

ZIPS

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

Preparation for Fall 2008 School and College Entry:  
Healthy Students Learn Better

By Brenda Nickel, Child and School Health Consultant

Special Points of Interest:

- \* Free On-Line Nutrition Modules Offered
- \* Free Access to Vision Screening Instruction
- \* 2008 Kansas School Nurse Conference Addresses School Success for All Children Regardless of Health Needs
- \* Oral Health and Pregnant Women, Infants, Children, and Adolescents

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Preparation for school entry, both at the primary and secondary level, as well as the college level, begins now. The important health components for daycare, preschool, and school age children are current immunizations and a copy of a physical examination for school entry or for participation in interscholastic sports at the secondary level. (Photo retrieved from [www.northside-pediatrics.com/images/checkup\\_nurse.jpg](http://www.northside-pediatrics.com/images/checkup_nurse.jpg))

To assist Kansas' school and public health nurses searching for information about immunization and physical examination requirements for any child in "out of home" care, including school attendance, here are some common questions about resources to help grow healthy children.

• What are the requirements for immunizations for children in Kansas?

There is a Kansas Certificate of Immunization (KCI) form available through the Kansas Immunization Program at KDHE that serves as a tool for ascertaining immunization status. The **New** KCI form is accessible at [www.kdheks.gov/immunize/index.html](http://www.kdheks.gov/immunize/index.html)

• Will children who will be attending public school preschool programs be required to have a physical examination for school entry?

Yes, as the Kansas Health Assessment Statute 72-5214, Section (8)(b) states, "... every pupil up to the age of 9 who has not previously enrolled in any school in this state, prior to admission to and attendance in school, shall present to the appropriate school board the results of a health assessment, pursuant to subsection (g), which assessment shall have been conducted within 12 months of school entry . . ."



home provider. The American Academy of Pediatrics has an updated periodicity schedule that can be accessed at <http://practice.aap.org/content.aspx?aid=1599>

The Kan Be Healthy Non-mandatory Screening Form (Physical Examination Form) is available through the Kansas Medical Assistance Program at [www.kmap-state-ks.us/Public/Kan%20Be%20Healthy%20Main.asp](http://www.kmap-state-ks.us/Public/Kan%20Be%20Healthy%20Main.asp)

Child Health Assessment Form (Daycare / Children under age 11), is available through the KDHE Bureau for Childcare and Health Facilities [www.kdheks.gov/bcclr/forms/Medical%20Records%20for%20all%20Children.pdf](http://www.kdheks.gov/bcclr/forms/Medical%20Records%20for%20all%20Children.pdf)

• What are the immunization and physical examination requirements for a child is attending a daycare or preschool that's not associated with the school district?

If nurses are providing services to children in other non-school daycare or preschool programs, Kansas Administrative Regulation 28-4-117(1)(a) addresses physical health of children: "A completed medical record on a form supplied by the department shall be on file for each child under 11 enrolled for care, and for each child under 16 living in the facility . . ." Remember, that children attending any out of home daycare or preschool must be in compliance with age appropriate immunizations. Information on the Kansas Administrative Regulation 28-4-113 for Licensed and Group Day Care Homes, KDHE Bureau for Childcare and Health Facilities can be accessed at [www.kdheks.gov/bcclr/regs/lic\\_group\\_daycare/Regs\\_for\\_LDCH.pdf](http://www.kdheks.gov/bcclr/regs/lic_group_daycare/Regs_for_LDCH.pdf)

Children should be receiving physical examinations as recommended by their medical

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# WOMEN'S HEALTH

Joe Kotsch, Perinatal Consultant



## Preconception Care Recommendations From the CDC



Women of all reproductive ages are candidates for preconception care and seen in the primary care setting, it makes sense that primary health care providers make preconception care a greater priority in their clinic settings. This is especially important because, in the United States, the rates for various measures of adverse birth outcomes (preterm and low-birth weight deliveries, infant deaths and birth defects), maternal pregnancy complications and unintended pregnancies are well below the targeted goals in Healthy People 2010.

The select panel on preconception care formed from a set of external partners to the Centers for Disease Control and Prevention (CDC) formulated 10 recommendations specific to preconception care. The recommendations from the preconception care select panel include: 1) every couple and woman will develop a reproductive life plan; 2) increase public awareness of the importance of preconception health behaviors and to increase the use and the availability of information and tools that everyone can understand; 3) women will have pregnancy-related risk assessment and counseling provided during primary care

clinic visits; 4) increase the proportion of women who receive interventions as a follow-up to the preconception risk screening that have high population impact and are proven to be effective; 5) the interconception period should be used for women who have experienced previous adverse birth outcomes like infant death, low birth weight or preterm birth; 6) one prepregnancy visit should be offered to couples planning for pregnancy; 7) Medicaid should be expanded for low-income women to increase access to preconception, interconception and preventive women's health services; 8) components of preconception health should be woven into existing local public health and related programs with a focus on those women with prior adverse birth outcomes; 9) expansion of the research base on preconception care; 10) increase monitoring of preconception health by maximizing utilization of public health surveillance and related monitoring systems.

For more information on the CDC's Recommendations for Preconception Care for Women go to:

[www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm)



## PUBLIC HEALTH



### Free On-line Nutrition Modules Offered

By Brenda Nickel, Child and School Health Consultant



Public health nutrition is complex and dynamic. It can be challenging to stay abreast of current prevention and treatment recommendations. As public health care professionals, it is

our responsibility to be familiar with and apply evidence-based research findings and practice skills. Nutrition prevention of chronic disease and obesity is imperative to slow the current epidemic.

This program is being presented by the University of North Carolina School of Public Health, Departments of Nutrition and Maternal and Child Health, and the Maternal and Child Health Bureau Distance Learning Grant. The purpose of this study is to evaluate the promotion and reach of the Public Health Nutrition for the 21st Century online program, developed to advance the analytical, managerial, and clinical skills of public health professionals, specifically those serving women, children, and families.

The School of Public Health at UNC-Chapel Hill developed six online modules meant to enhance your knowledge of nutrition in public health practice. Each module places a strong emphasis on Healthy People 2010 objectives rele-

vant to nutrition and MCH populations, including school-age children, women and families. Each module takes two hours or less to complete. *Best of all they are free to access and may be applied to continuing education credit!*

The module topics include:

- Nutrition programs and policies
- Community assessment
- Nutrition epidemiology
- Nutrition in pregnancy
- Nutrition prevention of chronic disease
- Obesity among adults and children

Please visit the University of North Carolina (UNC) School of Public Health's Web site at <http://phn21.unc.edu/> and link to the "view modules" page to learn more about this opportunity to acquire skills for linking nutrition research to action.

The National Training Institute (NTI) provided this information for Child Care Health Consultants to disseminate to others working in the field of Public Health. To learn



# CHILD HEALTH

Brenda Nickel, Child and School Health Consultant



## Kansas Data for Children With Special Health Care Needs Available in National Survey Chartbook



The Maternal and Child Health Bureau is pleased to announce that the National Survey of Children with Special Health Care Needs Chartbook 2005-2006 is now available. The chartbook provides both national and state-level data on children with special health care needs. (Photo retrieved from [www.edcm.org.uk/images/Ed-Balls-with-Robyn.jpg](http://www.edcm.org.uk/images/Ed-Balls-with-Robyn.jpg))

According to the chartbook, there are an estimated 108,024 Children with Special Health Care Needs (CSHCN) in Kansas. Results that compares Kansas with national results can be found at <http://mchb.hrsa.gov/cshcn05/SD/kansas.htm>. In comparison to the national results, information obtained by parents surveyed in Kansas indicate that CSHCN core outcomes are better. Core outcomes evaluated include:

- Families of children and youth with special health care needs partner in decision making at all levels and are satisfied with the services they receive.
- Children and youth with special health care needs receive coordinated ongoing comprehensive care within a medical home.
- Families of CSHCN have adequate private and/or public insurance to pay for the services they need.
- Children are screened early and continuously for special health care needs.
- Community-based services for children and youth with special health care needs are organized so families can use them easily.
- Youth with special health care needs receive the services

necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

The chartbook reports that 10.2 million children in the United States have special health care needs; that number represents 14 percent of all U.S. children. More than 20 percent of U.S. households with children have at least one child with special needs. Children with special health care needs (CSHCN) are defined as having or being at risk for "chronic physical, developmental, behavioral, or emotional conditions that have lasted or are expected to last at least 12 months."

The survey screened 364,841 children for special health care needs and completed 40,840 interviews with families of CSHCN, covering a minimum of 740 CSHCN under age 18 in each of the 50 states and the District of Columbia. Interviews were conducted with parents or guardians who know about the child's health. To access the survey, go to <http://mchb.hrsa.gov/cshcn05/>

For a hard copy of the chart book, contact the Health Resources and Services Administration at the U.S. Department of Health and Human Services at (888)ASK-HRSA or (703) 442-9051.

U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *The National Survey of Children with Special Health Care Needs Chartbook 2005-2006*. Rockville, Maryland: U.S. Department of Health and Human Services, 2008. Accessed March 20, 2008 < <http://mchb.hrsa.gov/cshcn05/index.htm> > Accessed 2008 Mar 20.

## Free Access to Pediatric Vision Screening Instruction

By Joseph Kotsch, Perinatal Consultant

The pediatrician plays an important role in preserving a child's vision. Many eye disorders of early childhood are not apparent without appropriate testing. Early detection of conditions such as amblyopia, infantile cataract, and retinoblastoma lead to better outcomes. Age-appropriate screening tests incorporated into a well child exam may help save the sight of children in your care.



and many of the common eye conditions and abnormalities that are identified using the examination techniques. Also, the presentation reviews the benefits of early identification and treatment of any ocular condition identified during screening. Any positive screen should result in referral for examination to an appropriate ocular specialist for the condition identified. This educational presentation can be viewed by going to: [www.aaopt.org/education/ped\\_vision/index.cfm](http://www.aaopt.org/education/ped_vision/index.cfm)

A pediatric vision screening "e-video" is available that reviews both examination techniques for children birth through 5

**Kansas School Health Services  
Coordinator Meeting  
Friday, April 4, 8:30 - 4:00**

**Morning session will be at the State  
Capitol  
Afternoon session and lunch will be at  
901 NW Lyman Road**

**Hosted by:  
Christine Tuck, USD 345 Seaman  
Bev Rogers, USD 437, Washburn  
Rural  
For more information, contact Chris  
at [ctuck@usd345.com](mailto:ctuck@usd345.com) or Bev at  
[rogerbev@usd437.net](mailto:rogerbev@usd437.net)**



# ADOLESCENT HEALTH

Jane Stueve, Adolescent and School Health Consultant



## Motorcycle Season



The Kansas Traffic Resource office in their Winter 2008, *The Pulse*, provided the following information on motorcycle safety. Motorcycle enthusiasts the world over agree that there's nothing quite like the freedom of the road on a bike – not to mention other benefits like better gas mileage. Of course, alongside all the pros of riding the open road come other disadvantages and risks – like the increased chance of being injured or killed in the event of a crash. Motorcycles are more likely to be involved in a fatal collision with a fixed object than are other vehicles. In 2006, 25 percent of the motorcycles involved in fatal crashes collided with fixed objects, compared to 18 percent for passenger cars, 12 percent for light trucks, and 3 percent for large trucks.

During 2006 in Kansas, there were 105,630 vehicle accidents, and 1,103 motorcycle crashes, with 1,227 occupants on the cycles. The accidents resulted in 64 deaths and 993 injuries. Twenty-eight percent of the fatalities involved in the motorcycle crashes used a helmet, 31 percent of those injured used a helmet. Motorcycle accidents have a high morbidity and mortality rate due to brain injury. However, the National Highway Traffic Safety Administration estimates helmets to be 37 percent effective in preventing death. To understand how a helmet protects—or doesn't protect—your brain, it helps to appreciate just how fragile the brain actually is. The consistency of the human brain is like warm Jell-O. It's so gooey that when pathologists remove a brain from a cadaver, they have to use a kind of cheesecloth hammock to hold it together as it comes out of the skull. Your brain basically floats inside your skull, within a bath of cervical-spinal fluid and a protective cocoon called the dura. When your skull stops suddenly—as it does when it hits something hard—the brain keeps going. Then it has its own collision with the inside of the skull. If that collision is



too severe, the brain can sustain any number of injuries, from shearing of the brain tissue to bleeding in the brain, or between the brain and the dura, or between the dura and the skull. When the brain is bashed or injured internally, bleeding and inflammation make it swell. When your brain swells inside the skull, there's no place for that extra volume to go, which it can cause serious damage or death.

In the event of a motorcycle crash, what's between your head and the highway may be a matter of life and death. When purchasing a helmet, get a helmet with an inner liner of about one-inch thick firm polystyrene foam and a sturdy riveted chin strap. A safe helmet (one meeting DOT standards) will generally weigh about three pounds. Nothing should extend further than two-tenths of an inch from the surface of the helmet. Visor fasteners are allowed, but other decorative objects that stick out signal an unsafe helmet. Helmets that achieve the minimum safety standard must have a sticker on the outside back of the helmet with the letters "DOT." Although some novelty helmet sellers provide DOT stickers separately for placement on non-complying helmets, these stickers are invalid and do not certify compliance. Federal safety standards require manufacturers to provide a label for the helmet that states the maker's name, model, size, month and year of manufacture, materials used in construction and owner's information. Motorcyclists should check each of these points when choosing a helmet. For more information on helmets, go to the National Highway Traffic Safety's Web site at [www.nhtsa.gov](http://www.nhtsa.gov).

Kansas Traffic Safety Office. Winter 2008, Vol. I, Issue I, *The Pulse*. *Thrill of the road: Transportation Secretary announces new initiative*. Kansas Department of Transportation < [www.ksdot.org/burTrafficSaf/news/ktsrowinter08.pdf](http://www.ksdot.org/burTrafficSaf/news/ktsrowinter08.pdf) > Accessed 2008 Mar 28.



### Web-MCH

**Q.** Can I make changes to the clients existing record?

**A.** Yes, make sure to click "Update" or the changes will not be saved

**Q.** If a client delivered a baby on 12/25/07, is she reported as pregnant in 2008?

**A.** Yes, according to MCH program rules, a woman should be reported as pregnant until her infant is 12 months of age.

## Ask Ken!

### ELECTRONIC SUBMISSION OF DATA & CVR'S

**Q.** Do I have to add new nurses to the provider list?

**A.** Yes, e-mail me ([kmillier@kdhe.state.ks.us](mailto:kmillier@kdhe.state.ks.us)) the name and title to be added. Also, if a provider title is incorrect it will need to be corrected or the system may not report the encounter.

**Q.** How often do I send data electronically (in KIPHS)?

**A.** Monthly



# SCHOOL HEALTH



## 2008 Kansas School Nurse Conference Addresses School Success for All Children Regardless of Health Needs

By Brenda Nickel, Child and School Health Consultant

With the last quarter of the school year ahead, it's time to start planning for the upcoming school year. As nurses who provide school health services begin anticipating year-end deadlines and tasks, they're also looking ahead anticipating the needs of students who will begin their school experience for the first time and those students who will be transitioning into a new school year in the fall. This planning can be facilitated with new information that can be obtained through attending the 2008 Kansas School Nurse Conference that will be held at the Wichita Hyatt, July 14 – 18.

This year's school nurse conference will assist nurses in addressing the health needs of all students, with a focus on school success for children with chronic health conditions. This year's conference, *All Children Healthy and Learning: School Success Through Health Promotion and Management of Chronic Health Conditions*, emphasizes the importance of comprehensive health planning by the school nurse with the school, community health provider, family, and student as a partner so that the focus for the student can be on educational achievement. Keynote speakers include:

- Pat Cooper, Ed.D, the Chief Executive Officer, Early Childhood and Family Learning Foundation in New Orleans, LA, will address reaching academic goals through comprehensive school health programs.



- Martha Dewey Bergren, DNS, RN, NCSN, FNASN with the National Association of School Nurses (NASN) will provide an update on privacy and confidentiality in the school health office, including information regarding the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).
- Debbie Hinnen, ARNP, BC-DM, CDE, FAAN with the Mid-America Diabetes Associates, will discuss the complex disease, diabetes, and new technologies to improve diabetes management.

In addition to the general conference and outstanding presenters that include nurses, physicians, optometrists, audiologists, respiratory therapists, Dr. Gail Hansen, the Kansas State Epidemiologist, and Terri Roberts, Executive Director of the Kansas State Nurses Association, there will be a new school nurse orientation session and post-conference sessions, as well as CPR recertification.

To fully explore the educational opportunities at the school nurse conference and to register, access the brochure online at <http://webs.wichita.edu/?u=conted&p=/ksn/>. The brochure will also be mailed out around April 1 to school and public health nurses, as well as others interested in school health.

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### • What is the date that a student may have a sports / activities physical done for participation in the fall?

Physical examinations for the purpose of participation in a secondary level activity or sport must be done after May 1. The KSHSAA Pre-participation Evaluation form can be accessed at [www.kshsaa.org/coachcrnr.html](http://www.kshsaa.org/coachcrnr.html)

### • What vaccinations are recommended for students who will be attending college in the fall?

The Centers for Disease Control and Prevention provides a list of vaccines recommended to specific age groups, including college students and young adults. You can find more in-depth information on the recommended vaccines at [www.cdc.gov/vaccines/recs/schedules/teen-schedule.htm](http://www.cdc.gov/vaccines/recs/schedules/teen-schedule.htm)

- Tdap
- Meningococcal vaccine\*
- Human papillomavirus (HPV) vaccine
- Hepatitis B vaccine series

- Influenza vaccine
- Pneumococcal polysaccharide (PPV) vaccine
- Hepatitis A series

\* Recommended for students living in close proximity with other students, such as in dormitories or sorority/ fraternity houses.

Nurses providing services to student populations serve as an important source of information for families about health practices and recommendations for their children. Although children are entering school at earlier ages, the opportunity to ensure that children are meeting age appropriate immunization requirements, obtaining examinations and screenings to determine health status, and establish a link to a medical home, is an important component of the school nurse's work. And for nurses who are assisting graduating students transition to young adulthood / college, whether the nurse is saying "goodbye" or welcoming the students to college, it's imperative that these young people be guided into good preventive health practices.

## EVENTS



## RESOURCES

**SAVE THE DATE - The 3rd Annual Governor's Public Health Conference** will be held at the Airport Hilton in Wichita on April 28. New MCH Staff Orientation (anyone new to Maternal Child Health is encouraged to attend) and April 29-30, general conference. Contact Jamie Klenklen at [jklenklen@kdhe.state.ks.us](mailto:jklenklen@kdhe.state.ks.us) or (785)296-1234 for more information.

**Kansas Nutrition Council 2008 Conference**, "Food and Youth: Finding the Tipping Point for Wellness." This workshop will be held April 17 at the Geary County Convention Center in Junction City and will address building health and wellness nutrition programs for children and youth. For a conference brochure and registration forms, go to [www.sne.org/KansasNutritionCouncil.htm](http://www.sne.org/KansasNutritionCouncil.htm)

**SAVE THE DATE - 6th Annual HIV/AIDS/STD and Human Sexuality Conference** is June 11-13 at the Kansas City Airport Hilton. The keynote, Dr. Elizabeth Schroeder, will be speaking on Responding Effectively to Sexuality Education Opponents in the Community. For more information contact Darrel Lang at (785)296-6716 or [dlang@ksde.org](mailto:dlang@ksde.org).

**"Choosing the Best"**-Abstinence Education curricula training provided by the Kansas Abstinence Education Program will be held April 22 at the Best Western Red Coach Inn, 2525 West Central in El Dorado from 8 a.m. to 4 p.m. Continental breakfast and lunch will be provided. A complimentary classroom set of *Choosing the Best* curriculum is available upon completion of certification training (one per organization). To register contact Jamie Klenklen at [jklenklen@kdhe.state.ks.us](mailto:jklenklen@kdhe.state.ks.us) or (785)296-1234. For more information about *Choosing the Best* abstinence education curricula go to [www.choosingthebest.com](http://www.choosingthebest.com). For more information about the Kansas Abstinence Education Program go to [www.gonnawait.org](http://www.gonnawait.org).



**April 16, "American Indian Health & Access to Health Care" (#1011596)** Speaker: Christine Makosky Daley, PhD, MA, SM, Assistant Professor, Program in American Indian Community Health; Director, American Indian Health Research & Education Alliance, KUMC

**April 23, "Using Kansas Information for Communities in Health Assessment Activities" (#1012419)** Speaker: Greg Crawford, Chief of Vital Statistics Data Analysis, KDHE

For other trainings offered see <http://ks.train.org>

**The Kansas Traffic Safety Resource Office (KTSRO)** is a combination of the former Kansas Drunk Driving Prevention Office and the Kansas Safety Belt Education Office. The KTSRO will work to provide an assortment of traffic safety education. Statistics provided by the National Highway Traffic Safety Administration continue to prove the effectiveness of safety belt use in minimizing motor vehicle crash fatalities. Continuing education on safety belt use will serve as a vital goal of the KTSRO. Alongside this initiative, the new office will be an equally comprehensive resource for other traffic safety resources and education, like impaired driving, motorcycle safety and awareness, and novice drivers. For more information on traffic safety resources contact KTSRO at 1-800-416-2522 or visit [www.ksdot.org/burtrafficsaf/default.asp](http://www.ksdot.org/burtrafficsaf/default.asp)

**(800)311-BABY (2229)** The U.S. Department of Health and Human Resources supports a toll-free hotline for pregnant women and others with an interest in prenatal care. This service includes referrals to local clinics and physicians. The hotline is available in English and Spanish (800)504-7081

May is **Hepatitis Awareness Month**, and specifically Hepatitis Awareness Day is May 19. For more information go to [www.medicinenet.com/script/main/art.asp?articlekey=18737](http://www.medicinenet.com/script/main/art.asp?articlekey=18737)

**ZERO TO THREE® Resources for Practitioners and Home Visitors Working with Families** ZERO TO THREE®, national center for infants, toddlers, and families, is a 30-year-old nonprofit organization that provides resources for families and professionals and others working with families that have young children birth to age three. Materials from the Web site [www.zerotothree.org/site/PageServer](http://www.zerotothree.org/site/PageServer) can be reproduced if used for educational purposes by other non-profit organizations. Examples of resources include:

*Healthy Minds: Nurturing Children's Development from 0 – 36 Months* available at

[www.zerotothree.org/site/PageServer?pagename=key\\_childdevt\\_healthyinds](http://www.zerotothree.org/site/PageServer?pagename=key_childdevt_healthyinds)

*BabySteps*, an on-line parenting bulletin for parents available at [www.zerotothree.org/site/MessageViewer?em\\_id=1381.0](http://www.zerotothree.org/site/MessageViewer?em_id=1381.0)



If you judge people, you have no time to love them.

- Mother Teresa



**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/)

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

## Knowledge Path: Oral Health and Pregnant Women, Infants, Children, and Adolescents

By Brenda Nickel, Child and School Health Consultant



The National Maternal and Child Oral Health Resource Center (OHRC) in collaboration with the Maternal and Child Health Library at Georgetown University released a new edition of its knowledge path about oral health and pregnant women, infants, children, and adolescents. (Photo retrieved from <http://ts23.gazettelive.co.uk/KellyBright01.jpg>)

The information was available in time for Children's Dental Health Month in February and continues to be an electronic resource guide that points to resources that analyze data, describe programs, and report on policy and research aimed at improving access to and the quality of oral health care. Separate sections identify resources on specific aspects of oral health including child care and Head Start, dental sealants, early childhood caries, fluoride varnish, K-12 education, pregnancy, and school-based care. A separate section lists oral health resources for consumers. The knowledge path is available at [www.mchlibrary.info/KnowledgePaths/kp\\_oralhealth.html](http://www.mchlibrary.info/KnowledgePaths/kp_oralhealth.html). Knowledge paths on other

topics are available at <http://mchlibrary.info/KnowledgePaths/index.html>

In Kansas, the Office of Oral Health has provided online *Oral Health: Resources and Information for Kansas Medical Professionals*, to assist health providers in working with preventive activities with children. This manual is designed to provide knowledge training on the use of fluoride varnish. The manual can be accessed at [www.kdheks.gov/ohi/download/Fluoride\\_Varnish\\_Insert\\_Final.pdf](http://www.kdheks.gov/ohi/download/Fluoride_Varnish_Insert_Final.pdf)

Other information for medical professionals can be found at [www.kdheks.gov/ohi/sch\\_nurse\\_fact\\_sheets.html](http://www.kdheks.gov/ohi/sch_nurse_fact_sheets.html)



Barzel, R.MCH © Alert. 2008 Feb 15. 1998-2007 by National Center for Education in Maternal and Child Health (NCEMCH) and Georgetown University. Maternal and Child Health Library. *New edition of Oral Health Knowledge Path available*. [cited 2008 Mar. 20]. Available from < [www.mchlibrary.info/alert/2008/alert021508.html](http://www.mchlibrary.info/alert/2008/alert021508.html) >.