

# Kansas Department of Health & Environment

Volume 7 Number 2

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## ZIPs

### Zero to age 21: Information Promoting Success

for Public Health Professionals working with Kansas Kids



#### Special Points of Interest:

- \* Utilizing and Tracking Data for Pregnant Women and Infants
- \* The First Dental Visit
- \* When Your Child Has a Cold
- \* Punxsutawney Phil Prediction
- \* 2009 Proposed Legislation: Issues and Impact on Children's Health in Kansas
- \* School Nurse Survey
- \* Safe Kids Kansas Urges Parents to Childproof Homes
- \* 2009 HSHV of the Year Award

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### Oral Health Kansas Released 2009 Oral Health Report Card: Keep Kansas Smiling

Oral Health Kansas released the 2009 "Keep Kansas Smiling" Report Card on January 14. The grade improved to a B, which is significantly better than the grade of a D+ in 2003. Kansas was awarded an A for extra credit accomplishments.

The State rates lowest in categories relating to the supply of dentists. Kansas received an F for the lack of pediatric dentists practicing in the state, as well as an F for the percentages of counties without a Medicaid dental provider. Kansas received a letter grade of D for the number of Medicaid dental providers.

While celebrating the successes, Kansas is cautioned that the state grade may deteriorate if there is a lack of commitment to oral health.

Oral Health America collaborated with Oral Health Kansas, and Dawn McGlasson, KDHE Deputy Dental Director, was co-

author on the report. The purpose of the report is to raise awareness of the oral health shortfalls and encourage opinion leaders, public advocates, policy-makers, communities, health professionals and the media to support successful policies and programs that will make oral health care an integral part of overall health care in order to "make the grade."



Oral Health America is a non-profit organization that works to eliminate dental disease by connecting people to resources and empowering communities.

Oral Health America analyzed the categories of prevention, access to care, infrastructure, oral health status and oral health related laws.

For more information on the "Keep Kansas Smiling" report card please visit: [www.kdheks.gov/ohi/download/K\\_a\\_n\\_-\\_sas\\_Oral\\_Health\\_Report\\_Card\\_2008.pdf](http://www.kdheks.gov/ohi/download/K_a_n_-_sas_Oral_Health_Report_Card_2008.pdf).

### Community Health Status Indicator Tool Available for Counties

The U.S. Department of Health and Human Services has compiled a database of Community Health Status Indicators (CHSI) Report. The goal of CHSI is to encourage dialogue about actions that can be taken to improve a community's health. CHSI was produced to give local public health agencies another tool for improving their community's health. For ways to use CHSI to augment local ideas and activities, simply select Kansas and your county at: <http://communityhealth.hhs.gov/homepage.aspx?j=1>.



# WOMEN'S HEALTH

Joe Kotsch, Perinatal Consultant



## Utilizing and Tracking Data for Pregnant Women and Infants

By Joe Kotsch, Perinatal Consultant

The Maternal and Child Health (MCH) Program at KDHE has been receiving numerous semi-annual reports from its grantee agencies. These reports contain information that has been gathered and analyzed by local program staff in an effort to improve the quality of service provided for women and infants in Kansas. MCH staff at KDHE analyze the data they receive and provide feedback to local MCH staff. Care at both the local and at the state level will help to ensure that women and infants receive the best care possible as well as to identify any individuals in need of services.

The Bureau of Family Health at KDHE has published its second edition of the Maternal and Child Health Biennial Summary in 2008. This summary utilizes calendar year 2006 data which was the most recent complete year data available at the time of publication. A portion of this summary includes information on women of

reproductive age and infants.

The 2008 summary report for women of reproductive age and infants points out several areas of concern that need to be addressed both locally and statewide in order to make a positive impact on the health of women and infants. For example, in Kansas 62 percent of infant deaths in 2006 occurred among the 7 percent of low birth weight infants. Another 45 percent of infant deaths occurred among the one percent of very low birth weight infants. African American mothers, older mothers (35 years old or older) and younger mothers (19 years old or younger) were at greater risk for delivering a low birth weight infant in 2006 in Kansas.

This summary report noted an increasing trend of women 18-44 lacking health insurance coverage. In 2006, approximately 20 percent of women 18-44 lacked health insurance coverage. Of this number, the women

at greatest risk were of Hispanic ethnicity (52 percent uninsured), poor, less educated, widowed, divorced, separated or who lived in a densely settled rural area.

From these staggering statistics, it seems clear that there is much more work to be done in order to make a positive impact in the lives of women of reproductive age as well as to the infants they bear. Therefore, it is of utmost importance for those of us in maternal and child health to advocate for programs that will improve these health outcomes and to continue forward in making our best effort to provide outreach, support, education, referrals to available community resources and direct care services to those in need.

For more information on the 2008 Maternal and Child Health (MCH) Biennial Summary go to: [www.kdheks.gov/bcyf/download/MCH\\_2008\\_Summary.pdf](http://www.kdheks.gov/bcyf/download/MCH_2008_Summary.pdf).



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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/](http://www.kdheks.gov/c-f/zips/).

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### Crib Recall by Stork Craft

Stork Craft has recalled more than 500,000 cribs due to mattress support bracket failures that have created the risk of entrapment and suffocation. According to the U.S. Consumer Product Safety Commission (CPSC), there have been 10 incidents reported involving this product. The manufacturer, along with the CPSC, announced a voluntary recall of these cribs and urged consumers to stop using them immediately.

For more information concerning this recall and to obtain contact numbers for the manufacturer and the CPSC go to: [www.cpsc.gov/cpsc/pub/prerel/prhtml09/09093.html](http://www.cpsc.gov/cpsc/pub/prerel/prhtml09/09093.html).

Visit our website at [www.kdheks.gov/c-f](http://www.kdheks.gov/c-f)

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



# CHILD HEALTH



## The First Dental Visit

By Patty Martinette RDH, ECP II, Oral Health Kansas NE Regional Parent Educator, CSHCN

Most parents believe that a child's first dental visit should be after all of their primary teeth have erupted. That belief has been supported by most of the dental community and pediatricians alike until recently.

Currently, the American Academy of Pediatric Dentistry recommends that all children have their first dental visit by their first birthday. The main reason for this visit is to do a visual examination of the child to screen for dental decay and normal oral cavity development; including normal tooth eruption, head and neck abnormalities, and risk assessment of developing dental disease.

Normally during the first visit the parent will hold the child on their lap, while reclining so that the Dentist may do a visual exam. Another strategy includes using "knee to knee" positioning. This involves the child lying in the dentist's lap with the parent facing the dentist with knee's touching. In this position, the parent can hold the child's hands and legs steady for safety.

Since dental decay can progress very rapidly in children, certain risk factors can be evaluated and discussed with the parents and preventative strategies can be imple-



mented into the daily routine. These strategies may include:

- \* daily oral hygiene instructions
- \* dietary guidelines
- \* fluoride supplementation
- \* assessment of oral habits such as thumb sucking and pacifier use which could be detrimental to the child's oral dentition.

After the assessment is completed, an appropriate next appointment would be scheduled based on the individual child's needs.

The establishment of a "Dental Home" is extremely important to lay the foundation for positive dental experiences in the future. A child will develop a comfort level with the dental office by being introduced at a young age. By having experiences that are preventative instead of urgent, the lifelong relationship with routine care will remain a positive experience. The connection between dental health and overall general health is well documented.

Dental disease is a reality. It is painful and costly. Early prevention and intervention is the key to healthy smiles for life!

For more information contact Marcia Manter, Oral Health Kansas at [mmanter@oralhealthkansas.org](mailto:mmanter@oralhealthkansas.org).

## When Your Child Has a Cold

By Jane Stueve, Adolescent and School Health Consultant

The National Association of School Nurses (NASN) reports that on average, school-aged children contract six to ten colds every year. Twenty-two million school days are missed each year. NASN has developed guidelines to inform parents about prevention, how to identify a cold versus the flu, when to keep a child at home and ways to make a child feel more comfortable when ill.

Consider keeping your child home if:

- A fever is 100.4 degrees or above
- Vomiting
- Has symptoms that prevent them from participating in school such as excessive tiredness, lack of appetite, productive coughing, sneezing, headache, body ache, ear ache or sore throat.

For more information please visit the NASN website at [www.nasn.org](http://www.nasn.org).





# ADOLESCENT HEALTH

Jane Stueve, Adolescent and School Health Consultant



## Punxsutawney Phil Prediction

By Jane Stueve, Adolescent and School Health Consultant

The famous ground hog says we will have six more weeks of winter and with that comes winter sports injuries. Adolescents spend hours of recreation time on activities from sledding, snow skiing, snow boarding and ice skating.

According to the American Academy of Orthopedic Surgeons (AAOS), if the proper precautions are not taken to ensure warmth and safety, severe injuries can occur. Injuries include sprains, strains, dislocations and fractures.

In 2006, the U.S. Consumer Product Safety Commission reported 133,585 injuries from snow skiing, 127,643 injuries from snow boarding and 55,666 injuries from ice skating.

To keep your family or yourself from becoming a statistic,

the AAOS urges you to follow these tips for preventing winter sports injuries:

- Keep in shape and condition muscles before participating in winter activities.
- Warm up thoroughly before playing.
- Check that equipment is in good working order
- Wear several layers of clothing for warmth and protection
- Wear proper footwear
- Pay attention to warnings
- Never participate alone in a winter sport.
- Seek help immediately for hypothermia or frostbite.
- Drink plenty of water
- Avoid participating in sports when you are in pain or exhausted.



## Ask Ken!

### ELECTRONIC SUBMISSION OF DATA & CVRS

**Q.** What is the best way to search for a client in WebMCH?

**A.** Start by putting the last name and the first letter of the first name or the clients date of birth into the query. You can narrow the search by putting in the last name and two or three letters of the first name. The best way to narrow a search is to enter the last name and the client's date of birth. If the last name is not spelled correctly when first entered, it will be a challenge. In this case look for provider, county of residence and address of the client you are searching for.

**Q.** Why can't we get into the NEO site to send a KIPHS upload of data?

**A.** First check to make sure the address starts with https NOT http. If you are using https and still can't get in, try again later. It could be that another county is trying to send data at the same time and the site only allows for one county at a time. If you still can't get in after a couple of tries, call our help desk at 785-296-5655. The help desk can reset your access if the NEO site gets locked out of your clinic.

**Q.** Is a client's first visit to a Family Planning Clinic always an Initial/Annual Exam?

**A.** No. A client's **first/initial** visit to a Family Planning Clinic may be for a pregnancy test. A family planning encounter (visit) is a face-to-face contact between an individual and a family planning provider. The visit takes place in a Title X service site and is documented in the client's chart. The purpose of a family planning encounter is to provide family planning and related preventive health services to female and male clients who want to avoid unintended pregnancies or want to achieve intended pregnancies.

An **initial/annual exam** is reported when the client has a yearly comprehensive visit. Descriptions of the expected components of the initial visit—female, annual visit, adolescent services and male family planning client visit are in KDHE's *Family Planning/Women's Health Manual*, on pages 7, 12, 13 and 22 respectively. In addition to marking initial/annual exam, clinics are required to report other services and/or labs provided during that visit. This includes: Pap smear, breast exam, referral related to breast exam, pregnancy test, chlamydia (testing), etc.



# SCHOOL HEALTH

Brenda Nickel & Jane Stueve



## 2009 Proposed Legislation: Issues and Impact on Children's Health in Kansas

By Brenda Nickel, Child and School Health Consultant



The 2009 Kansas legislative session is underway. Practitioners, child and family advocates and stakeholders have a role in learning about proposed policy that can impact the health and services provided to families in Kansas. As the next 90 legislative days progress, additional legislation will be introduced. To access the Kansas Legislative site, go to [www.kslegislature.org/legsrv-legisportal/index.do](http://www.kslegislature.org/legsrv-legisportal/index.do).

The following proposed legislation have been discussed in the opening weeks of this session:

- House Bill (HB) 2008 School Medication Aide Act and certain persons authorized to administer epinephrine <http://www.kslegislature.org/bills/2010/2008.pdf>
- Senate Bill (SB) 16 relates to violations and exemptions for donation and distribution of drugs under certain circumstances <http://www.kslegislature.org/bills/2010/16.pdf>
- HB 2143 Graduated Driver's License Bill [www.kslegislature.org/bills/2010/2143.pdf](http://www.kslegislature.org/bills/2010/2143.pdf)
- SB 147 HIV Screening of Pregnant Women and Newborn Children [www.kslegislature.org/bills/2010/147.pdf](http://www.kslegislature.org/bills/2010/147.pdf)
- SB 81 Kansas Nonsmoker Protection Act [www.kslegislature.org/bills/2010/81.pdf](http://www.kslegislature.org/bills/2010/81.pdf)
- SB 25 Crimes and Punishment: Relating to Smoking [www.kslegislature.org/bills/2010/25.pdf](http://www.kslegislature.org/bills/2010/25.pdf)
- HB 2165 Unlawful Hosting Minors Consuming Alcohol [www.kslegislature.org/bills/2010/2165.pdf](http://www.kslegislature.org/bills/2010/2165.pdf)

Advocacy groups who have an interest in maternal and child health often have specific platforms that will help to

address their concerns about the well-being of these populations. For instance, SAFE KIDS Kansas Public Policy website at [www.kdheks.gov/safekids/public\\_policy.html](http://www.kdheks.gov/safekids/public_policy.html), has the following issues listed as important for this session:

- Strengthening of child passenger restraint laws and other areas related to child safety and motor vehicles/pedestrian injury prevention
- Policy to strengthen injury prevention programs statewide

Public health practitioners are encouraged to keep apprised of current state and federal legislation that has the potential to impact the health of children and families, as well as the practices of those health care providers working with Kansas' families. Websites of professional organizations and advocacy websites often post legislative information or offer a subscription service for legislative updates.

The following websites may be helpful in getting you started in learning more about public policy that impacts the populations you serve.



Kansas Action for Children's Legislative Agenda [www.kac.org/](http://www.kac.org/)



Kansas Chapter of the American Academy of Pediatrics [www.aapkansas.org/content/chapter/legislative/legislative.html](http://www.aapkansas.org/content/chapter/legislative/legislative.html)



Kansas Health Institute [www.khi.org](http://www.khi.org)



The Whitehouse [www.whitehouse.gov/index.html](http://www.whitehouse.gov/index.html)

## School Nurse Survey

The school nurse survey is on-line for the present school year at [www.kdheks.gov/c-f/school.html](http://www.kdheks.gov/c-f/school.html). Please print it off and submit the data by May.

We are hopeful that next month we will have some preliminary data on the demographics of school nurses, number of children seen in the health office, referral information and levels of care.

If you have any questions regarding the survey, please contact Jane Stueve at 785-296-1308.



## Safe Kids Kansas Urges Parents to Childproof Homes

Approximately 2,096 children in the U.S., ages 14 and under, die from accidental injuries in the home each year and 3 million kids are treated in emergency rooms for accidental injuries occurring at home. Most fatal injuries at home are caused by fire, suffocation, drowning, choking, falls, poisoning or firearms discharged unintentionally.

Safe Kids Kansas urges parents and caregivers to check their homes for basic safety precautions. The first step in childproofing a home is to explore every room at a child's eye level. "Literally get down on your hands and knees and crawl around. You'll be surprised at how much you can reach and how many small objects you can pick up," says Jan Stegelman, State Coordinator for Safe Kids Kansas. "Anything that can fit through a standard 1½-inch toilet paper tube is a potential choking hazard. Of course, cleaning products, medications, alcohol, firearms and other potentially harmful products need to be stored out of reach and locked up."

Safe Kids Kansas also recommends these precautions:

- Test your smoke alarms every month.
- Always supervise children while they are in the bathroom. Children can turn on hot water or touch curling irons and sustain serious burns, or cut themselves with a razor that has been left out or put in the trash. Never leave young children alone in the bathtub – a child can drown in a matter of seconds.
- Install a self-closing and self-latching gate around the home swimming pool.

- Always supervise young children while they're eating; avoid foods they can choke on.
- Prevent serious falls. Keep furniture away from windows, install safety gates at the top and the bottom of stairs, never use baby walkers and use protective surfaces beneath playground equipment.
- Avoid exposing children to potential poisons. Keep potential poisons out of children's reach, including cleaning supplies, pet food, medicine, vitamins, beer, wine and liquor. Keep the poison control number available: 1-800-222-1222.
- Install carbon monoxide detectors in every sleeping area and test them every month.
- Keep guns locked, unloaded and where kids can't reach them. Lock up ammunition in a separate place.
- Keep emergency numbers by every telephone. Call 911 if a child is choking, collapses, can't breathe or is having a seizure. If you suspect a child has been poisoned, call 1-800-222-1222. If you have a babysitter, make sure she know how to call for help and how to contact you.
- Check your first aid kit to make sure it is fully stocked.

For more information about kitchen safety, window blinds, cribs, windows, furniture and other hazards around the home visit: [www.usa.safekids.org](http://www.usa.safekids.org).

"Safety comes first, even if it means making your home a little less convenient for adults," says Stegelman. "Safety gates and cabinet locks are a small price to pay to keep a child out of the emergency room."

### 2009 Healthy Start Home Visitor of the Year Award

Nominate your Healthy Start Home Visitor to be recognized at the 2009 4th Annual Governor's Public Health Conference at the Marriott® Wichita at noon on Wednesday, April 22. You may request a nomination form from Jamie Klenklen at 785-296-1234 or e-mail at [jklenklen@kdheks.gov](mailto:jklenklen@kdheks.gov).

**The deadline is April 1st.**

## EVENTS



## RESOURCES

# Save the date!

**The Symposium on Adolescent Health Issues** will be held Friday, February 13, 2009 at the Wichita Airport Hilton Hotel. The theme of the Symposium is Adolescent Obesity. To register for the Symposium go to: <http://conferences.ksde.org/Default.aspx?alias=conferences.ksde.org/cshp>.

**The Kansas Dental Charitable Foundation is pleased to announce that the Kansas Mission of Mercy project** will be held in Manhattan on February 20-21 at the U.S. National Guard Armory just east of Manhattan on Highway 24. This is the eighth event for the Kansas Mission of Mercy. For more information, visit their website at [www.ksdentalfoundation.org/](http://www.ksdentalfoundation.org/).

### Leadership in Autism Spectrum Disorders Conference

The Kansas State Department of Education and Technical Assistance for Excellence in Special Education (TAESE) present the "Leadership in Autism Spectrum Disorders Conference" on March 3, at the Hyatt Regency in Wichita. Registration fee is \$100. For registration information, please contact Kathleen Richman at TAESE/MPPRC at 435-752-0238 or e-mail her at [Kathleen.Richman@usu.edu](mailto:Kathleen.Richman@usu.edu). More information is available at [www1.usu.edu/mpprc/taese/2009Autism/](http://www1.usu.edu/mpprc/taese/2009Autism/).

### National Center for Medical Home Implementation Teleconference Series

The American Academy of Pediatrics will hold a series of five teleconferences led by national experts. The series is designed to highlight the value of the family-centered primary care medical home for all children and youth, the availability of practical tools and resources, and strategies for improving care and increasing patient/family satisfaction. The teleconferences are FREE and open to child health professionals with practical strategies for implementing medical home in practice. The name and date of the series are:

- Implementing Medical Home for all Children and Youth on March 3rd
- Improving Communication and Co-management Between Specialty Providers and the Medical Home on March 25th
- Implementing Developmental Screening in the Medical Home on April 20
- The Role of the Medical Home in Family-Centered Early Intervention on May 21st
- Incorporating Family Participation Practices into your Practice and Project on June 24th

Register for a teleconference at: [www.medicalhomeinfo.org/training/archives.html](http://www.medicalhomeinfo.org/training/archives.html).

### WHO and CDC Reports on Child Injury Prevention

The World Health Organization (WHO) and UNICEF have published the World Report on Child Injury Prevention. This science-based book summarizes what is globally known about child and adolescent injuries, what the risk factors are and promising practices for prevention. To access the report and related materials, visit [www.who.int/entity/violence\\_injury\\_prevention/child/injury/world\\_report](http://www.who.int/entity/violence_injury_prevention/child/injury/world_report).

Additionally, the Centers for Disease Control and Prevention (CDC) has published U.S. data report on unintentional childhood injuries. The CDC Childhood Injury Report: Patterns of Unintentional Injuries among 0-19 Year olds in the U.S., 2000-2006, uses data from the National Vital Statistics System and the National Electronic Injury Surveillance System-All Injury Program. Results of the report are presented by age group and gender, as well as the geographic distribution of injury death rates by state. To view the report, visit [www.cdc.gov/safecild/images/CDC-ChildhoodInjury.pdf](http://www.cdc.gov/safecild/images/CDC-ChildhoodInjury.pdf).

The pursuit of truth and beauty is a sphere of activity in which we are permitted to remain children all our lives.

— Albert Einstein

### Asthma Management and Education Course

This program recognizes the critical role allied health professionals play in education and caring for their patients with asthma and allergies. All program materials comply with the standards set by the National Institute of Health (NIH) and the National Heart, Lung and Blood Institute's (NHLBI) 2007 Expert Panel Report 3: Guidelines for the

Diagnosis and Management of Asthma. Attendees will:

- Participate in an interactive program including a meal
- Receive a peak flow meter
- Receive the Summary Report of the 2007 NHLBI Guidelines
- Receive a program packet containing valuable resources and a copy of the program's slide presentation for note taking

To access a brochure go to [www.aafakc.org/images/CEU%20Brochure.pdf](http://www.aafakc.org/images/CEU%20Brochure.pdf). If you have questions, please call 816-333-6608 or visit [www.aafakc.org](http://www.aafakc.org).

