

**SPECIAL
POINTS OF
INTEREST:**

- Local response to breastfeeding license
- Risk of SIDS can be reduced
- Two epinephrine auto-injectors now available
- Emergency health services for undocumented aliens
- National Association of School Nurses Conference June 30-July 3

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ZIPS

Zero to age 21: Information Promoting Success

for Public Health Professionals working with Kansas Kids

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JUNE 2006

National Association of FASD State Coordinators Meet in San Francisco

By Joe Kotsch, Perinatal Consultant



As the current Kansas coordinator for Fetal Alcohol Spectrum Disorders (FASD), I was privileged to attend the National Association of State FASD Coordinators (NAFSC)/Building FASD State Systems (BFSS) conference held in San Francisco, California May 9-11. The atmosphere was filled with the sights and sounds of the Bay Area and the hustle and bustle created by area citizens, wildlife and visitors. This environment was the backdrop to NAFSC/BFSS conference that was designed to help participants learn about, discuss and share ideas regarding the prevention of FASD and to move closer to the goal of building FASD state systems.

State FASD Coordinators representing Alaska, Arizona, Colorado, Florida, Kansas, Maine, Michigan, Mississippi, the Navajo Nation, New Mexico, North Carolina, South Dakota and Wisconsin were in attendance. In addition, parent-advocates, state organizers, a variety of health care and health-related providers, and leaders in the field of FASD, as well as persons with a FASD diagnosis, represented several more states, U.S. Possessions/Territories and Canada.

To begin the conference, Joyce Holl, MAPA, Executive Director, Minnesota Organization on Fetal Alcohol Syndrome presented information on the "Tools for Success: A Dynamic New

FASD Curriculum for Professionals in Juvenile Justice" that is used in Minnesota's Juvenile Justice System to help improve the lives of individuals placed with a diagnosis of FASD. In addition, BFSS/FASD state subcontractor's met together on the first day to network and plan. Further, throughout the conference there were poster displays by various states and groups who had a strong interest in sharing their accomplishments. Throughout the rest of the conference, presentations were shared that discussed promising research, identification and treatment strategies, instructional tools/methods, as well as ways to work toward policy changes to drive funding initiatives for improving the lives of those with FASD.

This conference was sponsored by a grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Northrop Grumman Corporation (NGC). One of the many presenters represented was the SAMHSA FASD Center for Excellence.

A central theme from this conference is that Fetal Alcohol Spectrum Disorders are 100% preventable. By promoting increased awareness of Fetal Alcohol Spectrum Disorders to the general public, health care providers, and to women of childbearing age, we will be able to work toward the prevention of future occurrences



of FASD and to help to improve the lives of those affected by it. For further information on FASD and what you can do to help, go to: <http://www.fascenter.samhsa.gov/index.cfm>

PERINATAL HEALTH

Joe Kotsch, Perinatal Consultant

Great Local Response to Distribution of Breastfeeding Licenses

“And can it be that in a world so full and busy, the loss of one weak creature makes a void in any heart so wide and deep that nothing but eternity can fill it up.”

— Charles Dickens

The State MCH office has received numerous positive communications from the field in response to the recently developed “Breastfeeding Licenses”, creating a demand for more licenses. As you may know, the “Breastfeeding Licenses” are laminated cards that are approximately the size of a library card that breastfeeding mothers can carry and present to anyone disputing their right to breastfeed in the public domain. The license informs the potential reader that Kansas has new legislation that in part states, “A mother may breastfeed in any place she has a right

to be.” In addition, the license acknowledges the broad range of benefits that breast milk provides for infants and touts it as, “the most complete form of nutrition for infants”.



Promotion of the new breastfeeding legislation is a way to support breastfeeding families in our state. If you would like to distribute these licenses in your local community or need a

new supply please contact Joseph Kotsch at: jkotsch@kdhe.state.ks.us or, telephone: 785-296-1306.

Healthy Start Grow Smart Materials Online

The US Department of Health and Human Services proudly presents an opportunity to order the series of pamphlets for parents and caregivers, called "Healthy Start, Grow Smart." This series consists of 13 issues beginning with information on newborns through the first year of life and provides valuable, age-appropriate information about health, safety, nutritional needs, and early cognitive development that has been proven to help babies thrive. These guides are provided free of charge to assist you in reaching out to families. The pamphlets are available in English, Spanish, Chinese and Vietnamese. Surf to this goldmine of healthful materials online now at: <http://www.ntis.gov/cms/index.aspx>

Periodontal Disease in...Pregnancy?



Are periodontal disease and pregnancy related? In order to answer this question, a group of researchers have published their research results in the American Journal of Obstetrics and Gynecology (Boggess KA, Beck JD, Murtha AP, et al.,2006). They attempted to define the relationship, if any,

between the birth of a small for gestational age (SGA) infant and the presence of moderate to severe maternal periodontal disease and the role of maternal systemic inflammation as a result of this type of relationship.

Adjustments were made for age, marital status, use of public assistance, smoking, illicit drug use, and preeclampsia in this study. The authors summarized their conclusions as, “maternal periodontal disease is a chronic exposure to oral pathogens that may represent a treatable condition that contributes to impaired in utero fetal growth.” Clearly, there is a need for additional study of the link between oral and physical health in pregnant women with periodontal disease and effects on maternal-fetal health. In order to review an abstract of this study go to: <http://www.ajog.org/article/PIIS0002937805026797/abstract> .

CHILD HEALTH

Brenda Nickel, Child Health Consultant



USD 475 Children's Oral Health Needs Addressed

By Barbara Berry, Director of Nursing, Junction City-Geary County Health Department

Public health nurses at the Junction City – Geary County Health Department are working to alleviate dental health disparities by improving access to dental care for Geary County's youth. After identifying major obstacles to dental access, including limited number of dentists in Geary County that accepted Medicaid and HealthWave insurance, the health department committed their staff to intervening in this urgent health need. The nurses attended KDHE Deputy Director of Oral Health, Dawn McGlasson's, demonstration of fluoride varnish application at the 2004 Kansas Public Health Nursing Conference giving them realization that they could offer this service as a preventive measure, in addition to dental education, within their local health department.

The health department nurses arranged a meeting with Dr. Larry Dixon, Associate Superintendent of USD 475, and Mary Kay Stauffer, Executive Director of Smart Start; and received permission to provide fluoride varnishing to children in USD 475 schools. Medicaid and HealthWave covered fluoride varnish for insured children, however, recognizing that there were children who did not have health insurance, Dr. Dixon and Ms. Stauffer committed some school district funding to provide fluoride varnish for uninsured and underinsured children.

Patricia Hunter, Health Department Administra-

tor, received information from KDHE about the Diagnodent, a dental device being used as a screening tool by nurses to identify subsurface lesions in teeth using a harmless and painless laser and encouraged her staff to apply for the Oral Health Screening Grant / Diagnodent. After training, the nurses conducted free dental screenings using the Diagnodent and identified many children who needed dental care. Dr Eric Wisdom, a Riley County dentist, agreed to take Medicaid insured children living in Geary County. Yellow Cab (contracted by Medicaid) transported Medicaid insured children for the 50 mile round trip to the dentist.

Just recently, in collaboration with the school district, Jolana Montgomery-Matney, Director of the Geary Community Healthcare Foundation, facilitated community collaboration with dentists, medical staff, social service agencies, school district nurses, and the health department to bring accessible dental care to the county. An Oral Health Screening Grant was granted to USD 475 school nurses who will work in partnership with the local health department and the Geary Community Healthcare Foundation to screen the children that will be moving into the community as part of the Fort Riley expansion. For information about Oral Health Initiatives, visit www.kdheks.gov/ohi/index.html. For information about applying for a Oral Health Screening Grant for your health department or school, contact Brenda Nickel, Child and School Health Consultant, at bnickel@kdhe.state.ks.us.

Bed Sharing is Not Most Protective Sleep Setting for Infants in Reducing Risk of SIDS

As the risk for SIDS continues to be studied and new criteria defines what SIDS is, there is still a need to educate caregivers about sleeping habits that will continue to reduce the risk of SIDS in infants under 1 year. Families may believe that sleeping with their infant will help prevent SIDS, however there is no scientific proof that bed sharing between an adult and a child reduces SIDS, but rather in some cases, bed sharing can be unsafe for a baby. A new study in the journal *Pediatrics*, October 2005, conducted by the Task Force on Sudden Infant Death Syndrome, found that children who share a bed with other adults / children are at a higher risk of



death than are other infants. Additionally, infants should never be placed to sleep on a couch with anyone or in a bed with other children due to the risk of "roll over" in which the infant may be suffocated or the risk of the infant getting trapped between the mattress and the framework of the bed (headboard or footboard), a wall, or other furniture. The risk of SIDS continues to be higher when infants are placed on their abdomen in a sleeping environment with soft bedding and soft objects. To view this article in it's entirety, go to <http://pediatrics.aappublications.org/cgi/reprint/116/5/1245>. **The most protective sleep setting for an infant is in a crib in the parent's room.** For more information about SIDS, visit the National Institute of Child Health and Human Development at www.nichd.nih.gov/SIDS/.

ADOLESCENT HEALTH

Jane Stueve, Adolescent Health Consultant

Geary County: Improving Teen Pregnancy Outcomes Through Community Collaboration

By Barbara Berry, Director of Nursing

The Geary County Teen Pregnancy Case Management's (TPCM) philosophy is to create positive change in the lives of young moms, improving pregnancy outcomes, and encouraging bonding and commitment in dads. TPCM was established in Geary County in 1995 and through the years the staff has helped many young women achieve milestones in eight critical areas: parenting, relationships, daily living, finance, educational, employment, health and empowerment. Current TPCM Case Managers are (pictured below) Tonette Hammond and Krista Dickerson. Tonette has been with TPCM since 1999 and offers a source of stability and compassion to help teens overcome obstacles and achieve success. Krista has worked in TPCM for less than a year and brings to the job a passionate and enthusiastic attitude for helping young women make positive life changing choices.

The TPCM staff works in collaboration with many community partners to help teens become independent and self-reliant members of the community. Maternal and Infant nurses work with the TPCM program to monitor health status, educate, and facilitate access to OB care for preg-



nant teens. The Geary County Extension Office and WIC provide classes on breast feeding and infant nutrition. Healthy Start helps ensure the medical well being of postpartum moms, and Smart Start assists families with infant and toddler health and development. The Junction City Youth Center and the health department continue to provide family planning and pregnancy prevention education.

Through outreach and consistent effort, the health department has seen the pregnancy rate for teenagers drop dramatically. When TPCM began in Geary County in 1995, the pregnancy rate for 10-19 year olds was 72 (**Special Teenage Pregnancy Summary, 1995:CHES**). The teen pregnancy rate for 10-19 year olds in 2004 has dropped to 48.7 (**Teen Pregnancy Outcomes 2004**). Geary County also has a large young married population. There were 69 babies born to 10-19 olds, and 30 of the moms or 44% were married (**Pregnancy Outcomes 2004 Tables 11 and 19**). The Teen Pregnancy Case Management Program and Junction City Youth Clinic are encouraged by these statistics and are enthusiastic about future outreach efforts.

Healthy Teen Relationships

Sometimes teen relationships can be challenging. It is important that we are able to help them identify if they are in a healthy relationship, especially if their home environment is not an example of a healthy relationship. Here is a quiz from www.breakthecycle.org web site to see if your relationship is as healthy as you deserve it to be.

Does the person I am with:

- Get extremely jealous or possessive?
- Accuse me of flirting or cheating?
- Constantly check up on me or make me check in?
- Tell me how to dress or how much makeup to wear (more than just suggest)?
- Try to control what I do and who I see?
- Try to keep me from seeing or talking to my family and friends?
- Have big mood swings—being angry and yelling at me one minute, and the next minute being sweet and apologetic?
- Make me feel nervous or like I'm "walking on egg-

shells"?

- Put me down or criticize me and make me feel like I can't do anything right or that no one else would want me?
- Threaten to hurt me?
- Threaten to hurt my friends or family?
- Threaten to commit suicide or hurt him or herself because of me?
- Threaten to hurt my pets or destroy my things?
- Yell, grab, push, shove, shake, punch, slap, hold me down, throw things or hurt me in any way?
- Break things or throw things when we argue?
- Pressure or force me into having sex or going farther than I want to?

If you answered yes to one or more of these questions you may be in an abusive relationship. You deserve better! If your teen needs more help have them call 888-988-teen or email help@breakthecycle.org

PUBLIC HEALTH

Children and Families Section

The “Buzz” About Severe Allergic Reactions, A.K.A. Anaphylaxis



Anaphylaxis is a severe allergic response to specific triggers such as foods, medications, insect venom, latex or exercise-induced (idiopathic anaphylaxis). A person may be at an increased risk for experiencing anaphylaxis if they have a history of allergies or asthma, or have had an anaphylactic response previously. Anaphylactic reactions begin within 1 to 15 minutes of exposure to the allergen. Rarely, reactions begin after 1 hour. An anaphylactic reaction may progress so rapidly that it leads to collapse, cessation of breathing, seizures, and loss of consciousness within 1 to 2 minutes. The reaction may be fatal unless emergency treatment is given im-

mediately. The following are symptoms that indicate an anaphylactic reaction is occurring:

- The heart beats quickly
- The person may feel uneasy and become agitated.
- Blood pressure may fall, causing fainting.
- Tingling (pins and needles) sensation.
- Itchy and flushing skin.
- Throbbing in the ears.
- Coughing and sneezing.
- Hives and swelling (angioedema).
- Breathing may become difficult and wheezing may occur because the windpipe (upper airway constricts or becomes swollen).

Avoidance of triggers that may lead to anaphylaxis is best, how-

ever, not all exposures can be prevented. In the event of a severe allergic reaction, immediate intervention is imperative. If an anaphylactic reaction occurs, an epinephrine injection should be given immediately. People who have these reactions should always carry a self-injecting syringe of epinephrine and antihistamine tablets for prompt treatment. Usually, this treatment stops the reaction, however the severity of the reaction is difficult to predict. Therefore, after a severe allergic reaction, such people should go to the hospital emergency department where they can be closely monitored and treatment can be adjusted as needed. For more information on allergies and anaphylaxis, visit the Food Allergy and Anaphylaxis Network at www.foodallergy.org.

Federal Funding for Emergency Health Services Furnished to Undocumented Aliens Available for Kansas

Section 1011, Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens, provides \$250 million per year for fiscal years (FY) 2005-2008 for payments to eligible providers for emergency health services provided to undocumented aliens and other specified aliens. Two-thirds of the funds will be divided among all 50 states and the District of Columbia based on their relative percentages of undocumented aliens. One-third will be divided among the six states with the largest number of undocumented alien apprehensions. The final FY2006 allocation to Kansas for Section 1011 of the Medicare Authorization Act is \$1,120,805.00.

From the respective state allotments, payments will be made directly to hospitals, certain physicians, and ambulance providers for some or all of

the costs of providing emergency health care required under Section 1867 and related hospital inpatient, outpatient and ambulance services to eligible individuals. Eligible providers may include an Indian Health Service facility whether operated by the Indian Health Service or by an Indian tribe or tribal organization. A Medicare critical access hospital (CAH) is also a hospital under the statutory definition. Payments under Section 1011 may only be made to the extent that care was not otherwise reimbursed (through insurance or otherwise) for such services during that

fiscal year. For more information about this program from The Centers for Medicare and Medicaid Services, go to www.cms.hhs.gov/UndocAliens.

Ask Ken!

(About CVRs)

ELECTRONIC SUBMISSION OF DATA & CVR'S

There can be only one visit per program per day reported. A client can be seen in two different programs on the same day. Example: Child Health & Family Planning. The client cannot have two child health visits the same day. The only exception is Health Start. See CVR manual page 7 for these instructions for two visits in the same day.

In the MCH programs, M&I and Healthy Start, a primary service must be reported with every visit. If you are sending data electronically, the data will not be accepted by the data system if a primary service is not selected. M&I primary services are (6),(7), (8) or (24). Healthy Start primary services are (9),(10),(25) or (26) on the CVR form. Child Health primary services are optional.



SCHOOL HEALTH

Brenda Nickel, Child Health Consultant and Jane Stueve, Adolescent Health Consultant

Two Epinephrine Auto-Injectors Now Available for Severe Allergic Reactions

Warmer weather and different environmental settings can expose people with allergies to additional triggers that may not be present during the winter months. For individuals who rely on the availability of the emergency medication epinephrine to inject in the event of severe allergic reaction, there are now two auto-inject epinephrine preparations that health providers may be prescribing



and / or seeing in their clinics, school, and childcare settings. The traditional Epi-Pen provides a single dose of epinephrine and there is now available, a 2-in-1 Twinject epinephrine auto-injector.

Students arriving to school in August may be presenting with allergy and emergency medications for school use. You can be prepared by exploring the topics of allergies, anaphylactic reactions,

and information about both epinephrine auto-injectors which can be found at www.epipen.com and www.twinject.com. For on-site training / in-service on the newest two dose epinephrine injector, contact Steve Kluck at skluck@veruspharm.com.



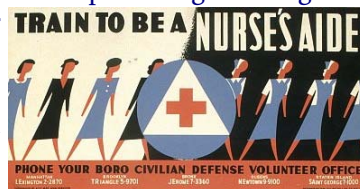
When Unlicensed Assistive Personnel are hired for School Health Services

Schools across Kansas will begin working to fill school positions that will be available when school resumes in August. In addition to new school nurses, there may be hiring of unlicensed assistive personnel (UAP), Educational Support Personnel (ESP), or para-professionals to assist in meeting the needs of students, including educational and health needs. A UAP / ESP can be an integral partner with the school nurse, as these individuals can be trained to assist with screening programs, basic first aid care, records management, and delegated to perform basic caretaking and nursing tasks in the school setting under the direct supervision of a registered professional nurse in accordance to the Kansas Nurse Practice Act.

There are many resources available to assist the school nurse in providing training and resources for the UAP / ESP, thus insuring safe and legal provision of care to students

attending Kansas Schools. The links listed below provide guidance to the professional nurse in developing a supervisory program for the safe care that the UAP / ESP can provide with proper training, supervision, and resources. You are also encouraged to contact Brenda Nickel, School Health Consultant at bnickel@kdhe.state.ks.us or 785-296-7433 if you have questions or need additional resources.

- National Association of School Nurses www.nasn.org/Default.aspx?tabid=194.
- National Education Association ESP Information www.nea.org/esphome/jobs/healqual-1.html.
- The Kansas State Board of Nursing: Nurse Practice Act www.ksbn.org/npa/npa.htm.



Keep your face to the sunshine and you cannot see the shadow.

— Helen Keller

EVENTS



National Association of School Nurses 38th Annual Conference June 30 - July 3, 2006 (Pre-conference days: June 28 & 29, 2006) New York Marriott Marquis - 1535 Broadway, New York, NY 10036. The NASN Conference advances the specialty practice of school nursing by strengthening school nursing skills needed to; deliver nursing services, provide leadership, and coordinate services between school and community, and support health education to clients. For conference information and register on-line, visit www.nasn.org

Teaching About HIV/AIDS/STDs and Human Sexuality Education will be held at the Kansas City Airport Hilton, 8801 NW 112th Street, Kansas City, MO on June 14-16. Registration must be received by June 2. The fee is \$225 by May 19 and \$275 after. It is designed for teachers, school nurses, prevention and care providers, administrators, health professionals, community health planners, physicians, counselors, persons from community-based organizations, members of the faith community, social workers, parents and public health individuals. Call Dr. Darrel Lang for more information and to register at (785)296-6716.

17th Annual School Nurse Summer Conference. School nurses from various regions will be asked to be in focus groups to provide suggestions and recommendations for the development of the School Health Module for electronic immunization records at the school site, including immunization surveillance tracking, generation of reports, and sharing of immunization information with other health care providers. It will be held Tuesday, July 18, 9 a.m. – 11 a.m. prior to General Session of School Nurse Conference in Room 207, Wichita Hyatt Regency. If interested, please send your summer contact information to Mike Parsons, Immunization Registry Training Coordinator at mparsons@kdhe.state.ks.us or call 785-296-3975. Interested school nurses will be contacted by Friday, June 16.

The Tenth Annual International Abstinence Leadership Conference will be in Kansas City June 6-9. Grant writing, donor development, and up-to-date medical facts are major issues to be covered during the sessions. For more information and registration go to: <http://kansascity.abstinence.net/>.



RESOURCES

Breastfeeding Information In order to access the current as well as past editions of the Nutrition and WIC Update Newsletter go to: <http://www.kdheks.gov/nws-wic/resources.htm> These newsletters offer practical and evidence-based information that you can provide to the families you serve on nutrition topics inclusive of breastfeeding.

Teen Relationships, Pregnancy, and Marriage: A New Report As part of the reauthorization of welfare reform, Congress recently made available approximately \$100 million a year (FY 2006-2010) to promote healthy marriages. This funding can be used to support education in high school on the value of marriage and relationship skills. "*Making a Love Connection: Teen Relationships, Pregnancy, and Marriage*"—authored by Barbara Dafoe Whitehead and Marline Pearson and made possible by funding from the Achelis Foundation—makes a compelling case for decreasing teen pregnancy as one means to increase the proportion of children who grow up in healthy, married families. To read or purchase "*Making a Love Connection*," or to review related materials from the National Campaign, please visit, www.teenpregnancy.org/resources/reading/marriage.asp. The PDF version is available to download from the site.

If you can give your son or daughter only one gift, let it be enthusiasm.

— Bruce Barton

Managing Mold and Moisture One of the growing environmental issues facing schools today is the problem of unplanned moisture and the subsequent growth of mold. Exposure to mold can often lead to a variety of health effects and symptoms including allergic reactions and increased asthma attacks in sensitive individuals... read more http://www.cadmusonline.net/iaqtfs/articles/Article_3.html

EPA's Resources and Environmental Programs for Schools EPA is a strong advocate for creating and maintaining healthy and safe school environments. For this reason, it has established several school-based voluntary programs to address a variety of environmental factors that schools encounter each day. These voluntary, school-based programs promote and raise awareness for the importance of creating and maintaining healthy and safe indoor and outdoor school environments for students and staff...read more http://www.cadmusonline.net/iaqtfs/articles/Article_6.html



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1-785-296-1307 (Administration)

Providing leadership to enhance the health of Kansas women and children through partnerships with families and communities.

Welcome to ZIPS: Zero to Age 21 — Information Promoting Success for Public Health Professionals Working with Kansas Kids. We hope this newsletter continues to be a useful resource for you, and we encourage you to give us your comments, feedback and suggestions.

Previous editions of ZIPS can be found at:

<http://www.kdheks.gov/c-f/zips/>

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Swimming Safety



In Kansas, swimming is the second most popular exercise activity and the use of swimming pools and whirlpool spas contribute to overall fitness and health. The increasing number of water sports venues has increased the risk of contracting a recreational water illness (RWI) associated with swimming and bathing activities. Increased problem awareness, prompt response to fecal accidents, and proper water quality maintenance are vital to the prevention of RWIs and related adverse health effects.

KDHE has created a recreational water guidelines toolkit, in collaboration with statewide partners, to assist public health

professionals and communities with the safe and healthy operations of public swimming pools, spas and other man-made recreational water venues. The toolkit can be found on the KDHE Web site at http://www.kdheks.gov/bch/water_guidelines.htm For more information, or assistance, please call (785) 296-0189, or e-mail Mary Glassburner, mglassbu@kdhe.state.ks.us.

