

ZIPS

Zero to age 21: Information Promoting Success

for Public Health Professionals working with Kansas Kids



FERPA Does Not Preclude Required Reporting of Child Abuse and Communicable Diseases

Special Points of Interest:

- Emerging School Health Issues Presentation to Governor's Child Health Advisory Committee
- Adolescent Health Conference 2007 *Why Marriage Matters*
- No Nit Policy Regulation Changed
- New School Nurse Orientation
- 2007 Healthy Start Home Visitor Regional Training

Inside this issue:

Perinatal Health - Conception to Birth	2
Child Health - Birth to Age 9	3
Adolescent Health - Age 10 to 21	4
Public Health	5
School Health	6
Events & Resources	7
The Back Page	8

The Family Educational Rights and Privacy Act (FERPA) does not preclude any required reporting of child abuse under Kansas law. FERPA may potentially present obstacles to persons seeking access to educational records in the process of investigating possible child abuse, states Dennis Highberger, an attorney with KDHE. Highberger spoke to an SRS attorney who works with child abuse cases, and she states she has never encountered FERPA as an obstacle in getting court ordered access to documents in child abuse investigations.



The Kansas law on reporting child abuse (KSA 38-2223) requires that when certain persons have "reason to suspect that a child has been harmed as a result of physical, mental or emotional abuse or neglect or sexual abuse, the person shall report the matter promptly." Required reporters include teachers, school administrators or other employees of an educational institution, persons licensed to provide child-care by KDHE, and most licensed health care providers.

FERPA, 20 USC § 1232g, prohibits educational agencies and institutions from releasing information pertaining to students without parental consent, except in certain specified circumstances. One of those exceptions provides that information may be released "subject to the regulations of the Secretary [of Education], in connection with an emergency, [to] appropriate persons if the knowledge of such information is necessary to protect the health or safety of the student or other persons[.]"

42 USC, chapter 67, provides federal funding to states in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations for demonstration programs and projects. Congressional findings in CAPTA include: Congress desires a thorough, coordinated and comprehensive investigation of child maltreatment allegations; Congress takes note that there is a burden on investigation due to strict laws regarding confidentiality, and while the privacy of child abuse records is important, these laws can end up protecting the perpetrators; and comprehensive and coordinated interagency communication needs to be established with adequate provisions to protect against public disclosure.

For more information if you suspect a child is being abused or neglected in Kansas, please contact the Kansas Protection Report Center (PRC) at: [www.srskansas.org/CFS/Program%20Descriptions/programs.htm#Child%20Abuse%20Central%20Registry](http://www.srskansas.org/CFS/Program%20Descriptions/programs.htm#Child%20Abuse%20Central%20Registry). If calling in Kansas but outside of Topeka 1-800-922-5330; (785)296-2561 or (785)296-0044 if calling in Topeka or outside of Kansas. Telephone lines at the Protection Report Center are staffed 24 hours a day/7 days week. Every call is taken seriously and every effort will be made to protect your identity. In the event of an emergency, contact your local law enforcement or call 911.

(Continued on page 3)

The Child Abuse Prevention and Treatment and Adoption Reform Act (CAPTA),



# PERINATAL HEALTH

Joe Kotsch, Perinatal Consultant



## Welcome to SFY 2008



For the past few weeks, the MCH staff at KDHE has been poring over numerous year-end narrative and statistical reports from all of our grantees. Once again, our grantees have found innovative and creative ways of promoting maternal and child health services to the families they serve.

Some of the goals and objectives that MCH grantees have agreed to work toward include: all of the families they serve will have a medical home that consists of a provider as the usual source of health care and the family having a usual source for payment; increasing the number of pregnant women who receive prenatal care in the first trimester; increasing the number of children and adolescents who have BMI's within a healthy range; screening all children and adolescents for any mental or behavioral health concerns; de-

creasing the amount of smoking behaviors noted in pregnant women and increasing the rates of breastfeeding initiation and duration. Many other goals and objectives were undertaken by the various MCH grantees, but are too numerous to list here.

As we start the new State Fiscal Year (SFY), we in the MCH program at KDHE congratulate our grantees on a job well done in SFY 2007 and urge everyone to continue to work to achieve success in reaching the goals and objectives set out for themselves in 2008. In addition, the MCH staff is making progress toward the updating and consolidating of the old green program manuals into an MCH manual. For more information on the Kansas MCH program and related activities keep reading the ZIPS newsletter and/or go to: [www.kdheks.gov/bcyf/index.html](http://www.kdheks.gov/bcyf/index.html)

## Room for Improvement: Some Possible Strategies

In 2005, 9.6 percent of the live births in Kansas were considered preterm. That is to say, these infants were born at less than 37 completed weeks of gestation. In addition, 7.2 percent of the live births weighed less than 2500 grams (low birthweight). Infants who are low birthweight and/or preterm are at a significantly greater risk for birth anomalies, life-long learning deficits, various health conditions and death than their normal birth weight counterparts. In 2005, the costs associated with preterm births (medical, educational, lost productivity) were estimated to be at least \$26.2 billion nationally.

There now exists a compilation of research and clinical guidelines covering 14 areas in which preconception care could help promote healthy pregnancies. The topic areas address such items as: appropriate use of folic acid, assessing the



mother for rubella infection, gestational diabetes, hypothyroidism, HIV/AIDS, maternal PKU, maternal use of oral anticoagulants, Accutane or antiepileptic drugs, use of alcohol and other substances, obesity and hepatitis B. Each time they interact with the healthcare system, women should be reminded of

the importance of taking care of themselves appropriately pre- (inter-) conceptionally. Often, pregnancies are unplanned so it is best to suggest to women to take care of themselves as if they were pregnant. For more information go to: [www.marchofdimes.com/professionals/professionals.asp](http://www.marchofdimes.com/professionals/professionals.asp)





# CHILD HEALTH

Brenda Nickel, Child Health Consultant



## Emerging School Health Issues Presentation to Governor's Child Health Advisory Committee Heightens Awareness of Children's Health Needs in Schools

Cindy Galemore, R.N., M.S., director of Health Services, Olathe USD 233, Kathy Hubka, R.N., B.S.N., coordinator of Health Services, Wichita USD 259, and Marilyn Pruitt, R.N., B.S.N., Maternal Child Health (MCH) supervisor and health educator, Ottawa County Health Department, joined Brenda Nickel, school health consultant, to present information to the Governor's Child Health Advisory Committee on issues that impact the health and safety of the 499,068 children attending schools in Kansas during the 2006-2007 school year. (Data Sources Kansas State Department of Education [www3.ksde.org](http://www3.ksde.org) and Kansas Department of Health and Environment Epidemiologist, Carol Moyer, R.N., M.P.H.)



The nurses presented information about school health services in Kansas, student populations served, and the importance of meeting the health needs of children who may be experiencing chronic health conditions or acute illnesses that can impact their success in the school setting. Emphasis was given on the role of school nurses to create the collaborative partnerships with other health

providers in the community, as well as community members and families, to create linkages for health promotion and prevention, screening and referral for early intervention of identified health problems, and case management of children who have potentially life-threatening conditions as well as chronic health conditions that can be safely managed in the school setting.

Galemore, Hubka, and Pruitt shared stories that reflected the current issues that impact schools and children's health and were available for questions from members of the committee and were able to provide insight into the challenges facing families in meeting the health and safety needs of their children as they attend our State's schools.

The Governor's committee studies issues related to children's well-being in Kansas and puts forth recommendations to the governor's office that may assist in policy development.

## FERPA Does Not Preclude Required Reporting of Child Abuse and Communicable Diseases

(Continued from front page)



Dr Gail Hansen, state epidemiologist, director of the Office of Surveillance and Epidemiology with KDHE, adds more clarification to the release of information issue with the following statement: "Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;

- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law. "

This means that in cases of health and safety emergencies, you must report to appropriate officials as listed in KSA 65-118. Under this regulation, you are required to report infectious or contagious disease as defined in rules and regulations by KDHE. A list of the reportable diseases and the reporting forms can be found at: [www.kdheks.gov/epi/kids\\_reporting\\_tools.htm](http://www.kdheks.gov/epi/kids_reporting_tools.htm)

**Schools do need a written consent/permission of the parent to share immunization records with the State (with the above listed exceptions).** A *SAMPLE PERMISSION FORM* is available from your State School Health Consultants. The only schools that do not fall under FERPA regulations are private schools that accept no federal funding.

Additional information on HIPAA and FERPA is available through the National Association of School Nurses Web site at [www.nasn.org/Default.aspx?tabid=146](http://www.nasn.org/Default.aspx?tabid=146).



# ADOLESCENT HEALTH

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



## Body Piercing

Body piercing may serve as a marker of an at-risk teen, with some studies reporting a significant relationship between piercing and substance abuse.

Many teens may choose to perform their own piercing, or have friends perform this task for them, which creates a greater risk for infection. Encourage teens to wash hands before and after piercing, keep the area clean with antibacterial or antimicrobial soap, and refrain from touching the pierced body part until healed. Advise teens to avoid alcohol and hydrogen peroxide, which may cause tissue destruction and delayed healing. Healing times vary significantly by site. Teens with tongue piercing should be advised to use anti-septic, nonalcoholic mouthwash after meals. They should avoid smoking and refrain from deep kissing. Dental dams or condoms during oral sex are recommended.

Infections are typically associated with organisms common to skin, including *Staphylococcus aureus*, group B *Streptococcus*, and *Pseudomonas*. Local infection may be treated with warm compresses and topical antibac-



terial ointments. Ideally, jewelry should not be removed, as it will serve as a portal for drainage. The exception is infections suspected to be secondary to a nickel allergy.

While generally safe, piercing can cause a variety of adverse reactions, depending on body part. Tongue piercing may cause damage to teeth and gums, including dental fractures and changes in mastication and speech. Permanent nerve damage can occur with piercing of any body part, as can scarring, rejection, and migration of the piercing, along with possible keloid formation. The possibility exists for transmission of hepatitis and HIV.

In Kansas the State Board of Cosmetology licenses and regulates (KAR 69-15-2) body piercing. Kansas law (KSA 65-1953) prohibits piercing a person under 18 without the written and notarized consent of the parent or guardian. As with any procedure carrying the risk of infection, find a clean and safe facility where the body-piercing technician is licensed and practices universal precautions.

## Adolescent Health Conference 2007

### *Why Marriage Matters*

The Annual Adolescent Health Conference, hosted by the Kansas Abstinence Education Program, was recently held at the Lyon County Health Department in Emporia. Thirty participants attended the conference from across the state. Conference attendees, including grantees from the Kansas Abstinence Education Program, Teen Pregnancy Case Management and Community-Based Teen Pregnancy Prevention Projects, spent the day learning about the importance of marriage in today's society.

Glenn T. Stanton, featured conference speaker, presented "Why Marriage Matters for Adults and Children." Stanton is a research fellow for global family formation at Focus on the Family in Colorado Springs, CO. He is also directing a major research project on international family formation trends at the Institute of Marriage and Family in Ottawa, CO. He debates and lectures extensively on the issues of gender, sexuality, marriage and parenting at universities and churches around the country. He recently

served the Bush administration as a consultant on increasing fatherhood involvement in the Head Start program. Stanton is also the author of *Why Marriage Matters: Reasons to Believe in Marriage in a Postmodern Society*.

During the full day conference session, he highlighted the importance of marriage on the health and well-being of adults and the impact of marriage on children. He also addressed father-love and mother-love and how their unique differences impact the development of children. Stanton elaborated on the importance of involved fathers and the positive patterns of socialization that occur.

Following his presentation, grantees met with Jane Stueve, Adolescent Health Consultant and Pamela Combes, Kansas Abstinence Education Consultant. Grant funding issues were discussed, as well as, quarterly reporting requirements



# PUBLIC HEALTH

Children and Families Section



## Immunization Time: From Birth to Back to School

Summertime is almost over now that we are approaching August and children will soon be going back to school. Also, infants are being born in Kansas at a rate of about 14.5 per 1,000 in population (39,701 total births in 2005). Together, this adds up to a need for immunization coverage for quite a number of our state's children.

This brings to mind the task set before many healthcare providers in school, public and private settings to pro-



vide immunizations for these children to protect against 12 vaccine-preventable diseases. The Kansas Immunization Registry exists to help provide a framework that helps healthcare providers to keep children up-to-date on their immunizations. In addition, this helps ease the transition from the "lazy days of summer" to going back to school for another year as well as keeping the entire family healthier and safer. For more information go to the Kansas WebIZ Internet portal: [www.kdheks.gov/immunize/webiz.html](http://www.kdheks.gov/immunize/webiz.html)

## Are Energy Drinks a Good Thing?

When someone needs a quick burst of energy, an energy drink may be the solution. After all, the two main ingredients are caffeine and sugar. Whether the drink is consumed because it gives that burst of energy, helps maintain alertness during tests, or simply tastes good, the consequences are the same. Once the burst of energy subsides, a person can feel tired, leaving them with less energy than before. Other possible side-effects caused by high levels of caffeine consumption include; headaches, jitteriness, insomnia, and issues resulting in poor bone health. Caffeine decreases the absorption of calcium to bones, which can lead to osteoporosis, especially in older people. The energy drinks are also high in calories which can contribute to obesity. Sugar and caffeine can cause cravings due to the sudden drop in blood sugar levels once the calories are burned.

Medical conditions, such as diabetes and heart disease, can be affected by energy drinks.



Caffeine is a stimulant which increases the heart rate. Most energy drinks contain between 100 and 200 milligrams of caffeine, with some containing as much as 1,200 milligrams per 12 ounces. The American Dietetic Association recommends that people consume no more than 200 to 300 milligrams of caffeine per day. That amount equals two to three cups of regular coffee.

According to Simmons Research, 31 percent of U.S. teenagers say they consume energy drinks. That represents 7.6 million teens, a jump of almost three million in three years. With the increasing popularity of energy drinks, consumers need to be educated about the health risks involved.

## No Nit Policy Regulation Changed

KDHE's Office of Surveillance & Epidemiology (OSE) has made changes to the Kansas Administrative Regulations (KAR 28-1-1) relating to lice treatment. The regulation states "Each student infested with lice shall be excluded from school, child care facility or family day care home until treatment with an antiparasitic drug is initiated." Kansas regulations no longer require children to be nit free before returning to school. The complete regulation can be found at: [www.kdheks.gov/epi/download/28\\_1\\_6.pdf](http://www.kdheks.gov/epi/download/28_1_6.pdf).

Etiology and treatment recommendations can be found on the Web site for the Center for Disease Control and Prevention: [www.cdc.gov/Ncidod/dpd/parasites/lice/factsheet\\_headlice.htm](http://www.cdc.gov/Ncidod/dpd/parasites/lice/factsheet_headlice.htm)

Or at the American Academy of Pediatrics website: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;110/3/638>

Letters for parents available on this site: [www.hsph.harvard.edu/headlice.html](http://www.hsph.harvard.edu/headlice.html)



### Ask Ken! ELECTRONIC SUBMISSION OF DATA & CVR'S

**Q:** Do race and ethnicity have to be reported in all programs?

**A:** Yes.

**Q:** Do all programs require the ethnicity breakdown?

**A:** No, Family Planning only requires Hispanic/origin to be answered, the breakdown of the type of ethnicity is not required. The ethnicity breakdown is required in MCH.

**Q:** Can any race have Hispanic origin?

**A:** Yes, for example Asian can be reported for race and ethnicity of Cuban could be reported in the breakdown or black as a race with Mexican ethnicity in the breakdown.



# SCHOOL HEALTH

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



## New School Nurse Orientation Welcomes Nurses Into Public Health Practice in School Setting

Nurses attending from hospital emergency rooms, intensive / coronary care, juvenile detention centers and schools accepted the challenge to meet children's health needs in school settings the New School Nurse Orientation Session at the Hyatt Regency Hotel in Wichita on July 16 – 17. Most of the attendees remained for the general conference and post-conference training that included *Managing Students with Seizures*, *Vision Certification*, *Spanish Today for Medical Professionals* and *Courage, Heart and Brains: The Journey to Better Oral Health*.



nursing gaining an understanding that the role of the school nurse is to create collaborative partnerships with others in their community setting to enhance the well-being of children and families.

In addition to receiving information from state school health consultants, immunization specialist Betty Grindol, and Martha Seimsen, Medical Investigator with the KDHE Office of Surveillance and Epidemiology, the attendees were able to glean information from experienced peers currently practicing in urban, rural, and specialized settings.



Presenters included:

Presenters included:

- Wanda Vaughn, R.N., Ph.D. Shawnee Mission USD 512 (*shown above*)
- Tammi Schmidt, R.N., B.S.N. Minneapolis USD 239 (*shown below*)
- Karen Schierling, R.N., M.N., MEd Levy Special Education Center, USD 259
- Christine Tuck, R.N., M.S., NCSN Seaman USD 345

The new nurses were able to ask questions of a panel of practicing school nurses and had the opportunity to learn about leadership roles in school

The underlying message given to the school nurses was that children's primary purpose in attending school is to learn. With health and safety the primary focus of the school nurse, student health needs can become a secondary consideration under the watchful expertise of a professional school nurse, allowing the student to focus on learning. School nurses promote healthy practices and prevention activities, provide screening and early intervention strategies, assist in anticipated crisis planning, and provide clinical nursing services so that students, regardless of where they attend school, may have their health and safety needs met.

Amy Garcia, executive director of the National Association of School Nurses (NASN), in her keynote address to the general session, stated, : "School nurses save lives, they help children learn." For more information about school nurses and school health services, visit [www.nasn.org](http://www.nasn.org)



## EVENTS



## RESOURCES

**Kansas Spit Tobacco Summit "Smokeless Does Not Mean Harmless"** will be held Wednesday, Aug. 29 from 10:00 a.m. to 3:30 p.m. at the Kansas Cosmosphere, 1100 N. Plum, Hutchinson. Registration begins at 9:30 a.m. For more information go to

[www.tobaccofreekansas.org/home/spittobaccosummit.shtml](http://www.tobaccofreekansas.org/home/spittobaccosummit.shtml)

**Hearing Screening Certification Level 1 Initial Training and Renewal** is Aug. 23 – 24 in Lawrence. To access further information and a registration form, visit: <http://kuahec.kumc.edu/hearing.html>

**Vision Screening and Assessment Training -**

Sept. 7 in Kansas City; Sept. 14 in Salina; Sept. 24 in Wichita; Oct. 5 in Emporia. To access further information and a registration form, visit:

<http://kuahec.kumc.edu/vision.html>

**2007 Kansas Chapter of the American Academy of Pediatrics Annual Fall Conference** will be held Aug. 30-31 at the Marriott Hotel in Wichita. A brochure will be made available soon. If you would like more information, contact the KAAP Executive Director Chris Steege at (913)780-5649 or [kansasaap@aol.com](mailto:kansasaap@aol.com).

**Kansas Public Health Association Fall Conference: "Communicating our Message: Public Health, Politics and Policy"** will be held Sept. 18-20 at the Hyatt Regency in Wichita. For the conference brochure, go to [www.kpha.us/documents/2007/2007\\_registration\\_brochure\\_on\\_web.rtf](http://www.kpha.us/documents/2007/2007_registration_brochure_on_web.rtf). For more info on the conference or KPHA, go to [www.kpha.us/](http://www.kpha.us/).

**University of Kansas 9<sup>th</sup> Annual Conference on the Prevention and Treatment of Obesity - Emphasis: Children and the Community** will be held on Sept. 13-14 at the Hyatt Regency-Crown Center, Kansas City Missouri. For more information and registration go to [www.ebl.ku.edu/conference/conf2005/conference\\_2005.htm](http://www.ebl.ku.edu/conference/conf2005/conference_2005.htm)

**18<sup>th</sup> Annual Perinatal Association of Kansas (PAK) Conference** will be held on Sept. 7 at the Providence Medical Center, Keenan Education Center in Kansas City. The theme is "Racing Toward Improved Perinatal Outcomes" featuring Dr. Jordan Perlow from Phoenix, a maternal-fetal medicine specialist. Topics will include: Obesity and pregnancy, use of blunt surgical needles in obstetrics, perinatal mood disorders, development of oromotor feeding skills in premature infants, and dealing with and planning for emergencies created by disasters. [www.kspak.org](http://www.kspak.org)

**2007 Regional Perinatal Conference: Best Practices and Emerging Trends** Oct. 19–20, Kansas City, Mo. To access further information and a registration form visit: [www.continuinged.ku.edu/kumc/perinatal/info.php#fees](http://www.continuinged.ku.edu/kumc/perinatal/info.php#fees)

**Delta Dental of Kansas Foundation -- Dental Grants (Kansas)** The Delta Dental of Kansas Foundation is accepting applications for its dental grants program. The purpose of the program is to raise public awareness, emphasizing prevention, improving access to dental services, having measurable improvement goals, and showing strong community support for the project. Award amounts will vary. For more information go to: [www.deltadentalksfoundation.org/GGuid.htm](http://www.deltadentalksfoundation.org/GGuid.htm). Deadline is Sept. 4.

**The Immunization Resource Guide for Secondary School Nurses** is now available on the Mid America Immunization Coalition web site. School nurses can access this up-to-date information by going to: [www.mhc.net/Immunize/index.htm](http://www.mhc.net/Immunize/index.htm).

**American Academy of Pediatrics Patient Safety Web site** The American Academy of Pediatrics has launched a new Web site for physicians, allied health professionals, administrators, parents, and caregivers, who seek pediatric patient safety information and strategies. To access the site, go to [www.aap.org/saferhealthcare/](http://www.aap.org/saferhealthcare/)

**American School Health Association Addresses Varicella Vaccination Importance** Varicella Vaccination was initially recommended by the Advisory Committee on Immunization Practices (ACIP) for administration to healthy children up to 12 months old, and to previously unvaccinated adolescents and adults, the vaccine seemed to be highly effective, but increasing reports of outbreaks of chicken pox among highly vaccinated populations have caused the ACIP to upgrade its recommendations. In the 10-year observation period, comparisons of one-dose and two-dose regimens showed onset of chicken pox after vaccination was more likely when children and adolescents were given just one dose of the vaccine, leading the ACIP to recommend that infants and young children be given two doses, one at 12-to-15 months of age and another at four-to-six years. For adults and adolescents, two doses four-to-eight weeks apart are now recommended for all adolescents and adults that have no evidence of immunity, with a catch-up of two doses for persons who received the previously recommended one catch-up dose. Varicella vaccination is now recommended for children attending child care centers, students in all grade levels, and persons attending college or other postsecondary education institutions. The report, "Prevention of Varicella," dated June 22, 2007, is available online at [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr).

Courage is contagious. When a brave man takes a stand, the spines of others are often stiffened.

- Billy Graham



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

Bureau of Family Health  
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)  
Abstinence Education Consultant 785-291-3053

**Kobi Gomel** [kgomel@kdhe.state.ks.us](mailto:kgomel@kdhe.state.ks.us)  
Sr. Admin Assist/ZIPS Technical Editor 785-296-1300

**Jamie Klenklen, BPA** [jklenklen@kdhe.state.ks.us](mailto:jklenklen@kdhe.state.ks.us)  
MCH Admin Consultant 785-296-1234

**Joseph Kotsch, RN, BSN, MS** [jkotsch@kdhe.state.ks.us](mailto:jkotsch@kdhe.state.ks.us)  
Perinatal Consultant 785-296-1306

**Ileen Meyer, RN, MS** [imeyer@kdhe.state.ks.us](mailto:imeyer@kdhe.state.ks.us)  
Director, Children & Families 785-296-1303

**Ken Miller** [kmiller@kdhe.state.ks.us](mailto:kmiller@kdhe.state.ks.us)  
Data Specialist 785-296-1305

**Brenda Nickel, RN, BSN** [bnickel@kdhe.state.ks.us](mailto:bnickel@kdhe.state.ks.us)  
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)

## 2007 Healthy Start Home Visitor Regional Training

The fall regional training for Healthy Start home visitors and other interested public health providers will be held on the following dates and will be hosted by:

**Trego County: Wednesday, Oct. 10**

Trego County Health Department  
201 N Main Street  
Wakeeney, KS 67672  
Telephone (785) 743-6348

**Mitchell County: Thursday, Oct. 11**

First Christian Church  
321 N Mill  
Beloit, KS 67420  
Church telephone (785) 738-3071

**Jefferson County: Wednesday, Oct. 17**

Jefferson County Health Department  
1212 Walnut, U.S. Highway 59  
Oskaloosa, KS 66066  
Telephone (785) 863-2447



**Stevens County: Wednesday, Oct. 24**

Stevens County Library  
500 South Monroe  
Hugoton, KS 67951  
Telephone (620) 544-7157

**Kiowa County: Thursday, Oct. 25**

Site to be announced

**Chautauqua County: Friday, Oct. 26**

First Christian Church  
204 North Chautauqua  
Sedan, KS 67361  
Telephone (620) 725-3606

The disasters of the past few months have created challenges for local health departments trying to meet the needs of their prenatal and infant populations, as well as other Kansans that are served. However, the impact of ice and snow, tornados, floods, and summer heat, only sparked the creative and persevering nature of those in public health.