

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

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

**HAPPY
NEW YEAR**

Resolve to Advise Your Patients to Take Folic Acid Prior to and During Pregnancy

By Joe Kotsch, Perinatal Consultant

Folic acid is one of the B vitamins essential to the process of growing normal, healthy cells. It has been shown that taking the appropriate amount of folic acid (400 micrograms daily) before and during pregnancy, in the form of a pill or from food sources, can help to prevent from 50 to 70 percent of neural tube defects.

Neural tube defects are birth defects that affect the brain and spine. It is important to instruct women of childbearing age to get enough folic acid.

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

If that method does not work, try instructing your receptionist to give women of childbearing age in your practice information on folic acid and point out other resources where more information can be found. The receptionist can also have this same group of women fill out a questionnaire on folic acid. Using a question-



naire allows the health care team to know where to start in educating their clients on the importance of getting enough folic acid.

Another method of introducing folic acid education into a practice is to have nursing staff routinely ask patients questions about intake of medications, vitamins, supplements and nutrition. This will provide the practice a consistent method of collecting information, not only on folic acid intake, but on a broader scale of what things their clients consume.

Whichever method is chosen, the important thing is to provide folic acid information in a consistent and non-threatening manner. In addition, through the strategic placement of folic acid posters and other educational materials, both the women served in a clinic and the staff serving them are reminded to discuss the importance of folic acid intake.

For more information on the importance of folic acid before and during pregnancy go to: www.marchofdimers.com/professionals/19695_1151.asp.

Healthy People 2020: A Framework for Health of Children, Adolescents & Families

By Brenda Nickel, Child and School Nurse Consultant

In 2010, the Healthy People 2020 objectives will be released along with guidance for achieving the new 10-year targets. There are 39 topic areas that have been reviewed and were under public comment until December 31, 2009. To view the topics and corresponding objectives for each, go to www.healthypeople.gov/hp2020/default.asp.

According to the Healthy People 2020 website:

Healthy People provide science-based, 10-year national objectives for promoting health and preventing disease. Since 1979, Healthy People has set and monitored national health objectives to meet a broad range of health needs, encourage collaborations across sectors, guide individuals toward making informed health decisions, and measure the impact of our prevention activity. Currently, Healthy People 2010 is leading the way to achieve increased quality and years of healthy life and the elimination of health disparities (HP2020, 2009).

Topics of particular interest to maternal and child health practitioners include:

- Access to Health Services
- Adolescent Health
- Diabetes
- Early and Middle Childhood
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health Communication and Health IT
- Hearing and Other Sensory or Communication Disorders (Ear, Nose, Throat, Voice, Speech and Language)
- HIV
- Immunization and Infectious Diseases
- Injury and Violence Prevention
- Maternal, Infant and Child Health
- Mental Health and Mental Disorders
- Nutrition and Weight Status
- Oral Health
- Physical Activity and Fitness
- Public Health Infrastructure
- Quality of Life and Well-Being
- Respiratory Diseases
- Sexually Transmitted Diseases
- Social Determinants of Health
- Substance Abuse
- Tobacco Use
- Vision

There are specific objectives for each topic area. For Maternal, Infant, and Child Health, the objectives will guide the work of MCH providers over the next decade. There are 31 objectives that are unchanged from Healthy People 2010, retained but modified from Healthy People 2010 or have new objectives. Take time to explore topics and objectives ~ together we can improve health for Kansas and our global family! Image source www.fhs.usyd.edu.au/medical_imaging/images/news/global_health.jpg.



Food and Drug Administration Approves Gardasil for Boys

“Gardasil covered for VFC-eligible females only at this time”

By Jane Stueve, Adolescent and School Health Consultant



The Food and Drug Administration (FDA) approved Gardasil for use in boys and men in October, 2009. The Merck, Gardasil, package insert now says:

The Centers for Disease Control and Prevention (CDC) website provided the following information on HPV vaccines, which includes Gardasil and Cervarix:

The Advisory Committee on Immunization Practices (ACIP) Provisional Recommendations for HPV Vaccine

Date of ACIP vote: October 21, 2009

Date of posting of provisional recommendations: December 1, 2009

On October 21, 2009, ACIP voted on updated recommendations for use of human papillomavirus (HPV) vaccine, including recommendations for the bivalent HPV (types 16 and 18) vaccine (Cervarix) for females and the quadrivalent HPV (types 6, 11, 16 and 18) vaccine (Gardasil) for females and males. The recommendations are listed at: www.cdc.gov/vaccines/recs/provisional/downloads/hpv-vac-dec2009-508.pdf.

INDICATIONS AND USAGE

1.1 Girls and Women

GARDASIL® is a vaccine indicated in girls and women 9 through 26 years of age for the prevention of the following diseases caused by Human Papillomavirus (HPV) types included in the vaccine:

- Cervical, vulvar and vaginal cancer caused by HPV types 16 and 18
- Genital warts (condyloma acuminata) caused by HPV types 6 and 11

And the following precancerous or dysplastic lesions caused by HPV types 6, 11, 16, and 18:

- Cervical intraepithelial neoplasia (CIN) grade 2/3 and Cervical adenocarcinoma *in situ* (AIS)
- Cervical intraepithelial neoplasia (CIN) grade 1
- Vulvar intraepithelial neoplasia (VIN) grade 2 and grade 3
- Vaginal intraepithelial neoplasia (VaIN) grade 2 and grade 3

1.2 Boys and Men

GARDASIL® is indicated in boys and men 9 through 26 years of age for the prevention of genital warts (condyloma acuminata) caused by HPV types 6 and 11. (www.merck.com/product/usa/pi_circulars/g/gardasil/gardasil_pi.pdf)

Martha Froetschner, VFC Manager, with KDHE states: “The HPV vaccine, Gardasil, is covered for VFC-eligible females only at this time. Cervarix and male use of Gardasil have not been added to the VFC approved list of vaccines by the CDC to date. ACIP provisional recommendations do not immediately place new vaccines, or new indications for vaccine, on the VFC approved list. The CDC has a lengthy process to complete before approval and funding are approved for vaccines. This approval may take several months after an ACIP provisional recommendation is made on use of a vaccine.”

Why is immunizing against HPV important? As with all vaccines, it saves lives and decreases morbidity. Check with your primary care physician or local health department for more information and recommendations on HPV prevention.

Communicating With Teens About the Economy

By Jane Stueve, Adolescent and School Health Consultant

It is not a surprise that parents do not like to talk with teens about the economy because it can many times end up in a discussion of what cuts and sacrifices the teen and family may have to make in order to keep their family structure together.

With the nation's economy sputtering, the job market for teens has shriveled to its lowest point in 55 years and the unemployment rate for young adults is at its highest in almost a decade, according to research conducted by the Center for Labor Market Studies at Northeastern University. www.goupstate.com/article/20080601/NEWS/806010342/1026/NEWS07&source=rss

Teenagers are having a hard time finding after school or weekend jobs. These days the jobs seem to be filled by older people looking to supplement their income or even adults that have lost their career job and need to make money to pay the bills. Fast food places hire the older workers because they do not have to work around high school schedules and in some cases the older worker is more reliable because they "need the money" for essentials rather than wants.

The Lawrence Journal World reported on September 23, that "almost one-quarter of the 279,169 youths in the \$1.2 billion jobs program (the Obama administration's economic stimulus program) didn't get jobs, as more adults sought the same low-wage positions at hamburger stands and community pools, according to an Associated Press review." http://www2.ljworld.com/news/2009/sep/24/teens-lack-jobs-despite-stimulus-package/?more_like_this.

But far from paralyzing teens, the new fiscal order finds them embracing these leaner times. Instead of

tuning out, teens are eager for parents to share the sober details of family finances. Instead of whining, they're clamoring to help by cutting back on outings and getting odd jobs. And instead of moping, they're shifting expectations for the present and banking lessons for the future. (USA Today, January 8, 2009. Retrieved December 10, 2009 from www.usatoday.com/life/lifestyle/2009-01-07-economy-teens-main_N.htm).



"Except for boy-girl relationships, the economy is the No. 1 topic with kids right now," says Jim Taylor, vice chairman of The Harrison Group, which canvasses young gamers for its market research surveys on behalf of interactive entertainment companies. "What we're seeing most is the rise of Mom. She's drawing the line on the frivolous spending. But many kids seem to welcome

that."

It is not surprising that teens are beginning to shop at thrift shops and even comparing who got the best deal on a pair of jeans or t-shirt. According to a new survey by The Center for Media Research, 70 percent of students spoke with their parents about the economy which resulted in the young people feeling safer, more confident and more empowered to weather the poor economy. Frugal is cool, says Mary Ann Romans, a Pennsylvania mother who writes the Frugal Living blog for Families.com.

When talking with your teen about the economy, The American Academy of Pediatrics (AAP) advises parents to be sensitive to each child's needs, pointing out that older children will want more details while younger children will benefit most from simpler, shorter pieces of information. The Academy recommends scheduling family meetings to allow for questions and discussion.

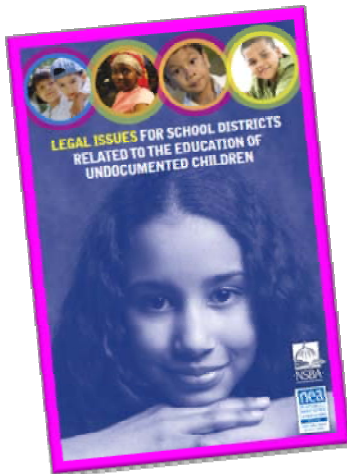
Resources to Help Immigrant, Refugee and Undocumented Children Prosper in School

By Brenda Nickel, Child and School Nurse Consultant

The Center for Health and Health Care in Schools reports:

According to the 2000 Census, 1 of every 5 children in the United States is a child of immigrants. Many things about the immigrant experience are stressful for children: They may be separated from family for extended periods of time, some children come from rural or farming communities and are ill-equipped to cope with cities; others come from refugee camps, after witnessing wartime atrocities or personal or family violence. Many suffer from post-traumatic stress disorder (The Weekly Insider. 2 December, 2009. www.healthinschools.org/).

Legal Issues for School Districts Related to the Education of Undocumented Children



A new resource from the National School Boards Association and the National Education Association, with contributions from the National Association of School Nurses, “discusses commonly asked questions by school officials regarding undocumented children. Though few of the questions have definitive answers, this report provides tentative answers that are designed to help school districts minimize their legal risks in light of current law” (Health in Schools, 2009, no page number). To access the document visit: www.nea.org/assets/docs/09undocumentedchildren.pdf.

Helping Immigrant and Refugee Students Succeed: It’s Not Just What Happens in the Classroom

Currently, there are 15 grantees across the U.S. participating in Caring Across Communities in an effort to develop models of care for children and their families who have immigrated to the U.S., often after witnessing and living through traumatic events.



Resources and materials to assist any community that has immigrant or refugee families will find materials and resources to help families prosper in your community. For more information, go to <http://healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities.aspx>.

To explore educational and health resources for immigrant and refugee populations specific for Kansas, go to:

- Kansas Farmworker Program www.kdheks.gov/olrh/FW.html
- Refugee Health www.kdheks.gov/olrh/refugee.htm



School and Community Resources to Avoid and Take Control of Head Lice

The National Association of School Nurses (NASN) has a new resource available to nurses working with and in schools. Because lice outbreaks are a major concern to schools nationwide, the NASN has launched a new campaign, S.C.R.A.T.C.H. (School and Community Resources to Avoid and Take Control of Head Lice). The program is designed to educate school nurses, parents, students and the general public about the prevention and control of head lice.

Components of the S.C.R.A.T.C.H. program include Web-based educational resources, such as a fact sheet on head lice for school nurses and other school professionals; a slide kit on head lice prevention and management for school nurse presentations to school and community groups; and a “Dear Parent” letter and fact sheet with “frequently asked questions” for parents on this topic. All materials can be downloaded by using the links found at www.nasn.org/default.aspx.

Smoking Cessation Study Utilizing Telemedicine Planned

By Ileen Meyer, Director, Children & Families Section; adapted from KAFP Vol. 2 Issue 47

Telemedicine for Smoking Cessation is a study to examine the effects of telemedicine counseling integrated into rural physician practices and see if it can outperform standard quit line counseling for smoking cessation. The long-term goal of the project is to enhance the quality of tobacco treatment for smokers in rural parts of the state.

The study will be conducted through 25 rural physician practices in Kansas. Medical students who are on rural preceptorships will recruit 566 patients, who are

smokers, into the trial. They will be randomly assigned to receive a standard telephone quit line intervention (QL = 283) or an integrated telemedicine intervention (ITM = 283). QL and ITM counseling will be delivered by professional smoking cessation counselors from the University of Kansas Medical Center in Kansas City.

Rural primary care sites are currently being recruited to participate in the study. Please contact Mary Beth Warren at 620-235-4040 for more information if you are interested in participating in this important study.

2010 Legislative Session: Policy Resources

By Brenda Nickel, Child and School Nurse Consultant



At all levels, practitioners in public health have the opportunity to participate in policy development, implementation and evaluation. The 2010 Kansas legislative session begins January 11. The 2010 deadlines for introduction and consideration of bills can be found in more detail at

www.kslegislature.org/commsched/house/hdeadline.pdf.

Deadlines include:

- **Monday, January 11th** First day of 2010 session; convenes at 2 p.m.
- **Monday, January 25th** Last day for member or members to REQUEST to have bill drafted.
- **Saturday, April 10th** No bills considered after this date except for special committees.
- Veto session approximately two and one-half weeks after last day of regular session.

Sine Die, defined as “without any future date being designated (as for resumption); indefinitely <the meeting adjourned *sine die*>.” (Merriam-Webster, no page number)

Whether or not you are actively involved in policy, you’ll want to be sure that you have resources available at your fingertips for learning about what potential legislation is being discussed by legislators as policy impacts us daily. The following are suggested resources for you to consider accessing or subscribing to as a means of “being in the know.”



Kansas Legislature www.kslegislature.org/legsrv-legisportal/index.do.



Kansas Health Institute (KHI) - Subscribe to KHI News Service and Publications at www.khi.org/s/index.cfm.



Kansas Children’s Service League www.kcsl.org/advocacy_home.aspx#UPDATES.



Kansas Action for Children (KAC) www.kac.org/.



SAFE KIDS® Kansas www.safekidskansas.org/public_policy.html.



Kansas Health Policy Authority – Legislative updates www.khpa.ks.gov/legislative/default.htm.

Reference: Sine Die. (2009). In Merriam-Webster Online Dictionary. Retrieved December 14, 2009, from www.merriam-webster.com/dictionary/Sine%20Die.

Jamie's Jottings

By Jamie Klenklen, MCH Admin Consultant

Income Limit Increased in 2010

- Beginning in January, the income limit for the State Children's Health Insurance Program (SCHIP) eligibility in Kansas will increase from 200 percent to 250 percent of the 2008 federal poverty level, or \$44,000 per year for a family of three. This will help our efforts to get more uninsured Kansans who are eligible for Medicaid and SCHIP to enroll for benefits.

Happy New Year!

- It's a new day, it's a new year and it's a new decade. Happy 2010! Reminder - another deadline is rapidly approaching – on January 15 the following documents must be received in our office:
 - All 2009 Client Visit Record data, in paper or electronic format.
 - Certified Affidavit of Revenues and Expenditures for the period October through December 2009.
 - MCH semi-annual Narrative report (form #3).
 - Perinatal Outcome Data (Form #6) if reporting services for pregnant women.
 - MCH Client Satisfaction Survey Cards.

These forms may be found at www.kdheks.gov/doc_lib/index.html.
"Every child deserves a healthy start!"

Infant Massage Benefits

By Jamie Klenklen, MCH Admin Consultant

As a certified infant massage instructor, the benefits of infant massage seem to be endless. Infant massage helps the parents and the babies, especially premature babies in the NICU. Evidence-based practice supports the use of infant massage. Parents, grandparents and caregivers gain confidence and greater security in their handling skills. Expectant parents often take an infant massage class in advance so they are ready to begin this wonderful loving touch right from the start.

The International Loving Touch® Foundation provides a list of benefits on their website at www.lovingtouch.com/infant-massage-benefits-parents.

Benefits for parents and primary caregivers include:

- Provides all of the essential indicators of intimate parent-infant bonding and attachment:
 - Eye-to-eye
 - Touch
 - Voice
 - Smell
 - Movement
 - Thermal regulation
- Encourages pre-verbal communication between caregiver and infant.
- Helps parents feel more confident and competent in caring for their children.
- Helps parents to ease their stress if they are a working parent and must be separated from their children for extended periods during the day.
- Provides parents with one-on-one quiet time or interactive play with their children.
- Creates a regular time of intimacy between parent and child.
- Increases parents' self-esteem by reinforcing and enhancing their skills as parents, and validates their role.
- Gives parents the tools for understanding their child's unique rhythms and patterns.

- Teaches parents how to read their infants' cues and recognize their states of awareness.
- Gives parents a special way to interact with their children who may be hospitalized. Helps parents feel a greater part of the healing process.
- Daily massage helps parents to unwind and relax.
- Provides a positive way for fathers to interact with their infants/children.

An article titled "Outcomes of a Massage Intervention on Teen Mothers: A Pilot Study" (PEDIATRIC NURSING/September-October 2009/Vol. 35/No.5/Pages 284-289) adds to the list of infant massage benefits. The purpose of this study was to expand the research in infant massage therapy to the teen mother population.

Infant Massage provides teen mothers with knowledge about infant cues. This would help them recognize and react more appropriately to their infants' needs, which in turn may result in more satisfied and content infants. It would help the teen mother gain maternal confidence and decrease parenting stress and maternal depression.

This study indicates the potential benefits of a massage intervention to teenage mothers as a supplement to the traditional parent education curriculum taught in high schools today.

Research continues to prove the benefits of infant massage. I am amazed at what a difference it can make in a child's life as well as their parent or caregiver. As a certified infant massage instructor, I am glad to teach parents the techniques of infant massage. Please contact me with any questions at 785-296-1234 or jklenklen@kdheks.gov.

Children and Families Staff Service Award Recipients



The Children and Families Section recently awarded four staff members with service awards.

Pictured from left to right, Ken Miller, 10 years; Jamie Klenklen, 30 years; Ruth Werner, 10 years and Janis Bird, 30 years of service. This is a total of 80 years!





Ask Ken!

ELECTRONIC SUBMISSION OF DATA & CVRS



Q. In MCH, do I count the unborn child in the family size?

A. No, a child has to be born to be counted in the family size.

Q. In WebMCH do I report KBH, Dental & Sick Child?

A. Yes, even if the client is reported under the immunization registry.

Q. Do we have to enter immunizations into WebMCH?

A. No, just into the immunization registry. I draw that data from the immunization registry.

EVENTS



RESOURCES

Save the date!

Symposium on Adolescent Health Issues is scheduled for Friday, February 5, 2010 at the Doubletree Hotel in Overland Park, KS. The focus of the symposium will be adolescent intentional and unintentional injuries and the behaviors that contribute to injuries. The keynote speakers are Dr. Tom Davis, University of Northern Iowa, and Dr. Mark Thompson, Kansas Coordinated School Health Program. They will examine data, trends, impact and strategies and programs to intervene. The registration fee is \$95 and includes continental breakfast, lunch and CD.

To view the agenda and registration information go to: <http://conferences.ksde.org/Default.aspx?alias=conferences.ksde.org/cshp> or contact Dr. Darrel Lang at dlang@ksde.org or call 785-296-6716.

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/.



The future belongs to those who believe in the beauty of their dreams.

— Eleanor Roosevelt

KDHE Publications for the H1N1 Flu Virus can be found at www.kdheks.gov/H1N1/.

New Disabilities Inclusion Handbook The Corporation for National and Community Service has published a guide that provides information on how to make national and community service programs more inclusive for persons with disabilities. The "Handbook for the Inclusion of People with Disabilities in National and Community Service Programs" can be found at: www.serviceandinclusion.org/handbook/index.php.

Tips on Writing a Winning Proposal Boost your chances of crafting a winning grant proposal by following an expert's advice. For more information, visit: www.samhsa.gov/samhsaNewsletter/Volume_17_Number_5/WinningGrantProposal.aspx.

Seeking Evidence-based Medical Research from the National Institutes of Health (NIH) — The Nation's Medical Research Agency — includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. It is the primary federal agency for conducting and supporting basic, clinical and translational medical research, and it investigates the causes, treatments and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

The Starbucks Foundation - Starbucks Shared Planet Youth Action Grants are designed to help young people realize their natural potential to reinvent their local communities. The Starbucks Foundation accepts applications from organizations that provide young people (ages 6 to 24) with a continuum of service opportunities in social entrepreneurship. Grants will range from \$10,000 to \$25,000. Deadline: Rolling. For more information go to www.starbucksfoundation.com/index.cfm?objectid=525D51E7-1D09-317F-BBF9A860BE884D22.

Directed Research Grant Opportunity: March 1, 2010 Deadline The National Association of School Nurses (NASN) Research Grant is awarded to proposed research projects focused on school nursing and/or impacting student health. Grants are awarded up to \$5,000. NASN is especially interested in projects that specifically study the impact of school nursing services on student health and academic outcomes; effectiveness of health promotion and disease prevention; cost effectiveness of school health services; and predictors of successful outcomes for students needing health interventions.

For more information and to apply visit: www.nasn.org/Default.aspx?tabid=371.