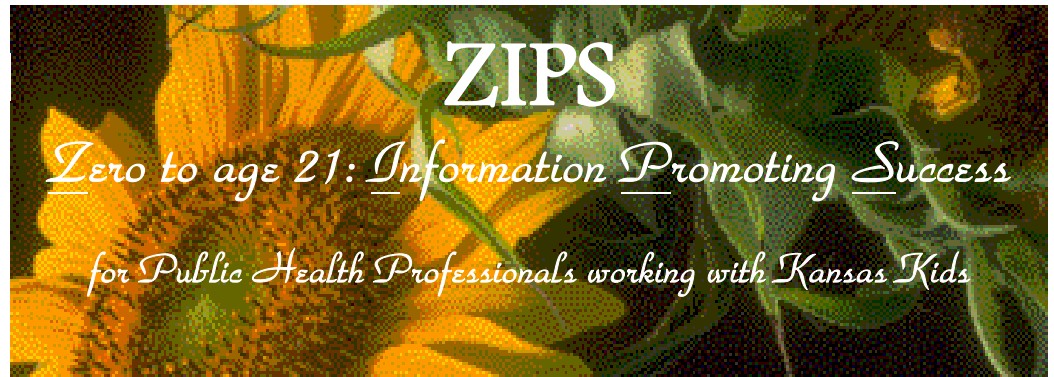


Kansas Department of Health & Environment

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Special Points of Interest:

- * Tobacco Cessation and Pregnant Women
- * 6th Annual Fatherhood Summit
- * Building A Case for Teen Pregnancy Prevention
- * Preparation to Prevent Lyme Disease Among Students
- * Changes in Kan Be Healthy Requirement for Anemia Screening Explained by Pediatrician

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Gov. Kathleen Sebelius Proclaims National Nurses Week in Kansas

By Joseph Kotsch, Perinatal Consultant

Gov. Kathleen Sebelius has declared May 6 through 12, as National Nurses' Week in Kansas. The theme for 2008 National Nurses' Week, "Nurses: Making a Difference Every Day" is representative of the ways the nursing profession meets the various challenges of providing safe and high quality patient care and while thinking of ways to improve our health care system.

Representatives of the Kansas State Board of Nursing and KDHE were present to observe Gov. Sebelius as she made the following proclamations: Registered Nurses and Licensed Practical Nurses in the United States comprise the largest health care profession; the nursing profession meets the ever-changing needs as they emerge in the health care needs of our nation across a wide range of settings; the nursing profession has demonstrated that nursing is an indispensable component in the safety and quality of care of hospitalized patients. Further, nursing services will remain in demand due to the aging of the American population, the continuing expansion of life-sustaining technology and the explosive growth of the home health care industry. Therefore, since nursing provides a safe, cost-

effective means of obtaining health care, the nursing profession will continue to be an essential component of the United States health care delivery system into the future.

Joining Gov. Sebelius in proclaiming May 6 through 12 as National Nurses Week in Kansas are the following nursing organizations: the Kansas State Board of Nursing, the Kansas State Nurses Association, the American Nurses Association, the National Federation of Licensed Practical Nurses and the Kansas Federation of Licensed Practical Nurses.



Please join together with the governor and these nursing organizations and find a way to celebrate nurses during this special and momentous week dedicated to honoring the nursing profession and those nurses

who stand in the trenches on the frontlines of health care. For more information on ideas on how to celebrate National Nurses Week go to:

<http://nursingworld.org/FunctionalMenuCategories/MediaResources/NationalNursesWeek.aspx>

SCHOOL NURSE SURVEY

The school nurse survey is done to see the nurse work force demographics and services provided for Kansas students. School nurses, please submit your survey information after May 1 until May 31. You can find the survey at www.kdheks.gov/c-f/school.html. Remember to print off the survey and have all information available to enter, as the survey only allows a one-time entry of the information. If you have questions, or can not get your information entered by June 1, please contact Jane Stueve jstueve@kdhe.state.ks.us or Carol Moyer cmoyer@kdhe.state.ks.us.



WOMEN'S HEALTH

Joe Kotsch, Perinatal Consultant



Tobacco Cessation and Pregnant Women

More than 3,900 Kansans die each year from tobacco-related illnesses. Primarily, these include cancer, heart disease, stroke and emphysema. Healthcare costs for these diseases run in excess of \$900 million per year.

In 2002, in Kansas, the adult smoking prevalence rate was 22.1 percent. This rate has dropped to 17.8 percent as measured in 2005. This reduction was in large part due to specific funding aimed at smoking cessation efforts. The Kansas Tobacco Use Prevention Program was charged with this task and focuses on four main areas: preventing tobacco use among youth, promoting quitting tobacco use among youth and adults, eliminating the exposure of nonsmokers to environmental tobacco smoke and identifying and eliminating disparities related to tobacco use and its effects between population groups.

Although it is just one chemical component of tobacco, researchers state there is abundant evidence that the chemical nicotine is a neural teratogen. Fetal and neo-



natal brains exposed to nicotine through either maternal smoking or use of nicotine replacement therapy have been shown to have certain chemical processes affected that are involved in normal brain development. Further, these affected chemical processes involve sexual differentiation of the brain, cell survival and the development of brain synapses (normal brain development). In addition, researchers have posited that long-term alterations of these chemical processes may result in modifications of specific neural circuitry that involves the brainstem (regulation of breathing and heart rate) and the process of communication between the thalamus and cortex (affects hearing and thinking). With these effects in mind, the researchers state that alternatives to nicotine replacement therapy should be sought as tobacco cessation treatments in pregnant women. For more information on smoking cessation activities in Kansas go to: www.kdheks.gov/tobacco/index.html



PUBLIC HEALTH



Ahhhhh – Choooooo

By Jamie Klenklen, MCH Administrative Consultant



Sound familiar? May is Asthma & Allergy Awareness Month. So why are we coughing and sneezing now? Winter is over, the flowers are blooming and the grass is getting greener every day. Ah, that may be the problem. A sneezing fit is triggered by almost anything that irritates the nose. This may include pollen, dust, strong smells, cold air, and pepper. Allergies and hay fever are additional irritates.

When the inside of your nose gets a tickle, a message is sent to a special part of your brain called the sneeze center. The material spread by sneezing can travel six to 10 feet in distance. These tiny particles fly out of your nose at a high rate of speed, up to 100 miles per hour! This is a very efficient way of spreading germs.

Did you know that you always close your eyes when you sneeze? It is the job of the sneeze center to insure all the muscles work together, in just the right order, to rid the body of that irritation.

Have you ever had the feeling that you are about to sneeze, but it gets stuck? Next time that happens, try looking toward a bright light briefly (but don't look right into the sun) and see if that will unstuck a stuck sneeze!

At least Kansas is not on the top 10 worst places to live if you have allergies list, according to the Asthma and Allergy Foundation of America. The ranking was based on pollen counts, medicine use by the people living in the city, and number of allergists working in the city.

For more information contact the Asthma and Allergy Foundation of America at www.aafa.org.

6th Annual Kansas Fatherhood Summit

By Joseph Kotsch, Perinatal Consultant

The 6th Annual Kansas Fatherhood Summit was held April 2 - 3 at the Jack Reardon Convention Center in Kansas City, Kan. The summit theme for 2008 was "Fathers for a New Generation: Involved for a Better Tomorrow." For attending the summit, "Strengthening Father Involvement: A Resource Guide for Fathers and Service Providers, 2008" created and edited by a multi-disciplinary group of agencies and produced by the Kansas Parent Information Center, located at: www.kpirc.org/, was provided for participants at no cost. In addition, a variety of vendors were present for participants to visit, learn and share information.

This year's Kansas Fatherhood Summit opening ceremony was performed by the We-Ta-Se Color Guard that included comments from one of their dedicated members that brought both joy and tears to the participants by reminding them of the sacrifices that veterans have made that enable us to enjoy the freedom we have today. In addition, participants were welcomed and congratulated for their concern for and the work they do with children and families.

D.J. "Eagle Bear" Vanas, a professional motivational speaker and author, was the opening plenary speaker who taught the audience concepts from his experience and writings on how to teach the children of today to be leaders in the world of tomorrow. He conveyed his messages through storytelling and short anecdotes stressing that his mission is one of "building the warriors of tomorrow... today". His performance was both energetic and inspirational while engaging participants through group activities and interactive discussion.

Another highlight included a presentation by Carey Casey, the CEO of the National Center for Fathering in Kansas City with his message of "Championship Fathering" by gaining commit-

ments from fathers to love, coach, model and encourage their children and to enlist other fathers to do the same.

Pictured left to right: Dale Walters, Ph.D., Carolyn Weinholt, Kansas Fatherhood Coalition and Carey Casey, CEO National Center for Fathering



Finally, Ron Willis, president of Green Porch Swing Productions, brought some thought-provoking ideas on how to engage children one-on-one in order to secure their trust, admiration and cooperation versus creating a situation where power struggles are commonplace. Throughout the conference, presenters stressed the idea of quality parental time being spent with children as a key in promoting their future healthy, well-adjusted growth and development.

In addition, there were a variety of breakout sessions that provided information on parenting from various perspectives, discussions on how to set up fatherhood programs, how to provide fun and activities involving fitness and nutrition, the importance of father involvement from birth onward, ethical practices in working with clients, agencies and colleges from a social services perspective and fathering in a culturally-diverse world.

The 2008 Kansas Fatherhood Achievement Award recipient was Dale Walters, Ph.D. whose extensive experience throughout his career in working with fathers made him most deserving of this award. By profession, Walters is a Licensed Professional Clinical Counselor. By reputation he is known for his passion for fatherhood and families, including his own, by fostering an environment where fathers engage in various healthy ways with their children. In addition, he is the founding father of the Kansas Fatherhood Coalition. For more information on fatherhood issues go to: www.fathers.com/



Pictured left: Vendor Area 2008 Kansas Fatherhood Summit



CHILD HEALTH

Brenda Nickel, Child and School Health Consultant



Maternal and Child Health History Inspires Continued Work of Public Health Providers

In April 1912, three years after President William Howard Taft held the 1901 first White House Conference on Children, public support and suggestions for a children's bureau by notable public health figures, as well as warm but slow legislative support, the Children's Bureau, the foundation for the current Maternal and Child Health Bureau, was created.

(Photo source:

www.larrydewitt.net/SSinGAPE/childbureau.htm this 1939 poster celebrated the efforts of the Children's Bureau, which is the federal agency responsible for the health and welfare of America's children. SSA History Archives.)



The Bureau was a vision of progressive public health pioneers that included:

- Lillian Wald whose work with the immigrant poor in New York City led to the establishment of the Henry Street Settlement. Wald is credited to having first suggested the need for a Federal bureau whose focus would be on the well-being and safety of children.
- Dr. Sara Josephine Baker, who established a Bureau of Child Hygiene in New York to address the plight of mother's in Hell's Kitchen, a slum area of the city, where 1500 infants died in seven days.
- Julia Lanthrop, a social reformer whose work with other women of her time with settlement houses provided educational and enrichment for working class people.

Many other social reformists and public health practitioners were instrumental in the creation and work of the Children's Bureau that "shall investigate and report to said department upon all matters pertaining to the welfare of children and child life among all classes of our people. . ." Thus, this first Federal bureau began the task of traveling into rural impoverished areas nationwide, as well as in urban cities, to ascertain the factors that were contributing to high infant mortality, the birth rate, children in orphanages, families that had been deserted or children abandoned, dangerous occupations, disease and accidents of children, and employment.

Over the years, the Children's Bureau was able to fund states for diagnostic health services for mothers, worked to change social policy, and had a significant role in public policies to provide assistance to poor mothers and children, later to be incorporated into the 1935 Social Security Act. The agency was assigned over the years from the Department of Labor to the Department of Health, Education and Welfare. Later, the agency transferred to the Department of Health and Human Services and later still, to the U.S. Public Health Service. The agency became known as the Maternal and Child Health Bu-

reau (MCHB) and remains so today, now part of the Health Resources and Services Administration (HRSA).

In Kansas, as in all the states, the MCH program is administered through the state health department who partners with local communities to identify the regional issues that impact the health of mothers and children. The focus for MCH programs is family-centered and as in the early 1900s, is working to assist families in communities that are faced with economic hardship, poverty, health and safety challenges, as well as issues related to policy that ultimately, provides the support or the deterrents to the work of present day social reformists and the public health work force to reduce the morbidity and mortality of mothers and children.

Public health still works to right social injustices with the help of many private and public entities that have a great interest in the health of families. As this work continues, there needs to be time taken to celebrate MCH history and the work of current public health and social reformers who do experience successes. By exploring history, one can learn from challenges, realize that the road may be long, but destinations are reached, and to appreciate that one day, the work being done will be added to a "time-line" of MCH history that will reflect the role of public health in changing the course of history for mothers, children and families.

Trace your MCH roots by exploring public health history in your county, in Kansas, and in the United States. Visit the following Web sites used as sources for this article to appreciate your past and to anticipate your future with MCH:

- Children's Bureau Historical Publications www.mchlibrary.info/history/childrensbureau.html
- Maternal and Child Health Library www.mchlibrary.info/history/index.html
- Social Security Administration, Title V Maternal and Child Health Services Block Grant www.ssa.gov/OP_Home/ssact/title05/0500.htm#ft1
- TITLE V- Grants to States for Maternal and Child Welfare, Social Security Administration www.ssa.gov/history/35actv.html
- U.S. Department of Health and Human Services (2001). Understanding Title V of the Social Security Act, Resources Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved April 15, 2008 from <http://mchb.hrsa.gov/programs/blockgrant/overview.htm>



ADOLESCENT HEALTH

Jane Stueve, Adolescent and School Health Consultant



Building the Case for Teen Pregnancy Prevention



Everyday during 2006 in Kansas... four girls 18 and younger become pregnant; three give birth. Nearly four in 10 young women in the U.S. will become pregnant at least once before age 20. Eight out of 10 teen pregnancies are unintended; and nearly 80 percent are to unmarried teens. The U.S. has the highest rates of teen pregnancy and teen births in the western industrialized world. Adolescent pregnancy costs the United States more than \$7 billion each year. Teen pregnancy and parenting puts both the teenager and the child at risk for poor outcomes.

Teen mothers are less likely to complete school and more likely to be single parents. Less than one-third of teens who begin their families before age 18 earn a high school diploma. Only 1.5 percent earn a college degree by age 30. Common medical problems among adolescent mothers include poor weight gain, pregnancy-induced hypertension, anemia, sexually transmitted diseases (STDs), and cephalopelvic disproportion. A 1990 study showed that almost one-half of all teenage mothers and over 75 percent of unmarried teen mothers began receiving welfare within five years of the birth of their first child. The growth in single-parent families remains the single most important reason for increased poverty among children over the last 20 years, as documented in the 1998 Economic Report of the President.

Low birth rates of babies born to teens are 21 percent higher than the proportion for mothers age 20-24. Low birth weight raises the probabilities of infant death, blindness, deafness, chronic respiratory problems, mental retardation, mental illness, and cerebral palsy. Children of teens are at a high risk for: insufficient health care; poor parenting because their parent(s) are too young to master the demanding job of parenting; becoming a victim of abuse and neglect and being placed in a foster care facility; and are 50 percent more likely to repeat a grade in school.

Parents make a large impact on teens decision to become sexually active. The Youth Risk Behavioral Survey (YRBS) study shows teen sexual decisions are influenced by the parents values, morals and religious beliefs 53 percent, verses an eight percent influenced by their peers.

May is National Teen Pregnancy Prevention Month. This is an opportunity for you and your organization to join with others to increase public awareness of the need to address the effects of unintended teen pregnancy and early childbearing on a community-wide level. There are no right or wrong ways to participate—share the above fact with someone and make a plan to start to prevent teen pregnancy by talking to teens, promoting healthy relationships and seeking information on what efforts your community is involved in and become an active participant in the fight to prevent teen pregnancy. For more resources go to the KDHE Web site: www.kdheks.gov/c-f/teen.html



Ask Ken!

ELECTRONIC SUBMISSION OF DATA & CVR'S

Q. Do I have to update the income yearly in Web-MCH?

A. Yes, if it is not updated yearly an intervention can not be completed. There is a date box to update the income.

Q. Has there been a change in reporting prenatal and post-partum on KIPHS or CVR's?

A. No

Q. In KIPHS when I get an error log, does it have to be corrected and should I inform you of the error?

A. Most all error logs get counted except when two visits are reported for the same client in the same day in the same program. When you get this error log, you need to notify me and include the ID number. If this error is not corrected neither visit will be counted.

Q. Do I have to report the race of the client?

A. Race is a required entry. The client may self-declare their race.



SCHOOL HEALTH



Preparation to Prevent Lyme Disease Among Students

By Jane Stueve, Adolescent and School Health Consultant

Summer and warmer weather means preparing for the presence of insects and arachnids. With approximately 20,000 new cases reported each year, Lyme disease is the most common vector-borne disease in the United States. It is most often seen in persons age 5-14 and 45-54. In 1993, Lyme disease was more prevalent in Kansas with a reported 54 cases. In 2006, Kansas reported four cases, which is a rate of 0.1 per 100,000 people as compared to 8.24 nationally. Some of the New England states had the highest rates of 45 and 50+ cases.



Lyme disease is an acute inflammatory disease caused by a tick-borne spirochete, characterized by recurrent episodes of fatigue, headache, joint swelling, fever and/or rash, swollen lymph nodes and sometimes with cardiac or nervous system complications. The disease bacterium normally lives in mice, squirrels and other small animals. It is transmitted to humans through the bites of certain species of ticks. In the northeastern and north central U.S., the black-legged tick deer tick transmits Lyme disease.

The first sign of a tick-borne infection is usually a circular (or bulls eye) rash. The rash occurs within three to 30 days after a tick bite, however, all infected persons do not get a rash. Most cases of Lyme disease can be cured with antibiotics. The best time to start treatment is early in the course of the disease before it spreads through the body. Persons who have removed a tick from themselves (including those who have received antibiotic prophylaxis) should be monitored closely for signs and symptoms of Lyme disease for up to 30 days. Ticks are totally dependent on the blood/tissue fluids of the host. The longer an infective tick feeds, the greater the chance of infection. The American Academy of Family Physicians (www.aafp.org/online/en/home.html) states ticks are best removed as soon as possible, because the risk of disease transmission increases significantly after 24 hours of attachment. The use of a blunt, medium-tipped, angled forceps offers the best results. Following tick removal, the bite area should be inspected carefully for any retained mouthparts, which



should be excised. The area is then cleaned with antiseptic solution, and the patient is instructed to monitor for signs of local or systemic illness. Routine antibiotic prophylaxis following tick removal generally is not indicated but may be considered in pregnant patients or in areas endemic to tick-borne disease. Always check with your medical advisor.

To reduce your chances of getting a tick-bite: avoid tick infested areas when possible, avoid heavily wooded areas, stay in the center of paths, avoid sitting on the ground, conduct frequent tick checks, dress in light colored clothing to allow you to see and remove ticks before they attach to you, and use an insect repellent with N,N-diethyl-meta-toluamide (DEET). According to the EPA Web site (www.epa.gov/pesticides/factsheets/chemicals/deet.htm) DEET is approved for use on children over two-months-old. There is no restriction on the percentage of DEET in the product for use on children, since data does not show any difference in effects between young animals and adult animals in tests done for product registration. There is also no data showing incidents that would lead EPA to believe there is a need to restrict the use of DEET. Consumers are always advised to read and follow label directions in using any pesticide product, including insect repellents.

Reducing the humidity around your home or on your property can reduce tick infestation because ticks are susceptible to dehydration. You can reduce humidity by pruning trees, clearing brush, removing litter, mowing grass short, and letting plants dry completely between watering. Some property owners choose to kill ticks by applying chemicals applications which should be done only with professional advice.

For more information on Lyme disease call the hotline (800)866-LYME (5963) or go to www.Lyme.org.

EVENTS



RESOURCES

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. To register go to www.ksde.org and scroll down to upcoming conferences.

The 19th Annual Perinatal Association of Kansas (PAK) Conference, "Faces of Prematurity" will be held Friday, June 20, in the Gualt-Hussey Auditorium in the Pozez Education Center at Stormont-Vail Health Care in Topeka. Some topics that will be presented include: medical issues in the late preterm period, ethics related to issues in high-risk pregnancies, a March of Dimes presentation of a model initiative to help reduce preterm births in targeted areas and new laws and issues from the field of genetics. Please go to www.kansasperinatal.org to receive a special "Early Bird" discount on this year's event.

Kansas baseline, "Establish your baseline beliefs about alcohol and other drug dependency" is May 5 - 6. This program is intended to increase awareness of the affects alcohol, tobacco and other drugs have on the individual, family, school and community. Professions who may find this workshop useful include licensed counselors, social workers, teachers, RN's, LPNs, LMHTs. Teachers will receive 12 workshop units for certification. Social workers will receive 12.5 credit hours toward relicensure. KAAP members will receive 12.75 CEU's. The cost is \$50 and pre-registration is required. To register go to www.parstopeka.com.

19th Annual Kansas School Nurse Conference theme this year is "All Children Healthy and Learning: School Success Through Health Promotion and Management of Chronic Health Conditions." It will be July 14-18, at the Hyatt Regency Wichita. The New Nurse Sessions: July 14 - 15; General Sessions: July 15 - 17, and Post Session July 17-18. An added bonus to the post sessions this year is the opportunity to attend vision screening training and also to attend School Nurse Emergency Services for Children (SNEMS-C) training. We are able to provide this workshop for \$30 (at the University of Connecticut, the SMCMS-C training cost is \$445) because of a grant from KDHE Emergency Medical Services for Children in the Bureau of Health Promotion. For complete information and registration go to <http://webs.wichita.edu/?u=conted&p=ksn/>



May 14th, "Redesigning WIC to Meet a Challenging Future" Speaker: David Thomason, Director, KDHE-Nutrition and WIC Services

Infant Mortality Series: Unnatural Causes: Is Inequality Making Us Sick? This is a seven-part documentary series that looks at various social conditions and how they affect health within a community and how some communities are using this knowledge to extend lives by improving upon these same social conditions. This series is a production of California Newsreel with Vital Pictures. Information about the documentary series and series objectives, episode descriptions, video clips, a discussion guide and transcripts are available from the series' Web site. In addition, a searchable database contains articles, related Web sites, data, interviews, interactive programs, case studies and educational and outreach materials is provided. For more information go to: www.unnaturalcauses.org

The Summer Institute in Adolescent Health and Development at the Johns Hopkins Bloomberg School of Public Health offers opportunities for domestic and international clinicians, public health practitioners, faculty, and students to receive short-term, intensive education about adolescent health and development. The Institute provides a unique setting for interested practitioners to begin, develop or enhance their skills and education about adolescent health, development and ways to serve this population. Participants will learn about adolescent development, risk and protective factors, pressing health issues, transitions to adulthood and the changing contexts of the lives of youth, along with strategies for effective implementation. Courses offered by the Institute may be taken for academic credit or non-credit/continuing education.

www.jhsph.edu/dept/pfrh/Adolescent%20Health%20Summer%20Institute

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



CDC now has a Web site that is linked to the NOAA Weather page. This page includes links to information on heat exposure, floods, tornadoes, and other health issued related to weather. It provides information on coping with the disaster, how to stay safe and clean up. To view the Web site please go to: <http://emergency.cdc.gov/disasters/>

Never be bullied into silence. Never allow yourself to be made a victim. Accept no one's definition of your life, but define yourself.

-Harvey Fierstein



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“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/

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Visit our Web site at www.kdheks.gov/c-f

Changes in Kan Be Healthy Requirements for Anemia Screening Explained by Pediatrician

By Pam Shaw M.D., Professor of Pediatrics, KUMC, President, Kansas Chapter of the American Academy of Pediatrics



Pam Shaw, M.D.

“Why has KBH changed from hemoglobin/hematocrit lab tests to CBC with automated differential as the test of choice for screening for anemia?”

Historically, for low income children under age 5, guidelines for the prevention and control of iron deficiency have always called for routine hemoglobin screening. A recent analysis of data from the Third National Health and Nutrition Examination Survey (NHANES III) conducted by the Centers for Disease Control and Prevention, National Center for Health Statistics, found that hemoglobin measurements lacked sensitivity and exhibited poor positive predictive value for iron deficiency among 1-3 year olds. Hemoglobin levels became abnormally low only late in iron deficiency and may also be influenced by heredity or overall health status. Therefore, using a different method to screen for iron deficiency should detect another 10 percent of children who could be affected by iron deficiency.

Several laboratory tests can be used to confirm the diagnosis of Iron Deficiency Anemia (IDA). An elevated red cell distribution width (RDW) is the earliest hematologic

manifestation of iron deficiency before anemia develops. In many areas across the country, iron deficiency is usually identified by a serum ferritin less than 12 ng/ml after low hemoglobin (less than 11 g/dl) has been identified. Other tests that may be used with advanced hematology analyzers include the use of reticulocyte hemoglobin content (CHr). It is a more reliable measure of early iron deficiency however; it can lead to false positive results and is not as readily available as indices such as the RDW.

Although not all of the following steps were added to the Revised KBH Laboratory Standard of Care for CBC Screening for IDA, prevention is still the obvious choice for all populations of “at risk individuals” given the consequences of iron deficiency anemia.

- A. Continue careful dietary screening and education.
 - Example: Initiation of cow’s milk before age one.
 - Intake of more than 24 ounces of milk in a day, and use of non-iron fortified formula.

Continued next page

B. Laboratory screening (use of microtainer and peripheral stick optional).

- CBC with automated differential screening at nine to 12 months (This range is available in order to allow the Mandatory Blood Lead Screening to be performed at the same time)
- Any child who has a dietary history that puts them at risk.

Screening Outcome: If the RDW is increased, it is an early sign of iron deficiency and treatment should begin or child should be referred to medical home for treatment. This must be documented in the record.

- ➔ Treatment of iron deficiency should begin at 1 mg/kg/day.
- ➔ Recheck hemoglobin* in one month-should see an increase of 1gm/dl. If no increase, perform a serum ferritin (lead) if not already done, and a hemoglobin electrophoresis. *(Although hemoglobin is no longer recommended as the first line test for IDA, it can be used to monitor treatment.)

➔ Iron therapy should be done for three to four months to increase iron stores.

The flow chart on the following page simplifies the recommendations for screening and referral for Kan Be Healthy examinations.

The difference could be significant for the children being screened. For more information about recommended laboratory testing for anemia and the results of the National Health and Nutrition Examination Survey, go to www.cdc.gov/nchs/nhanes.htm

For resources to assist in performing Kan Be Healthy screening, go to www.kmap-state-ks.us/Public/Kan%20Be%20Healthy%20Main.asp

For nutrition education and other resources, visit the State Nutrition and WIC Services website at www.kdheks.gov/nws-wic/index.html

