



# ZIPS

**Zero to age 21: Information Promoting Success**  
for Public Health Professionals working with Kansas Kids

## Public Health Certificate Participants Complete 2006 Program

### Special Points of Interest:

- National Folic Acid Awareness Week
- WebMCH Pilot Sites Contribute to Development of Web-based Records
- Regional Workshops Planned for School and Public Health Nurses
- A special “thank you” to six health departments



Forty-two participants in the 2006 Public Health Certificate (PHC) program celebrated a culmination of 144 hours of study / capstone presentations with graduation ceremonies on December 13. The PHC program is a joint educational program offered by the University of Kansas Public Health Management Center, KDHE Workforce Development, and the Kansas Association of Local Health Departments (KALHD). With the use of Interactive Television, class sites were available in Hays, Dodge City, Wichita, and Topeka. *(Pictured above: Lisa Wineinger, Greeley County, receiving Certified Public Health Certificate from Marvin Stottlemire and Elaine Filbert.)*

Center for Public Health Management (CPHM) Director, Charles Jones and Assistant Director, Marvin Stottlemire, KALHD President and Jefferson County Health Department Administrator, Eileen Filbert, Michael Henry, CPHM Facilitator, and Jonathan Morris, CPHM Director of Custom Courses. Graduates of the 2006 PHC Class include:

Rynekah Barbour, Johnson CHD; Vicki Barnes, Johnson CHD; Cris Boughton, Dickinson CHD; Timothy Broaderway, KDHE; Michele Correll, Meade CHD; Tracey Corriston, Sedgwick CHD; Mary Ann Cunningham, Clark CHD; Marsha Donals, City-Cowley CHD; Anissa Durham, Gray CHD; Richard Everett, Southwest Kansas Public Health Initiative; Gina Frack, Norton CHD; Vera Garrison, Graham CHD; Bonnie Gonzales, Shawnee CHD; Lori Hanson, Johnson CHD; Karen Haug, Hodgeman CHD; Sherry Haworth, Sedgwick CHD; Elizabeth Hill, Smith CHD; Barry Hughes, Sedgwick CHD; Jamie Klenklen, KDHE; Angela Kohls, KDHE; Allison Koonce, KDHE; Sherry Koster, Phillips CHD; Rachel Lindbloom, KDHE; Rayna Maddox, Gray CHD; Dawn McGlasson, KDHE; Shawn Meairs, Haskell CHD; Brenda Nickel, KDHE; Lindsay Payer, Coffey CHD; Deina Rockhill, Greenwood CHD; Laura Routh, KDHE; Karen Sattler, Scott CHD; Katie Schatte, Johnson CHD; Melissa Schoenberger, KDHE; Judy Schwieterman, Hamilton CHD; Shannon Steinbauer, Sedgwick CHD; Janet Thomeczek, Hamilton CHD; Joy Trollman, City-Cowley CHD; Amy Warkentin, Johnson CHD; Melanie Warren, KDHE; Cynthia Weber, Cloud CHD; Billie Williams, KDHE; Lisa Wineinger, Greeley CHD



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This year long program is designed with the intent to educate those individuals practicing in public health about the essential core functions and the multifaceted aspects of public health, as well as the importance of public health to the well being of the citizens and environment in which they live. Through lectures by experts in public health, readings, and field trips, participants are actively involved in the learning process as well as bringing to the class, a wealth of experience and information from their own field of public health practice. *(Pictured right: Katie Schatte, presenting capstone paper with colleagues Vicki Barnes and Rynekah Barbour, Johnson County Health Department.)*

Graduation ceremonies were held in two of the class sites for those practitioners that were unable to travel to the largest ceremony that was held in the Old Supreme Court Room at the State Capitol in Topeka. Presenters at the graduation ceremony in Topeka included the

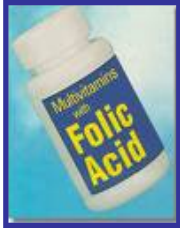


# PERINATAL HEALTH

Joe Kotsch, Perinatal Consultant



## How to Effectively Integrate Folic Acid Counseling into Daily Office Routines



The first idea to effectively integrate folic acid counseling into daily office routines is to assign a point person for folic acid who will essentially guide women through the process of acquiring materials and learning about folic acid. In this way, no woman of childbearing age will be missed.

Another idea would be to have the receptionist give women information on folic acid and begin to point out various places where folic acid materials are located. Perhaps, the receptionist could even have the client fill out a short questionnaire on folic acid while the clients are waiting for the clinician to see them.

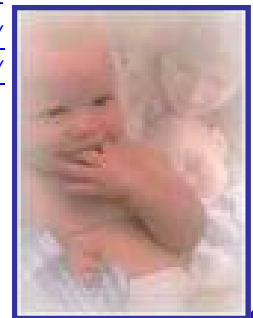
The next idea is to strategically hang folic acid posters in the waiting room, restrooms and other areas that women of childbearing age commonly gather in the clinic. Also, these women should be given a folic acid pamphlet when they check in or out. Further, provide them with links to free or no cost sources of folic acid information (e.g., online links to March of Dimes or National Spina Bifida Association Web sites).

Further expanding on the previous ideas, one should keep posters in the examination rooms to remind clinicians to ask their patients about folic acid. Near the scales is another place for folic acid posters. In these areas patients can read informa-

tion on their own and can then make inquiries about folic acid with their clinician.

Finally, have nurses routinely ask specific questions concerning the intake of medications, vitamins, supplements or individual nutrients for each woman seen in the clinic. In this way, the clinicians will have a consistent source of information about the overall intake of folic acid, vitamins and other supplements for every woman seen in the clinic.

Each idea presented has at least two things in common. One is the idea that folic acid is presented to every woman seen in the clinic in a consistent and non-threatening manner. Also, each woman as well as those working with her are reminded to talk about folic acid through the strategic placement of posters and other relevant resource and educational materials. Further, by appointing a point person for folic acid, the clinic is assured that every woman is made aware of the benefits of folic acid and receives appropriate materials. For information on folic acid recommendations go to: [www.cdc.gov/ncehd/folicacid/health\\_recomm.htm](http://www.cdc.gov/ncehd/folicacid/health_recomm.htm)



## National Folic Acid Awareness Week

January 8 through 14 has been designated National Folic Acid Awareness Week. The Folic Acid Now! Campaign is offering an online media toolkit and consumer materials that community programs can customize and use. This campaign is sponsored by the March of Dimes and the National Alliance for Hispanic Health and is managed by the National Folic Acid Council (NFCA), a project of the National Healthy Mothers, Healthy Babies Coalition. The tool kit contains a media outreach worksheet and outreach activity ideas, including activities for a Hispanic community. Also, a fact sheet and local press release (in English and Spanish) are provided. In addition, consumer materials, including bookmarks, brochures, and stickers (in English and Spanish) are available for use in sharing the folic acid message. Materials may be downloaded from the NFCA Web site, or ordered free-of-charge. More information is available at [www.folicacidinfo.org/campaign](http://www.folicacidinfo.org/campaign)





# CHILD HEALTH

Brenda Nickel, Child Health Consultant



## Remember Kitchen Safety for the Winter Season

### Safe Kids Kansas offers kitchen safety reminders

With the official arrival of winter, activities in the kitchen seem like a great idea: warm temperatures, comforting scents, and an opportunity to share time together. However, more time in the kitchen may increase safety concerns for children who are helping out with the fun activity preparing goodies. Safe Kids Kansas reminds parents and caregivers to check the kitchen for preventable hazards and to supervise children at all times in the kitchen.

"It's important to keep cabinets closed and locked, and to store hazardous substances out of reach, but that's not enough," says Jan Stegelman, Safe Kids Kansas coordinator. "The most important safety precaution in the kitchen is constant, close, attentive supervision." Whether a child is helping an adult cook or simply watching, he or she should always be actively supervised – which means that the child is in sight and in reach at all times.

"Burns — from spills, steam, hot surfaces and flame — can be especially devastating injuries," says Stegelman. "Because young children have thinner skin than adults, they burn more severely and at lower temperatures." Scald burns from hot liquid or steam are the most common type of burns among children ages 4 and under. A child will suffer a full-thickness burn (third-degree burn) after just three seconds of exposure to 140-degree water.

Safe Kids Kansas recommends these precautions against kitchen burns:

- Never leave a hot stove unattended. (Unattended food on the stove is the number one cause of home fires.)

- Never hold a child while cooking or carrying hot items.
- Cook on back burners whenever possible, and turn all handles toward the back of the stove.
- Don't allow loose-fitting clothing in the kitchen.
- Keep hot foods and liquids away from the edges of counters and tables. Be especially careful around tablecloths — children can pull hot dishes down onto themselves.
- Tie up the electrical cords of small appliances. A toddler playing with a dangling cord can pull a toaster or microwave down from a countertop.

In addition to hot surfaces, hot liquids and sharp objects, the other major hazard in the kitchen is poison. Store potentially hazardous goods, such as cleaning products and alcohol, in locked cabinets out of reach. Also, install a carbon monoxide detector to alert everyone to get out of the house in the event of a buildup of the odorless toxic gas given off by fuel-burning appliances.



Keep the kitchen a fun, safe place for the family by matching up a child's abilities with the appropriate cooking tasks. Children who can follow directions may be ready to help out in the kitchen with tasks that do not involve knives, appliances or heat - such as rinsing foods under cold water, using a cookie cutter and stirring ingredients together. "You know your own children. Don't give them knives or let them handle anything hot until they have shown the maturity and coordination to do it safely," says Stegelman. "Some children mature faster than others, so it's up to parents to use good judgment about each child's capabilities."

For more information about kitchen safety and burn prevention, visit: [www.usa.safekids.org/fire](http://www.usa.safekids.org/fire).

## Study Shows Students Given Nasal Spray Flu Vaccine Helps Reduce Influenza on Children and Family Members



A national study led by researchers from the University of Maryland School of Medicine finds giving the nasal spray flu vaccine to elementary school students can significantly help reduce the impact of influenza on children and members of their family. The study compared families of children who attend schools where the vaccine was given with families of children in schools not targeted to receive the vaccine. The results of the study, published in the December 14, 2006, edition of *The New England Journal of Medicine*, indicate that vaccinating school children is an effective way of helping control the spread of influenza in community settings. "Many studies have shown that children are the primary transmitters of influenza to their families and communities. Our research shows that school-based immunization is an effective way to vaccinate large numbers of school children, and once they are protected, so are their families. The nasal spray flu vaccine is well suited for this type of program," says Dr. King, a professor of pediatrics at the University of Maryland School of Medicine and principal investigator of the study. To read the entire study, please visit <http://content.nejm.org/cgi/content/full/355/24/2523>. (Photo by Harry Cabluck, Associated Press).



# ADOLESCENT HEALTH

Jane Stueve, Adolescent Health Consultant  
Pamela Combes, Abstinence Education Consultant



## Parents Make a Difference!



According to the National Campaign to Prevent Teen Pregnancy, 45 percent of teens (age 12-19) say that parents influence their decisions about sex more than anyone else. In their most

recent national survey, young teens (age 12-14), report that parental influence is even greater at 53 percent.

A recent study, the 2005 National Youth Risk Behavior Survey, released by the Federal Government's Centers for Disease Control and Prevention reports overwhelming results. A decline in the percentage of high school

students reporting ever having sexual intercourse has occurred during the past 15 years. In 2005, 47 percent of students surveyed said they had ever had sexual intercourse, down from 54 percent in 1991.

It's time for parents to speak up! Parents underestimate their power to influence teen sexual behaviors. Encourage parents to take an active role in discussing abstinence, sex and relationships. For more information and tips for talking to teens, go to [www.4parents.gov](http://www.4parents.gov).

## Statistics on Underage Drinking



Alcohol use by persons under age 21 is a major public health problem. Alcohol is the most commonly used and abused drug among youth in the United States, more than tobacco and illicit drugs. Although

drinking by persons under the age of 21 is illegal, people age 12 to 20 drink almost 20 percent of all alcohol consumed in the United States. Over 90 percent of this alcohol is consumed in the form of binge drinks. On average, underage drinkers consume more drinks per drinking occasion than adult drinkers. In 2004, there were over 142,000 emergency rooms visits by youth age 12 to 20 for injuries and other conditions linked to alcohol.

### Drinking Levels among Youth

The 2003 Youth Risk Behavior Survey found that among high school students, during the past month

- 1 out of 2 drink some amount of alcohol.
- 1 out of 4 binge drink.
- 1 out of 4 had their first alcoholic drink before age 13.
- 1 out of 10 drove after drinking alcohol.
- 1 out of 3 rode with a driver who had been drinking alcohol.

### Other national surveys

In 2004, the *National Survey on Drug Use and Health* reported that 29 percent of youth age 12 to 20 reported drinking alcohol and 20 percent reported binge drinking.

[Monitoring the Future Survey](#) found that 41 percent of 8th graders and 75 percent of 12th have tried alcohol,

and that 17 percent of 8th graders and 47 percent of 12th graders drank during the past month.

### Consequences of Underage Drinking

Youth who drink alcohol are more likely to experience

- School problems, such as higher absence and poor or failing grades.
- Social problems, such as fighting and lack of participation in youth activities.
- Legal problems, such as arrest for driving or physically hurting someone while drunk.
- Physical problems, such as hangovers or illnesses.
- Unwanted, unplanned, and unprotected sexual activity.
- Disruption of normal growth and sexual development.
- Physical and sexual assault.
- Higher risk for suicide and homicide.
- Alcohol-related car crash and other unintentional injuries such as burns, falls, and drowning.
- Memory problems.
- Abuse of other drugs.
- Changes in brain development that may have life-long effects.
- Death from alcohol poisoning.

Youth who start drinking before age 15 are five times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21.

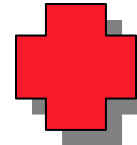
Source: [Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion](#), Centers for Disease Control and Prevention.



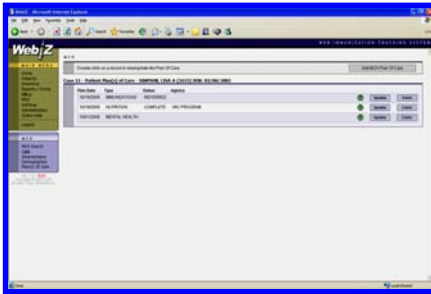


# PUBLIC HEALTH

Children and Families Section



## WebMCH Pilot Sites Contribute to Development of Web-based Records



Local health departments were invited to join the Maternal Child Health (MCH) staff at the Kansas Department of Health and Environment (KDHE)

ports to assist in clinic management and to have required data submitted to KDHE electronically.

The MCH staff of KDHE wishes to recognize and express appreciation to the following individuals for sharing their expertise, which greatly contributed to the development of WebMCH. A special thank you is extended to:

on December 7 and 8, 2006 in Topeka to celebrate the culmination of a yearlong project between KDHE and Envision Technology Partners. Ray Seggelke of Envision, with the assistance of the KDHE Immunization Registry staff, Mike Parsons and Nicole Lambrecht, facilitated the unveiling of the new electronic records system to local health department personnel, interested KDHE staff, and the public health nurses who assisted in the development of the Women's assessments.

- Nancy Jorn, Lawrence – Douglas County Health Department
- Judy Willet, Shawnee County Health Department
- Debra Whiteman, Johnson County Health Department
- Stephanie Wolf, Saline County Health Department
- Jane Sunderland, Nemaha County Health Department
- Terie Garrison, Wyandotte County Health Department
- Debra Warren, KDHE Immunization Registry
- Mike Parsons, KDHE Immunization Registry
- Nicole Lambrecht, KDHE Immunization Registry
- Norma Jean Schaefer, KDHE Internet Support
- Ray Seggelke, Envision Technology Partners

Following the presentation of the new WebMCH program, volunteer local health departments attended training at KDHE to serve as pilot sites that will work with the new WebMCH system to assist developers in identifying changes needed to enhance the ease of use and effectiveness of the program. Once beta testing is completed, the WebMCH electronic record will be available to any health department providing MCH services and who are utilizing the web-based Immunization Registry. *(Pictured right: Ray Seggelke visits with a health department nurse about data entry using WebMCH).*

For more information about the WebMCH program, you are encouraged to contact Ileen Meyer, Director, at (785) 296-1303 or email [imeyer@kdhe.state.ks.us](mailto:imeyer@kdhe.state.ks.us).



In addition to creating electronic records for women, infants, and children served by the MCH program, local health departments will be able to generate re-



### Ask Ken!

#### ELECTRONIC SUBMISSION OF DATA & CVR'S

**Q:** Will CVRs received after January 15 be counted in the '06 or '07 county or state report?

**A:** No, all CVRs received after this date will not be counted in any report.

**Q:** If our clinic is no longer using KIPHS do we need to notify Ken?

**A:** Yes, notify Ken.

**Q:** If we intend to go on Envision, do we have to get approval first?

**A:** Yes, Ken will have to approve all clinics that intend to send data through Envision.

## January Is National Mentoring Month

January 2007 marks the fifth annual National Mentoring Month (NMM), an initiative created by The Harvard Mentoring Project. The initiative is a nationwide effort to recruit volunteer mentors for adolescents who are at risk of not achieving their full potential. The group is targeting America's 77 million baby boomers (the first wave of which turn 60 this year) with the message, "Share What You Know. Mentor A Child."



See the [Harvard Mentoring Project's Web site](#) for video clips and written essays from individuals prominent in various fields sharing recollections about important mentors from their childhood and young adult years.



# SCHOOL HEALTH

Brenda Nickel, Child Health Consultant  
Jane Stueve, Adolescent Health Consultant



## Regional Workshops Planned for School and Public Health Nurses

Throughout Kansas, practitioners in public health meet the health needs of children and their families daily in a variety of practice areas including health departments, hospitals, private medical clinics, and schools, to name but a few. According to the 2000 US Census, approximately one fourth of the population age three and older attended school in the spring of 2000. In Kansas, the 2005-2006 State headcount of enrollment for all schools is 496,490 students; approximately 18 percent of the total 2,274,687 estimated total population for Kansas. (Source: Population Division, US Census Bureau, 2005 estimate) Impacting the health of this school-age population is a critical step to decreasing the morbidity and mortality related to chronic diseases, injuries, communicable diseases, mental health issues, and other health problems that impact health and well-being.

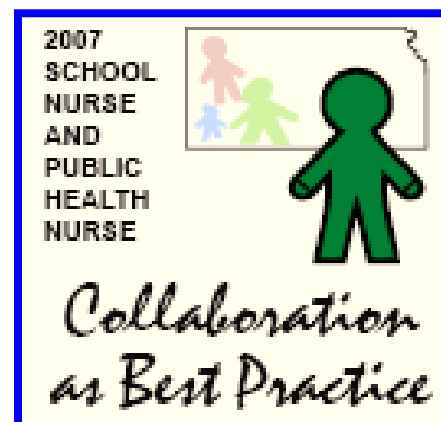
The Bureau for Children Youth and Families, with the assistance of Wichita State University Office of University Conferences, will be offering six regional workshops to encourage creation or enhancement of current collaborations between school nurses and public health nurses in order to address the health issues that are essential to preschool and school age children and their families. Although many community health providers are engaged in collaborative efforts, these workshops will provide a venue for sharing of information and resources in an effort to foster more conscientious partnerships between local health departments and other community health providers. Local health departments and school nurses are seen as integral components to public health coordination within communities and are providing leadership to increase capacity in schools and local health agencies.

Several local health departments in Kansas will be creating and enhancing existing partnerships with school nurses to better serve the health needs of

children and youth in Kansas. These new initiatives will serve as models for continued collaborative efforts among health providers in Kansas' communities. Workshops to increase knowledge of state and regional health issues, as well as discussion of collaborative practice will be offered the following dates:

February 5 – Topeka, SRS Learning Center  
February 13 – Colby, Community Center  
February 15 – Garden City, Zoo Education Center  
February 22 – Wichita, Hughes Metropolitan Complex, Wichita State University  
February 27 – Girard, Greenbush Service Center  
March 6 – Concordia, Cloud County Community College

Faculty will include regional Public Health Specialists Debbie Whitmer or Jon Anderson, or KDHE Public Health Workforce Development Coordinator, Linda Frazier. School Health Consultant, Brenda Nickel, will facilitate all workshops. Workshops brochures will be sent out soon with details regarding registration, continuing education credits, and content. For more information, contact Jaclyn Tuma, conference registrar, Wichita State University at (316) 978-6493 or email at [Jaclyn.tuma@wichita.edu](mailto:Jaclyn.tuma@wichita.edu)



## EVENTS



## RESOURCES

The Kansas Fatherhood Coalition announces the **5th Annual Fatherhood Summit** on April 12 and 13 at Jack Reardon Center in Kansas City, KS. Social workers, nurses, counselors, home visitors, fathers, mothers, grandparents, Head Start staff, and community leaders are invited to attend. The cost is \$90 for practitioners and \$25 for parents. Keynote speakers will be Dr. Adolph Brown III, founder of Wellness Group, Inc.; Coach Bill Snyder, former head coach from KSU; and George Williams, executive director of the Urban Father-Child Partnership. For more information contact Tammy Aguilar at 785-368-6350 or [txa@srs.ks.gov](mailto:txa@srs.ks.gov).

**Symposium on Adolescent Health Issues** - will be held February 9 at the Wichita Airport Hilton. It's sponsored by the Kansas Department of Education and KDHE. Registration is \$89 and deadline to register is January 26. Register *online only* at <http://conferences.ksde.org/chsp>. For more information call Tara Barrett at 785-296-5925 or email at [tbarrett@ksde.org](mailto:tbarrett@ksde.org).



### NEW COURSES

#### **Terrorism/Emergency Readiness**

1. CMED PHGRs 9 "A Public Health Service Officer's Role in Bioterrorism Prevention, Preparedness and Response"
2. Community Disease Containment Exercise Workshop
3. WMD Homeland Security Exercise Evaluation Program Train the Trainer

#### **General Public Health**

1. CHPR PHGRs 7, "Public Health Challenge: Obesity in West Virginia"
2. CMED PHGRs 19 "West Virginia's Uninusred "
3. Institute of Medicine's Future of Public Health 20 Years Later

#### **Infectious disease**

1. HIV/STD Basic Training Course #1(live course)
2. CMED PHGRs 10 "The Role of a Community Practitioner in a Disease Outbreak"
3. HIV/STD/TB Issues in Corrections
4. Advanced Critical Incident Stress Management Course

#### Also Offered

**Home Visitation Training**, Jan 9,10,11,17 & 18, Stockton

For a full list of trainings offered see <http://kstrain.org>

The **February-March 2007 issue of *Healthy Childcare*** is devoted to obesity in young children. This special issue will include information on fitness, nutrition, obesity prevention and more. If you are a regular subscriber to *Healthy Childcare*, this will arrive as your regular issue. Single or bulk copies can also be ordered (the deadline is Jan. 7, 2007) and as always, the issue will be available for viewing on our web site in early February. For more information, visit [www.healthychild.net](http://www.healthychild.net).



#### **The State of Childhood Asthma: New CDC Report Available Online**

A report issued December 12 by the Centers for Disease Control and Prevention (CDC) indicates that 6.5 million U.S. children (9 percent) under age 18 currently have asthma, more than double the percentage who were reported to have asthma in 1980. Among racial/ethnic groups, Puerto Rican and non-Hispanic black children have the highest percentages (19.2 percent and 12.7 percent respectively). Children with at least one asthma attack missed a total of 12.8 million school days due to asthma in school year 2002, the most recent year for which data are available. Since a decade ago, asthma-related visits to physician's offices increased sharply, while emergency department visits remained fairly stable at approximately 100 visits per 10,000 children. Asthma-related deaths declined from 3.2 deaths per million children under age 18 in 1999 to 2.5 deaths per million in 2004. The report, *The State of Childhood Asthma*, is available online at [www.cdc.gov/nchs](http://www.cdc.gov/nchs). (Image at [www.net.org/images/net/air/asthma.jpg](http://www.net.org/images/net/air/asthma.jpg))

**Not until just before dawn do people sleep best; not until people get old do they become wise.**

— Chinese proverb

#### **Who Are America's Poor Children? The Official Story**

The National Center for Children in Poverty (NCCP) new fact sheet finds that 18 percent of children live in families that are officially considered poor. *The Official Story* describes the characteristics of children who are officially poor and identifies public policy strategies for improving the well being of children and families. Key findings include:

- Across the states, child poverty rates range from 7 percent in New Hampshire to 27 percent in Mississippi. Poverty is especially prevalent among black, Latino, and American Indian children.
- Official poverty rates are highest for young children

Read the fact sheet [www.nccp.org](http://www.nccp.org)



**The State of Kansas  
Department of Health and Environment**

Bureau for Children, Youth and Families  
Children and Families Section  
1000 SW Jackson, Suite 220  
Topeka, KS 66612-1274  
Phone: 800-332-6262 (Make a Difference)  
785-296-1307 (Administration)

**Providing leadership to enhance the health of Kansas women and children through partnerships with families and communities.**

We hope this newsletter continues to be a useful resource for you. We encourage you to give us your comments, feedback and suggestions. Previous editions of ZIPS can be found at:  
[www.kdheks.gov/c-f/zips/](http://www.kdheks.gov/c-f/zips/)

For program information, contact:

- Pamela Combes, BSE** [pcombes@kdhe.state.ks.us](mailto:pcombes@kdhe.state.ks.us)  
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Child and School Health Consultant 785-296-7433
- Jane Stueve, RN, BSN** [jstueve@kdhe.state.ks.us](mailto:jstueve@kdhe.state.ks.us)  
Adolescent and School Health Consultant 785-296-1308

Visit our Web site at [www.kdheks.gov/c-f](http://www.kdheks.gov/c-f)

**A Special Thank You**

By Jamie Klenklen, Home Visitation Training Coord.



A special “thank you” to all six health departments for hosting the Healthy Start Home Visitor Fall Regional Trainings in 2006. Your hospitality was wonderful and enjoyed by all.

Linda Shire and Delores Eden hosted in Fredonia. Juanita Gatz and Joyce Schroeder hosted in Colby. Ladonna Reinert and Judy Coats hosted in Lincoln. Audra Lowman, Leslie Jamerson, Alexandria Vega and Gregoria Cabrera hosted in Topeka. Margaret Goering and Valerie Goerend hosted in Newton. Rayna Maddox and Rosa Rojas hosted in Montezuma. Many, many thanks to all of you for everything you did to make our training more enjoyable.

A special “thank you” goes to Kim at the Stauth Memorial Museum in Montezuma. They have a special exhibit called “Pocketbook Anthropology: A Treasure of handbags” on display until January 21. This includes a variety of pocketbooks, purses and handbags dating back to 1880. It is very interesting to see.

“Gratitude is something of which none of us can give too much. For on the smiles, the thanks we give, our little gestures of appreciation, our neighbors build up their philosophy of life.” (A.J. Cronin)

**2007 – 2008 Public Health Certificate Program**



The next session for the Public Health Certificate (PHC) Program will begin April 2007. The Kansas Department of Health and Environment’s Office of Local and Rural Health, in partnership with the University of Illinois at Chicago School of Public Health, will be coordinating this year’s program. Students will enjoy a combination of classroom and on-line learning opportunities and the challenge of learning more about Public Health. The Vision for the PHC Program is: A prepared Public health workforce performing essential public health services to protect and improve the health of Kansans.

The deadline for applications is February 15, 2007. For more information about the upcoming Public Health Certificate Program, contact Linda Frazier, Public Health Workforce Coordinator at 785-296-2641 or at [lfrazier@kdhe.state.ks.us](mailto:lfrazier@kdhe.state.ks.us).