



**Zero to age 21:  
Information  
Promoting  
Success**

**for Public Health Professionals  
working with Kansas Kids**



# Improve Your Health in 2009: The Best Gift for Your Family

By Joe Kotsch, Perinatal Consultant



**I**n the midst of a year full of campaign promises, from those who represent us to the talk that occurs down on main street America, it seems clear that our

health care needs are of great concern to our nation. No one person or group seems to have the solution to this mammoth problem that faces us.

When considering the topic of health improvements, it is important to begin with first investigating what constitutes good health practices and where to find those resources. In the realm of women's health, [www.womenshealth.gov/](http://www.womenshealth.gov/) has been invaluable as a resource.

This resource resides on the U.S. Health and Human Resources website and is managed by the National Women's Health Information Center. It is an interactive site that serves the general populace as well as the seasoned healthcare professional.

Some of the information provided includes:

- Women's health-related statistics
- Coverage of a wide range of healthcare topics
- A variety of publications and health tools
- Calculators that meet many different needs

Another great feature is that the information is provided in both English and Spanish.

Another great place to go to get information and assistance is the Bureau of Health Promotion at KDHE. Visit [www.kdheks.gov/bhp/index.html](http://www.kdheks.gov/bhp/index.html) to link to information, program and health-related data resources and a variety of health programs that are designed to motivate and inspire people to seek out the means to good health.

Get out there and dive into the information that is available for you and your loved ones to improve your health both now and in the future. Remember, starting with a single positive step in improving your health (and that of your loved ones) today will make an ever greater difference for yourself, family, community and nation tomorrow.



## Women's and Child Health USA Data Books for 2009 Now Available

**W**omen's Health USA 2009, the eighth edition of the data book, selectively highlights emerging issues and trends in women's health using a variety of data sources. The data book, published by the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB), includes information and data on population characteristics, health status and health services utilization. New topics in the 2009 edition include women veterans, bleeding disorders, hearing problems, severe headaches and migraines. There is also a new section providing state-specific data on leading causes of death, overweight and obesity, and smoking among women. The data book is intended to be a concise reference for policymakers and program managers at the federal, state, and local levels to identify and clarify issues affecting the health of women. It is available at <http://mchb.hrsa.gov/whusa09>.

Readers: MCHB has also released Child Health USA 2008-2009, an annual report on the health status and service needs of children. The data book is available at <http://mchb.hrsa.gov/chusa08>.

## Kansas Receives a Grade of “D” for Preterm Birth Rate

By Ileen Meyer, Director, Children & Families Section

The March of Dimes (MOD) released its second annual report card that focuses the nation’s attention on the growing problem of premature birth (birth before 37 weeks gestation.) For the second consecutive year, the U.S. earned only a “D” on the MOD Premature Birth Report Card, demonstrating that more than half a million of our nation’s newborns didn’t get the healthy start they deserved.

This year Kansas received a “D” for the preterm birth rate of 11.5 percent. The grade compares each state’s rate of premature birth to the nation’s objective of 7.6 percent or less by 2010.

Kansas overall report card reflects a slight improvement in the preterm birth rate with improvement in two areas – a decline in the smoking rates of women 18-44 years of age and improvement in the number of late preterm births. Kansas shows a conservative, but steady rate of improvement moving from 12.2 percent (2005) to 11.5 percent (2007) in two years.

MOD is spearheading two initiatives at the forefront for improvement in the Kansas grade. The first initiative will address the development of a statewide Prematurity Coalition comprised of key organizations that work on issues related to women and children’s health. Through collaboration and shared resources

this group will work to address specific contributors to premature birth.

The second initiative is focused on reducing the number of elective c-sections and inductions. The rise in preterm births (34-36 weeks) has been directly linked to rising rates of early inductions and c-sections. Presently, one-third of all births in Kansas result in a c-section. The state’s preterm birth rate will not improve unless deliveries prior to 39 weeks are performed only if medically necessary.

Our prematurity rate is still a double digit number and if you drill down into the causes of prematurity you will find multiple reasons, not the least of which include poor nutrition, substance use, poverty, as well as more clinical issues including the increasing number of c-sections.

We must pay more attention to preparing women for a healthy and safe pregnancy long before they are pregnant by placing a strong emphasis on preconception health as a means to reducing prematurity.

This project will focus on practice partnerships and a public awareness campaign. For more information visit [www.marchofdimes.com/aboutus/49267\\_62035.asp](http://www.marchofdimes.com/aboutus/49267_62035.asp).

# Kansas Child Care Health Consultation Training Spotlighted in Philadelphia

By Brenda Nickel, Child and School Nurse Consultant



I was invited to present at the National Training Institute (NTI) for Child Care Health Consultants (CCHC) meeting November 5 prior to the American Public Health Association conference in Philadelphia.



Thirteen registered nurses practicing in a public health settings completed the training for Kansas Child Care Health Consultants

in May 2009. The Kansas training that used a combination of on-site and distance learning formats was spotlighted as “Innovative Training.” My presentation included an overview of the Kansas training format that included face-to-face training, observation and practice in community settings, and three months of distance learning through KS-Train <https://ks.train.org/DesktopShell.aspx>.

Participants had an opportunity to view the KS-Train website and to explore various examples of training materials used. (Pictured upper left: Jonathan Kotch, MD, MPH, FAAP, Project Director, NTI at Chapel Hill, introduces Nickel. Pictured lower: Nickel answers

questions from attendees about challenges and opportunities of distance learning formats.)

Participants at the meeting heralded from Virginia, New Jersey, California, Arizona, Missouri, Colorado, North Carolina, Indiana, and Pennsylvania. Other presentations included:

- Nurses as CCHCs: Preparation of Student Nurses, Amy Cory, Assistant Professor, Valparaiso University College of Nursing, Indiana and Ritamarie Giosa, Health Consultant Coordinator, Camden County Department of Children’s Services, New Jersey.
- Lead in Child Care: Robert Himmelsbach, Philadelphia Department of Public Health, Childhood Lead Poisoning Prevention Program, Division of Maternal, Child and Family Health.
- The Omaha System of Reporting: Kathi Ford, Statewide Child Care Health Consultation Systems Coordinator and Nurse Manager, Pima County Health Department, Arizona.

NTI is affiliated with the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill and the Frank Porter Graham Child Development Institute. NTI is completing their second five-year competitive grant funding cycle from the federal Maternal and Child Health Bureau to train child care health consultants and has applied for a third competitive renewal.

## Child Nutrition Health Education Kit

By Ileen Meyer, Director of Children and Families Section, adapted from KAFP Weekly, VOLUME 2 ISSUE 45



Leading health authorities nationwide are calling the childhood obesity epidemic one of the greatest challenges to confront our generation. It's time to come together as a community to do everything in our power to treat, prevent and ultimately, give a healthy future back to America's children.

As a health professional, you play an invaluable role in helping to shape the kind of environment that makes it easier for children to make healthy choices.

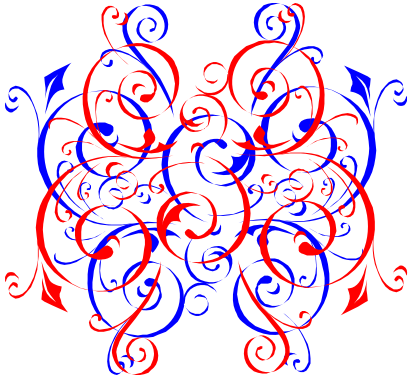
National Dairy Council and Midwest Dairy Council, leaders in dairy nutrition research and education share with you a new science-based toolkit of child nutrition materials to support your local efforts in helping to ensure our children are healthy and well-nourished. The "[Child Nutrition Health Education Kit](#)" includes:

- "[The Importance of Nutrient-Rich Foods In Planning Nutritious Meals for Children,](#)" a new joint editorial supported by the nation's leading health professional and nutrition organizations and fo-

cuses on the need for Americans of all ages to build more healthful diets and to reduce the risk of obesity and chronic disease beginning in childhood.

- "[Safeguarding the Health of America's Children: The Importance of Dairy Foods in Nutrition Programs,](#)" a new white paper that reviews the facts about milk -- whether regular or flavored - and BMI. The paper also takes a careful look at the scientific relationship between nutrition, physical activity and academic performance.
- "[School Milk: Fat Content Has Declined Dramatically Since The Early 1990s](#)" is a new analysis of USDA data (from the School Nutrition Dietary Assessment, or SNDA I & III), which found that three-quarters of students who drink school milk choose low-fat (1 %) or fat-free.

In addition, you'll find an in-depth [turn-key presentation](#) focusing on the latest research on the role of nutrition-rich dairy foods in improving child nutrition. The toolkit is designed to be a resource for you and is available online at [www.midwestdairy.com](http://www.midwestdairy.com).



## H1N1 Resources for Pediatric and Child Health Care Providers

**T**he Centers for Disease Control and Prevention (CDC) recently developed a toolkit for providers on H1N1 and children with high-risk conditions. The toolkit includes an information sheet regarding access to the H1N1 vaccine, a brochure and template letters for parents and caregivers, as well as posters for the office setting.

You can find the toolkit at [www.cdc.gov/h1n1flu/pediatric/@index\\_itd6\\_110209.htm](http://www.cdc.gov/h1n1flu/pediatric/@index_itd6_110209.htm).

# Healthy Relationships

By Jane Stueve, Adolescent and School Health Consultant

In parents' conversations with adolescents, the topics of sex, pregnancy, tobacco, alcohol and drugs are covered most of the time. There is one subject that is often overlooked when conveying information to adolescents: a healthy relationship. This subject is of utmost importance because it will build a foundation for current relationships and for how they form relationships as adults.

The National Campaign to Prevent Teen and Unplanned Pregnancy has developed a set of suggestions that they think might be important to cover in conversations with adolescents. Some of the points they make include:

- Parents influence their adolescents' decisions about dating and relationships.
- Actions speak louder than words-demonstrate respectful relationships.
- Encourage high school and higher education as goals because these teens have higher expectations and are more successful.
- Remind teens they are in charge of their life. Teach them friends first, dating and relationships later.
- Do not dismiss teens' feelings, listen and help

them to make responsible decisions. Don't lecture; listen and have conversations with the teen.

- Is the person the teen is dating respectful of others independence and not trying to control them? Teach the teen how to recognize dominating relationships and how to avoid them.
- Caution teens about dating older partners.
- Teach the teen that if sex is the price of a relationship, find someone else.
- If a teen is sexually involved, teach physical consequences (pregnancy and STDs) and emotional consequences.

Experts in the area of sexuality recommend parents or trusted individuals address teen questions and concerns with respect and sensitivity. Over time, the teen will become comfortable and consider the parent or trusted individual as a resource of reliable information and know that the teen's best interest is part of any advice they impart.

For more information on healthy relationships, go to [www.thenationalcampaign.org/parents/relationships.aspx](http://www.thenationalcampaign.org/parents/relationships.aspx).

## Teen Licensing Laws

By Jane Stueve, Adolescent and School Health Consultant

Changes to the teen licensing laws will be implemented by the Department of Revenue and by law enforcement across the state on January 1, 2010. The Kansas Traffic Resource Office and the Kansas Department of Transportation asks for assistance in bringing this message to teens and parents of teens across the state.

For more information on the changes in the drivers licensing laws for teens go to [www.ktsro.org/index.cfm?Page=Teen](http://www.ktsro.org/index.cfm?Page=Teen).

# H1N1 Pandemic Influenza Guidance for Early Learning Environments: Exception to Locked Storage of Alcohol-Based Hand Sanitizers

By Brenda Nickel, Child and School Nurse Consultant



New guidance for licensed preschools, child care centers and school-based programs related to alcohol-based hand sanitizer use is available. An exception has been granted to K.A.R. 28-4-423(a)(6) and K.A.R. 28-4-585(a)(6) to allow alcohol-based hand sanitizers to be stored unlocked in a manner that does not permit unsupervised access by children or youth.

“Exception to the Locked Storage of Alcohol-Based Hand Sanitizer” has been posted by the Bureau of Child Care Licensing and Registration at KDHE. The document can be found at [www.kdheks.gov/bcclr/download/Exception to locked storage of Alcohol Based Hand Sanitizers.pdf](http://www.kdheks.gov/bcclr/download/Exception%20to%20locked%20storage%20of%20Alcohol%20Based%20Hand%20Sanitizers.pdf).

For nurses working in early childhood preschools and centers, this may be helpful information to provide to the early childhood programs. It is notable that teachers and staff need to be mindful that this exception includes information related to safe use of hand sanitizer that includes:

1. Mounting or storing hand sanitizers at least 5 feet above the floor and out of the reach of children in Preschools and Child Care Centers.
2. In School-Age Programs alcohol-based hand sanitizers may be placed in areas accessible for use by staff and other adults and shall be kept under the control and supervision of the staff. Use of wall dispensers containing hand sanitizing solutions should be monitored to limit unsupervised access by children and youth.

3. The use of alcohol-based hand sanitizers shall not be used in place of hand washing with soap and running water when those are readily available.
4. Alcohol-based hand sanitizers can be toxic if ingested, may be flammable and have warning labels to keep out of reach of children. Programs are encouraged to check with their local Fire Marshal on mounting of dispensers.

Guidance from the Centers of Disease Control and Prevention (CDC) on helping child care and early childhood programs respond to influenza during the 2009–2010 influenza season can be found at <http://pandemicflu.gov/professional/school/>.



The flu can be very serious, especially for younger children and children of any age who have one or more chronic medical conditions. These conditions include asthma or other lung problems, diabetes, weakened immune systems, kidney disease, heart problems and neurological and neuromuscular disorders. These conditions can result in more severe illness from influenza, including the new H1N1 virus.

Additional resources for parents, child care and schools can be found on the KDHE H1N1 website at [www.kdheks.gov/H1N1/index.htm](http://www.kdheks.gov/H1N1/index.htm). Simply click on the logo to explore the resources and guidance available.

## Kansas DropINs

By Jane Stueve, Adolescent and School Health Consultant

**K**ansas DropINs, a collaborative dropout prevention effort led by KDHE, held a dropout prevention summit on October 20. The summit was initially divided into two tracts, adult and teen and joined at the end of the day to share ideas and listen to Nick Lowery, Kansas City Chief Hall of Fame star, talk about connecting education to purpose.



Another speaker was, DeVone Boggan, President of dbMENTORS, Inc., a consulting group that provides assistance in developing mentoring programs, insight into the importance of prevention plans and intervention strategies. He shared that he had grown up in a “bad” neighborhood, where his brother was violently shot to death. DeVone said he could not read in the 10th grade but because someone thought he was important enough to teach to read, he was able to rise above the problems of his neighborhood and go to UCLA and graduate from law school.

Some of the hard questions that the teens in attendance tried to answer included:

1. What do I want for my life?
2. What is my vision of family and am I willing to expand that vision?
3. What do I want for my community?
4. What are you willing to do to accomplish 1, 2, and 3?

The predominate theme of the conference was that you get out of it what you put into it.

At the conclusions of the summit participants identified that we still need to learn how to:

- Increase parental accountability and involvement
- Get the students invested in their education.
- Expand mental and physical health program availability
- Foster better relationships between schools and businesses
- Overcome the challenges of poverty
- Overcome the challenges of gangs and substance abuse

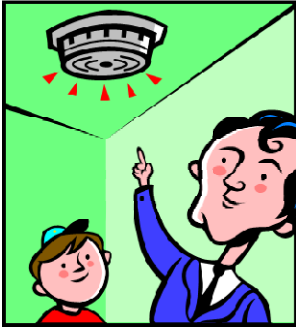
The youth at the summit reported that having a caring adult affected their staying in school. Having a principal who listens to them and confronts the bullying was important too. The students want parents to encourage them to stay in school and teachers to care that they are in class. Among other things, the youth want to feel safe in school.

We know that high school graduation is a key indicator of the success a teen will have in their lifetime, so it is important for all of us to help teens graduate and be prepared for the future.

For information on the Kansas DropINs program, please contact Jessica Noble at [jnoble@kdheks.gov](mailto:jnoble@kdheks.gov).

## Where's There's Smoke – There's ?

By Marilee Brown, LSCSW, Kansas Fire Injury Prevention Program (KFIPP)



**Y**ou know the answer, “Where There’s Smoke – There’s Fire.” The real question is whether you would know if there is a fire in your house. It is a proven fact that smoke alarms save lives. Your chances of surviving a fire are increased by 50 percent

if you have a working smoke alarm.

A smoke alarm is not something you attach to your ceiling and forget about. Smoke alarms must be installed properly and maintained, so that they will be ready and able to alert you if there is a fire.

As of January 1, 1999, all Kansas homes are required to have a working smoke alarm on every level. All new homes being constructed today are even required to have a smoke alarm installed in each bedroom as well. New homes have 110 volt alarms with battery back-up and they are interconnected so that when one activates, they all activate.

Unfortunately, we have found that approximately 1/3 of all smoke alarms are not functioning. Make sure yours isn't one of them by vacuuming and testing it monthly.

If it is battery operated, you should change its batteries whenever you change your clock in the spring and again in the fall. Some alarms have a 10-year lithium battery. Mark the date you purchased this detector on the inside cover, so you will know when to replace it.


Some recent studies have suggested that some children may not wake up to a smoke alarm. The only way to know for sure is to test your alarm in the middle of the night to see if your children awaken. If they don't, you can install alarms above their bed; install an alarm that also projects a bright strobe light or you can install a device that will vibrate the bed.

Waking them is only half the battle; now teach them how to get out. Make sure you are protected. Many fire departments and the American Red Cross will even install a smoke alarm for those that do not have one. If you need assistance, please contact your local fire department for help.

# National Handwashing Awareness Week

By Jamie Klenklen, MCH Admin Consultant

The goal of National Handwashing Awareness Week is to empower millions of people around the world that by working together we can decrease the spread of infectious diseases by practicing a few simple behaviors. For more information visit [www.henrythehand.com/pages/content/hwaw.html](http://www.henrythehand.com/pages/content/hwaw.html).



**National Handwashing Awareness Week**  
December 6-12, 2009

Please share [www.henrythehand.com](http://www.henrythehand.com) with **ALL** your family, friends, class mates and coworkers to help them stay healthier one handwash at a time. Share with them how practicing the **4 Principles of Hand Awareness** will help them to remain healthy, in spite of the flu or bird flu scares.  
**It is the BEST way to prevent epidemics or pandemics!**

Following the 4 Principles of Hand Awareness you will be in virtual isolation regardless of the people around you. Direct contamination (inoculation) of your mucus membranes (eyes, nose or mouth) is how infectious disease enters your body. It is not wafting through the ventilation system in the building. Let's work together to minimize the fear factor of infectious disease pandemics or seasonal.  
**Only you are responsible for giving yourself the flu or flu-like illness!**

National Handwashing Awareness Week is the first full week of December each year.

*Henry The Hand*

## Jamie's Jottings

By Jamie Klenklen, MCH Admin Consultant

- Registration is now available for Basic Home Visitation training to be held January 25-29, 2010, at Derby Parents As Teachers, Carlton Building, 4900 S Clifton, Wichita, KS. For more information and for registration, visit <http://ksheadstart.org/node/274>.

If you are a new Healthy Start Home Visitor, then you should plan to attend this training. You can also contact Becky Drews, Member Services Coordinator, Kansas Head Start Association at (785) 856-3132 or [bdrews@ksheadstart.org](mailto:bdrews@ksheadstart.org).

- MCH Mid-Year Reporting Requirements  
This is a reminder about the upcoming MCH mid-year reporting requirements. In order to meet federal reporting requirements, the following documents must be received in our office by January 15, 2010.
  - Submit all calendar year (CY) 2009 Client Visit Record (CVR) data, in paper or electronic format.
  - Submit the Certified Affidavit of Revenues and Expenditures for the period October - December 2009.
  - Submit the MCH Semi-Annual Narrative Report (Form #3).
  - MCH grantees reporting services for pregnant women are to submit the Perinatal Outcome Data (Form #6).
  - Submit the MCH Client Satisfaction Survey Cards by mail or via courier.

These forms may be found at [www.kdheks.gov/doc\\_lib/index.html](http://www.kdheks.gov/doc_lib/index.html). Thank you for your continued services in the Maternal and Child Health program. Happy 2010!



## Ask Ken!

### ELECTRONIC SUBMISSION OF DATA & CVRS



**Q.** How often should paper or electronic client encounter data be sent in?

**A.** To avoid data loss and ensure early identification of possible data validity issues, it is vital that client encounter data– Client Visit Record (CVR), KIPHS or flat file-- be reported **at least monthly**. Calendar year (CY) 2009 will soon be over! CY 2009 data must be received by January 15, 2010.

## EVENTS



## RESOURCES

### Save the date!

The **Basic Home Visitation Training** will be held January 25-29 at the PAT office in Derby. More information will be available soon. If you are a new Healthy Start Home Visitor, then you should plan to attend this training.

The **Kansas Children's Service League** will host several **"Red Stocking Breakfasts"** in December to raise funds for prevention and education programs. They invite friends and supporters to attend.

The 2009 Red Stocking Breakfast events will take place at the following dates and locations.

Saturday, December 5 – Garden City at 7:30 a.m.

Saturday, December 5 – Johnson County/KC Metro at 7:30 a.m.

Wednesday, December 9 – Wichita at 6:30 a.m.

Saturday, December 12 – Liberal at 7:30 a.m.

Saturday, December 12 – Topeka at 7:30 a.m.

Mark your calendar now and make plans with family and friends to enjoy a delicious breakfast while getting into the spirit of the season by supporting KCSL and the children and families it serves. Visit the Kansas Children's Service League web site at [www.kcsl.org](http://www.kcsl.org) to get more information and to buy tickets online.

**Lessons from Legends: Power, Policy & Practice** KU HealthPartners, Inc. & The University of Kansas School of Nursing is sponsoring a leadership conference February 12, 2010 featuring Beverly L. Malone, PhD, RN, FAAN, CEO of the National League for Nursing and the NLN Foundation, New York, N.Y.

#### Objectives

At the completion of this program, participants should be able to:

- Appraise the current context of healthcare and nursing
- Assess the impact of changes in the healthcare system that could lead to a preferred healthcare system
- Explore issues of diversity, including cultural humility, that affect leadership
- Discuss the steps in a journey to attain the skills needed for successful leadership in nursing

To view the conference agenda and registration information, go to [www.continuinged.ku.edu/kumc/legends/](http://www.continuinged.ku.edu/kumc/legends/).

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

— Harvey Fierstein

**KDHE Publications for the H1N1 Flu Virus** can be found at [www.kdheks.gov/H1N1/](http://www.kdheks.gov/H1N1/).

**Medicaid Smoking Cessation Access on the Rise** Patients in 84 percent of the nation's Medicaid programs have access to tobacco dependence treatment, but the availability and extent of coverage varies significantly. Kansas is a state with access to tobacco-dependence treatment but coverage is limited. Kansas statistics show the following medications are covered (Patch, Varenicline (Chantix) and Bupropion hydrochloride Zyban) and no counseling coverage is available. [Click here](#) for entire article.

**Fuel Up to Play 60** is a new, student-led healthy eating and physical activity program created by the National Dairy Council®, local Dairy Councils® and the National Football League (NFL) to help kids eat healthy and move more. Schools can enroll now to receive a FREE School Wellness Activation Kit (still available in most states, one kit per school), gain access to the interactive Fuel Up to Play 60 website and receive a monthly eNewsletter. Go to [www.FuelUpToPlay60.com](http://www.FuelUpToPlay60.com).

**Mammography Percentages by Race and Ethnicity** ~ If you are a woman aged 40 years or older, get a mammogram every one to two years. [www.cdc.gov/Features/dsMammograms/](http://www.cdc.gov/Features/dsMammograms/).

**CDC releases its Preteen Vaccine materials** in Korean and Vietnamese. Materials are available for download from the Pre-teen Vaccine Campaign gallery: [www.cdc.gov/vaccines/spec-grps/preteens-adol/07gallery/default.htm](http://www.cdc.gov/vaccines/spec-grps/preteens-adol/07gallery/default.htm).

**H1N1 Fact Sheets** in multiple languages, guidance and up to date information. [www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=192](http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=192).

