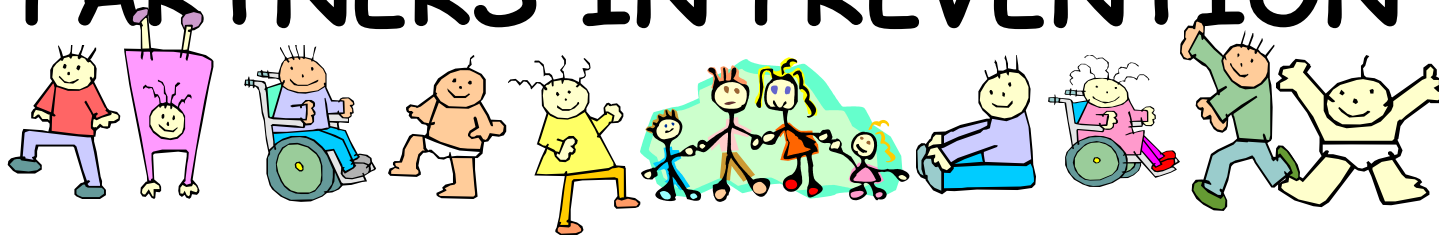


PARTNERS IN PREVENTION



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

Volume 5, Issue 1
Spring 2006

Many people in Colorado have been working in the prevention field for a number of years (some of us for longer than we care to admit). After attending two recent national conferences, I can say that I think we in Colorado have much about which we can be proud! There has been a recent explosion in the field of prevention science. For years, people have justifiably been asking, "how do you know that the program works or that you prevented anything?" We no longer should be saying or hearing, "I know in my heart of hearts that this program works." We now have strong research behind a growing number of prevention programs. And, yes, we have also learned that there are some programs that do not work or that even do harm. Fortunately, Colorado has been in the forefront of applying prevention research and investing wisely in things that do work.

There are also an increasing number of cost-benefit analyses documenting the cost savings of these well-researched models. One impressive speaker at the national *Blue Prints* conference, sponsored by the Center for the Study and Prevention of Violence at CU and held here in Denver, was Michelle Ridge, wife of Tom Ridge, the former Governor of Pennsylvania. She shared with us that the Pennsylvania state budget has a line item for science-based prevention. It includes funding for the Nurse-Family Partnership Program and for the Communities that Care Model (on which Colorado's "Build a Generation" initiative was built).

In recent years, Colorado has made significant progress in moving forward with investment in evidence-based programs. One example is the Nurse-Family Partnership (Nurse Home Visitor) Program. Champions like former Senator Norma Anderson and Jennifer Atler of Invest in Kids saw the value of this program and worked tirelessly, along with many others, to gain support and long-term financial commitment for implementing this program for first-time low-income mothers and their babies. It is now available in 50 counties across the state, has stable funding from the Tobacco

(Continued on page 2)

Inside this issue:

What's New with Smart Start Colorado	2
Nurse Home Visitor Program	3
Hot Topics in Adolescent Health	4
New Parenting Booklet Available	5
Report on Child & Adolescent Health Violence Prevention	6
What's Happening/What's Happened	8
Funding Resources	9
Helpful Resources	10
For Your Information	14



Sign up now to receive this newsletter in color!

Like the updated look of *Partners in Prevention*? It looks even better in color! So, if you are receiving a hard copy of this newsletter, please contact Nancy Donnelly at nancy.donnely@state.co.us to sign up to receive it via e-mail as a PDF. This

not only saves paper and mailing costs, but you can easily share it with others. This issue, as well as past issues are also available on our Web site at: <http://www.cdphe.state.co.us/ps/cash/index.html>

Please Note: Some of the hyperlinks in the PDF version work, some of them don't. You may have to copy the addresses into your Web browser. This problem should be solved for our next issue as we are planning to go to an e-newsletter format!

(Continued from page 1)

Master Settlement Agreement, and is jointly administered by the Department of Public Health and Environment; the National Center for Children, Families and Communities; the National Nurse-Family Partnership; and Invest in Kids. See Esperanza's article later in the newsletter for the latest research results.

Another of our section's programs, the Colorado Children's Trust Fund, is supporting the Nurturing Parenting Program in 25 communities around the state. Preliminary data for this intensive 16-week parenting curriculum are showing that this program is improving parenting skills in four out of the five domains that are associated with risk of child abuse. In addition, the Tony Grampsas Youth Services grantees are implementing a wide variety of evidence-based programs, many of them *Blueprints* programs. The CO KIT reporting and evaluation system, now being used by programs across three state agencies, will enable us to collect and aggregate data on program outcomes in a more powerful way, in order to continue to show that prevention works.

Another worthy investment is in early childhood systems building. Colorado's initiative to build a comprehensive early childhood system, recently branded *Smart Start Colorado*, is a growing, coordinated movement at the state and local level to support early childhood development. See Teri Pinney's article below. At the national Association of Maternal and Child Health Programs meeting, a speaker from the Federal Reserve Board shared that for every dollar invested in quality programs and systems for early childhood development, \$18 is saved.

While Colorado has much to be proud of, there are some areas in which other states are leading the way. In Illinois, for example, the Governor is leading the effort to assure that ALL children have health insurance. In Utah, Oregon and Indiana, parents can fill out ONE application (from the convenience of any computer—be it in the home, a library, school or agency) to apply for a variety of programs including Medicaid, the Child Health Insurance Program (CHP+ in Colorado), Head Start, WIC, and other state programs. Some states have systems in which there is early developmental screening for all children, relying heavily on parent report and perceptions combined with provider training and use of validated screening tools.

In closing, Colorado in doing a lot of great things for children, youth and families. However, we can't rest on our laurels, but need to keep looking forward to what we can do even better. Keep up the good work, and keep up the commitment to make Colorado's programs and policies for children and youth the best in the nation!

Smart Start Colorado is pleased to announce the launch of its Web site and e-newsletter! Go to: <http://www.smartstartcolorado.org/> for information about our growing alliance of early childhood partnerships working together to create a comprehensive system for young children birth to age eight and their families. And don't forget to sign up to become a charter subscriber of the new Smart Start Colorado E-newsletter.



The site is divided into five main sections: *About Smart Start Colorado*, *Building An Early Childhood System*, *Resources for Communities*, *Resources for Professionals* and *Resources for Parents and Family*. It is jam-packed with valuable information. For example, in *Resources for Communities* you can get instant county-by-county data using an

interactive map. In *Resources for Professionals* you can learn about licensing and quality rating resources, as well as our new Smart Start Colorado Office of Professional Development. And in *Resources for Parents* you can link to a multitude of Web sites and documents on health and safety, brain development, parent leadership and more.

Teri Pinney
Smart Start Colorado
Program Director

Nurse Home Visitor Program Helping New Mothers

Since the Colorado Nurse Home Visitor program, also known as the Nurse-Family Partnership (NFP) program, began enrolling women in February 2000, over 5,000 women have received home visits from NFP nurses and 3,700 babies have been born to NFP mothers. The Colorado NFP continues to serve nearly 2,200 first-time, low-income mothers and their infants in 50 of the state's 64 counties.

Women participating in the Colorado NFP have:

- 👶 significant reductions (20%) in cigarette smoking during pregnancy - an important positive outcome as the program is funded through tobacco dollars
- 👶 significant reductions during pregnancy in nearly every measure of family/domestic violence (physical, emotional and sexual abuse and fear of partner)
- 👶 increased employment in the Colorado workforce by NFP mothers of all ages
- 👶 increased rates of marriage during participation in the NFP
- 👶 increased high school graduation rates of those entering the program without a diploma or GED



Infants born to Colorado NFP mothers have:

- 👶 a premature birth rate lower than the Colorado 2004 rate (9.2 % vs. 9.8%)
- 👶 a low birth weight (LBW) rate that is comparable to the overall Colorado 2004 rate (9.2% vs. 9%), despite the fact that the NFP enrolls women at significantly higher risk for adverse birth outcomes (young, low-income, unmarried, less than a high school education, smokers), than is true in the general population
- 👶 completed immunization rates of over 95% at 24 months of age compared with the most recent Colorado state immunization rate of 77.1% among 19-35 month old children
- 👶 breastfeeding rates of 84% at birth; 36% continue to breast feed at 6 months of age
- 👶 high rates of success in achieving developmental and language milestones based on screening tests and other assessments

It is important to note that Colorado NFP nurses completed a greater number of home visits with mothers in all program phases (pregnancy, infancy and toddler) than the National NFP average. The nurses were able to complete these additional visits despite significant client mobility that would typically cause some mothers to leave the program prior to completion. These increased visits further enhance the mothers' and infants' chances for long-term success. In addition, nearly 90% of women enroll in the Colorado NFP by the time they are 28 weeks pregnant, thus increasing the opportunity for visits to improve pregnancy outcomes.

For more information, go to: <http://www.cdphe.state.co.us/ps/nursehome/nursehomevisithom.asp> and <http://www.iik.org>

Esperanza Ybarra
Nurse Home Visitor
Program Director



Hot Topics in Adolescent Health

Hot Topic #1 - Teen Motor Vehicle Safety

Teen motor vehicle crashes are the number one killer of youth in Colorado and our nation. In 2004, over 100 teens died in Colorado as a result of motor vehicle crashes. In response to this problem, a multidisciplinary, interagency team has been formed at the State level to coordinate planning and pool resources to address this topic. This group is called the Teen Motor Vehicle (TMV) Leadership Alliance. Various State agencies (Departments of Public Health and Environment, Transportation, Revenue, Human Services, and Education), in addition to private partners, such as AAA and the Rocky Mountain Insurance Information Association, are members of this alliance. The TMV Leadership Alliance's strategic plan to reduce teen motor vehicle injury and death includes:

- ⇒ Establishing and sustaining an interagency statewide alliance of champions that act on reducing teen motor vehicle crashes and improving teen motor vehicle safety across Colorado. This goal provides the infrastructure for completing the plan by 2010 to coincide with Healthy People 2010.
- ⇒ Increasing enforcement and compliance of the Graduated Driver's Licensing (GDL) law across Colorado. Anyone who interacts with youth (parents, providers, law enforcement, school personnel) and youth need to be aware of, enforce and comply with the new GDL law that became effective July 1, 2005. This law restricts passengers riding with newly licensed teens and nighttime driving from midnight to 5:00am. It also requires 50 hours of supervised driving prior to licensing. For more information, go to: <http://www.coloradodrivetime.com/NewGDLFactSheet.pdf>
- ⇒ Providing technical assistance and consultation to statewide and local community organizations interested in or currently addressing teen motor vehicle safety. Local communities will receive funding to impact teen motor vehicle safety by increasing seatbelt use, decreasing drinking and driving, etc.

If you would like more information regarding the TMV Leadership Alliance, please contact Anne-Marie Braga at 303-692-2946 or anne-marie.braga@state.co.us.



Hot Topic #2 - Mental Health

Mental health issues affect all aspects of an adolescent's life and contribute to significant morbidity and mortality among teens. Recently, the Colorado Department of Public Health and Environment was one of only four states to receive a grant through the Maternal and Child Health Bureau for a mental health systems initiative, now called *Colorado LINKS for Mental Health*. (*LINKS* stands for *Linking Interagency Networks for Kids Services*.) And, although the grant requires a focus on children ages 5-19 years, we have chosen to broaden our scope from birth to 25 to ensure that both vital transition periods are addressed. To begin this initiative in our state, we have partnered with various State Departments (i.e., Human Services, Public Safety, Health Care Policy and Financing) and statewide organizations (i.e., Federation of Families for Children's Mental Health, EMPOWER).

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(Continued from page 4)

The mission of *Colorado LINKS for Mental Health* is to promote partnerships among state agencies and key stakeholder organizations by weaving together existing efforts to create a more coordinated continuum of mental health services for Colorado children, youth and families. There are over 65 diverse, statewide partners that are currently engaged in this initiative. On February 24, 2006, these partners joined together for the first Colorado LINKS BIG Meeting. The three outcomes of the meeting included:

1. Sharing what we've learned so far through the interagency crosswalk and LINKS Survey
2. Inspiring a culture of partnership, hope and success
3. Linking together existing efforts and identifying partnership opportunities to meet the mental health needs of kids and families

The next step for the LINKS project is to compile the information gathered at the BIG Meeting, share that with local communities and obtain input from them. We will then reconvene in about six months to finalize recommendations to improve the mental health needs of kids and families across Colorado.

If you would like more information regarding the LINKS project, please contact Anne-Marie Braga at 303-692-2946 or anne-marie.braga@state.co.us.

Anne-Marie Braga
Adolescent Health
Program Director

New Parent Education Resource Coming Soon!

How to Shape or Change Your Child's Behavior

For those readers who have been in public health for a while, you may remember a document originally created by public health nurse, Elna Cain, entitled *Reverse Attention: How to Shape Your Child's Behavior*. Over the years the Colorado Department of Public Health and Environment (CDPHE) had stopped printing the document, but continues to receive periodic requests for the parent education resource that addresses how to decrease challenging child behavior by promoting positive parenting strategies. Now, with some minor editing and a layout and design face-lift, the document will soon be back in circulation!



The newly updated *How to Shape Your Child's Behavior* will be available in English and Spanish later this spring. Please email Nancy Donnelly at nancy.donnelly@state.co.us to place your order (maximum order 100 English/100 Spanish). The English version is currently available on the Child, Adolescent and School Health (CASH) Web site at: <http://www.cdphe.state.co.us/ps/cash/index.html>

Enhancing State Capacity to Address Child and Adolescent Health Through Violence Prevention (ESCAPE)

In September 2004, the Office of Injury, Suicide and Violence Prevention and the Child and Adolescent and School Health Sections at the Colorado Department of Public Health and Environment (CDPHE) received funding from the Centers for Disease Control and Prevention (CDC) for a two-year youth violence prevention grant. The primary objective of the project is to enhance Colorado's capacity to address child and adolescent health through violence prevention. The Violence Prevention Advisory Group (VPAG), consisting of violence prevention experts, state agency leaders, and members of private and nonprofit prevention groups, convened to work with the CDPHE on the development of a

state assessment and a statewide strategic plan for child and adolescent violence prevention. Year one of the project, which was completed in fall 2005, was dedicated to creating an assessment of the needs and available resources throughout the state by identifying prevention programs, existing policies, state-level data sources, and readiness to commit to integrating prevention efforts. The report that was created, *Child and Adolescent Violence in Colorado: A 2005 Status Report*, is available at:

<http://www.cdphe.state.co.us/ps/YVPP/index.html>.

In year two, a statewide strategic plan is being developed which will outline shared risk and protective

factors among different types of violence and recommend bold steps that address individual, relationship, community, and societal factors that will lead to the reduction of youth violence in Colorado. In addition, CDPHE recently submitted a grant proposal to the CDC for three years of funding to implement the recommendations of the strategic plan throughout Colorado (award notification is scheduled for August 2006).

To receive a hard copy of the report please contact Jarrod Hindman, Youth Violence Prevention Coordinator at:

jarrod.hindman@state.co.us
303-692-2304.

Poison Control

The American Academy of Pediatrics reports that each year, approximately 2.4 million people—more than half under age 6—swallow or have contact with a poisonous substance. It is important to know poison prevention strategies and appropriate, immediate treatment for poison contact or ingestion. Below are several sites where information is available:

The Academy of Pediatrics has produced a tip sheet for families on how to poison-proof their homes and on treatment for different types and methods of poisoning. The tip sheet is available in English and Spanish at: <http://www.aap.org/advocacy/releases/poisonpreventiontips.htm>



Safe Kids Colorado has a tip sheet available on the CASH Web site at: <http://www.cdphe.state.co.us/ps/cash/partnersinprevention/index.html>

For more information on unintentional poisoning: www.cdphe.state.co.us/pp/injepi (click on Injury in Colorado), www.safekids.org, www.rmpdc.org, www.poisonprevention.org or call Barb Bailey, Safe Kids Colorado Coordinator with the Injury, Suicide and Violence Prevention Program (CDPHE) 303-692-2589.

April was Autism Awareness Month

Autism spectrum disorders (ASDs) are a group of developmental disabilities caused by unusual brain development that begins during childhood and lasts throughout a person's life. As many as six in every 1,000 children have an ASD.

Autism Speaks, in partnership with the American Academy of Pediatrics and many other organizations, has released a series of public service announcements about autism, including information about the prevalence of autism, and the importance of early detection. The ads bring an increased focus on autism and may increase the

numbers of parents asking questions about child development.

The Centers for Disease Control and Prevention (CDC), in partnership with these organizations, has launched an awareness campaign to educate parents about childhood development, including early warning signs of autism and other developmental disorders. The earlier a child with a developmental delay receives appropriate assessment and intervention, the better the developmental outcome.

The CDC has also developed a Provider Resource Kit. This kit

contains materials designed to help health care professionals communicate with parents about childhood development, what parents should be concerned about, and the warning signs of autism and other delays. Materials are available at the CDC Autism Awareness Campaign Web site at:

<http://www.cdc.gov/ncbddd/autism/actearly/>

More information on autism can be found at:

<http://www.medicalhomeinfo.org/health/autism.html>

Child Abuse Prevention Month



A theme for this year's National Child Abuse Prevention Month was *Safe Children and Healthy Families are a Shared Responsibility*. Communities throughout the United States held campaigns to promote healthy families, organized educational fairs, and honored parenting heroes. For more information, go to:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5513a6.htm>

Alcohol Awareness Month Focuses on Underage Drinking

Each April since 1987, the National Council on Alcoholism and Drug Dependence, Inc. (NCADD) has sponsored Alcohol Awareness Month to encourage local communities to focus on alcoholism and alcohol-related issues. This April, NCADD highlighted the important issue of underage drinking, a problem with devastating consequences. Alcohol use by young people is extremely dangerous, both to themselves and to society at large, and is associated with traffic fatalities, violence, unsafe sex, suicide, educational failure, and other problem behaviors.

Reducing underage drinking is critical to securing a healthy future for America's youth and requires a cooperative effort by parents, schools, community organizations, business leaders, government agencies, alcohol manufacturers and retailers, the entertainment industry, and young people themselves. This year's theme for Alcohol Awareness Month was entitled *A Call to Action*. It highlighted the need for working together to create comprehensive education, prevention, intervention and treatment resources.

For more information about underage drinking, visit the NCADD website at: <http://www.ncadd.org/>

WHAT'S HAPPENING

Voices of Strength: Weaving Multiple Approaches to Help Youth Thrive
June 14 and 15, 2006
Radisson Denver - Stapleton Plaza

This second annual learning event will feature best practices and effective strategies in schools, after school programs, youth serving organizations, parent groups, and communities. A wide range of skilled presenters will share their work in the fields of positive youth development, prevention, relationship training, early childhood, parent engagement and more! An incredible selection of pre-conference events will also be held on June 13. For more information go to: www.assetsforcoyouth.org/vos/vos2006index.html

The National Conference on Immunization Coalitions
August 9-11th, 2006
Denver Hyatt Regency at the Colorado Convention Center

Interested in taking your partnership or coalition to "higher ground"? If so, you cannot miss this great skills-building conference. This conference is for everyone. Health Educators, nurses, physicians, administrators, and community advocates from all disciplines will benefit from workshops and plenary sessions in advocacy; cultural competency; data collection and evaluation; conflict resolution; fundraising; media relations; health literacy; and social marketing. This conference is being hosted by the Colorado Influenza and Pneumococcal Alert Coalition. For more information, go to: <http://www.immunizecolorado.com>

WHAT HAPPENED

**Building and Enhancing Partnerships to Improve
Teen Motor Vehicle Safety Across Colorado**

Teen motor vehicle crashes are the number one killer of youth in Colorado and our nation. Therefore, Colorado's Maternal and Child Health (MCH) Program has made this one of their top priorities for the next five years. The MCH Videoconference, which was held May 8, brought together community partners across Colorado to discuss and plan how to effectively address teen motor vehicle safety. Participants learned valuable information about how both the State and local communities are currently addressing this issue including:

- 🔧 Building interagency community coalitions
- 🔧 Increasing enforcement of the Graduated Driver's Licensing law by parents, law enforcement and other influential adults (i.e., school personnel)
- 🔧 Increasing safety belt use across the State

Local community partners were able to participate in a facilitated discussion around what can be done in their area to address teen motor vehicle safety. These partners may include, but are not limited to, representatives from public health, transportation, law enforcement, schools, hospitals, Department of Motor Vehicle, insurance companies, emergency management systems, parents of teen drivers and/or teens themselves.

Videotapes of the conference will be available for loan by contacting Nancy Donnelly at nancy.donnelly@state.co.us.



Funding Resources

Applications Invited for Target Stores Grants

Deadline: May 31, 2006

Through its Store Grants, Target (www.target.com/) supports local giving in the categories of Arts, Reading, and Family Violence Prevention. The program awards Reading grants to schools, libraries, and nonprofit organizations, supporting programs such as weekend book clubs, after-school reading programs, and events encouraging family reading time. Arts grants are given to programs that bring the arts to schools or make it affordable for families to participate in cultural experiences, such as school touring programs, field trips to the theater or symphony, or artist residencies and workshops in schools. Family Violence Prevention grants support groups working to make individual homes and entire communities safer. This includes such things as child abuse counseling programs and shelters. Eligible applicants must be nonprofit organizations with 501(c)(3) status, schools, or units of government.

Most grants average between \$1,000 and \$3,000.

Funding is limited to the communities in which Target does business. Because applications will be reviewed as they are received, applicants are encouraged to apply early. Applications for Target Store Grants are available at local Target stores and online through the Target Web site at: fconline.fdncenter.org/pnd/10001791/target

The following Web sites link to additional funding opportunities. Check out these sites:

The National Clearinghouse on Child Abuse and Neglect
<http://nccanch.acf.hhs.gov/profess/grant/index.cfm>

Fundsnet Services Online
www.fundsnet-services.com

The National Mentoring Center
<http://www.nwrel.org/mentoring/funding.html>

The University of Wisconsin Madison
<http://grants.library.wisc.edu/organizations/topicswebsites.html>

Partnership for After School Education
<http://www.pasesetter.com/publicationResources/funding.html>

Helpful Resources

Colorado Health Watch 2005 Available: Health Indicators For Coloradans Across The Life Cycle

The Health Statistics Section has posted its annual report, Colorado Health Watch 2005, on its Web page:

<http://www.cdphe.state.co.us/hs/pubs/HW2005f.pdf>

This report contains information on key health indicators for the Colorado population across the life cycle. In the interest of paper reduction, hard copies of the report are unavailable.

The Health Statistics Section has also posted the questionnaire, methods and results of the 2005 Youth Risk Behavior Survey:

<http://www.cdphe.state.co.us/hs/yrbs/yrbs.html>

KIDS COUNT Launches State-Level Data On-Line System

Launched in July 2005, the KIDS COUNT State-Level Data Online system puts a wealth of state-level data at the fingertips of users in a variety of formats. As of January 2006, the on-line data system contains nearly 100 measures, including those in the 2005 KIDS COUNT Data book. The on-line data system contains the most recent comparable state-level data available on education, employment and income, health, health insurance, immigrant children, population and family characteristics, poverty, and youth risk factors. The KIDS COUNT State-Level online Data system can be accessed at:

<http://www.aecf.org/kindscount/sld/databook.jsp>

Project Thrive

The first Project THRIVE Issue Brief from the National Center for children in Poverty looks through the lens of state Early Childhood Comprehensive Systems (ECCS) grant projects to identify ways in which they can promote smarter spending for vulnerable young children as they plan for and implement new, more integrated systems. The brief has a special focus on promoting social and emotional health and well-being, which is a critical precursor to both later

health and school readiness. The emphasis is on planning for better financing and maximizing existing resources in implementing systems change. This analysis will help state officials, community leaders, and advocates take action to ensure the healthy development of children and their families.

This Issue Brief builds on the National Center for Children in Poverty (NCCP) report: *Spending Smarter: A Funding Guide for Policymakers and Advocates to Promote Social and Emotional Health and School Readiness*, http://www.nccp.org/pub_ssf.html/ which describes strategies to maximize existing funding streams by building on federal programs, and a companion report: *Resources to Promote Social and Emotional Health and School Readiness in Young Children and Families---A Community Guide*, http://www.nccp.org/pub_rps05.html/ which describes targeted interventions that can help parents and other early caregivers, such as home visitors and teachers, be more effective in promoting healthy relationships and reducing challenging behavior in infants, toddlers, and preschoolers. Distinct from these broader reports, this THRIVE Issue Brief highlights promising practices for ECCS projects to spend smarter.

For more research briefs on preventing child poverty in the U.S. and improving the lives of low-income children and families, go to: <http://www.nccp.org>

A New Must-Read Book for Early Care and Education Professionals

Effective teaching contributes to positive student outcomes, and professional development for early childhood teachers is key to improving both. But what exactly do we mean by "professional development"? *Critical Issues in Early Childhood Professional Development*, edited by Martha Zaslow, Ph.D., and Ivelisse Martinez-Beck, Ph.D., takes the crucial first steps toward definitive answers. Drs. Martinez-Beck and Zaslow introduce the subject in the first chapter, "The Context for Critical Issues in Early Childhood Professional Development." The book costs \$34.95 and can be ordered at:

<http://www.brookespublishing.com/store/books/zaslow-8256/index.htm>

On-Line Resources Available Through The Colorado Afterschool Network Web Site

In January 2005, a new statewide network was launched to provide increased support for after school programs serving school-aged children across Colorado. With support from local, state and national organizations, the Colorado AfterSchool Network (CAN) is an initiative that seeks to connect providers, policymakers, and other key stakeholders in an effort to support the development and sustainability of quality after school programs.

CAN supports local and state efforts to expand opportunities for all of Colorado's youth during the after school hours. One piece of work created to provide support to programs is the Web site -

<http://www.coloradoafterschoolnetwork.org/>

which offers:

- ◇ Best Practices, Enrichment Activities, Research & Resources
- ◇ Funding Information - for programs focused on arts & culture, education, youth development, civic and environment; also included are resources on grant writing and sustainability
- ◇ Discussion Forum - to post and share ideas or questions
- ◇ Calendar of Events - where programs can view and post information on training opportunities around the state
- ◇ Searchable Curricula Database - search for curricula that suits your program based on focus (arts, culture, literacy, etc.), age group served, and cost
- ◇ Public Awareness and Messaging information - learn more about our "Message of the Month" campaign

All of the resources on this Web site are free! Sign up as a member and receive e-mail blasts of upcoming funding opportunities, training opportunities, program resources and policy updates.

For more information on the Colorado AfterSchool Network, visit the Web site at:

<http://www.coloradoafterschoolnetwork.org>

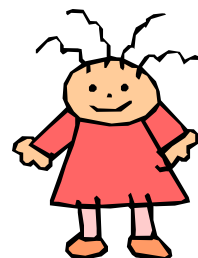
Healthy Childcare®

The April-May issue of Healthy Childcare® is now online at: <http://www.healthychild.net/> This is the third issue in Healthy Childcare's mental health series and the article in this issue focuses on the mental health of toddlers. The December-January issue looked at anger management and the February-March issue targeted the mental health of infants.

There are also articles about nutrition on field trips, bathroom safety and sanitation, protecting eyes with sunglasses, and deciphering food labels.

Report Assembles Research On Policies Affecting Families

Twenty State Policies to Create Bright Futures for America's Children, Families and Communities assembles research on effective policies in areas that affect a family's opportunities and stability: employment, income and asset growth, health, education, and healthy family relationships. The report, published by the Center for the Study of Social Policy, is divided into two sections. The introductory section provides an overview of the challenges that states and families face in the current economy and outlines 20 policy areas that could enhance opportunities for children and families, strengthen communities, and build stronger state economies. The state policy overview section provides the following for each of the 20 policy areas: a research summary on policy effectiveness, highlights of key policy measures, and a presentation of the status of policy in each state and the District of Columbia in each of the 20 policy areas. A data source list is included. The report is available at: <http://www.policymatters.us/fullreport.html>



Several Reports Available Through Child Trends

New Child Trends Report

Child Trends' newest report analyzes 26 national data sources for their capacity to inform child health policy and practice in their efforts to promote early child development. It also provides recommendations for future data development and addresses the substantial interest of the pediatric health policy and practitioner communities to move beyond narrow medical models of health to promote more broadly the development of very young children. The report *Studying and Tracking Early Child Development from a Health Perspective: A Review of Available Data Sources* can be found at:

<http://www.childtrends.org/Files/BBCommonwealthPaper.pdf>

Major Developments and New Resources in *The Child Indicator*

Child Trends' Winter 2006 edition of *The Child Indicator* cites major developments and new resources in child and youth development.

<http://www.childtrends.org/files/winter2006ci.pdf>

Do Rural or Non-Rural Children Fare Better in Early Child Care and Development?

A new study by Child Trends and the National Center for Rural Early Childhood Learning Initiatives at Mississippi State University examines this issue and contrasts the advantages and disadvantages of each setting.

<http://www.ruralec.msstate.edu/reports/default.htm>

Do Parents Matter?

Kristin Anderson Moore, Ph. D., Child Trend's President and Senior Scholar, counts the ways that parents matter in her newest President's Message.

http://www.childtrends.org/docdisp_page.cfm?LID=7619A1FD-0DE7-4DB1-A0AA7A949060CB87

The Association of State and Territorial Health Officials (ASTHO)

The ASTHO Report is a quarterly publication that covers issues, programs, activities, and events of interest to ASTHO members, Alumni, and Affiliate Organizations. The Spring 2006 ASTHO Report contains articles such as Healthier Women have Healthier Babies, Pandemic Influenza Planning, and Invest in Adolescents for a Promising Future. These and other articles can be found at:

http://www.astho.org/?template=astho_report.html

Guidelines Offer Ideas On How To Expand The Reach Of Successful Programs By Replicating Effective Ones

Copy That: Guidelines for Replicating Programs to Prevent Teen Pregnancy presents an overview of the primary issues involved in copying and putting into place evaluated adolescent pregnancy prevention programs with positive results. The report, produced by the National Campaign to Prevent Teen Pregnancy, draws on the experiences of three different programs: (1) Plain Talk, (2) the Teen Outreach Program, and (3) the Children's Aid Society-Carrera Adolescent Pregnancy Prevention Program. The emphasis of the report is on which questions are most important to answer before choosing and implementing a program -- or offering up a program to others to replicate -- and why they are important. Additional resources, contacts, endnotes, and related materials are also included. The report is available at:

http://www.teenpregnancy.org/resources/reading/pdf/Copy_That.pdf



Web Site Launched To Raise Awareness Of The Increasing Impact Of HIV/AIDS Transmission On Women And Girls

The first annual National Women and Girls HIV/AIDS Day (March 10, 2006) Web site offers materials to contribute to efforts to educate, motivate, and mobilize local communities in the fight against HIV/AIDS. The Web site, sponsored by the U.S. Department of Health and Human Services, contains downloadable materials and a toolkit to assist communities in planning and implementing observance activities at the local level. The toolkit includes public service announcements and videotapes, sample media and interview advisories, and suggestions for activities that can be undertaken in communities to acknowledge the observance (including post-event activities). Additional resources on the impact of HIV/AIDS, vaccine research, testing, and the Ryan White Care Act are also provided. The Web site is available at:

<http://www.omhrc.gov/hivaidsobservances/women/index.html>

Survey Results Serve As Foundation For Public Awareness Initiative About Underage Drinking Among Adolescent Girls

Girl Talk: Choices and Consequences of Underage Drinking is intended to increase knowledge about the prevalence of underage drinking among girls and to improve dialogue among mothers and their adolescent daughters. The initiative, developed by the Century Council in partnership with the Society for Women's Health Research and the Montgomery County Maryland Alcohol Beverage Control Board, utilizes data from surveys of daughters (ages 13-15, 16-18, and 19-20) and their mothers, including data on the health consequences of most concern to the girls and on their advice to mothers about discussing underage drinking. Components of the initiative include:

- ♀ A Web site for mothers and daughters with additional information on how to have a conversation about underage drinking, and links to national and local resources related to underage drinking.
- ♀ Booklets for mothers discussing how to begin and

sustain the conversation and how to have an impact. The booklets also explain the facts about alcohol and address related issues such as peer pressure and creative ways to say "no" to alcohol.

- ♀ A blog, hosted by the Society for Women's Health Research, for mothers and daughters to discuss their experiences and connect with others on this issue.
- ♀ A media partnership with *The N*, a nighttime network for adolescents, to include sponsorship of programs that feature underage drinking prevention themes.
- ♀ An endorsement by the U.S. Women's National Soccer Team Players Association through personal appearances at functions and schools, in print and online media, and via public service announcements and other integrated marketing initiatives. Through its official fan club alone, The Ponytail Posse, the association has the potential to reach millions of girls around the world.

More information is available at:

<http://www.girlsanddrinking.org/>

New Tools Help Users Understand And Prepare For Pandemic Flu

PandemicFlu.gov, the official U.S. government Web site for information on pandemic flu and avian influenza, contains new tools to help state and local governments, individuals and families, businesses, and community organizations understand the actions and priorities required to prepare for and respond to potential health crises. The tools (guides, checklists, and information sheets) are intended to build on the administration's plan to increase pandemic preparedness. The plan includes the establishment of the new International Partnership on Avian and Pandemic Influenza, the stockpiling of vaccines and antiviral medications, the expansion of early warning systems domestically and abroad, and new funding and initiatives for local and state-level preparedness. The tools are available at: <http://www.pandemicflu.gov/>

FOR YOUR INFORMATION

InfantSEE™

The American Optometric Association encourages parents to include a trip to the optometrist in the list of well-baby check-ups. An assessment at six to twelve months of age can determine healthy development of vision. Early detection of eye conditions is the best way to ensure your child has healthy vision for successful development—now and in the future.

InfantSEE™ is a public health program designed to ensure that eye and vision care becomes an integral part of infant wellness care to improve a child's quality of life. Under this program, member optometrists provide a comprehensive infant eye assessment within the first year of life as a no cost public health service. For more information and a list of optometrists that will provide the free assessment, go to:

<http://www.infantsee.org/>

Car Safety Seats Are Too Small for Obese Children

The current "epidemic" of childhood overweight got some new credibility this month as researchers reported that a lot of children one to six years of age are having trouble fitting into car safety seats designed to accommodate smaller youngsters. Using 2005 Child Safety Seat Ease of Use ratings from the National Highway Traffic Safety Administration, the researchers found that it would be difficult, if not impossible, for overweight children to use existing car seats, with only four models currently available for their age-and-weight group, and those costing between \$240 and \$270. The majority of the children in the study were three years old and weighed more than 40 pounds, above the maximal weight for safety seats. "While we wait for reductions in the childhood obesity epidemic, options for maximizing the protection of obese children in automobiles must be identified," the researchers said in an article published in the April issue of the journal *Pediatrics*.

Health and Health Care in Schools

<http://www.healthinschools.org/ejournal/ejournal.htm>

Walker-related Injuries in Children on the Decline

The redesign of mobile infant walkers and the introduction of stationary activity centers have resulted in a marked decrease in the number of walker-related injuries to children. From 1990 through 2001, infant walker-related injuries have decreased by 76 percent. Authors of the study, *Success in the Prevention of Infant Walker-Related Injuries: An Analysis of National Data, 1990-2001*, said that one reason for this decline is the redesign of infant walkers so that they cannot pass through a standard 36-inch doorway opening and the addition of braking mechanisms that stop the walker at the edge of a step. Another factor in reduction of injuries was the introduction of stationary activity centers in 1994. These combined efforts show that passive intervention strategies, those that change the environment rather than human behavior, are key for injury prevention efforts. Passive strategies have been successful in controlling other public health problems, such as infectious diseases, and must be used against injury to prevent this leading cause of death and disability to U.S. children.

AAP Press Room
March 2006

Are General Hospitals Missing Identification of Child Abuse and Neglect?

Children's hospitals are more likely to identify child abuse than general hospitals according to the study, *Variation in the Diagnosis of Child Abuse in Severely Injured Infants*. Researchers reviewed records of more than 2,200 infants treated for traumatic brain injury (TBI) and femur fracture - likely indicators of child abuse - at children's and general hospitals in 22 states. The study found that child abuse was more frequently identified at hospitals with pediatric specialty care. Specifically, child abuse was diagnosed in 29 percent of the TBI or femur fracture cases at children's hospitals, 19 percent of the cases at general hospitals with pediatric units, and 13 percent

(Continued on page 15)

(Continued from page 14)

at general hospitals, possibly leaving severely injured infants vulnerable to further abuse. As most American children receive emergency care at general hospitals, these results suggest the need for additional training of medical staff.

AAP Press Room
March 2006

Deaths From Residential Injuries In U.S. Children And Adolescents, 1985-1997

This recent study published in the August 2005 issue of *Pediatrics* used National Vital Statistics System mortality data to determine the incidence and trends of deaths of children and adolescents from injuries in the home environment. The study found that, from 1985 to 1997, an average of 55 percent of annual unintentional deaths in U.S. children with a known location of injury resulted from injuries in the home. Over this period, the annual number of fatal residential injuries decreased by about 22 percent. The fatal residential injury rates were highest in children who were younger than 1 year and 1 to 4 years old. Black children were 2 times more likely to die from residential injuries than white children. The highest death rates were attributed to fires, submersion or suffocation, poisoning, and falls. An abstract of the article can be found at:

<http://pediatrics.aappublications.org/cgi/content/abstract/116/2/454>

Report Illustrates Opportunities For Improving Systems Of Care For Young Children's Social Emotional Development

State Approaches to Promoting Young Children's Healthy Mental Development: A Survey of Medicaid, and Maternal and Child Health, and Mental Health presents information on how states are addressing the healthy social emotional development of children from birth to age 3. The report, produced by the National Academy of State Health Policy with support from the Commonwealth Fund, summarizes responses to a

February 2005 survey of state agency representatives in all 50 states and the District of Columbia and identifies many opportunities to improve screening, assessment and diagnosis, and treatment and referral for young children and their mothers. Other topics include coordination of services, quality assurance, provider education, and system capacity. Priority issues and a conclusion are also provided. The report is available at:

http://www.cmwf.org/usr_doc/rosenthal_CW12_final.pdf

No Dogs Allowed (at least before kindergarten)

Parents should not bring a dog home until children are age 5 or older, according to the new study, *Analysis of Dog Bites in Children Who Are Younger Than 17 Years*. Researchers reviewed medical charts of children age 17 and younger treated for dog bites between 1994 and 2003 in an Austrian hospital. The study showed that whether or not a dog bites a child may depend on the dog's breed, the child's age, and the behavior of the dog owners, children and parents involved in a particular situation. Specifically, certain dog breeds - German shepherds and Dobermans - were more likely to bite children than other breeds; that children age 1 and younger were most likely to be bitten, with the number of attacks on children decreasing by age; and that most children were bitten by dogs they knew, often after unknowingly disturbing or provoking the dog. The report recommends that parents not purchase a dog until children are school-age. And while training children on how to appropriately act near a dog may be helpful, dog owners and parents are primarily responsible for monitoring child-dog contact.

AAP Press Room
March 2006



AIDS Impacts Children's Cognitive Development

Children with HIV, ages 3 to 7, who experienced an early AIDS-defining illness, are more likely to have lower cognitive abilities than young children with HIV who have mild or no symptoms. The study, *Effects of Perinatal HIV Infection and Associated Risk Factors on Cognitive Development Among Young Children*, assessed 117 children born with HIV, and 422 children who were exposed to but not infected with HIV, for cognitive development. Researchers found that children with an AIDS diagnosis were more likely to suffer central nervous system compromise affecting their ability to learn. These children also were more likely to have been born premature to a mother who used drugs or alcohol during pregnancy, although the cognitive deficits found in this group were independent of these factors. Researchers said more research is needed on the long-term physical and emotional effects of HIV and AIDS-related illnesses.

NOTE: In a related study, *A Behavioral and Cognitive Profile of Clinically Stable HIV-Infected Children*, researchers found that children with HIV, ages 2 to 17, were more likely to have behavioral, cognitive and developmental problems than non HIV-children.

AAP Press Room
March 2006

Colorado Data: Since 1985, 107 cases of HIV and 55 cases of AIDS have been diagnosed in children and youth, ages birth to 19 years of age. (CDPHE HIV/AIDS Program)

Childhood And Adolescent Immunization Schedule Approved

Recommended Childhood and Adolescent Immunization Schedule -- United States, 2006, presents recommendations and format of the childhood and adolescent immunization schedule and catch-up schedule for January to December 2006 as approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics, and the American Academy of Family Physicians. The report, published in the January 6, 2006, issue of *Morbidity and Mortality Weekly Report*, includes information about changes to the previous schedule, published in January 2005. Changes in vaccine formulations and revised recommendations for the use of licensed

vaccines include (1) an emphasis on the importance of the hepatitis B vaccine birth dose; (2) approval of Tdap, a new tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine recommended by ACIP for adolescents; (3) approval of meningococcal conjugate vaccine for all adolescents ages 11-12 as well as for unvaccinated adolescents at high school entry (age 15) and for all college freshman living in dorms; (4) recommendation for annual influenza vaccine for infants and children ages 6 months and older with certain risk factors; (5) recommendation for universal administration of hepatitis A vaccine for all children at age 1; and (6) a revised catch-up schedule for tetanus toxoid for children and adolescents ages 7-18. The report is available at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5451-Immunizational1.htm>

For the Colorado immunization schedule go to:

<http://www.cdphe.state.co.us/dc/Immunization/Forms/Form-acipsummary.pdf>



Powerful Bones. Powerful Girls.™

The National Bone Health Campaign uses a social marketing approach to promote optimal bone health among girls 9-12 years of age in an effort to reduce their risk of osteoporosis later in life. Resources for this campaign include a Web site for girls and print materials, radio and print advertisements for girls and parents. This campaign is a result of a partnership between two agencies of the U.S. Department of Health and Human Services (the Centers for Disease Control and Prevention and the Office on Women's Health), and the National Osteoporosis Foundation.

The campaign's purpose is to encourage girls to establish lifelong healthy habits, focusing on increased calcium consumption and weight-bearing physical activity to build and maintain strong bones. Parents and other adults close to girls play an important role by encouraging girls to take action.

To reach girls where they live and play, the campaign includes print materials for girls, developed in collaboration with government and nonprofit organizations, including state health departments, the Girl Scouts of the USA, and Girls Inc.; and print and radio advertisements for girls and parents.

Go to: <http://www.cdc.gov/nccdphp/dnpa/bonehealth/campaign.htm>

Midwest Mumps Outbreak

As of April 20, the Centers for Disease Control and Prevention (CDC) had reported 1,100 suspected cases of mumps in Iowa, Nebraska, Kansas, Wisconsin, Missouri, Minnesota and Illinois. Most of the mumps have been mild, and among college-age teens and young adults. There were no reports in child care settings or elementary schools.

Mumps is a highly contagious viral infection spread airborne—by coughing, sneezing or talking—or contact with the mucous or saliva of an infected person. The most common symptoms are fever, headache, cough, and swelling of the cheek or jaw from enlarged salivary glands. Severe complications are rare but can include hearing loss, aseptic meningitis, and in about 25 percent of males who have reached puberty, painful, swollen testicles that in some instances cause sterility.

The American Academy of Pediatrics (AAP) and the CDC recommend that all children receive a Mumps Measles (MMR) vaccine at age 1, and again between the ages of 4 and 6. The mumps vaccine is highly effective (95 percent), although effectiveness is diminished when children do not receive the second recommended MMR vaccine. Children and teens age 4 and older who did not receive a second MMR vaccine should be vaccinated again. There are no reports of vaccine shortages. More information can be found at:

<http://www.aap.org> or <http://www.cdc.gov/>

For information on the mumps from CDPHE Immunization Program, go to:

<http://www.cdphe.state.co.us/ps/cash/partnersinprevention/index.html>

TV Viewing Does Not Lead to ADHD

A new study shows that television exposure is not linked to later symptoms of attention-deficit/hyperactivity disorder (ADHD). The authors of *There Is No Meaningful Relationship Between Television Exposure and Symptoms of Attention-Deficit/Hyperactivity Disorder*, evaluated data from the Early Childhood Longitudinal Study that included the reports of parents and teachers of 5,000 children for two consecutive years to determine whether television viewing

habits during the kindergarten year related to ADHD symptoms in first grade. Researchers evaluated television exposure, but not the type of television viewed (educational, violent, etc.). While the study did not show any benefit from early childhood television viewing, researchers found no link between ADHD symptoms and the time a child spends watching television. Instead, the authors suggest that exhausted parents of very active and inattentive children may resort to using the television as a "babysitter" more than do parents of less active and more attentive children.

AAP Press Room
March 2006

Phillip Morris Revises Its Parent Training Booklet

Phillip Morris has released a revised version of its 2003 parent training booklet entitled *Raising kids who don't smoke*. The 16-page booklet deletes all references to the word "nicotine" and an important warning that youth can become hooked within a few days. For example, the earlier booklet read, "The younger people are when they start smoking, the more likely they are to become strongly addicted to smoking nicotine." The revised language reads, "The younger people are when they start smoking, the more likely they are to develop a long-term addiction." For more information, go to:

<http://whyquit.com/pr/120505.html>

National Public Health Week

This year's National Public Health Week (April 3-9, 2006,) focused on *Designing Healthy Communities: Raising Healthy Kids*. The American Public Health Association (APHA) used the week to improve understanding of the relationship between the environment and the health and safety of children and to promote solutions to improving children's health.

To find out if your community is healthy for kids, take the quiz on the APHA Web site:

<http://www.apha.org/nphw/2006/>



Adverse Childhood Experiences Study

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted on the links between childhood maltreatment and later-life health and well-being. As a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego, the Health Maintenance Organization's members undergoing a comprehensive physical examination provided detailed information about their childhood experience of abuse, neglect, and family dysfunction. Over 17,000 members chose to participate. To date, over 30 scientific articles have been published and over 100 conference and workshop presentations have been made.

The ACE Study findings suggest that these adverse childhood experiences are major risk factors for the leading causes of illness and death, as well as poor quality of life in the United States. Progress in preventing and recovering from the nation's worst health and social problems is likely to benefit from the understanding that many of these problems arise as a consequence of adverse childhood experiences.

For more information, go to:

<http://www.cdc.gov/nccdphp/ace/index.htm>



New Medicaid Rule Takes Effect July 1

The Colorado Department of Health Care Policy and Financing recently passed an important new Medicaid rule that will take effect on July 1, 2006. The specifics of the rule are subject to change between now and July. In accordance with new Federal legislation, U.S. citizens who are applying for Medicaid will need to provide verification of citizenship as part of the application process. Specifically, U.S. citizens will need to provide the following documents for Medicaid application or redetermination:

- U.S. passport, or
- Certificate of Naturalization (Form N-550 or N-570), or Certificate of U.S. Citizenship (Form N-560 or N-561).

OR

Evidence of place of birth, using:

- Certificate of birth in the United States, or
- Certificate of birth abroad (Form FS-545 or Form DS-1350, or
- U.S. Citizen Identification Card (Form I-97), or Report of Birth Abroad of a Citizen of the U.S. (Form FS-240)

PLUS state identification, using:

- State-issued driver's license, or
- State-issued identification card

The text of the rule change can be viewed at:

<http://www.chcpf.state.co.us/HCPF/msb/Agenda/06Mar.asp> under "Document 1," Section 8.100.53.A2.

Annual Review Highlights Current Strategies And Future Outlook For Health Insurance Coverage

State of the States: Finding Their Own Way looks at the innovative efforts states have made to expand health coverage amidst growing health care costs and looks ahead to what challenges might arise in the coming year. The year-in-review report is published annually by AcademyHealth for the State Coverage Initiatives program, a national initiative of the Robert Wood Johnson Foundation. Topics include uninsurance in America, causes of and solutions to increasing health care costs, consumer-directed health care, state budgets, community strategies to address gaps in health insurance coverage, federal changes for public programs, not-for-profit health insurers, Cover the Uninsured Week 2005, and grants to help fund state activities. The report is intended for use by policymakers and others in tailoring approaches to health insurance coverage within the context of each state's unique fiscal and political environment. The report is available at: <http://www.statecoverage.net/pdf/stateofstates2006.pdf>

Saving Sex for Later: An Evaluation of a Parent Education Intervention

Context: Initiation of sexual intercourse prior to high school is prevalent among inner-city black and Hispanic youths, and has multiple negative health and social consequences. A promising strategy for addressing early adolescent sexual activity is parent education that addresses normal pubertal changes and the challenges of becoming a teenager. Increasing the proportion of adolescents who remain sexually abstinent and reducing the numbers of teenage pregnancies and STDs rank high among the critical health objectives highlighted in the 2004 federal report *Improving the Health and Adolescents & Young Adults*. Figures from the Youth Risk Behavior Surveillance System from 1991 and 2001 indicate a gradual decline in the proportion of high school students who reported that they had initiated sexual intercourse before age 13; however, from 2001 to 2003, this trend reversed, with rates rising from 6.6% to 7.4%. More striking than this increase are the ongoing disparities in the timing of sexual initiation among white, Hispanic and black youths. In 2003, 4% of white students reported having had sex before age 13, and 42% of ninth through 12th graders were sexually experienced. By contrast, 19% of blacks and 8% of Hispanics reported having had sexual intercourse before age 13, and 67% of black and 42% of Hispanic high school students said they had had sex.

Methods: A 2003-2005 randomized trial to test the effectiveness of *Saving Sex for Later*, a parent education program presented on three audio CDs, enrolled 846 families with fifth- and sixth-grade students in seven New York City schools. Parent and youth surveys were conducted at baseline and three months postintervention.

Results: At follow-up, parents in the intervention group were significantly more likely than controls to score high on indexes of communication with children about targeted risk behaviors, self-efficacy to discuss pubertal development and sexuality, and perceived influence over youths' behaviors (odds ratios, 1.9–2.5). Youths in the intervention condition were more

likely than controls to report high family support, and reported more family rules and fewer behavioral risks. Family support and rules partially mediate the relationship between treatment condition and behavioral risks.

Conclusion: *Saving Sex for Later* is a promising intervention for promoting youths' sexual abstinence. The intervention may also be effective in enhancing positive parenting practices among parents who are typically difficult to reach because of economic hardship, full schedules and complicated lives.

Perspectives on Sexual and Reproductive Health,
2005, 37(4):166-173

Abstract available at:

www.guttmacher.org/pubs/journals/3716605.html



**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 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

Jill Bednarek

Program Manager, Tony Grampas Youth
Services Tobacco Initiative, 303-692-2475

Anne-Marie Braga

Program Director, Adolescent Health,
303-692-2946

Nancy Donnelly *

CASH Program Assistant, 303-692-2941

Gina Febbraro

Program Director, Tony Grampas Youth Services,
303-692-2947

Bruce Guernsey

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

Jarrod Hindman

Violence Prevention Grant Coordinator
303-692-2304

Rachel Hutson *

Director of Early Childhood Initiatives,
303-692-2365

Debbie Marchese

CASH Fiscal Officer, 303-692-2379

Sally Merrow

CASH Fiscal Officer, 303-692-2391

Leonor Nieto

CASH Fiscal Officer, 303-692-2322

Teri Pinney

Program Director, Smart Start Colorado,
303-692-2386

Barbara Ritche n *

CASH Director, 303-692-2328

Robin Rocke

CASH Administrative Assistant, 303-692-2371

Betina Smith-El-Senussi

CASH Fiscal Officer, 303-692-2317

Cathy White

School Age Nurse Consultant, 303-692-2375

Esperanza Ybarra

Program Director, Nurse Home Visitor Program
303-692-2943

* Editing Team



Colorado Department
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Comments, questions, and contributions are encouraged; please address them to Nancy Donnelly,
nancy.donnelly@state.co.us.