

September 2010

Birth Defects and Infant Mortality

By Joe Kotsch, Perinatal Consultant



Birth defects occur in about 1 in 33 births each year in the United States. A birth defect is defined as an abnormality of structure, function or metabolism at birth that results in physical or mental disabilities or death. Thousands of birth defects have been identified, but the causes for them are about 70 percent unknown. Birth defects are the leading cause of death during infancy.

In Kansas in 2008, 303 infant deaths occurred for a rate of 7.2 infant deaths per 1,000 live births. Non-Hispanic Black infant death rate was 13.3 which is 2.1 times higher than non-Hispanic Whites with a rate of 6.2 (Kansas Summary of Vital Statistics, 2008). Of the 303 infant deaths in Kansas, 77 (25.4 percent) were caused by congenital anomalies.

Are there any public health remedies available for any of the known contributing risk factors for birth defects? Yes, there are some environmental risk factors that contribute to birth defects.

There are some strategies for consideration to implement. Teach women:

- To avoid known teratogens such as alcohol, certain prescription medications, various chemicals and illegal drugs.
- About infections (e.g., CMV) as well as sexually transmitted infections (chlamydia, HIV/AIDS, etc.)
- How each can be managed/treated during pregnancy to reduce the risk of having a baby with a birth defect.

For more information on birth defects and their impact on infant mortality visit www.cdc.gov/ncbddd.

Fetal Alcohol Spectrum Disorders Awareness Day

By Joe Kotsch, Perinatal Consultant

Every year on September 9 at 9 a.m., communities across the United States and some parts of the world, ring bells, sound alarms and generally create a clamor to bring attention to the issue of Fetal Alcohol Spectrum Disorders (FASD) prevention. Awareness can be raised about the plight of individuals and families that struggle daily with various disabilities that are caused by drinking alcohol during pregnancy.



FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. The effects may include physical, mental, behavioral and/or learning disabilities with possible lifelong implications.

Each year in the United States, as many as 40,000

babies are born with a FASD. There are about 1,000–6,000 babies are born with Fetal Alcohol Syndrome (FAS), the most severe form of FASD. Resulting in a cost to the nation of about six billion a year.

Women need to be aware there is no known safe amount of alcohol during pregnancy. FASD, including its worst expression FAS, are directly caused by drinking alcohol during pregnancy. It is a 100 percent preventable condition.

If you are planning any FASD prevention activities, please contact Joe Kotsch, KDHE and he will share your event as part of what Kansas is doing with the National Association of Fetal Alcohol Spectrum Disorders State Coordinators (NAFSC) during the quarterly meeting.

For more information on activities you can conduct in your locality visit www.fasday.com.

Kansas Public Health Leadership Scholar Completes Year-Long Evaluation of Child Care Health Consultation Training

By Brenda Nickel, Child and School Nurse Consultant

Rebecca Gillam, LMSW completed a year-long evaluation of Child Care Health Consultation (CCHC) in Kansas as her Capstone Project for the Kansas Public Health Leadership Institute (KPHLI). She participated as a Cycle VI scholar. Gillam presented her findings at the July 30 KPHLI session held at the Spiritual Life Center in Wichita that heralded the conclusion of the VII KPHLI Cycle and welcomed the Cycle VIII scholars.

In Kansas, CCHC was implemented in 2009-2010 by a group of thirteen public health nurses who chose to participate in a voluntary CCHC project. According to Gillam (2010), "CCHC is a promising approach to improve early childhood outcomes and increase school readiness by supporting quality child care care. It is a strategy that has drawn a lot of interest and has considerable momentum nationally." (p. 24)



Her findings suggest the work responsibilities of the registered nurses participating from school and public health settings "limit the reach of services in Kansas" (p. 24), but proved to increase the participant's knowledge of quality in child care that includes health and safety. (Pictured left: Gillam reviews Kansas Early Childhood Comprehensive Systems for scholars in KPHLI.)

Gillam works at the University of Kansas School of Education, Institute for Educational Research and Public Service in Lawrence. She holds a Master of Social Work from the University of Kansas, Lawrence, Kansas, and a B.A., in History/International Relation from the American University, Washington, D.C. She is currently in the doctoral program at the University of Kansas.

Reference

Gillam, R. (2010). Evaluation of child care health consultation in Kansas. Unpublished Manuscript. Public Health Leadership Institute.

Child Care Health Consultation Evaluation Summary

By Rebecca Gillam, LMSW, University of Kansas School of Education Institution for Educational Research and Public Service

Child Care Health Consultation (CCHC) is a relatively recent intervention strategy used to improve the quality of child care by creating a partnership between CCHCs, child care providers and families. CCHC is a key factor in increasing early detection and recognition of childhood illnesses and disease, ensuring environmental safety of child care settings and increasing children's access to health care. The high volume of children who are cared for in child care settings make CCHC an important resource for child care providers and families to learn about health and safety during a critical time in children's growth and development.



CCHC was implemented in 2009-2010 by a group of thirteen public health nurses who chose to participate in a voluntary CCHC project. The evaluation was designed to determine the factors that motivated voluntary participation in the project; the methods for implementation of CCHC; the barriers to implementation of CCHC in a voluntary system; and the lessons that can be learned moving forward with CCHC in Kansas.

Evaluation included one focus group and three online surveys that captured information on the implementation of CCHC over the year following completion of the training.

Participants indicated that CCHC training was helpful in better understanding the needs of child care providers and how to improve the quality of care in their communities. The surveyors who participated in CCHC training indicated that they now have enhanced knowledge, skills and abilities to continue on in their work.

Results indicate that participants had both personal and professional motivations for participating; that sustainability of voluntary implementation over the year after training was challenging; that time, resources and perceived lack of need for CCHC services were barriers to implementation; and that there are questions that should be addressed by early childhood leadership about the role of CCHC within the State early childhood system before moving forward with any future implementation of CCHC in Kansas.

For more information about the evaluation, contact Rebecca Gillam at rgillam@ku.edu.

Kansas Cavity Free Kids

Kathy Hunt, RDH, ECPII, Project Director for KCFC

The Kansas Head Start Association in 2007, with support from the Delta Dental of Kansas Foundation and the United Methodist Health Ministry Fund, introduced a statewide oral health initiative known as Kansas Cavity Free Kids (KCFK). The focus is on improving the oral health of pregnant women and young children through education, advocacy and increased access to care.

Cavities are the most common chronic disease in children. The good news is that it can be prevented.

This program partners with health departments as well as other agencies that work with pregnant women and very young children such as Head Start, Kansas Association of Child Care Resource and Referral Agencies (KACCRRRA), Parents as Teachers and Tiny K. In this first of a three part series, Project Director, Kathy Hunt, RDH, shares one way health departments can play a vital role in supporting better oral health.

Dental caries (cavities) is the most common chronic disease in children. The recent national surveillance study shows there is a rising trend of dental decay in children 2-5 years old. Dentists report severe caries in children as young as 10 months old. Sadly, at least 28 percent of young children are entering kindergarten with untreated dental disease, impacting their ability to be successful at school.

Although this infection can affect all children, those growing up in poverty are at significantly higher risk. Oral disease can have a lasting effect on the overall health of our children. The good news is that it can be prevented.



Many people suffer from dental disease because they lack information about what they can do to improve their own oral health. Knowing what causes oral disease can help a person understand what actions they can

take to reverse the conditions. Health department staff, especially those who make regular home visits, have an opportunity to support better oral and overall health of those they serve by providing knowledge and self-help skills that are powerful tools in combating oral disease.

In partnership with Oral Health Kansas, KCFK has developed an evidence-based oral health curriculum that is easy to use and ideal for educating families with very young children. The KCFK Home Visitor Curriculum for Families of Infants and Toddlers is designed for use at the individual level, to share information and ideas that help parents make good choices to ensure optimum oral health for their children.

The curriculum contains 14 issue specific modules that take minimal preparation and contain current; evidence based information as well as suggestions for demonstrations.

Kansas Cavity Free Kids is committed to providing education in other areas as well. Oral health curriculum and training is also available for the following situations:

- **Early Learning Centers:** A comprehensive, extensive curriculum for classroom educators that comes with flexible lesson plans, hands-on fun activities for children and their families and ideas for inexpensive teaching materials for stimulating lessons.
- **Child Care Centers:** A shorter version based on the early learning curriculum that offers concise information, fun activities and ready-to-use newsletters for parents.
- **Coming soon! Home Visitor Curriculum for Pregnant Women:** This material is being designed for home visitors and health department staff to use at the individual level to share information and ideas that help pregnant women understand how their own oral health and oral health habits can impact their baby's oral and overall health.
- **Supplemental Literature:** Supporting literature that can be provided to your families to reinforce your key messages.

KCFK offers free regional staff training and will be happy to work with you to provide a workshop in your area. The second installment of this series will look at how new legislation in Kansas is helping improve access to preventive dental services.

For more information regarding these educational opportunities, contact Kathy Hunt at khunt@ksheadstart.org or 785-458-9775.

Personal Safety for Adolescents

By Jane Stueve, Adolescent and School Health Consultant



No one wants to think about the possibility of our teen or ourselves being assaulted or hurt as a result of a horri-

ble crime. The best thing we can do to protect against crimes is prevention. "Self-protection means that one is aware of the potential of a threatening situation and knowing how to react if you are threatened." (Olson Center for Women's Health, Vol.15 2)

There are a number of things one can do to ensure personal safety.

- **Safety at Home**
 - a. Never leave doors and windows unlocked—if you are in the back yard, you may not hear an intruder come in the front door that is unlocked.
 - b. Tell a trusted friend or neighbor if you will be away from your home for an extended time.
 - c. Cancel your paper and mail delivery or have someone pick it up while you are gone.
- **Safe Practices**
 - a. One way to avoid becoming a victim is to avoid acting like a victim.
 - b. Try to look like you are sure of yourself.
 - c. Walk with a purpose as if you are going somewhere.
 - d. If you are going to your car or in a parking lot, have your keys in your hand. Do not keep them in your purse or pocket requiring you to dig to get them when you get to the car.

- **Personal Safety**

- a. Never walk alone after dark or in poorly lit areas.
- b. Carry a rescue whistle that you can blow. Your voice may not carry but a whistle can be heard a long way away.
- c. Wear clothes and shoes that allow you to run if necessary.
- d. Learn self-defense because most adolescents are biologically small and often less physically strong than adult men. Self-defense, like Karate, rely more on agility than physical strength.
- e. Use your intuition. If you think it is a bad idea, it is.
- f. Be aware of your surroundings. If you listen to music, do not have it so loud that you cannot hear anything else.
- g. Trust your sixth sense because it always has your best interest in mind.

If in spite of all this, you are attacked, blow your whistle, scream "**FIRE**". The reasoning behind screaming fire is if you are in a big crowd and are attacked, if you yell for help, individuals tend to think that someone else will answer the call for help (this is called diffusion of responsibility.) If you yell fire, people all of the sudden get very worried about their own personal safety and pay more attention. Once attention is drawn to yourself, the attacker will probably back off or you will be helped. (<http://everything2.com/title/If+you%2527re+being+attacked%252C+yell+fire>)

Kansas School Children Served by Nurses Ready to Tackle 2010-2011 School Year

By Brenda Nickel, Child and School Nurse Consultant



Pictured left to right: Denise Dill, Lansing Schools USD 469 and Allona Harrison, Kansas School for the Deaf, report their group's work on a "delegation dilemma" using expert professional nursing knowledge and resources in their orientation manual, including the Kansas Nurse Practice Act and statutes.

It's September and school has been in session since mid-August! Nurses providing services in Kansas schools are busy preparing health care plans for students with special health needs, gathering immunization information, reassuring parents, students and staff. They are planning presentations and are involved in meetings all in an effort to assure that children and youth are ready to learn in safe and healthy schools! They are ready to tackle anything

following the annual school nurse conference planned by the Kansas School Nurse Conference Planning Committee and sponsored by Kansas Department of Health and Environment (KDHE), the Kansas School Nurse Organization (KSNO) and Wichita University.

New School Nurse Orientation



Pictured: Sue Holmes, RN, BSN, NCSN, Salina USD 305, facilitates group work on delegation of nursing tasks in the school setting using scenarios developed by Wanda Vaughn, RN, PhD, Shawnee Mission USD 512 with new school nurses.)

challenges and opportunities this new school year will offer!

There were 51 new school nurses who participated in the New School Nurse Orientation session facilitated by Jane Stueve and Brenda Nickel, School Nurse Consultants at KDHE, in partnership with practicing school nurse experts:

- Chris Tuck, Seaman USD 345

- Tammi Schmidt, Minneapolis USD 239
- Sue Holmes, Salina USD 305
- Martha Siemsen, Infection Control Specialist, KDHE
- Patti Kracht, Immunization Nurse Consultant, KDHE

The nurses attending orientation brought with them a wealth of experience from the hospital settings including emergent and intensive-coronary care, specialty clinic setting, specialized school settings, parochial schools and public health.

Data Collection Tool Gathers Contact Information for Communication between KDHE and School Nurses

Carrie Akin, Administrative Specialist with the Bureau of Family Health at KDHE, spoke with both new school nurses and nurses attending the general session about the upgrade of the School Nurse Database. Akin is creating the new database as her capstone project for the Kansas Core Public Health Program www.waldcenter.org/cph/.



Pictured: Carrie explains the importance of completing the information form while Jane Stueve looks on.

All nurses are encouraged to provide up-to-date contact and school assignment information on an annual basis. This is to assure that correspondence, information and resources are received from KDHE and others wanting to contact school nurses. The 2010-2011 School Nurse Information form can be found on the next page. If any nurse providing school health services did not complete the form at the 2010 conference, the form can be completed and faxed back to Carrie at 785-296-4166.

Carrie will not be transferring any old information from the old database. If you wish to be in the new database and receive information you must fill out the form. If you have questions, please contact Carrie at 785-296-1300 or cakin@kdheks.gov.

2010-2011 School Nurse Information Form



New Nurse Information

Information Update



NURSE INFORMATION

Name _____

Title _____

E-mail Address _____

Other Credentials _____

Are you considered full time? ___ Yes ___ No

How many hours per week are you contracted to work during the school year? _____

Who is your Predecessor? _____

Are they still in this district? ___ Yes ___ No

List All Schools Served

SCHOOL INFORMATION

School Name _____

Address _____

City _____

Zip _____ School District _____

Phone (_____) _____ - _____

County _____

Type of School: Private ___
Public ___
College ___

Is there more than one nurse at this school? Name?

SCHOOL INFORMATION

School Name _____

Address _____

City _____

Zip _____ School District _____

Phone (_____) _____ - _____

County _____

Type of School: Private ___
Public ___
College ___

Is there more than one nurse at this school? Name?

SCHOOL INFORMATION

School Name _____

Address _____

City _____

Zip _____ School District _____

Phone (_____) _____ - _____

County _____

Type of School: Private _____
Public _____
College _____

Is there more than one nurse at this school? Name?

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School Name _____

Address _____

City _____

Zip _____ School District _____

Phone (_____) _____ - _____

County _____

Type of School: Private _____
Public _____
College _____

Is there more than one nurse at this school? Name?

SCHOOL INFORMATION

School Name _____

Address _____

City _____

Zip _____ School District _____

Phone (_____) _____ - _____

County _____

Type of School: Private _____
Public _____
College _____

Is there more than one nurse at this school? Name?

SCHOOL INFORMATION

School Name _____

Address _____

City _____

Zip _____ School District _____

Phone (_____) _____ - _____

County _____

Type of School: Private _____
Public _____
College _____

Is there more than one nurse at this school? Name?

School Located Immunization Clinic Toolkit

The National Association of County and City Health Officials (NACCHO) has worked with city and county health departments from across the country to develop a toolkit with links to the resources to collaborate with local health departments for school-located vaccination clinics.

The tool kit includes:

- Background literature and reference documents
- Checklists, work plans consent forms, letters to parents and assessment/evaluation tools
- General immunization program materials that are adapted to school-located influenza immunization programs

The website can be accessed by anyone – county health departments, school nurses, administrators or parental groups.

The NACCHO Toolkit website is www.naccho.org//topics/HPDP/infectious/immunization/resources/schoolkit.cfm.

For information on immunizations from the Kansas Immunization Program, visit

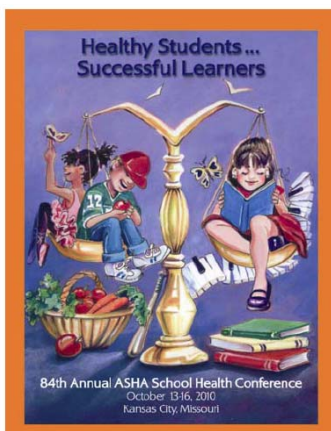
- www.kdheks.gov/immunize/schoolInfo.htm
- www.kdheks.gov/immunize/training.htm
- www.kdheks.gov/flu/index.html



National Conference Coming to Kansas City

By Jane Stueve, Adolescent and School Health Consultant

In October, Kansas City will have the honor of hosting the American School Health Association (ASHA) Annual Conference. Each year proposal sites vies for the opportunity to host a national conference such as ASHA. This is an opportunity to show that Kansas has the attendance and support that it takes to host other national conferences like the National Association of School Nurses (NASN).



The 84th Annual ASHA School Health Conference, Healthy Students...Successful Learners, will take place at the Kansas City Hyatt Regency Crown Center October 13-16.

There are numerous sessions covering:

- Advocacy
- Alcohol, Tobacco and other Drugs
- Assessment
- Collaboration
- Coordinated School Health
- Diversity
- Health Education and/or Promotion
- Health Services
- Injury and Violence Prevention
- Nutrition
- Physical Activity
- Professional Preparation
- Sexual Health/Reproductive Health/STD/HIV
- Staff Wellness
- Technology

For more information and to register for the ASHA National Conference, visit www.ashaweb.org/i4a/pages/index.cfm?pageID=3315.

September 10 is World Suicide Prevention Day

By Jane Stueve, Adolescent and School Health Consultant

The theme for this year's World Suicide Prevention Day, is "Many Faces, Many Places: Suicide Prevention across the World." There are significant differences in the profiles and circumstances of suicidal individuals in different parts of the world. The experience of having connections is important in the mental health of all people.

In the United States, firearms are the most common means of suicide. Around the world, suicide is carried out in other ways. In Hong Kong, there is charcoal burning suicide. As a charcoal fire burns, the air depleted of oxygen and replaced with carbon monoxide, resulting in death by hypoxia brought about by carbon monoxide poisoning.

In Sri Lanka, a program was established to restrict access to lethal pesticides, which are commonly used in suicides. The program called for locking all farm chemicals and reduced suicide rates by half. Australia found that gun control significantly reduced their suicide rates.



In the United Kingdom, a program restricting access to over-the-counter medications resulted in a 34 percent reduction in the number of deaths by intentional overdose.

World Suicide Prevention Day is an opportunity for all sectors of the community to join with the International Association for Suicide Prevention and the World Health Organization (WHO) to focus public attention on the unacceptable burden and costs of suicidal behaviors with diverse activities to promote understanding about suicide and highlight effective prevention activities.

To find specific activities you can do to promote suicide prevention go to www.iasp.info/wspd/pdf/2010_wspd_activity_sheet.pdf.

Yellow Ribbon training says there are three things to do if someone indicates suicide is being contemplated:

1. Stay with the person – you are their lifeline!
2. Listen, really listen. Take them seriously!
3. Get, or call help immediately!

For more information on how to initiate a suicide prevention program like Yellow Ribbon visit www.yellowribbon.org/.

The National Suicide Prevention hotline is 1-800-Suicide (1-800-784-2433) or 1-800-273-Talk (1-800-273-8255). The Kansas Hotline is 785-841-2345. For specific information on community hotlines visit <http://suicidehotlines.com/kansas.html>.

The Suicide Prevention Resource Center has information on the Kansas Suicide Prevention Plan as well as data, resources, links and activities in Kansas: www.sprc.org/stateinformation/statepages/showstate.asp?stateID=16.

Annual MCH Federal Review Meeting

By Brenda Nickel, Child and School Nurse Consultant



The Maternal and Child Health (MCH) team traveled to the Region VII federal offices in Kansas City, Missouri on August 24 for the annual Title V MCH Block

Grant application review. Included in the review was the 2015 Five-Year Needs Assessment that was completed spring 2010 after a six month process. The 2015 Five-Year Needs Assessment involved over 70 key public and private stakeholders/organizations with an interest in the health of pregnant women, mothers and children (See related article at www.kdheks.gov/c-f/zips/2010/may/05-2010-Public-Health.pdf.)

MCH staff met with the Division of State and Community Health Project Officer, Corey Palmer, MS, MPH, and outside reviewers for a full-day discussion of Kansas' progress towards meeting the national and state performance measures set forth in the MCH 2010 Kansas Five-Year Needs Assessment. The review team noted Kansas' work in the realms of policy and legislation, innovative practices and challenges impacting all programs serving families.

Kansas has much to celebrate with successes in:

- Development of the Blue Ribbon Panel on Infant Mortality
- Response to H1N1
- State Genetics Plan
- Kansas Breastfeeding Coalition
- Legislation that gives "statutory authority to utilize birth certificate data to survey recent mothers . . . this legislation opens the way for

Prenatal Risk Assessment Monitoring System (PRAMS) and the Fetal-Infant Mortality Review (FIMR) efforts in the State" (MCH, 2010, p. 16)

The continued need to impact preconception and prenatal health, reduce low birth weight rate and promote healthy behaviors was recognized by both the federal review team and MCH staff.

This annual review is the culmination of the work of local health department grantees, public and private providers, stakeholders and others interested in the health of Kansas and is reported in the State Narrative Report. This includes data as well as narratives. The 2011 application includes the annual report for 2009.

All MCH programs across the nation were required to complete a five-year needs assessment. Kansas' final document that includes the state application and needs assessment is available at www.datacounts.net/mch2015/.

The Title V MCH Program is administered by the Maternal and Child Health Bureau (MCHB) in the Health Resources and Services Administration (HRSA) and is authorized by Title V of the Social Security Act, enacted by Congress in 1935. For more information about Title V, visit <http://mchb.hrsa.gov/about/understandingtitlev.pdf>.

Reference

Bureau of Family Health (BFH). (14 July, 2010). Maternal and Child Health Services Title V block grant: State narrative for Kansas. Application for 2011 Annual Report for 2009. Kansas Department of Health and Environment. Retrieved August 13, 2010, from www.datacounts.net/mch2015/.



Jamie's Jottings

By Jamie Klenklen, MCH Admin Consultant

September is:

- **National Baby Safety Month**

A 30-day plan is available that will help baby proof and make your home/environment safe for a baby. Set aside a small amount of time every day, mark it on your calendar and then follow this plan to make a safer environment for your baby. Recipes for homemade baby food are also available.

For more information on baby safety and the 30-day plan can be found at www.wholesomebabyfood.com/babysafety.htm.

- **National Preparedness Month**

The Federal Emergency Management Administration (FEMA) will be asking Americans to accept their responsibilities as part of the country's emergency preparedness and response efforts during September. This year's theme, "Plan Now, Work Together, Get Ready" was designed to encourage Americans to take simple steps to prepare for emergencies in their homes, businesses and communities.

For more information, visit www.ready.gov/america/npm10/getinvolved.html.



Ask Ken!

ELECTRONIC SUBMISSION OF DATA & CVRS



Q. In WebMCH, how much data did we lose because KDHE's web-service was down?

A. We did not lose any data in WebMCH. I would suggest that any data entered on 08/05/10 be checked to make sure the data is still there and that the data is correct.

Q. Was data sent by electronic submission of KIPHS lost?

A. No, KIPHS data was not impacted in any way by the outage.

Q. If I sent data electronically from 08/01/10 thru 08/17/10, did you get the data?

A. There was a period of time that we experienced e-mail interruption. Some of the e-mails I have and some of the e-mails I do not have. I have no idea who sent data during that period. Please let me know if I don't send you a report txt of the file you sent to me. You may be asked to resend the data.

EVENTS



RESOURCES

Save the date!

Improving Diabetes Care in Kansas The K.U. Medical Center is providing a diabetes care update conference in Wichita on October 8-9, at the Hyatt Regency Hotel. This conference is designed for health professionals involved in the diagnosis and treatment of diabetes. To register for this conference go to www.ContinuingEd.ku.edu/kumc and use the key word “diabetes.”

84th Annual ASHA School Health Conference, Healthy Students... Successful Learners, October 13-16, Kansas City, Missouri. For more information go to www.ashaweb.org.

The 26th Annual International Conference on Young Children with Special Needs and Their Families will be held October 14-17 at the Westin Crown Center in Kansas City, MO. The conference is sponsored by the Division for Early Childhood of the Council for Exceptional Children. For more information and registration fees visit <http://guest.event.com/d/tdqz33/1Q>.

Pediatric Screening for Referral: Red Flags and Differential Diagnosis for the Young Child will be October 14-15. Registration is \$285 (\$300 after September 23.) This course is designed to assist therapists in screening young patients to determine when a referral to a physician or other practitioner is warranted. For more information contact Risa Flanders, Coordinator of Professional & Family Training at rflanders@capper.easterseals.com or 785-272-4060 ext 7152.

The Kansas Immunization Conference will be October 27-29 at the Hyatt Regency in Wichita. The conference brochure is available at www.kdheks.gov/immunize/download/2010_Immunization_Brochure_Communicating_the_Facts.pdf.

The 34th Annual Governor's Conference for the Prevention of Child Abuse and Neglect will be November 3-5, at the Hyatt Regency in Wichita. The conference is an educational, networking event and recognized as the most comprehensive conference in Kansas regarding the issues of child abuse and neglect. For more information about the conference and updates on keynote speakers, visit www.kcsl.org/training_conference.aspx.

Functional Exercise and Strengthening for the Neurologically Impaired Child will be held November 4-5. Registration is \$285 (\$300 after October 14). This lab-based course helps clinicians design effective and fun treatment programs to improve function in children with special needs by increasing their strength and endurance. For more information contact Risa Flanders, Coordinator of Professional & Family Training at rflanders@capper.easterseals.com or 785-272-4060 ext 7152.

Continuing Medical Education Scholarship Opportunities for Nurses The Wichita Medical Research and Education Foundation provides limited scholarships for Continuing Education for qualified applicants. Funding is provided through a number of endowed funds and other sources. Applicants must be a resident of Kansas and employed as a part-time or full-time Registered Nurse or Licensed Practical Nurse. For submission and announcement dates please visit www.wichitamedicalresearch.org/ScholarshipOpportunities/ScholarshipInfo/.

New Online Resource on the Life Course Perspective

The real voyage of discovery consists not in seeking new lands but seeing with new eyes.

—Marcel Proust

CityMatCH and Contra Costa have launched the “MCH Life Course Toolbox” This online resource is designed to offer a central location for sharing life course tools and resources; provide a discussion

board for professionals to share best practices and ideas; and maintain a registry of professionals to share the latest in life course. The toolbox can be accessed at www.citymatch.org/lifecoursetoolbox/.

Health Literacy Online: A Guide to Writing and Designing Easy-to-Use Health Web Sites The United States Department of Health and Human Services' Office of Disease Prevention and Health Promotion (ODPHP) has written a research-based how-to guide for creating health websites and web content for the millions of Americans with limited literacy skills and limited experience using the web. The strategies in this guide complement accepted principles of good web design and thus have the potential to improve the online experience for all users, regardless of literacy skills. In order to access the Health Literacy Online guide visit www.health.gov/healthliteracyonline/index.htm.

Tween Brands Recalls Children's Metal Jewelry Due to High Levels of Cadmium The United States Consumer Product Safety Commission, in cooperation with Tween Brands, today announced a voluntary recall of metal necklaces, bracelets and earrings. Consumers should stop using recalled products immediately. The children's metal jewelry contains high levels of cadmium. Cadmium is toxic if ingested by children and can cause adverse health effects. For more information visit www.cpsc.gov/cpsc/pub/prere/phtml10/10297.html.