PARTNERS IN PREVENTION

Volume 4 Issue 1 Spring 2005

From the Director
Barbara Ritchen, RN, MA
Child, Adolescent and School Health Section (CASH)

I would like to start this issue of the *Prevention Partnerships* newsletter by sharing our newly developed Division mission:

The Prevention Services Division leads efforts to improve the health and well being of all Coloradans through health promotion, public health prevention programs, and access to health care.

While the two Divisions that merged to form this larger division previously had their respective missions, the process was designed to co-create a new statement of who we are, what we value and what we do, who we serve, and what outcomes we hope to achieve. It is also intended to convey to our external partners what they can expect from us. We believe it's broad enough to encompass the work of all of our sections and offices:

- Child, Adolescent and School Health Section
- Injury and Suicide Prevention Section
- Children and Youth with Special Health Care Needs Section
- Women's Health Section
- Oral, Rural and Primary Care Section
- State Tobacco Education and Prevention Partnership Section
- Nutrition Services Section
- Chronic Disease Section
- Office of Maternal and Child Health
- Office of Policy and Fiscal Analysis
- Interagency Prevention Systems

The second thing I would like to do is to welcome the onset of spring. Our recent weather with a foot of snow one day and 70 degrees the next reminds me of the variability of the funding for some of our programs. Yet, just like the foot of snow, which may temporarily diminish our plans; when the snow melts (or the funds come back), we appreciate even more the vibrant green or the ability to re-establish or expand services for children and youth. One hopes that the time of the snow or the diminished funds provides an opportunity for reflection and thinking about how to come back even stronger. In the case of the weather, it's with greener grass and brighter blossoms. In the case of funding for youth programs, hopefully it's with stronger programs able to demonstrate even more effective outcomes for the children and youth we serve. Enjoy the spring and keep up the good work you do on behalf of Colorado's children, youth and families.

Partners in Prevention is now available in PDF. If you would like to receive it via E-mail, please contact Nancy Donnelly at nancy.donnelly@state.co.us. It is also available online at http://www.cdphe.state.co.us/ps/cash/. Also, please contact Nancy if you no longer wish to receive *Partners In Prevention*.

Colorado Children's Trust Fund Partners with Colorado Safe Haven for Newborns
Submitted by Scott Bates, Director Colorado Children's Trust Fund

The intent of some legislation is to prevent tragedy.

In this case, the tragedy is newborn infants who have been left to die in trash cans or dumpsters. These children could have been taken to one of Colorado's designated safe havens: hospital emergency rooms or fire departments.

Colorado's Safe Haven Law permits mothers to take their infants to one of these havens to relinquish custody if they decide they are unwilling or unable to adequately care for their child. Infants brought to these havens must be less than seventy-two hours old and must be unharmed. Since its inception in 2000, this legislation has saved the lives of nine infants who were safely relinquished to emergency department or fire department staff.

The Colorado Children's Trust Fund has recently partnered with the Colorado Safe Haven for Newborns (CSHN), a non-profit organization that is working to increase awareness of the Safe Haven Law. CSHN has commissioned a graphic artist to design external and internal bus ads, brochures, and flyers to let more people know about this life-saving legislation.

One challenge of designing such a campaign is the issue of communicating to women who are keeping their pregnancy a secret from even their closest friends. To remedy this situation, the campaign also includes magnets that will be placed in women's restroom stalls so that pregnant women may take the information and place it in their pocket or purse.

The campaign directs women to call a toll-free number (1-866-694-2229) to receive more information about options if they thinking about relinquishing custody of their newborn. The campaign started in early April and will continue into June of 2005.

If you have questions about this legislation or the campaign, please call Scott Bates, at 303-692-2942.

April is Child Abuse Prevention Month
Scott Bates, Director
Colorado Children's Trust Fund

April was first designated Child Abuse Prevention Month in 1983. Since that time, communities across America have used this month-long observance to increase awareness of child abuse and neglect. It is a time when individuals, schools, businesses, hospitals, religious organizations and social service agencies work together to help prevent child abuse and neglect prevention.

According to statistics provided by the Colorado Department of Human Services, 8,911 children in Colorado were victims of child abuse and/or neglect in 2004.

The Colorado Children's Trust Fund Board of Directors would like to share ideas on how each of us can work together to prevent child abuse and neglect in Colorado. Here are a few simple ways each of us can help:

- Reach out to kids and parents in your community. Anything you can do to support kids and parents in your neighborhood and extended community helps to reduce the likelihood of child abuse and neglect. Be a good neighbor. Offer to baby-sit. Donate your children's used clothing, furniture, and toys for use by another family. Be kind and supportive, particularly to new parents and children. Offer your help and understanding to a parent who is stressed.

- Remember the risk factors. Child abuse and neglect occurs in all segments of our society, but the risk factors are greater in families where parents:

  - Abuse alcohol or drugs
  - Are isolated from their extended families or communities
  - Have difficulty controlling their anger or stress
  - Appear uninterested or unknowledgeable about the care, nourishment, or safety of their children
  - Seem to be having serious economic, housing, or personal problems.

Child Abuse Prevention Month is an appropriate opportunity to remind ourselves of our collective responsibility to prevent the abuse and neglect that robs so many of our society's children of their childhood, their sense of security and well-being, and their future. Together, we really can make a difference.

A Child Abuse Prevention Month Resource Kit is again available this year. The kit provides nurturing tips for parents and caretakers and information for the agencies caring for them and can be used throughout the year. The complete resource kit may be ordered by E-mailing nancy.donnelly@state.co.us. Some of the materials in the kit can also be downloaded at: www.cdphe.state.co.us/ps/cctfhom.asp#abuseawareness

Stay Tuned for the updated Child Abuse and Neglect Manual. A group of professionals with child abuse and neglect expertise are currently helping with the revisions. Expect a release date of early summer 2005.

"Be the Leader" in Safety

by Barb Bailey
Colorado SAFE KIDS Coordinator

The theme for National SAFE KIDS Week (April 30-May 7, 2005) is ***"Follow the Leader, Safety Starts with You."*** This year's theme was based on research that proves when parents or other adults of influence demonstrate or role-model positive actions concerning safety, children are more likely to practice good safety tactics as well.

Preventable injuries are the leading killer of children ages 14 and under. According to the National SAFE KIDS Campaign, in 2001, 5,526 children died from unintentional injuries and 92,000 children are permanently disabled from such injuries each year. Adult role modeling has proven to be an effective method in reducing the number of childhood injuries.

The National SAFE KIDS Campaign has designed the enclosed information sheets (in English and Spanish) to equip parents and caregivers with the information they need to teach children how to be "safe kids."

If you have questions concerning injury prevention please contact Barb at 303-692-2589 or barbara.bailey@state.co.us.

SAFE2TELL

The Safe2Tell program empowers students, teachers and others to anonymously report important information about violent or troubling events before or after they have happened. The Safe2Tell Hotline gives students in all Colorado schools (K-12) an increased ability to both prevent and report unsafe situations by making safe anonymous calls.

Because kids usually know about troubling events before they occur, the Safe2Tell program emphasizes prevention and early intervention. Students and other community members can call 1-877-542-SAFE to report threats, fights, instances of bullying, substance abuse, or other activities that create unsafe situations. Calls are answered 24hours per day at a Colorado State Patrol communication center and forwarded to local school officials and/or law enforcement agencies as needed. State law and the procedures established by Safe2Tell for receiving and forwarding tips guarantee the anonymity of every caller.

A Web site (www.safe2tell.org), posters and additional printed materials are available to help educate students and communities about the program.

"Kids often have the best information of what is happening in their schools and in their community. Safe2Tell provides a safe way for kids to pass on this information to adults who can make a difference."

—Ken Salazar, Colorado United States Senator

Pediatric Providers:
Reducing Children's Exposure to Secondhand Smoke

Pediatric providers are in a unique and important position when it comes to protecting their young patients from the harmful effects of secondhand smoke (SHS). Encouraging parents to reduce their children's exposure and/or to quit smoking can significantly protect children from the health hazards of SHS.

SHS has very serious and harmful effects on children. Children who breathe SHS are more likely to have ear infections, wheezing and coughing spells, asthma attacks, allergies, bronchitis and pneumonia. In some instances, secondhand smoke can even lead to Sudden Infant Death Syndrome (SIDS) as well as behavior and learning problems in children. Secondhand smoke also increases the frequency of episodes and severity of symptoms in asthmatic children.

Despite these significant health effects, approximately one half of the children in the U.S. under the age of five are exposed to tobacco smoke, with exposure beginning before birth for nearly one quarter of them. The Environmental Protection Agency (EPA) estimates that the 150,000 to 300,000 cases of lower respiratory infections which occur annually in infants and young children up to the age of 18 months are attributable to secondhand smoke.

Approximately 85 percent of Colorado smokers report wanting to quit, and research shows that tobacco use interventions conducted by clinicians greatly increases cessation rates.

A new and free resource, *Protecting Children from Secondhand Smoke: A Health Care Provider Toolkit,* was developed by the Colorado Asthma Coalition's Secondhand Smoke and Children's Committee to assist pediatric health care providers in providing education to the parents and caregivers of the children they serve. Copies can be ordered at no cost on-line at: www.rmc.org/shop or by faxing a request to the Rocky Mountain Clearinghouse Prevention Information Center at 303-239-8428.

Gwen Kerby, MD, director of the Asthma Program at the Children's Hospital and chair of the Colorado Asthma Coalition's Provider Education and Best Practice Committee states, "The packet is a great resource for pediatric providers. It provides the tools to encourage parents to be smoke-free, assist in the cessation process and respond to the needs of their patients."

In addition to the free toolkit, the Colorado Quitline, a telephone-based professional counseling service that connects people who want to quit with trained counselors, is available to Colorado residents at no cost. Operated by National Jewish Medical and Research Center, Quitline services are available in English and Spanish at 1-800-639-QUIT (7848).

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The Colorado QuitNet, is an internet-based cessation service that offers peer support through an online community of quitters as well as expert advice on quitting strategies and medications. Individuals can log on at www.co.quitnet.com.

For more information about the *Protecting Children from Secondhand Smoke: A Health Care Provider Toolkit* and health care provider trainings contact Debbie Montgomery at 303-692-2509 or at Debbie.Montgomery@state.co.us.

Get R!EAL Posters Available

The State Tobacco Education and Prevention Partnership and Get R!EAL, Colorado's youth movement against the tobacco industry, have designed and field-tested a series of posters for distribution throughout the state. The posters are intended to motivate youth toward action and advocacy by telling big tobacco companies what they think, or to encourage youth who smoke to seek out cessation resources.

A thumbnail of each of the six posters, along with its description, is located at www.tobaccocontrolpartners.org. The files are large, so please anticipate time for downloading. If you would like a quick print store (such as Kinko's) to print the posters, you can send them the PDF files and have them laminated or dry mounted as needed.

We look forward to Colorado schools and communities displaying posters that are relevant, attractive, youth-tested and approved, tobacco-specific, and with a positive call to action.

If you have questions regarding the Get R!EAL posters or program, please call Sally Casey at 303-315-0220; if you have questions regarding the cessation posters or STEPP Youth Programs, please call Katy Kupecz at 303-692-2511.

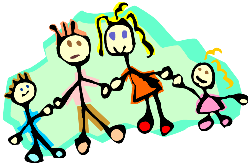
Target Stores Opens Community Giving Grants Program

Deadline: May 31, 2005

Applications are now available for the Target Stores for their Community Giving grants program that currently focuses on three areas: arts, family violence prevention, and reading.

Target funds early childhood reading programs that promote a love of reading or encourage children to read together with their families. Programs that inspire young readers (birth through third grade) are a particular focus of the program. Target support for the arts includes grants to make art exhibitions, classes, and performances more affordable and accessible for families. Programs that bring arts to schools or school children to the arts are of particular interest. Target also supports family violence prevention, including funding for parenting education, crisis nurseries, family counseling, after-school programs, support groups, and abuse shelters.

Visit the Target Web site at target.com/target_group/community_giving/local_giving.jhtml for complete grant guidelines. Application forms are available at Target stores and online.



Invest in Kids'
Incredible Years Program
Submitted by
Jennifer Atler, Executive Director

Invest in Kids' mission is to partner with communities to improve the health and well-being of Colorado's children through advancing programs that work. To that end, we have a three part strategy: we look nationally for programs with proven effectiveness (evidenced by rigorous research), we engage in an intensive community process to ensure there is a local need and that our identified program can help meet that need, and then we work to sustain the programs over time.

In 2002, Invest in Kids adopted Incredible Years (IY) as its second initiative. Since that time, we have facilitated its implementation in 30 different sites (a mix of Head Start, private child care centers and public elementary schools) in 13 counties and two Indian reservations in Colorado. IY works with children ages three to eight years, their parents and teachers to prevent and reduce mental health problems in young children, while giving each of them the skills necessary for the children to arrive at school emotionally and socially ready to learn, and to succeed once they are there. IY has been proven (through a series of randomized controlled trials over the last 10 years) to be effective because it recognizes that often the best way to help young children is to strengthen and improve the way that their parents and caregivers relate to them. IY has three comprehensive and developmentally-based curricula targeted to parents, teachers and children.

The parenting curriculum is delivered through a series of 12 to 14 weekly parent group meetings (at which dinner and child care are provided). Two trained co-leaders guide the group of 10-14 parents as they learn strategies for playing with and praising their children, effective limit setting and how to partner with teachers in their children's education, among other strategies and skills.

The child/teacher curriculum includes over 60 different lessons, which are delivered two to three times per week in each classroom. Two trained teachers co-lead Dinosaur School (the child curriculum) using life-size puppets, fun and engaging activities and cards and video vignettes, among other modalities. The lessons focus on, among other topics, identifying feelings in themselves and others, how to control their anger and how to solve problems. To that end, the children learn very concrete strategies for calming down and for generating different solutions for any given problem. The teachers learn positive teaching strategies (focusing on what children are doing right instead of what they are doing wrong), how to connect with children with challenging behaviors, and how to help those children manage their behavior.

IY has been proven to significantly improve parenting skills, increase teachers' use of positive classroom management skills, and decrease aggressiveness and increase cooperation of children in classrooms and in their homes.

Please contact me at 303-839-1808 ex.104 or jatler@iik.org or go to www.iik.org/incredibleyears.htm if you would like any further information.

WHAT'S HAPPENING

Health and Safety in Child Care
Friday, May 20, 2005 10:00 a.m. — 2:00 p.m.
Boulder County Public Health
Baltic Room
3482 Broadway, Boulder
LUNCH WILL BE PROVIDED

This is a second in a series of Learning Communities focused on health and safety in child care and is sponsored by the Maternal and Child Health Program. There is no registration fee for the learning community. Please see the enclosed registration form or contact Rachel Hutson at 303-692-2365 or rachel.hutson@state.co.us for more information.

2005 Cover the Uninsured Week

From May 1-8, 2005, *Cover the Uninsured Week* will feature events from coast to coast so that Americans can learn more about the issue. Activities will include press conferences, health and enrollment fairs, small business seminars, campus events and interfaith activities.

To learn more about which *Cover the Uninsured Week* events are happening near you or if you'd like to plan an event, visit *Cover the Uninsured Week*'s Web site www.covertheuninsuredweek.org. Here you can register your event and have it appear on the Web site; create your own web page promoting your activity; and access valuable event planning resources, guides, and other helpful advice especially for event planners.

Alcohol Awareness Month

The Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, and Scholastic Inc., have collaborated to provide school-based, underage alcohol use prevention materials in time for Alcohol Awareness Month each April.

The already-prepared Teach-In curriculum focuses on the lessons in the Reach Out Now materials. At the end of the lesson, students should be able to:

- Describe some of the effects of alcohol on the brain and body
- Identify effective alternatives to using alcohol
- Work in groups to develop an effective alcohol prevention message.

Go to www.teachin.samhsa.gov/lesson_plan.htm to download 2005 Lesson Plans for the 4th Annual National Teach-In, Reach Out Now.

Office of Local Liaison
Presents:
Introduction to Public Health In Colorado

WHAT - A 2-day course, *Introduction to Public Health in Colorado*, which provides an introduction to public health including topics such as: history of public health in Colorado, structure and function of public health systems, understanding Core Functions and Essential Services, introduction to epidemiology and data uses, navigating legal and ethical issues in public health nursing, community assessment, emerging issues in public health and more

WHO - Any professional-level public health staff member in Colorado who has been employed for at least three months in a public health setting

WHEN AND WHERE IN 2005

July 20th and 21st -Grand Junction
October 26th and 27th-Fort Morgan

COST- $30.00 (checks should be made out to CDPHE) to cover the cost of lunches, snacks and materials

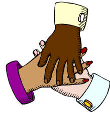
TO REGISTER - Contact Nancy Moulton (303-692-2350 Nancy.moulton@state.co.us)

Save the Date!
June 8-10, 2005
Voices of Strength
Connecting Prevention and Positive Youth Development

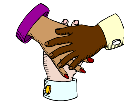
At this unique learning event, you will gain the skills and tools needed to transform schools and communities into places where youth can thrive — academically, socially and emotionally — and avoid destructive behaviors like youth violence, substance abuse, school disruption and teen pregnancy.

Come to network, connect and learn how multiple disciplines and the connection to culture contribute to the power of community partnerships

Brought to you by:
Assets for Colorado Youth
1580 Logan St, Suite 700
Denver, CO 80203
303-832-3280



HELPFUL RESOURCES



Annual Report on the Nation's Health

The Center for Disease Control and Prevention (CDC) has published *Health, United States, 2004* with Chartbook on Trends in the Health of Americans, the 28th edition of the annual report on the nation's health. The report includes 153 trend tables organized around four subject areas: health status and determinants, health-care use, health-care resources, and health-care expenditures. Information regarding racial, ethnic, and socioeconomic disparities in health is presented in several tables. This document is available online at: www.cdc.gov/nchs/hus.htm.

Health Promotion/Disease Prevention SNAP Toolkits Available

The School Network for Absenteeism Prevention (SNAP) encourages middle schools to develop programs that make hand hygiene a priority for students, teachers, school health personnel, administrators, and parents to help prevent the spread of infectious diseases and reduce related absenteeism. To download the SNAP toolkit for schools and other useful information, go to www.itsasnap.org/index.asp.

Diabetes Guide for School Personnel

One in three children born in 2000 will develop diabetes if they continue on the low-activity, high-calorie pattern of Americans today, according to the Centers for Disease Control and Prevention.

The National Diabetes Education Program has released a new publication titled, "*Helping the Student with Diabetes Succeed: A Guide for School Personnel.*" The purpose of this guide is to provide a set of practices for schools to most effectively help students manage their disease in a safe learning environment. The guide can be downloaded from the National Diabetes Education program Web site at: www.ndep.nih.gov/resources/school.htm or can be ordered by calling 1-800-438-5383.

Avian Flu Fact Sheet

Avian flu, also known as "bird flu", is not a current threat in the U.S. but is a potential concern due to outbreaks, primarily in Asian countries, during the past few years. The Center for Health and Health Care in Schools has developed a fact sheet that summarizes recent developments as well as recommendations from the Centers for Disease Control and Prevention and the World Health Organization for responding to future outbreaks. To review this fact sheet, go to:
healthinschools.org/sh/avianflu.asp
For information and guidance from the CDPHE go to:
www.cdphe.state.co.us/dc/influenza/avian/.

National Health Data

The National Center for Health Statistics' (NCHS) Web site is a source of information about America's health. NCHS compiles statistical information to guide actions and policies to improve the health of all Americans.

NCHS's surveys and data collection systems include:

- ◊ Birth and mortality data
- ◊ National Maternal and Infant Health Survey
- ◊ National Survey of Family Growth

To access the NCHS Web site, go to:
www.cdc.gov/nchs/.

Bullying: Is It Part of Growing Up, or Part of School Violence?

It hasn't been much studied in the United States, it isn't part of most teacher training curricula, and many educators think there's little they can do to stop it. But bullying at school is getting new attention, as researchers find mental health implications in the fact that as many as one-third of students say they have either bullied someone or been the target of bullying. Researchers also consider it important that some 70 percent of the young persons who committed extreme acts of school violence such as shootings were later found to have been either victims or perpetrators of bullying in their schools.

Read the complete issue at
www.healthinschools.org/focus/2004/no2.htm.

New Edition Of Child And Adolescent Nutrition Knowledge Path Released

Knowledge Path: Child and Adolescent Nutrition is an electronic resource guide on recent, high-quality resources that analyze and describe public health campaigns and other promotion programs and report on research aimed at identifying promising strategies for improving nutrition and eating behaviors within families, schools, and communities. Produced by the MCH Library, the knowledge path includes information on (and links to) Web sites and electronic publications, databases, electronic newsletters and online discussion groups, journal articles, and print publications. It is intended for use by health professionals, policymakers, researchers, educators, and families who are interested in tracking timely information on this topic. The knowledge path is available at:
www.mchlibrary.info/KnowledgePaths/kp_childnutr.html.

Free Child Development Kit from CDC for Health Care Workers

The Centers for Disease Control and Prevention (CDC), along with its national partners, will launch the *Learn the Signs. Act Early.* campaign to help parents identify the important developmental milestones for young children. *Learn the Signs. Act Early.* is designed to help parents recognize how young children should develop and the early warning signs of developmental disorders, including autism, mental retardation, and cerebral palsy.

CDC's campaign has been able to reach health care professionals by distributing information kits at more than a dozen national conferences. The resource kit, available in English and Spanish, contains a number of materials designed for providers to share with parents, including:

- Fact sheets on developmental milestones, screening, developmental disorders, and resources.
- Informational cards with milestones by age and a series of questions for the child's key health care professional.
- An 11" x 17" *Learn the Signs. Act Early.* poster designed for an examination room.

Health care professional resource kits are available at:
www.cdc.gov/ncbddd/autism/actearly/ or by calling 1-800-CDC-INFO.

For Your Information

"Baby Friendly" Hospital Accreditation Leads To Higher Breastfeeding Rates

A new study in the United Kingdom has shown that babies born in hospitals accredited as Baby Friendly are more likely to be breastfed than those born in non-accredited units.

Baby Friendly Accreditation means that a hospital is meeting certain standards in the way that they care for pregnant women and new mothers. These standards have been identified by UNICEF and include standards such as:

- The mother will be given their baby to hold against her skin immediately after the birth, for as long as she wants.
- Assistance with breastfeeding will be given to the mother in the first half hour after the baby is born.
- Babies will be kept with their mothers at all times.
- Babies will not be given water or formula unless medically necessary.

Babies in Baby Friendly hospitals were 28% more likely to be breastfed at seven days than those born in other units. The study concludes that all maternity hospitals should be encouraged to achieve accreditation as Baby Friendly.

Broadfoot M et al (2005).
The Baby Friendly Hospital Initiative
and Breast Feeding Rates in Scotland.
Archives of Disease in Childhood
Fetal and Neonatal
Edition 90: F114-F116 [Abstract]

Are Colorado Hospitals Baby Friendly?

In the U.S. there are currently 44 Baby Friendly accredited hospitals, although none are located in Colorado. A recent survey of Colorado hospitals reveals that over one third of birthing hospitals do not have a written breastfeeding policy. However, of the hospitals that do have a breastfeeding policy, almost 95% specify that breastfeeding should be initiated within one hour after the baby is born. About half of the Colorado hospitals surveyed have written procedures for "rooming in", or keeping the baby with their mother at all times. Approximately 1 in 4 hospitals surveyed provide formula at the discretion of nursing staff and 1 in 5 hospitals provide formula at night when the mother is sleeping. The Colorado Breastfeeding Task Force is reviewing the results of the survey and will be identifying strategies to help make more Colorado hospitals baby friendly.

For more information about the Colorado Breastfeeding Task Force visit www.cdc.gov/breastfeeding/coalition-co.htm or contact jennifer.dellaport@state.co.us.

For more information on Baby Friendly USA, visit www.babyfriendlyusa.org/.

Web Site Launched To Advance Booster Seat Safety, Education and Advocacy

The National Partnership on Booster Seat Safety has launched a new Web site to promote the use of booster seats for children who have outgrown their child safety seats but are not ready to use standard seat belts.

The Web site is managed by the National Healthy Mothers, Healthy Babies Coalition (HMHB) with support from the CarMax Foundation. The site is part of an effort to expand HMHB's work on occupant-protection issues. The Web site's resources page contains links to federal recommendations, a list of recalled products, videotape demonstrations for parents, a database of state laws, state-by-state reports of crashes involving children, creative resources for teachers, and more. The site is intended for use by families, health professionals, and policymakers in their efforts to save lives and prevent injury through booster seat safety education and advocacy. The Web site is available at: www.boostkids.org.

Risk Factors for Infant Maltreatment

Children under one year of age account for the largest percentage of maltreatment victims in this country. In a recent study, researchers investigated perinatal and sociodemographic risk factors associated with infant maltreatment. The study involved nearly 4,500 infants in Florida with a verified report of maltreatment prior to the age of one year. Data were gathered from several State databases, including Vital Statistics (birth certificates), Child Protective Services, and Medicaid. Of the 15 risk factors included in the analysis, 11 were associated with infant maltreatment.

The five most significant risk factors were:

* Smoking during pregnancy
* More than two siblings
* Medicaid beneficiary
* Unmarried marital status
* Low birth weight

Results showed that mothers and infants with at least four of the top five risk factors had maltreatment rates seven times higher than the population average. Moreover, mothers with at least three of these five risk factors accounted for more than one-half of all infant maltreatment cases.

This article, "Risk Factors for Infant Maltreatment: A Population-Based Study," is available in the December 2004 issue of *Child Abuse and Neglect*. Copies can be purchased from the publisher at: authors.elsevier.com/JournalDetail.html?PubID=586&Precis=DESC.

Two New Reports Available Regarding Adolescent Sexual Activity

New research published in the *Journal of Adolescent Health*, indicates that both less sexual activity and increased contraceptive use have made nearly equal contributions to the decline in teen pregnancy rates between 1991 and 2001. The research attributes 53 percent of the decline in pregnancy rates for youth aged 15-17 to decreased sexual experience and 47 percent to improved contraceptive use. This is the first effort to calculate the relative contributions of abstinence and contraception to the decline in teen pregnancy for the period between 1995 and 2001—previous efforts focused on 1988-1995.

"It's time to applaud the less sex, more contraception generation for making better decisions about their own future," said Sarah Brown, Director of the National Campaign to Prevent Teen Pregnancy. "These behavior changes have made a powerful contribution to overall declines in poverty and to improving child and family well-being generally. These findings also underscore the importance of using contraception if sexually active. We hope that this new research helps lessen some of the counter-productive arguments in this country that pit abstinence against contraception."

The entire *Journal* article can be viewed at: www.teenpregnancy.org/about/announcements/pdf/JAHarticle.pdf.

The second fact sheet, *Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, 2002*, describes sexual activity, contraceptive use, and births among males and females ages 15-19 in 1988, 1995, and 2002.

The authors found that

⇒ Adolescents in 2002 delayed first intercourse for longer than adolescents in 1995.

⇒ Adolescents in 2002 used contraceptives more often than adolescents in 1995.

⇒ Trends in sexual activity and contraceptive use as measured from 1995 through 2002 are consistent with the downward trend in pregnancies and births to adolescents that has been observed since 1991.

The fact sheets, along with the full reports, are available at: www.cdc.gov/nchs/nsfg.htm.

New Child Trends Indicator on Steroid Use

Among twelfth grade males who were highly involved in athletics in 2002-2003, one in 20 had used steroids in the previous year, compared with only about two percent among twelfth grade males who did not participate in athletics. In addition:

- Adolescent males are two to three time more likely than adolescent females to use steroids.
- Among adolescent whites, blacks and Hispanics, blacks have had the lowest rates of steroid use in the past year.

For more information, visit the Child Trend's Databank at: www.childtrendsdatabank.org/.

To view the newly released American Academy of Pediatrics policy statement released to adolescent steroid use, go to: pediatrics.aappublications.org/cgi/content/full/115/4/1103.

Brief Highlights Findings About Adolescents' Perspectives On Relationships With Parents

Parent-Teen Relationships and Interactions: Far More Positive Than Not brings together recent results of a nationally representative survey of U.S. adolescents about the nature of their relationships with their parents and findings from studies on the parent-adolescent bond. The research brief, published by Child Trends, presents information on adolescent perspectives based on data from interviews of the 1997 cohort from the National Longitudinal Survey of Youth (NLSY). The brief includes a discussion of the NLSY findings, implications, and conclusions. Findings from research examining the relationship between five types of parent-adolescent interactions and student literacy across 21 industrialized countries are also presented. The brief is available at:
www.childtrends.org/Files/Parent_TeenRB.pdf.

Tools Designed To Help Assess MCH Program Capacity To Support Adolescent Health

System Capacity for Adolescent Health: Public Health Improvement Tool is a set of tools designed to assist states in assessing six areas of capacity to support effective adolescent health programs. The System Capacity project and tools are a collaborative effort of the Association of Maternal and Child Health Programs and the State Adolescent Health Coordinators Network (SAHCN), with support from the Annie E. Casey Foundation. The project Web site contains an overview, capacity assessment tools and instructions, action planning guidance, and an online evaluation of web resources. Information on technical assistance and resource colleagues, a conceptual framework for adolescent health, and related links and resources are also presented. Forthcoming materials include a facilitator's guide, evaluation guidance, a best practices collection form, a sample agenda, lessons learned, and tool adaptations for local use. The tools are can be accessed at:
www.amchp.org/syscap/index.php.

New Dietary Guidelines Stress Reduced Calorie Consumption

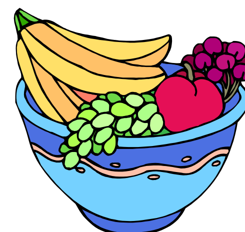
The federal government recently released the sixth edition of *Dietary Guidelines for Americans*, with stronger emphasis on reducing calorie consumption and increasing physical activity. The dietary guidelines will set standards for federal nutrition programs, including school lunches and breakfasts, and are intended as a tool to educate consumers on nutrition.

The report makes 41 key recommendations, 23 for the general public and 18 for special populations. The recommendations are grouped into nine topics, including:

- Adequate nutrients within calorie needs
- Weight management
- Physical activity
- Food groups to encourage
- Fats
- Carbohydrates
- Sodium and potassium
- Alcoholic beverages
- Food safety

The dietary guidelines, a 65-page publication with appendices, can be found at:
www.healthierus.gov/dietaryguidelines.

The second step in federal nutrition guidance, the so-called "food pyramid," is currently under development and should be released in the near future.



Model Policies Provide Guidance To Local School Districts In Promoting Nutrition And Physical Activity

Model School Wellness Policies is a comprehensive set of model nutrition and physical activity policies intended to provide guidance to local school districts on promoting nutrition and physical activity and addressing obesity. The model policies were developed by the National Alliance for Nutrition and Activity in response to requests for guidance in meeting the new federal requirements of the Child Nutrition and WIC Reauthorization Act of 2004. (The act requires that all school districts with federally funded school meals programs develop and implement wellness policies by the start of the 2006-2007 school year.) The policies are based on nutrition science, public health research, and existing practices from exemplary states and local school districts around the county. Topics include school health councils, nutritional quality of foods and beverages sold and served on campus, nutrition and physical activity promotion and food marketing, physical activity opportunities and physical education, and monitoring and policy review. Links to additional resources are also provided, along with information on using the model policies, self-assessment and planning tools, and a list of supporting organizations. School districts may use the model policies as written or revise them to meet local needs and reflect community priorities. The model policies and additional resources are available at: www.schoolwellnesspolicies.org.

MCH Alert
April 1, 2005

Preventive Oral Health Supervision Resource Available

Bright Futures in Practice: Oral Health—Pocket Guide is a resource to assist health professionals in providing oral health care for infants, children, adolescents, and pregnant and postpartum women. The pocket guide was developed by the National Maternal and Child Oral Health Resource Center working in collaboration with the Bright Futures Education Center at the American Academy of Pediatrics, with support from the Maternal and Child Health Bureau. The pocket guide offers health professionals an overview of preventive oral health supervision for five developmental periods—pregnancy and postpartum, infancy, early childhood, middle childhood, and adolescence. It is designed to be a useful tool for a wide array of health professionals including dentists, dental hygienists, physicians, physician assistants, nurses, dietitians, and others. The pocket guide is available from the Bright Futures Oral Health Toolbox at www.mchoralhealth.org/Toolbox/professionals.html.

The Bright Futures Oral Health Toolbox offers health professionals, human services providers, and families online access to materials focusing on oral health supervision. The toolbox consists of descriptions of and links to the pocket guide and other materials that complement the Bright Futures philosophy of promoting and improving the health and well-being of infants, children, and adolescents within the context of family. The toolbox is available at:
www.mchoralhealth.org/Toolbox/index.html.

Survey Assesses Children's Television, Video, and Computer Game Use

"Our results . . . suggest that a better understanding of what attitudes or beliefs underlie television usage in young children is warranted," state the authors of an article published in the November 2004 issue of the *Journal of Pediatrics*. The American Academy of Pediatrics recommends that children younger than age two refrain from watching television and that children older than age two limit viewing to no more than two hours per day. The article describes a population-based descriptive study of television and other media use in children.

Parents of children younger than age 11 whose child had made at least one visit to a University of Washington Physician Network clinic in 2000-2003 were recruited to participate in a cross-sectional telephone survey. Parents were asked to report separately on the amount of television, videos, and computer games their child had watched or played on an average weekday in the past seven days.

The authors found that:

- Of the 2,375 families who were contacted and eligible to participate in the study, a total of 1,475 completed the survey.
- Parental reports of child mean daily media use were as follows: television -- 1.45 hours, videos -- 1.1 hours, and computer games -- 0.54 hours.
- Twenty-six percent of parents reported that their child had a television in his or her bedroom, 30% reported that their child had eaten breakfast or dinner in front of the television in the past week, and 22% reported that they were concerned about the amount of television that their child watched.
- Having a television in the child's bedroom was associated with increased hours of television, video, and computer game use.
- More-educated parents were less likely to report that their child had a television in his or her bedroom and were more likely to be concerned about the amount of television their child watched.
- There was no association between parental education and the probability of eating a meal in front of the television.
- Parents who reported that their child watched more television were significantly more likely to report being concerned about how much their child watched.

The authors conclude, "parents may believe that they are not completely in control of their children's television venues and quantity." If this is correct, the authors add, "parents would both welcome and benefit from tools and strategies that would help them exert more control over their children's television habits and reduce their hours of viewing."

Christakis DA, Ebel BE, Rivara FP, et al. 2004.
Television, video, and computer game usage
in children under 11 years of age.
Journal of Pediatrics
145(5):652-656.

Health Disparities Report Card

An article published in the March/April 2005 issue of Health Affairs notes that federal and state governments have a vital role to play in achieving equity in health. The article proposes criteria for a state report card in minority health policy and then uses the criteria to analyze capacity, infrastructure, and activity addressing health disparities for all 50 states. The article also explores predictors of state performance in minority health.

The researchers conducted a literature review of the evidence on state minority health policy efforts and key informant interviews to propose criteria that would evaluate state policy in addressing health disparities. They selected four key variables to analyze state performance and activity in minority health, including (1) insurance coverage for minorities with low incomes, (2) racial and ethnic composition of the physician work force, (3) state government offices that promote minority health, and (4) the race/ ethnicity categories used to report state vital statistics data. A secondary analysis examined whether region of the country, per capita government spending, or the proportion of minorities within the state correlated with improved performance on the report card measures.

The authors found that:

- Region of the country was a significant predictor of performance on all four report card measures.
- There was no evidence of an association between per capita government spending and performance.
- The proportion of minorities was associated with one of the four minority health measures: states with the highest proportion of minorities had physician work forces that were the least reflective of their demographic composition.

The abstract available at: healthaffairs.org/cgi/content/abstract/24/2/388.

Policy Underpinnings Related to Health Disparities

An issue brief, produced by the Kaiser Family Foundation, reviews evidence underpinning five broad areas of policy initiatives that flow from recommendations made in the Institute of Medicine's 2002 report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Care*. These areas include (1) raising public and provider awareness, (2) expanding health coverage, (3) improving the number and capacity of providers in underserved communities, (4) improving health care quality, and (5) increasing the knowledge base. The brief also presents information on next steps in addressing health care disparities. The brief is available at:
www.kff.org/minorityhealth/7293.cfm.

More information about racial and ethnic disparities in health is available from the MCH Library's knowledge path at: www.mchlibrary.info/KnowledgePaths/kp_race.html.

ACCESS TO CARE FACTS AND FACTORS

PRIMARY CARE OFFICE
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
(March 2005)

Factors That Influence Access To Care

- Colorado's 2003 population estimate is 4,586,455 (Colorado Department of Local Affairs)
- 83% of Colorado's population lives in the 16 front range counties (2000 Census)
- 28.4% of Colorado's population is 19 or younger, higher than the national figure of 21.5% (2000 Census)
- Approximately 139,352 (5.5%) Coloradans are unemployed (Colorado Dept. of Labor, 2004)
- Approximately 765,938 (16.7%) Coloradans are uninsured (2003 Census report)
- Colorado experienced 3 years of double digit increases in insurance premiums, leading to a decrease in employer groups offering health insurance (Colorado Division of Insurance)
- Approximately 1,100,742 (24%) of Coloradans live at or below 200% of the federal poverty level (2000 Census data applied to 2003 population estimate)
- 86,142 Colorado children are estimated to be eligible for CHP+, approximately 61% received services in 2004 (Health Care Policy and Finance, 2004 CHP+ Annual Report)
- Colorado's nursing shortage is twice the national average (Colorado Center for Nursing Excellence)
- An additional 117 primary care physicians, 55 dentists and 8 psychiatrists are needed just to meet the needs of the currently designated health professional shortage areas in the State (Health Resources and Services Administration, Bureau of Primary Health Care)

Out of Colorado's 64 counties:

- 24 are considered rural
- 23 are considered frontier (6 persons or less per square mile)
- 17 are considered urban
- 50 are entirely or partially designated as Primary Care Health Professional Shortage Areas
- 20 are without an acute care hospital
- 9 are without a dentist, an additional 16 are without a dentist that accepts Medicaid
- 6 are without a primary care physician (PCP), an additional 16 are without a PCP that accepts Medicaid

Healthcare Services for Underserved Populations

- 87 National Health Service Corps clinicians provide care in 26 counties
- 27 J-1 Visa Waiver and National Interest Waiver physicians provide care in 14 counties
- 108 Community Health Center sites are located in 32 counties
- 36 Certified Rural Health Clinics are located in 26 counties
- 25 Critical Access Hospitals are located in 23 counties
- 41 School-Based Health Centers provide care in 10 counties
- 15 organized health departments and 39 public health nursing services provide service in all 64 counties
- Approximately 37% of primary care physicians accept Medicaid and 26% accept CHP+ (Primary Care Office, 2004 survey)

CASH STAFF MEMBERS ARE RESOURCES JUST A PHONE CALL, LETTER, OR E-MAIL AWAY . . .

U.S. Mail should be addressed with the person's name followed by:
CDPHE-PSD-CASH-A4, 4300 Cherry Creek Drive South, Denver, CO 80246-1530
Main CDPHE number: 303-692-2000 or toll free 1-800-886-7689

E-mails, unless a different address is given, may be addressed to the person's name as shown with a period between the first and last name followed by @state.co.us

Scott Bates
Program Director, Colorado Children's Trust Fund and CDPHE contact for Family Resource Centers,
303-692-2942

Nancy Donnelly ⋆
CASH Program Assistant, 303-692-2941

Gina Febbraro
Program Director, Tony Grampsas Youth Services,
303-692-2947

Bruce Guernsey
Program Director, Coordinated School Health and School-Based Health Centers
303-692-2377

Judy Harrigan
School Nurse Consultant, 303-866-6779,
Note email: harrigan_j@cde.state.co.us

Jarrod Hindman
Violence Prevention Grant Coordinator
303-692-2304

⋆ EDITING TEAM

Rachel Hutson ⋆
Director of Early Childhood Initiatives, 303-692-2365

Lee Joseph
CASH Fiscal Officer, 303-692-2318

Sally Merrow
CASH Fiscal Officer, 303-692-2391

Leonor Nieto
CASH Fiscal Officer, 303-692-2322

Barbara Ritchen ⋆
CASH Director, 303-692-2328

Robin Rocke
CASH Administrative Assistant, 303-692-2371

Betina Smith-El-Senussi
CASH Fiscal Officer, 303-692-2317

Jason Vahling
Program Director, Adolescent Health, 303-692-2946

Cathy White
School Age Nurse Consultant, 303-692-2375

Esperanza Zachman
Program Director, Nurse Home Visitor Program
303-692-2943
Note email: eyzachman@state.co.us

Please help us cut down on paper, printing and mailing costs. If you would like to receive *Partners in Prevention* via E-mail (in PDF), please contact Nancy Donnelly at nancy.donnelly@state.co.us to get your name on our E-mail list.

Colorado Department of Public Health and Environment

Prevention Partnerships is published by the Child, Adolescent and School Health (CASH) Section; Prevention Services Division;
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4300 Cherry Creek Drive South, Denver, CO 80246-1530,
303-692-2940.
Comments, questions, and contributions are encouraged; please address them to Nancy Donnelly,
nancy.donnelly@state.co.us.

MCH Learning Communities 2004-05

Health and Safety in Child Care

Friday, May 20, 2005, 10 AM – 2:00 PM

Facilitators: Rachel Hutson, MSN, RN, CPNP and Linda Satkowiak, ND, RN, CNS

This is the second in a series of **Learning Communities** focused on health and safety in child care and is sponsored by the Maternal and Child Health Program. The Learning Communities are intended to provide a forum for individuals who share a concern, a set of problems, or a passion about a topic, so participants may deepen their understanding and knowledge of this area by interacting on an ongoing basis to share information, insight, and advice. All public health workers and community partners who are interested in increasing health and safety in child care are invited to participate. There is no registration fee for the learning community.

Topic for Discussion:
Learn about and discuss the **Child Health Liaison Program** coordinated by the Boulder County Public Health

- What are some of the challenges and successes that Boulder County Public Health has experienced in increasing health and safety in child care?
- How can the Child Health Liaison Program inform statewide efforts to increase health and safety in child care?

Health and Safety in Child Care Learning Community Location:

Boulder County Public Health
Baltic Room
3482 Broadway
Boulder, CO 80304
303.413.7502
LUNCH WILL BE PROVIDED

Healthy Child Care Colorado 2005 Training Dates

Friday, March 18 and October 21
Additional dates TBA

- Learn about the role of the Child Care Health Consultant
- Discuss nurse delegation
- Network with other Child Care Health Consultants from around the state

CDPHE – Lowry Campus
LARS Training Room
8100 Lowry Blvd
Denver, CO 80220
303-692-3090

The fee for the training is $75.00, which covers all resource materials, as well as lunch on the training day. Scholarships are available for public health nurses.

Questions about the HCCC training? Please contact Linda Satkowiak at 303-339-6818 or Lsatkowiak@qualistar.org

Registration Options: Health and Safety in Child Care – May 20, 2005

- **Email:** robin.rocke@state.co.us
- **Fax:** 303-691-7852
- **Mail:** Robin Rocke, CDPHE-PSD-A4, 4300 Cherry Creek Drive So., Denver, CO, 80246-1530

Name: ______________________________

Organization: ______________________________

Address: ______________________________City, State, Zip: ______________________________

Phone: ______________________________ Email: ______________________________

☐ Please check if you will be participating by conference call.
Questions? Contact Robin Rocke at 303-692-2371 or robin.rocke@state.co.us or Rachel Hutson at 303-692-2365 or Rachel.Hutson@state.co.us

Colorado Department of Public Health and Environment

MCHB

FOLLOW THE LEADER

WHEELED SPORTS SAFETY

Parents: Keep Safety on the Brain!

- ☑ Always wear a properly fitted helmet that meets the United States Consumer Product Safety Commission (CPSC) standards when cycling, skating, skateboarding or scooting.
- ☑ Wear the right gear in addition to a helmet! For skating and skateboarding, kids should wear properly fitting knee pads, elbow pads and wrist guards. For scooting, kids should wear properly fitting knee pads and elbow pads.
- ☑ Inspect bicycles to make sure they are the appropriate size, with secure reflectors, working brakes, smoothly shifting gears and tires that are secured tightly and properly inflated.
- ☑ Incorporate retroreflective material into clothing, footwear, accessories, the wheeled vehicle or all of these, especially at dusk and dawn or when weather is bad. Use both lights and reflectors on bikes.

Teach Your Children to:

- ☑ Wear helmets correctly – centered on top of the head and always strapped and buckled. A helmet should be snug and not rock back and forth or side to side.
- ☑ Never ride when it's dark.
- ☑ Always cycle, scoot or skate on sidewalks, paths, driveways or other designated areas, if they are under age 10.
- ☑ Ride with traffic flow and as far to the right as possible.
- ☑ Always obey traffic signals and lights.
- ☑ Look back and yield to traffic coming from behind before turning left. Use appropriate hand signals to alert cars and pedestrians when turning left or right.
- ☑ Many locations have bicycle education classes that teach children proper riding and traffic skills. To learn more, go to www.safekids.org or www.bikeleague.org.

National SAFE KIDS Campaign®

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Visit www.safekids.org for more information!

FOLLOW THE LEADER

CHILD PASSENGER SAFETY

Parents: Buckle Up!

- ☑ Restrain all children ages 12 and under in a back seat.
- ☑ Keep infants in rear-facing child safety seats as long as possible and at least until 1 year of age and 20 pounds of weight. Many convertible child safety seats allow infants to ride rear-facing until they reach weights as high as 30 or 35 pounds.
- ☑ Place children over 1 year of age and weighing 20 to 40 pounds, who are no longer able to ride rear-facing, in forward-facing child safety seats. Read child safety seat instructions to properly adjust the harness and the seat's angle.
- ☑ Place children who weigh more than 40 pounds in belt-positioning booster seats until vehicle lap and shoulder belts fit correctly, usually around age 8 and when the child reaches 4'9" in height.
- ☑ Position lap and shoulder safety belts properly on children over age 8 and 4'9", ensuring that the lap belt fits across the thighs and the shoulder belt rests on the collar bone, not the neck or face. A child's knees should bend naturally at the vehicle seat's edge. Never place the shoulder belt behind a child's back or under the arm.
- ☑ Replace any child safety seats or safety belts involved in a crash.
- ☑ Attend a child safety seat checkup event in your area, where trained, nationally certified technicians can inspect your safety seat. Find local events and SAFE KIDS coalitions at www.safekids.org or by calling (800) 441-1888.
- ☑ Know your law. Visit www.safekids.org and find out about the child passenger safety laws in your state and local area by clicking on "Learn about Child Safety Laws & Regulations."
- ☑ Visit www.safekids.org and click on "Safety Seat Guide" to find an appropriate child safety seat for your child's age and size.

Teach Your Children to:

- ☑ Buckle up on every ride, in every vehicle, with every driver.
- ☑ Never play in or around cars.
- ☑ Never ride in the bed of a pickup truck.

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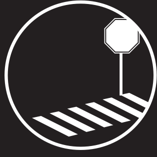
Visit www.safekids.org for more information!



FOLLOW THE LEADER

PEDESTRIAN SAFETY

Parents: Walk This Way!

- Don't allow a child under age 10 to cross streets alone. Adult supervision is vital until your child demonstrates traffic skills and judgment.
- Require children to carry flashlights at night, dawn and dusk. Add retroreflective materials to children's clothing.
- Prohibit play in driveways, unfenced yards, streets or parking lots.
- Make sure your children take the same route to common destinations (such as school) every time. Walk with your child to find the safest path. Look for the most direct route with the fewest street crossings.
- Find a SAFE KIDS coalition near you and join its pedestrian safety efforts. To learn more, go to www.safekids.org or www.walktoschool-usa.org.

Teach Your Children to:

- Look left, right and left again before crossing the street. Cross when the street is clear, and keep looking both ways while crossing. Walk, don't run.
- Understand and obey traffic signals and signs.
- Cross at corners, using traffic signals and crosswalks when available. Do not enter the street from behind parked cars, bushes or shrubs.
- Stop at the curb, or at the edge of the road if there is no curb, before crossing the street. Never run into a street without stopping, for a ball, a pet or any other reason.
- Walk facing traffic, on sidewalks or paths. Walk as far to the left as possible if there are no sidewalks.
- Watch for cars that are turning or backing up.

Visit www.safekids.org for more information!

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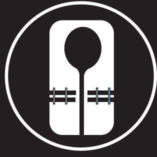

FOLLOW THE LEADER

WATER SAFETY

Parents: Splash into Safety!

- ☑ Actively supervise children near water.
- ☑ Learn infant and child CPR.
- ☑ Wear U.S. Coast Guard-approved life jackets.
- ☑ Do not use inflatable inner tubes or “water wings” as safety devices.
- ☑ Keep toilet lids down.
- ☑ Keep doors to bathrooms and laundry rooms closed.
- ☑ Keep children who are in baby bath seats and rings within an arm’s reach every second.
- ☑ Teach children to swim after age 4.
- ☑ Make sure children swim within designated swimming areas of rivers, lakes and oceans.

Teach Your Children to:

- ☑ Swim, through the local department of parks and recreation or a Red Cross chapter.
- ☑ Always swim with a buddy.
- ☑ Never run, push or jump on others around water.
- ☑ Swim only within designated safe areas of rivers, lakes and oceans.
- ☑ Never dive into a river, lake or ocean.

Visit www.safekids.org for more information!

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Seguridad de las bicicletas y otros deportes con ruedas

Padres: ¡Pónganse la seguridad en la cabeza!

- ☑ Lleve siempre un casco debidamente ajustado que cumpla con las normas de la Comisión de Seguridad de Productos al Consumidor (CPSC) para andar en bicicleta, en patines, en un skateboard o en un patinete.
- ☑ ¡Además del casco, lleve los equipos necesarios! Para el patinaje sobre ruedas y en skateboard, los niños deben llevar rodilleras, coderas y muñequeras debidamente ajustadas. Para andar en patinete, los niños deben ponerse rodilleras y coderas del tamaño adecuado y correctamente ajustadas.
- ☑ Inspeccione las bicicletas para verificar que tengan el tamaño adecuado, con reflectores asegurados, frenos en buen estado, piñones de cambio de marcha que permitan cambios armoniosos, y que las llantas estén bien aseguradas y debidamente infladas.
- ☑ Incorporar materiales retrorreflectores en la ropa, el calzado, los accesorios, el vehículo con ruedas, o todos ellos, particularmente al atardecer y al amanecer o cuando hace mal tiempo. Utilice luces y reflectores en las bicicletas.

Enseñe a sus niños a:

- ☑ Utilizar los cascos de forma correcta – centrados en la parte superior de la cabeza y siempre con las correas de sujeción ajustadas y cerradas. El casco debe estar bien ajustado y no oscilar hacia adelante y atrás o lateralmente.
- ☑ No andar en bicicleta en la oscuridad.
- ☑ Andar siempre en bicicleta, patinete o skateboard en las aceras, sendas, entradas de coches u otras áreas designadas, si tienen menos de 10 años.
- ☑ Marchar en la misma dirección que el tráfico y colocarse lo más a la derecha posible.
- ☑ Obedecer siempre las señales de tráfico y los semáforos.
- ☑ Antes de girar a la izquierda, mirar hacia atrás y dejar pasar el tráfico que viene detrás. Utilizar las señales de mano adecuadas para alertar a los coches y a los peatones antes de girar a la izquierda o a la derecha.
- ☑ Muchos lugares tienen clases educativas en el uso de la bicicleta, donde se enseña a los niños a andar correctamente en bicicleta y a maniobrar en el tráfico. Para obtener más información, visite www.safekids.org o www.bikeleague.org.

National SAFE KIDS Campaign®

Para obtener más información, visite www.safekids.org.

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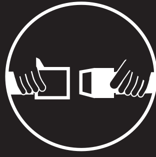

FOLLOW THE LEADER

Seguridad de los pasajeros infantiles

Padres: ¡Abróchense el cinturón de seguridad!

- ☑ Todos los niños de hasta 12 años deben viajar en el asiento trasero y estar debidamente sujetos.
- ☑ Los bebés, durante tanto tiempo como sea posible y por lo menos hasta cumplir 1 año y pesar 20 libras, deben estar colocados en asientos infantiles de seguridad de cara a la parte trasera del vehículo. Muchos asientos infantiles permiten a los bebés viajar cara atrás hasta alcanzar pesos de 30 o 35 libras.
- ☑ Coloque a los niños mayores de 1 año y que pesen 20 a 40 libras, y que no puedan ya viajar cara atrás, en asientos infantiles de seguridad orientados hacia adelante. Lea las instrucciones del asiento de seguridad para ajustar correctamente el arnés y el ángulo del asiento.
- ☑ Coloque a los niños que pesan más de 40 libras en asientos elevadores para posicionar las correas, hasta que los cinturones para la cintura y el hombro se ajusten correctamente, lo cual suele suceder alrededor de los 8 años y cuando el niño llega a una altura de 4'9".
- ☑ Coloque los cinturones de seguridad para la cintura y el hombro correctamente para los niños mayores de 8 años de edad y de 4'9" de altura, asegurando que la sujeción para la cintura se ajuste sobre los muslos y la sujeción para el hombro descanse sobre la clavícula, no sobre el cuello o la cara. Las rodillas del niño deben doblarse naturalmente en el borde del asiento del vehículo. Nunca coloque la sujeción para el hombro detrás de la espalda del niño, o debajo del brazo.
- ☑ Si ha tenido un accidente con el vehículo, reemplace los asientos de seguridad o los cinturones de seguridad.
- ☑ Concurra a un evento de revisión de asientos de seguridad en su zona, en el cual técnicos capacitados con certificación a nivel nacional podrán inspeccionar su asiento de seguridad. Para encontrar eventos locales y coaliciones de SAFEKIDS, visite la página www.safekids.org o llame al teléfono (800) 441-1888.
- ☑ Conozca las leyes. Visite www.safekids.org y entérese de las leyes de seguridad para pasajeros infantiles en su estado y en su zona local, haciendo clic en "Learn about Child Safety Laws & Regulations."
- ☑ Visite la página www.safekids.org y haga clic en "Safety Seat Guide" para encontrar un asiento infantil de seguridad según la edad y el tamaño de su niño.

Enseñe a sus niños a:

- ☑ Abrocharse el cinturón en todos los viajes, en todos los vehículos y con todos los conductores.
- ☑ Nunca jugar dentro o alrededor de vehículos.
- ☑ Nunca viajar en la plataforma de una camioneta pickup.

Para obtener más información, visite www.safekids.org.

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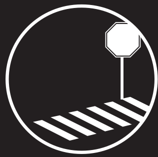

FOLLOW THE LEADER

Seguridad peatonal

Padres: ¡Caminen así!

- No permitan que un niño menor de 10 años cruce la calle solo. La supervisión por parte de un adulto es esencial hasta que el niño demuestre habilidad y buen juicio en lo que respecta al tráfico.
- Exija a los niños llevar linternas por la noche, al amanecer y al atardecer. Añada materiales retror-reflectores a la ropa de los niños.
- Prohíba los juegos en las entradas de automóviles, los patios sin cercar, las calles o los parques de estacionamiento.
- Asegúrese de que sus niños sigan siempre el mismo camino a lugares habituales (por ejemplo, la escuela). Acompañe a su niño para encontrar el camino más seguro. Busque la ruta más directa que tenga el menor número de cruces de calles.
- Busque una coalición de SAFE KIDS cerca del lugar donde vive y únase a sus esfuerzos para mejorar la seguridad peatonal. Para obtener más información, visite www.safekids.org o www.walktoschool-usa.org.

Enseñe a sus niños a:

- Mirar a izquierda, derecha, y de nuevo a la izquierda antes de cruzar la calle. Deben cruzar cuando la calle está libre, y seguir mirando a ambos lados mientras cruzan. Deben caminar, no correr.
- Entender y obedecer las señales y letreros de tráfico.
- Cruzar en las esquinas, utilizando las señales y cruces peatonales cuando los mismos se encuentren disponibles. No ingresar en la calle desde atrás de coches estacionados o arbustos.
- Antes de cruzar la calle, detenerse al borde de la acera, o al borde de la calle si no hay acera. No correr nunca hacia una calle sin detenerse, para recoger una pelota, un animal doméstico o por cualquier otro motivo.
- Caminar de frente al tráfico, en las aceras o sendas. Si no hay aceras, caminar lo más posible hacia la izquierda.
- Estar atento a los coches que estén haciendo un giro o dando marcha atrás.

Para obtener más información, visite www.safekids.org.

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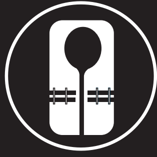

FOLLOW THE LEADER

Seguridad en el agua

Padres: ¡Échense al agua por la seguridad!

- ☑ Supervisar activamente a los niños en las cercanías del agua.
- ☑ Aprender la técnica de resucitación cardiopulmonar (CPR) para bebés y niños.
- ☑ Usar chalecos salvavidas aprobados por el Servicio de Guardacostas de los Estados Unidos.
- ☑ No usar neumáticos inflables o "aletas acuáticas" como dispositivos de seguridad.
- ☑ Mantener cerradas las tapas de los inodoros.
- ☑ Mantener cerradas las puertas de los baños y los cuartos de lavado de ropa.
- ☑ Mantener constantemente al alcance de la mano a los niños que están en asientos y anillos infantiles para el baño.
- ☑ Enseñar a nadar a los niños a partir de los 4 años.
- ☑ Asegurarse de que los niños naden dentro de las áreas de baño designadas en ríos, lagos y océanos.

Enseñe a su niño a:

- ☑ Nadar, a través del departamento local de parques y actividades recreativas, o de un capítulo de la Cruz Roja.
- ☑ Nadar siempre con un compañero.
- ☑ Jamás correr, empujar o saltar sobre otras personas en los lugares donde haya agua.
- ☑ Nadar sólo dentro de las áreas seguras designadas en ríos, lagos y océanos.
- ☑ No zambullirse nunca en un río, lago u océano

Para obtener más información, visite www.safekids.org.

National SAFE KIDS Campaign®

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