

ZIPS

Zero to age 21: Information Promoting Success
for Public Health Professionals working with Kansas Kids



2008 Legislative Resources and Information for Public Health Practitioners

Special Points of Interest:

- * Breast Cancer Prevention
- * Dental Decay in Kansas Kids
- * New School Nurse Manual Now Available Online
- * Cardiovascular Disease in Kansas

The 2008 Legislature is in session and will be working on issues related to Education Policy, Health Policy, as well as other priorities that impact families in Kansas. Practitioners have access to various resources that will provide information and updates, as well as an opportunity to sign up for E-mail notification regarding these priorities and the Legislature's progress. The following Web sites (listed alphabetically) are helpful in keeping Kansans informed about policy discussions, bills being introduced, and legislation.

the organizations who are interested in health policy and who assist in providing legislators with information to assist in policy decisions that affect practitioners and Kansans at www.khi.org/s/index.cfm?aid=1072

Kansas Legislature

www.kslegislature.org/legsrv-portal/index.do

Kansas Public Health Association (KPHA)

This site lists the policy priorities for public health
www.kpha.us/content/policy_priorities.htm

Kansas State Nurses Association (KSNA)

2008 Legislative Platform
www.nursingworld.org/snas/ks/2008LegislativePlatform.pdf

Oral Health Kansas As the statewide oral health coalition, Oral Health Kansas advocates for policy changes in the legislative, administrative and community arenas focusing on decreasing barriers so that every Kansan can attain optimal oral health.

www.oralhealthkansas.org/public.html

Safe Kids Kansas

www.kdheks.gov/safekids/public_policy.html



Kansas Action for Children (KAC)

2008 Legislative Agenda
www.kac.org/kac2.aspx?pgID=875

Kansas Association for the Medically Underserved (KAMU)

www.kspca.org/

Kansas Chapter of the American Academy of Pediatrics

www.aapkansas.org/content/chapter/legislative/legislative.htm

Kansas Health Institute (KHI) provides health news for Kansans and policy makers sending out information almost daily. Their main Web site is www.khi.org/. KHI posted on Jan. 28 the health agendas of other organizations on their Web site. You're encouraged to review the agendas of all of

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WOMEN'S HEALTH

Joe Kotsch, Perinatal Consultant



Breast Cancer Prevention

In Kansas, from 2000 to 2004, the overall incidence rate of breast cancer was 138.2 cases per 100,000 females (KIC search). Breast cancer is recognized as the second leading cause of death among Kansas women. Although the precise reasons why breast cancers occur are currently unknown, research has uncovered several risk factors that are associated with the disease. The primary risk factors related to the occurrence of breast cancer are: age, personal or familial history of breast cancer, alcohol intake and obesity. What can be done to help prevent this disease leading to so many deaths each year?

One possible answer lies in the philosophy behind the Early Detection Works program in the Office of Health Promotion at KDHE. As the program name indicates, their focus is on early detection and treatment to remove or destroy any tumors that are found for preventing death from breast cancer. This entails women undergoing screening, such as mammography, which has been recommended by the United States Preventative

Services Task Force (USPSTF). In general, it is thought that mammography is most beneficial for women ages 40 to 70 in the early identification of breast cancer, where the balance of benefits versus potential harm increases with age.

The overarching goal of the Early Detection Works program at KDHE is to “reduce death from breast and cervical cancer among the women of Kansas.” They work toward accomplishing this goal by emphasizing education, screening, diagnosis, case management and referral for cancer treatment. In order to qualify for the program, women must meet certain program requirements age 40 – 64, below 225 percent of the federal poverty level and have no health insurance or have in-patient only insurance with a high, unmet deductible. For more information on this unique program go to: www.kdheks.gov/edw/about.htm

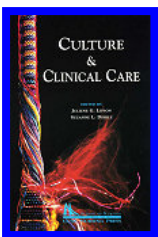


PUBLIC HEALTH

Children and Families Section



Understanding Cultures for Competent Health Care: Resources for Kansas Public Health Practitioners



Kansas is a state rich in history and different cultures that have historically, added to the richness of the state. Having an understanding of the cultures that are being served in clinics and schools creates an inviting environment for the newest members of our state.

Cultural Cues™ is a project of the University of Washington Medical Center in Seattle, Patient and Family Education Services, and is a series of tip sheets for clinicians, designed to increase awareness about concepts and preferences of patients from the diverse cultures served by University of Washington Medical Center. Other organizations are welcomed to use the copyrighted tip sheets by following their simple “Permission to Reprint” conditions. Tip sheets are available for: African American; Albanian; American Indian / Alaska Native; Chinese; Deaf and Hard-of-Hearing; Korean; Latino; Russian; Somali; and Vietnamese.

Each tip sheet covers communication, how the culture deal with illnesses, how to help patients take an active role in their health care, how medical decisions are made in cultures, including who is seen as the “decision maker”

for the family, understanding relationships and the norms about body language and other communication.

To view the tip sheets and to learn how you may integrate these resources into your practice, go to <http://depts.washington.edu/pfes/cultureclues.html>

Another resource for public health nurses working in diverse practices is the 2005 edition of “Culture and Clinical Care” edited by Juliene G. Lipson, RN, PhD, FAAN and Suzanne L. Dibble, DNSc, RN, both affiliated with University of California, San Francisco. This text provides information on 35 different cultures with over 55 contributors who are members of the cultural groups providing information on issues related to health and illness, cultural/ethnic identity, communication, spiritual/religious orientation, family relationships, food practices, activities of daily living, developmental and sexual issues, birth and death rituals, symptom management, and other topics for the groups they represent. Kansas has a rich mix of cultures that include many of the groups in the book, including Hmong, Central Americans, Middle Eastern, and Germans. For a complete description of the contents of this resource and ordering information, visit <http://nurseweb.ucsf.edu/public/npress/ord-culture.htm>



CHILD HEALTH

Brenda Nickel, Child Health Consultant



Dental Decay in Kansas Kids

By Susan Carr-Dowell, School Nurse, Welborn Elementary School, Kansas City, Kansas & Dawn S. Downes, Project Ready Smile

Mayra, a timid, black-eyed first grader, sat in a Kansas City classroom with her head down. She was sick and in constant pain due to severe decay in every tooth in her mouth. Because she was not eligible for Medicaid or HealthWave, her family was left with no recourse. They simply did not have the thousands of dollars needed to fix their little girl's teeth.

The statistics are a clear and present reality for too many kids in Kansas and across the country. In a report titled *Oral Health in America*, Surgeon General Dr. David Satcher called oral disease "a silent epidemic with profound disparities among poor children." As quoted from the CDC Web site, "dental decay is one of the most common infectious diseases among U.S. children. This preventable health problem begins early: 17 percent of children age 2 to 4 already have dental decay. By age 8, approximately 52 percent of children have experienced decay, and by age 17, dental affects 78 percent of children. Among low-income children, almost 50 percent of tooth decay remains untreated, and may result in pain, dysfunction, underweight, and poor appearance – problems that can greatly affect a child's ability to succeed in school." In another report from *The Maternal and Child Oral Health Resource Center*, "an estimated 51



million school hours per year are lost because of dental-related illness."

School nurses regularly see students whose needs are reflected in these statistics. It comes as no surprise then, when headlines come across the wire reading *12-Year-Old Dies From Meningitis as Complication of Untreated Tooth Abscess*. Chronic infection in a child's mouth can weaken the immune system and affect other systems such as the heart valves. School nurses often identify students with severe caries when referred for a sore throat or mouth pain and swelling.

The widespread and pervasive epidemic of dental decay has failed to capture the attention of the general population. While there are enormous efforts being put forth on the part of many dedicated individuals and oral health projects, until there is a public outcry, a sustained improvement in the oral health of Kansans will not be realized. It will take a chain with powerful links to capture and choke this fire-breathing dragon named Tooth Decay, and until then, many of our little ones will not be able to eat or sleep in comfort.

For more information on the Kansas Oral Health initiative go to: www.kdheks.gov/ohi/



ELECTRONIC SUBMISSION OF DATA & CVR'S

Ask Ken!

and blood pressure assessment are provided, a CVR should be completed.

Q. What if mother is not covered by insurance and infant is?

A. HSHVs direct their visits to the parent; therefore, only the mother's coverage is taken into account. If the nurse is completing the visit, two CVRs need to be completed; one for M&I – Postpartum and one for M&I – Infant. It depends on the services provided at the visit and who is completing the visit.

Q. If a client comes in for a pill pickup or a Depo shot do we complete a CVR each time they come in?

A. Yes for Depo. No if you only hand them their pills; however, if additional services, such as obtaining weight

Q. If they are getting a pill refill (after the first three months), are we required to get their blood pressure, weight, etc.?

A. The FP/Women's Health Manual does not require WT and B/P measurement at each pill supply visit unless there are medical indications to do so. Please review your agency's policy/procedure for supply visits.

Q. If a male presents at the clinic requesting condoms, is a CVR submitted?

A. Only if there is face-to-face contact with a Family Planning provider and documentation of that encounter in the client record.



ADOLESCENT HEALTH

Jane Stueve, Adolescent Health Consultant



Social Networking Web sites

My Space, Facebook and Friendster are all places for social networking that our adolescents explore. The National Center for Missing and Exploited Children, law enforcement and social networks are discussing ways to protect kids on social networking sites. Criminologists say there is growing evidence and concern that sexual predators are using the sites to contact kids.



dates that are entered upon registration with the site (and which can be changed at any time). There is no way for MySpace to know whether a teen is masquerading as an adult, or vice versa. As for e-mail addresses, they are not difficult to come by. Blocking home-based e-mail accounts will just encourage kids to register for anonymous web-based accounts, which are virtually untraceable for parents.

The social network pages seem to give a false sense of security. For example, it seems at Facebook.com only friends they have allowed and people in networks that they joined (high school is a network) can see them, and they can still block anyone. It seems pretty safe together with the filters parents put on computers. The reality is, you can see city and high school if they joined those networks—and anyone can join and be anyone they want to be.

MySpace was recently in the news for agreeing to implement a variety of safety measures for teens that would enhance their privacy and limit adult access to their profiles. Parents will also be able to submit their children's e-mail addresses to a database to block their ability to register for a MySpace account. The entire system relies on the birth

So, keeping your teen safe online while they are blogging is a huge task. Some things you can tell your teens to keep them safe while blogging would include:

- * Personal information about yourself and others needs to remain private.
- * Keep your password to yourself.
- * Blog posts can come back to haunt you. They are there for the world to see.

While doing research for this article I came across information that suggested using developmental assets to keep your teen safe online. It read: "The most important thing you can do to keep kids safe on the Internet is to have dinner together as a family." The lesson being: talk with your teen about online safety.



SCHOOL HEALTH

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



New School Nurse Manual Now Available Online



Guidelines for Nursing Management of Students with Chronic Disease or Health Conditions in School Setting is now available online to assist nurses who are providing school health services

with an overview of the more commonly encountered chronic health conditions, illnesses and concerns that impact children. This includes students through age 21 and young children attending child care homes, centers and preschools. This manual is intended to enhance the educational process by providing guidance to school and public health nurses, community health care providers, teachers, other staff members, and parents on the care of students with special health care needs.

In addition to a brief overview of each condition, the practitioner will find links to Web sites with expert resources relating to students' health needs. It is through these links located in References and Other Resources at the end of each chapter that specific information regarding the condition, current recommended treatment mo-

dalities, and educational resources can be accessed to develop the student's IHP or the health component of the child's IFSP or IEP. To access the manual, go to www.kdheks.gov/c-f/downloads/School_Nurse_Chronic_Disease_Manual.pdf

This manual complements the documents: Guidelines for Serving Students with Special Health Care Needs Part I published in July of 1996, and the Guidelines for Serving Students with Special Health Care Needs, Part II: Specialized Nursing Procedures published in February 1999. Both documents are available online at www.kdheks.gov/c-f/index.html under School Health Resources.

Several practicing school nurses from rural and urban Kansas's communities reviewed the manual and offered practical, helpful suggestions and resources to assist their colleagues in meeting the health needs of Kansas' children and families. The work of these nurses is acknowledged in the manual.

EVENTS



RESOURCES

SAVE THE DATE - The 3rd Annual Governor's Public Health Conference will be held at the Airport Hilton in Wichita on Apr. 28. New MCH Staff Orientation (anyone new to Maternal Child Health is encouraged to attend) and Apr. 29-30, general conference. Contact Jamie Klenklen at jklenklen@kdhe.state.ks.us or (785) 296-1234 for more information.

2008 KDHE Health Disparities Conference "Moving Forward" is March 31 - April 1 at the Capitol Plaza Hotel in Topeka. Join professionals and community champions from across Kansas to connect, learn, share and feature practices that improve the lives of our state's diverse populations. For more information, call Sharon Goolsby, (785) 296-5577, or e-mail minority-health@kdhe.state.ks.us.

Lawrence Hearing Renewal Certification Course is Feb. 14 at the University of Kansas Area Health Education Center. There are openings for renewal of hearing certification for licensed practical nurses and unlicensed assistive personnel or hearing technicians. Registered nurses who provide hearing screening through an Infant-Toddler Program are also required to renew hearing certification every two years. For more information or to register, go to <http://kuahec.kumc.edu/hearing.html>. Registration for the class is through Feb. 7 or on reaching maximum enrollment.

Vision Screening and Assessment Courses Available

The University of Kansas Area Health Education Center has scheduled courses for vision screening and assessment. The following dates and locations are available: Mar. 24 in Kansas City, Kan.; Apr. 11 in Salina; and Apr. 18 in Emporia. For more information on courses or to register, go to <http://kuahec.kumc.edu/vision.html>.

The 13th Anniversary "Midwife Means...with Woman" Conference of Greater Kansas City Chapter V-18 of the American College of Nurse-Midwives will provide information to women's healthcare practitioners in the Central Midwest Region. The conference will showcase professional talents of nationally recognized and regional nurse-midwives and their physician colleagues in the provision of women's healthcare. Friday and Saturday, Mar. 7-8, Curry Auditorium, Research-Brookside Campus, 6675 Holmes, Kansas City, Mo. www.continuinged.ku.edu/kumc/midwife/



For other trainings offered see <http://ks.train.org>

Blessed are we who can laugh at ourselves, for we shall never cease to be amused.

-Anonymous

The Buzz Newsletter A new version of "The Buzz" newsletter is an immunization resource to assist in communication regarding the Kansas Immunization Program, trends, vaccines and current vaccine preventable diseases, as well as upcoming conferences and training related to immunizations. "The Buzz" is now available at www.kdheks.gov/immunize or if you would like to sign up to receive "The Buzz" in your "Inbox," please send an e-mail to Joshua Buffington at jbuffington@kdhe.state.ks.us to subscribe.

Don't Get Sidelined By The Flu from the National Association of School Nurse's Influenza Prevention and Treatment Education Program. Children are two to three times more likely to get sick with the flu and spread the virus to others. Because flu outbreaks are a major concern to schools nationwide, NASN has launched a new campaign which is designed to help school nurses educate parents and students about seasonal influenza. To access the resources, available in both English and Spanish, please visit www.nasn.org/Default.aspx?tabid=316.

Updated preconception and pregnancy knowledge path available The update for the "Knowledge Path: Preconception and Pregnancy" is available as a guide to resources that analyze perinatal health statistics, describe effective perinatal care programs and report on research aimed at improving access to and quality of prenatal care and improving perinatal health outcomes. This knowledge path, provided by the Maternal Child Health Library, contains a variety of resources for consumers, health care advocates and health care providers. This knowledge path can be found at: www.mchlibrary.info/KnowledgePaths/kp_pregnancy.html

Recommendations for state policies that support Healthy Growth and Development in Early Child Care Settings *Charting Progress for Babies in Child Care: Policy Framework Summary* sets forth four key principles that establish the foundation of supports that all infants and young children in child care need, as well as 15 recommendations that state child care licensing, quality, and subsidy policies should address. The summary was developed by the Center for Law and Social Policy (CLASP) and the Zero to Three Policy Center during the first year of a multi-year effort to identify state policies that support the healthy development of infants and young children in child care settings and to build an online resource to help states implement these policies. The summary is available at www.clasp.org/publications/cp_framework_sum.pdf.



**The State of Kansas
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“Providing leadership to enhance the health of Kansas women and children through partnerships with families and communities.”

We hope this newsletter continues to be a useful resource for you. We encourage you to give us your comments, feedback and suggestions. Previous editions of ZIPS can be found at:

www.kdheks.gov/c-f/zips/

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

Cardiovascular Disease in Kansas

Another huge killer of Kansans is cardiovascular disease, which consists of those who died from coronary heart disease (CHD) and stroke (CVA). Of these two subtypes, CHD is the leading cause of death in our State accounting for a little more than 35 percent of the deaths that occurred in 2003-04. This results in a death rate of 131.8 deaths per 100,000 population. Of this total, a little more than 50 percent of the deaths from CHD occurred in women. The primary risk factors for cardiovascular disease are: high blood pressure, high cholesterol and diabetes. In addition, other major contributors to CHD include: tobacco smoking, obesity, low fruit and vegetable consumption and physical inactivity.

In order to combat CVD in Kansas, the Kansas Heart Disease and Stroke Prevention program was established in 2003 through funding from the Centers for Disease Control and Prevention (CDC). Their mission is to prevent death and disability from heart disease and stroke. For more information on what you can do to help the women and their families in your care go to: www.kdheks.gov/cardio/index.htm

Preventive Pediatric Health Care Recommendations Available in Updated Periodicity Schedule



The American Academy of Pediatrics (AAP) has released an updated periodicity schedule for care of children from infancy to adolescents. The updated schedule reflects a consensus by *Bright Futures* and the AAP for preventive care from the prenatal visit through age 21. The schedule is available for downloading from the *Bright Futures* Web site at

<http://brightfutures.aap.org/web/pdf/PeriodicitySchedule.pdf>.

For other *Bright Futures* resources, visit www.brightfutures.org/

School Nurse Survey

The School Nurse Survey 07-08 is now online. www.kdheks.gov/c-f/school.html. If you have questions about collection of the data on the survey form, please call (785)296-1308. In May, school nurses will be able to enter the collected data online to KDHE.