have difficulty transferring things they learn in 2D from screens to 3D. If a child plays a tablet game that allows the child to move a ball by dragging his or her fingers across the screen, the parent can make it more meaningful by playing with a real ball afterwards so the child can see it roll and bounce.

- Lead by example: examine how much each parent uses media and adjust according to the example you would like to set.
- Keep all screens out of the bedroom (including phones and tablets). Place all TVs, computers, and video game consoles in family areas. It is harder monitor the content of what children are watching or playing, as well the time spent, when they are in their bedrooms.
- View programs and discuss the content with children: Is this real or pretend?



Use controversial programming to initiate discussions about family values, violence, sexuality, and drugs.



Bottom Line:

Children learn best when they are exposed to quality content with high parental engagement.





REFERENCE RESOURCES



REFERENCES

CBS News 60 minutes. Groundbreaking study examines effects of screen time on kids. <https://www.cbsnews.com/news/groundbreaking-study-examines-effects-of-screen-time-on-kids-60-minutes/>

Media and Young Minds. (2016). Pediatrics, 138(5), 1–8. <https://doi.org/10.1542/peds.2016-2591>

Media Use in School-Aged Children and Adolescents. (2016). Pediatrics, 138(5), 1–6. <https://doi.org/10.1542/peds.2016-2592>

CBS This Morning. 2 hours of screen time a day for kids? https://www.cbs.com/shows/cbs_this_morning/video/yvMBnLmBbvZWGmGUKPrS6yT9TvU8HSHs/max-of-2-hours-of-screen-time-a-day-recommended-for-kids/
Boston Children's Hospital's Center on Media & Child Health. Mobile Devices. <http://cmch.tv/parents/mobile-devices/>

Christakis, D. A., Ramirez, J., Ferguson, S. M., Ravinder, S., & Ramirez, J. M. (2018). How early media exposure may affect cognitive function: A review of results from observations in humans and experiments in mice. Proceedings of the National Academy of Sciences of the United States of America, 115(40), 9851-9858.
Boston Children's Hospital's Center on Media & Child Health. Television and Movies. <http://cmch.tv/parents/television-and-movies/>

SCREEN TIME RESOURCES

Zerotothree.org Screen Sense [What the Research Says About the Impact of Media on Children Aged 0-3 Years Old](#)

Summary of current research and gives evidence based recommendations for families.

Boston Children's Hospital [Center on Media & Child Health](#)

Extensive information and advice by age groups or media type.

PBS [Children and Media](#) Site with advice on TV, movies, computer use, video games, and ads.

Healthychildren.org [Media](#) Audio and written discussions on media-related topics from the AAP.

AAP [Media and Children Communication Toolkit](#) Resources for providers and families including articles, videos, sample social media messages and links (some in Spanish.)

AAP [Family Media Plan](#) Online tool where families can build media plans through this website. *Also in Spanish.*

AAP [Selecting Appropriate Toys for Young Children in the Digital Era](#) Guidance on selecting age appropriate toys.

American Psychological Association [Digital Guidelines: Promoting Healthy Technology Use for Children](#) Guidance for families.

American Heart Association [Limit Screen Time and Get Your Kids \(and the Whole Family\) Moving](#) Guidance

Boston Children's Hospital's Center on Media & Child Health. Social Media. <http://cmch.tv/parents/social-media/>



Screening for Marijuana Use in Adolescents

A major concern with legalization of retail marijuana has been that increased accessibility and acceptability will lead to increased consumption, especially in adolescents. Possible side effects associated with marijuana use that may indicate cannabis use disorder are:

- Depression and anxiety
- Psychosis
- Respiratory tract infections
- Chronic cough
- Sleep disturbances
- Poor school or work performance
- Relationship difficulties
- Nausea and vomiting



Asking about marijuana use should be a part of routine screening during adolescent health check-ups. This info <http://adai.uw.edu/pubs/pdf/2016marijuanascreenassess.pdf> from the University of Washington Alcohol and Drug Abuse Institute is a great resource with screening tool suggestions.

Although more research is needed, we do know that adolescents are particularly vulnerable to the effects of marijuana use. The following are some short- and long-term effects linked to marijuana use.

Effects of short-term use

- Impaired short-term memory
- Impaired motor coordination, interfering with driving skills, and increasing risk of injuries
- Altered judgment, increasing risk of sexual behaviors leading to unplanned pregnancies, and transmission of STDs
- In high doses, paranoia and psychosis

Effects of long-term or heavy use

- Addiction
- Altered brain development (especially in adolescents)
- Poor educational outcome, with increased likelihood of dropping out of school
- Cognitive impairment, with lower IQ among frequent users during adolescence
- Diminished life satisfaction and achievement
- Symptoms of chronic bronchitis



The **You Can** campaign is a great resource to share with youth on how marijuana use can affect them.

Youth Suicide Prevention Summit

Twelve young people have died by suicide in Benton and Franklin Counties since the beginning of 2017. On September 18th, Benton-Franklin Health District and the Youth Suicide Prevention Coalition hosted a summit for local organizations, schools, and medical personnel involved in suicide prevention efforts.



The event focused on reviewing current resources and programs, identifying gaps in the community, and creating a plan to expand successful strategies to prevent suicide deaths. In preparation for the event, BFHD released a new [fact sheet](#) with data on local youth suicide related statistics and a [Youth Suicide Prevention Community Resource Guide](#)

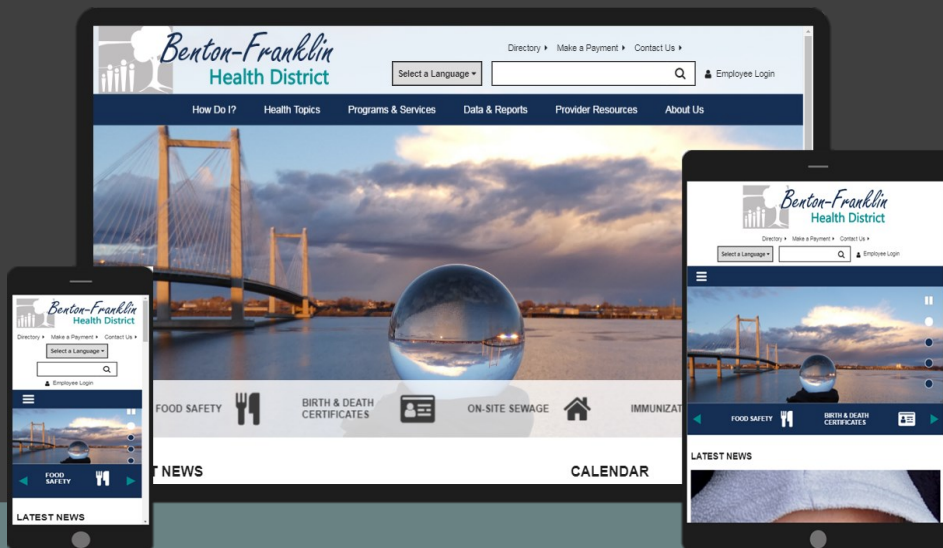
The wait is over!

We've launched our new website.

We've been hard at work building our new website and we'd love for you to take a look around. The look and navigation of our site is new and information has been made more accessible. Some pages are still in progress, but staff are adding more content every day.

[Click here](#)

to check us out.



Great News

Our New Website Characteristics:

Mobile compatibility — *As more and more people use mobile phones to access the internet, having a mobile optimized website has become a necessity. Check out how our new website appears on your mobile or tablet device.*

Well-planned information architecture — *How information is organized and presented on a website is vital to its usability. Our staff carefully planned out website sections and categories to present information in a way that it is easy for you to find.*

Well-formatted content — *The average internet browser skims through content on a web page instead of reading each and every word from top to down. Our web pages have been formatted with this in mind.*



New website features you might be interested in:

- * A variety of new **resources** specifically for providers
- * Easy directions to **link** patients to supports like WIC
- * Current **data and reports**

We would love to hear your feedback on our new website. [Click here](#) to submit your comments.

Thank you for visiting our new site.

<https://bfhd.wa.gov/>

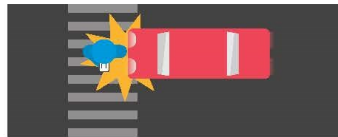


HOW TO NOT GET HIT BY A CAR

7 COMMON WAYS IT HAPPENS & 7 EASY TIPS TO KEEP IT FROM HAPPENING TO YOU.



1 1 in 4 high school students crosses the street while distracted.



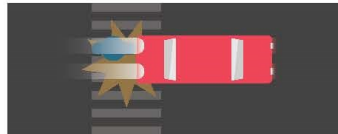
PHONES DOWN, HEADS UP WHEN WALKING.

2 Crossing someplace other than an intersection accounts for more than 70% of child pedestrian deaths.



Tempted to cross mid-block?
DON'T DO IT. TAKE THE EXTRA TIME TO CROSS AT THE CORNER.

3 3/4 of teen pedestrian deaths occur between 7 p.m. and 7 a.m., when it's dark out.



BE ESPECIALLY ALERT WHEN IT'S DARK OUT, AND MAKE SURE DRIVERS CAN SEE YOU.

4 About 1 in 5 pedestrian deaths of children happen at an intersection.



LOOK LEFT, RIGHT, LEFT BEFORE CROSSING AND CONTINUE LOOKING IN ALL DIRECTIONS WHILE CROSSING.

5 Sidewalks can reduce pedestrian crashes by almost 90%.



It's always best to walk on sidewalks or paths.
NO SIDEWALK? WALK FACING TRAFFIC AS FAR AWAY FROM VEHICLES AS POSSIBLE.

6 Every month 7 kids under 5 years old are killed from a car backing up.



WATCH OUT FOR CARS BACKING UP IN PARKING LOTS AND DRIVEWAYS.

7 More than 80% of pedestrians die when hit by vehicles traveling at 40 mph or faster. Less than 10% die when hit at 20 mph or less.



PAUSE AT EACH LANE OF TRAFFIC AND MAKE EYE CONTACT WITH THE DRIVERS.



Sponsored by **FedEx.**



Promoting Early Identification and Partnerships between Families, Primary Health Care Providers & the Community.

