PARTNERS IN PREVENTION

Volume 4 Issue 2 Summer 2005

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

Some People Know the Way

To make each day seem more worthwhile,
They do the nicest things for you
And always wear a smile,
They make this world a better place
By practicing the art
Of reaching out to others
And by giving from the heart.

Amanda Bradley

I thought this was an appropriate way to start the newsletter, which goes to an audience of people who give to others every day. You are the people who make a difference in the lives of Colorado children, teenagers, and families through the work that you do. Sometimes we have funding to help support that very important work; and, as you know, sometimes we don't. Through the ups and downs, you—the people who are passionate about what you do—continue to find a way to make this world a better place.

Recently, I had the privilege of attending the training for the Nurturing Parenting Program, sponsored by the Colorado Children's Trust Fund, a program in the CASH section. This evidence-based program, shown to strengthen positive parenting skills and reduce the likelihood of child abuse, is but one example of the good work going on in communities around the state. Colorado is lucky to have outstanding certified trainers, who have been offering this program in El Paso County for many years. These trainers, Rita Wiley, Renee Yoelin-Allen, and Maureen Griner, did a wonderful job of laying the foundation for new program facilitators from 16 communities around the state.

We are excited about funding a new group of Tony Grampsas Youth Services grantees, which represent a combination of former recipients of these funds and new programs receiving first-time funding. These highly competitive funds will support a wide variety of evidence-based early childhood, school drop-out prevention, youth

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In an effort to save paper and mailing costs, *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 www.cdphe.state.co.us/ps/cash/. Please contact Nancy if you no longer wish to receive *Partners In Prevention*.

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mentoring, and other programs designed to promote positive youth development and reduce youth crime, violence and related risk behaviors.

Hopefully the summer will provide a little time for each of you to enjoy something or some place special. Remember, it's important for those of you who spend so much time giving to others to also take time for yourself.

Tony Grampsas Youth Services Program
Submitted by
Gina Febbraro, TGYS Program Director

The Tony Grampsas Youth Services (TGYS) Program recently awarded 55 grants totaling $3,225,261 to 115 local, youth-serving organizations in 55 counties throughout Colorado. The grants support programs that focus on early childhood care and education, youth mentoring, student dropout prevention and youth crime and violence prevention. The grant application process was extremely competitive this year. The Tony Grampsas Youth Services Program received 236 applications from 348 agencies across the State whose funding requests totaled $12,380,133.

The Tony Grampsas Youth Services Board recommended the selected grantees to the Governor for funding, who approved the recommendations in mid-June. The 2005-2006 TGYS grantees grant recipients can be found on the Web site www.cdphe.state.co.us/ps/tgys.

Coming Soon!
New Edition of the CDPHE Growth and Development Cards

Over the past decade, the CDPHE Child and Adolescent Growth and Development Cards have been a well-used resource by public health nurses, parents, child care providers, home visitors and others. The set of fourteen cards highlight important growth and development tips related to topics such as nutrition and feeding, safety and injury prevention, family issues, and healthy practices.

Recently, a group of child and adolescent experts reviewed and updated the cards. The cards also have a new look. A sample page is available on the CASH Web site at www.cdphe.state.co.us/ps/cash/. The cards are currently being printed and should be available for dissemination in September 2005 and will be available on the CASH Web site.

Please contact Nancy Donnelly at nancy.donnelly@state.co.us to order the new cards.

Colorado's Immunization Rate Increases To 77.1 Percent

Colorado's rate for fully immunizing the state's children, who are between the ages of 19 months and 35 months, increased to 77.1 percent in 2004, the Centers for Disease Control and Prevention announced July 26, 2005.

Douglas H. Benevento, the executive director of the Colorado Department of Public Health and Environment, said the new rate, which compares to the average national rate of 80.9 percent and places Colorado 44th among states, represents substantial progress - progress which he expects to continue at a steady pace.

"Governor Bill Owens, Lieutenant Governor Jane Norton and the department have worked very hard to remove any obstacles to having the state's children fully immunized," Benevento said. "Our efforts obviously are having a positive impact.

"Our goal is not to chase a federal ranking. Our goal is to ensure that all parents, who want to have their children immunized, have access to such services. This survey is a benchmark which indicates that we are moving in that direction."

Governor Owens, said, "I am pleased with the great strides we are making in immunizing Colorado's children. The state has identified a goal of a immunizing at least 80 percent of its children by the year 2010 and we will continue to work toward meeting and surpassing that goal."

The state health director pointed out that the new rate is a substantial improvement from 1995 when only 51.4 percent of Coloradans in this age group were fully immunized. After increasing to 71.6 percent in 2000, the rate decreased to 62.7 percent in 2002 and then increased to 70.9 percent for the last six months of 2003 and the first six months of 2004.

Benevento attributed the 2002 rate, which placed Colorado 50th among the states for the percentage of its children between the ages of 19-35 months who are fully immunized, to a shortage of vaccine for the immunization for diptheria, pertussis or whooping cough and tetanus (DTaP). As a result, Colorado in 2002 temporarily suspended the requirement for the fourth DTaP immunization, usually given between the ages of 12 months and 24 months. The requirement has since been reinstated.

Major steps taken, which are believed to have resulted in the improved 2004 immunization rate, included:

- Placing a particular emphasis on notifying parents when a sufficient supply of the DTaP vaccine became available and on issuing reminders when the fourth DTaP immunization again was recommended.
- Initiating new financial assistance to the state's local health departments and county public health nursing services in 2000 and during the 2002-2003 state fiscal year to support the implementation of "best practices" in the provision of immunization services to children. The 2000 grants, which went to all Colorado local public health agencies, totaled $699,800. During the 2002-2003 fiscal year, grants totaling $292,606 were provided to 30 public health agencies in the state.

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- Giving local public health agencies responsibility for working directly with private providers in their areas, which provide immunizations to low-income children through the federal Vaccines for Children Program.
- Improving communications channels between the Department of Public Health and Environment's Immunization Program and local public health departments and private Vaccines for Children providers by instituting the use of blast faxes and by enhancing provider information and educational materials available on the department's Web site.
- The earmarking in early 2004 of $500,000 in one-time federal funds allocated by Governor Owens to help the state's local health departments and county public health nursing services improve their infrastructure for administering and tracking immunizations.
- The state health director's redirecting in January 2004 of $388,355 in federal grants to provide immunization program enhancements at 15 local health departments across Colorado. The uses of these funds, which the local health agencies received in addition to other state and federal funds earmarked for immunization purposes, ranged from recruiting more doctors in El Paso County to provide immunizations to low-income children to improving the telephone reminder service for immunization follow-up in Durango and to organizing more immunization clinics in Trinidad and Walsenburg.

Subsequent actions have included:

- In December 2004, nearly $350,000 in new competitive grants were awarded to 22 Colorado local health departments and county public health nursing services that proposed new, unique approaches for organizing immunization clinics. This is an attempt to reach children who aren't being fully immunized. The grant awards were based on proposals submitted by the public health agencies for scheduling immunization clinics at locations and at hours different than those of traditional clinics. As part of the grant proposals, the agencies also were required to establish new community partnerships to widen the scope of the immunization efforts and to target the fourth DTaP vaccination.
- The department's Immunization Program also is near to completing its analysis of available information, including geographic information systems (GIS) data, to identify the pockets of need in the state where there is the greatest need for improvements in immunization rates.
- An effort also is underway to identify pockets of need by examining the immunization status of the state's children when they enter school.
- A Vaccines for Children Provider Recruitment Plan also has been launched to increase visibility of this free-vaccine program to providers and to the general public.
- Earlier this month, an immunization marketing campaign, "Immunize Colorado's Kids: Protect the Ones You Love," was launched. The campaign features posters and information cards in English and Spanish, which are being distributed throughout the state, as well as a new, user-friendly Web site. Both the printed materials and the Web site include the schedule of immunizations required for Colorado children by the time they enter school. The Web site also includes information on clinics where parents, who want to have their children immunized, can do so at little or no cost. The Web site address is www.immunizecoloradoskids.org.

It is recommended that Colorado children have immunizations to protect them from 13 childhood diseases by the time they reach the age of 2. These include vaccinations for diphtheria, tetanus and pertussis or whooping cough (DTaP); haemophilus influenzae type b; hepatitis A; hepatitis B; influenza; measles; mumps; pneumococcal disease or pneumonia; polio; rubella; and varicella or chickenpox. Parents may choose not to have their children immunized for philosophical, medical or religious reasons.

Child Fatality Review Committee Codified in Colorado Statute

Submitted by
Scott Bates, Program Director
Colorado Children's Trust Fund and
Family Resource Centers

Colorado started one of the first statewide Child Fatality Review (CFR) Committees in 1989. The mission of the committee is to review suspicious child deaths in Colorado to inform methods by which such tragedies may be prevented. To this point, however, the committee has not existed in Colorado law. That status recently changed by the passage of a bill in the Colorado Legislature.

The bill, HB 05-1280, was signed by Governor Owens on June 2nd, 2005, and creates the Colorado State Child Fatality Review Team in the Colorado Department of Public Health and Environment.

According to the statute, the Team will consist of seventeen voting members appointed by the Governor, fifteen members appointed by state agencies and twelve members selected by the appointed members. The size and representation of the team members is reflective of the multidisciplinary professionals that have participated in the current CFR Committee. The bill was passed without a fiscal note attached, which means no state general fund money is obligated to support the new system. Because there is no funding attached, the bill was rewritten to allow local teams to exist without mandating their existence or operation. The state team is required to report to the legislature on an annual basis regarding its activities.

The Governor must appoint the voting members of the Team on or before September 1, 2005. The committee will continue to review child fatality cases in the meantime.

For more information regarding the Colorado Child Fatality Review Team, contact Rochelle Manchego at (303) 692-2573, or rochelle.manchego@state.co.us. You may also visit the CFR Web site: www.cdphe.state.co.us/pp/cfrc/cfrchom.asp.

Save the Dates

September 26-28
Public Health in Colorado 2005 Conference
The Silvertree Hotel and Snowmass Conference Center
Snowmass Village

Building a Strong Public Health System in Colorado

Go to the Colorado Public Health Association Web site at www.coloradopublichealth.org or the CASH Website at www.cdphe.state.co.us/ps/cash/ for more information.

Hot, Hot, Hot!!!

Barb Bailey,
Injury Prevention Specialist

It seems unthinkable to leave a child alone in a hot car. However, approximately 30 children die each year from heat-related illness after being left unattended or getting trapped in parked cars.

According to Safe Kids Worldwide, even in mild weather, the interior of a parked car can rise to dangerous temperatures in just minutes, and a small child's body temperature can increase three to five times as fast as an adult's. The results can include permanent organ damage or death.

Often a change in the caregiver's routine will result in a child being left alone in the vehicle. Deaths also occur when unsupervised children climb into unlocked, parked cars and get trapped in the car's interior or trunk.

Below are safety tips to help prevent children from being left alone or getting trapped inside a hot vehicle:

- **Never leave a child alone in the car, even for a quick errand (this applies to pets as well).**
  TIP: Leave a stuffed animal in the passenger seat as a reminder that a child is in the back seat.
- **Never let a child play in or around a parked car, even in your own garage.**
  TIP: Lock the car doors, lock the trunk and keep the keys out of children's reach.
- **Watch children closely around vehicles, especially when loading and unloading.**
  TIP: Check to ensure that all children leave the vehicle after arriving at destination and don't overlook sleeping children.

If a child does get locked inside a vehicle or you see a child left alone in a parked car, call 9-1-1 and get some air into the car, even if it means breaking a window.

For more information: *www.safekids.org*, *www.kidsincars.org* or contact Barb Bailey at 303-692-2589.

Safe Kids
Colorado

The CDPHE Injury Section would like to share the *Colorado Injury Partners Directory*, published in conjunction with the CDC National Injury Conference held in Denver in May. The directory is a compendium of information from professionals in Colorado who work on Injury Prevention and Control issues, and who responded to an on-line survey by invitation. Please contact the Injury Prevention Program at 303-692-2590 to request a printed copy of the directory or go to: www.cdphe.state.co.us/pp/injuryprevention/injuryprevhom.asp,

Oral Health Documents Available
Submitted by
Megan Martinez,
Dental Sealant Coordinator

The Oral Health Program at the Colorado Department of Public Health & Environment is pleased to announce the release of two new documents, The ***Impact of Oral Disease on the Health of Coloradans***, which provides the most complete compilation of oral health data for Colorado to date from the Colorado Oral Health Surveillance System, and ***Smart Mouths, Healthy Bodies: An Action Plan to Improve the Oral Health of Coloradans***, which is being released by Oral Health Awareness Colorado (OHAC), the statewide oral health coalition and its partners. These two documents are part of a coordinated oral health improvement initiative to improve the oral health of all Coloradans and reduce disparities.

The ***Impact of Oral Disease on the Health of Coloradans*** includes state-specific baseline data for the majority of Healthy People 2010 Oral Health Objectives, including oral health status, risk factors, workforce analysis, and the economic burden of oral diseases. Oral diseases, although nearly 100 percent preventable, affect children's ability to concentrate and learn; their speech development and self-esteem; and adults' employability and quality of life.

This report highlights oral health data from the new Colorado Oral Health Surveillance System, including screening data from a 2004 random sample of kindergarten and third-grade students in the state, and analysis of data from the Colorado Behavioral Risk Factor Surveillance System over the past several years. This report also addresses the relationship oral diseases have on the overall health of Coloradans, including oral disease effects on pregnancy, tobacco-related illnesses and quality of life.

The report is organized around three main topic areas: oral health status, risk reduction, and workforce and access. Interwoven throughout are key economic analyses highlighting that while cost-effective measures exist to prevent many oral diseases, Coloradans generally do not take full advantage of these measures. The ***Impact of Oral Disease on the Health of Coloradans*** can be found on line at www.cdphe.state.co.us/pp/oralhealth/Impact.pdf.

The ***Smart Mouths, Healthy Bodies: An Action Plan to Improve the Oral Health of Coloradans*** for 2010 is the result of a broad-scale, collaborative effort by a diverse group of Colorado residents who in November 2004, convened a statewide oral health summit, "Smart Mouths, Healthy Bodies: An Oral Health Action Summit." The Summit participants evaluated the impact of oral disease on the general health of Coloradans and prioritized oral health needs and desired outcomes.

A Steering Committee completed the work by adding strategies focusing on six major topic areas that will facilitate achieving improved oral health for all Coloradans. The topic areas include Health Promotion, Workforce, Financing, Policy/Advocacy, Promising Practices, and Systems of Care.

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The topic areas and related outcomes and strategies are intended to guide and to direct a strong, unified statewide movement in support of achieving accessible and affordable oral health for all. The purpose of the plan is to encourage organizations and individuals across the state to partner with others in their community and actively coordinate services, funding and messages that will enhance the oral health of all Colorado residents. The ***Smart Mouths, Health Bodies: An Action Plan to Improve the Oral Health of Coloradans*** action plan can be found on line at www.beasmartmouth.com.

N-O-T an Option: Curbing Smoking Habits in Teens

Amy Houtchens
American Lung Association of Colorado

If you gathered all students from Cherry Creek, Chatfield, East, Palmer, and Greeley West High Schools you would have the number of Colorado youths who become regular smokers each year. At this rate, you could completely fill Invesco Field at Mile High Stadium with teenage smokers in only seven years!

According to the Colorado Department of Public Health and Environment, 90 percent of adults who smoke, started smoking by age 18. Therefore a need exists for programs that focus on teen cessation in high schools, where many smokers begin their lifelong habit. Developed by the American Lung Association, Not on Tobacco (N-O-T), provides support for high school students who want to quit smoking.

"All of our N-O-T students have either quit smoking or have drastically cut down" says Linda Jelinek, a N-O-T facilitator from Alameda High School. "Many went from smoking two packs of cigarettes a day to only two cigarettes, midway through our program."

N-O-T is a ten-session, voluntary quit smoking program for young people. The American Lung Association (ALA) of Colorado trains and supports facilitators who implement the N-O-T program in high schools throughout the state. ALA provides student incentives, facilitator stipends, and program materials.

"This past school year we reached 830 students in 52 high schools throughout Colorado", says ALAC tobacco program manager Amy Dillon. She added: "Next year we plan to expand and reach students at 100 high schools."

The N-O-T application for the upcoming school year is now available online at www.notcolorado.org. Contact Amy Dillon at 303-847-0272 or adillon@lungcolorado.org for more information.

Asthma Update
Submitted by
Arthur McFarlane
Asthma Program Manager

The Asthma Program at the Colorado Department of Public Health and Environment has had a busy year!

The 2004 ***Colorado Asthma Surveillance Report*** provides an understanding of the magnitude of asthma in Colorado and guides in defining appropriate interventions to improve the asthma health of our state. The first new quarterly report is on asthma hospitalizations in Colorado. It contains trend and county-level data on hospitalizations and was produced by the program epidemiologist Tessa Crume. If you would like a copy of the surveillance report, hospitalization report or would like to be included when quarterly surveillance reports are distributed, please send your e-mail or mailing address to Jessica Bogert at Jessica.Bogert@state.co.us.

The ***Colorado Clinical Asthma Guidelines*** are available. These guidelines are a simple set of documents to assist healthcare providers diagnose and treat asthma. Through the leadership of the Colorado Clinical Guidelines Collaborative and the Colorado Department of Public Health, and joined by members of the Colorado Asthma Coalition, these guidelines have been developed in an attempt increase consistency of asthma medical diagnosis and treatment throughout our state.

Senate Bill 156, *Colorado Schoolchildren's Asthma and Anaphylaxis Management Act,* has been signed by Governor Owens. This new law allows public school students who meet specific criteria, to carry asthma inhalers or Epi-Pens.

The program will be working with partners to reach out to providers with the new clinical guidelines and to schools with the new legislation. We are asking providers of all types to complete our provider survey located at www.zoomerang.com/survey.zgi?p=WEB2246PJ6NKR4. It takes approximately five minutes to complete and will give us critical information about how to connect with providers regarding both documents.

For copies of the *Colorado Asthma Surveillance Report*, the *Colorado Clinical Asthma Guidelines* and a link to Senate Bill 156, go to www.asthmacolorado.org.

COLORADO
ASTHMA
PROGRAM

Nutrition And Food Assistance Program Helps Make Child Care More Affordable For Low-Income Families

Submitted by
Patricia Daniluk, Program Director

The Child and Adult Care Food Program (CACFP), like WIC, is a federally funded nutrition and food assistance program. Through the Program, qualifying child care facilities receive reimbursement for nutritious meals and snacks served to some 40,000 children daily. In addition to child care centers and homes, benefits are provided to children in emergency shelters, at-risk after school programs and adults in Medicaid-eligible care centers. Studies show that participation in the Program not only improves the overall quality of children's diets but is actually related to an improvement in the quality of care itself. The CACFP helps to make child care more affordable for low-income families.

The CACFP is the program where healthy eating is taught and becomes a habit. In the very most formative years of a child's life, CACFP ensures that children are provided daily examples of what a 'healthy' diet is. A current initiative is a project called "Food Friends" where children are exposed to unfamiliar foods and over time actually decrease their aversion to eating those foods. Studies by Colorado State University show that some 90% of children were willing to try novel foods at the end of the 12-week Food Friends project. As a result of this and other nutrition education projects stories are often heard of children 'educating' their parents and encouraging them to have unfamiliar foods such as broccoli, cantaloupe or other fresh fruits and vegetables at home.

CACFP provides education and training on other topics as well. These include breastfeeding support, food safety and sanitation, physical activity and obesity prevention. The program collaborates with the Colorado Physical Activity and Nutrition (COPAN) program and the Department of Education on many of these initiatives.

In addition to serving as educators and consultants, staff serves as regulators ensuring that the many rules associated with the CACFP are followed and that child care facilities are good stewards of the monies they are provided. Current initiatives include an enhanced application process for new centers whereby they will have to demonstrate business viability, capability and accountability prior to participation.

For more information, go to CACFP's Web site at: www.cdphe.state.co.us/ps/cacfp/cacfphom.asp.

FUNDING RESOURCES

The **Healthy Youth Funding** database contains active information about funding opportunities for adolescent and school health programs. These funding opportunities are from federal agencies and the private sector. Each funding opportunity is carefully selected based on its relevance to adolescent health, or one or more of the eight components of a Coordinated School Health Program as defined by the Centers for Disease Control and Prevention (CDC).
Go to: apps.nccd.cdc.gov/HYFund/.

The **Funding School Health Programs**, is dedicated to states looking for school health programs to address teen pregnancy, under-age alcohol use, school violence, preventive health care, HIV/AIDS education, substance abuse and mental health issues. This site includes comprehensive information on funding Coordinated School Health Programs. Go to: www.ncsl.org/programs/health/pp/schhlthfund.htm.

Grants.gov allows organizations to electronically find and apply for grant opportunities from all Federal grant-making agencies. Grants.gov is the single access point for over 900 grant programs offered by the 26 Federal grant-making agencies. The U.S. Department of Health and Human Services is the managing partner for Grants.gov.

Mattel And The Mattel Children's Foundation

Who is Eligible: Charitable organizations in the U.S. that directly serve children in need are eligible for grants ranging between $5,000 and $25,000. Applicant organizations must have 501(c)(3) public charity status under the Internal Revenue Code. Funding priority will be given to organizations or programs that creatively address a locally defined need directly impacting children in need (particularly children between the ages of 0 and 13) and that align with Mattel's philanthropic priorities, which include health, education, and girls' empowerment.
Type of Funding: Two types of grants will be considered: 1) program-specific grants -- i.e., funding for the launch of new programs or expansion of existing programs; and 2) core operating support -- i.e., support of organizations to sustain their programs.
How to Apply: Applications must be submitted online through the Mattel Web site. See the site for complete program information, application guidelines, and a list of grant recipients from the program's first round of funding. Go to: conline.fdncenter.org/pnd/3297/mattel.

Underage Drinking Grants

Three to five awards of $400,000 will be awarded to rural and small urban healthcare systems under the National Institute on Alcohol Abuse and Alcoholism's (NIAAA's) "Underage Drinking: Building Health Care System Responses" grant program.

Deadline for the first phase of this RFA is December 19, 2005. All U.S.-based organizations capable of carrying out the required research and action are eligible to apply.
Go to: grants.nih.gov/grants/guide/rfa-files/RFA-AA-06-003.html.

WHAT'S HAPPENING

Health and Safety in Child Care Learning Community

Friday, October 14, 2005, 10:00 AM – 2:00 PM

LUNCH WILL BE PROVIDED

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

Location: Frisco, CO

Topic for Discussion: Supporting the integration of children with special needs in child care settings

- ◊ Learn how one child care center in Mesa County safely integrated children with special needs into their program through a grant-funded model to provide health services in child care using an RN and skilled support technician.
- ◊ Hear how interagency collaboration worked to make this program successful.
- ◊ Discuss early data results and ideas to make it a sustainable program after the grant ends.

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.

To register, go to the CASH Web site at www.cdphe.state.co.us/ps/cash/.

The on-line Child Care Health Consultation (CCHC) training is here!

This training is meant to be an introduction to Child Care Health Consultation work in Colorado center-based child care programs. There is no charge to take this on-line course. You do need to register on the CO-Train site, www.co.train.org. For step-by-step instructions on how to register on co-train and how to find this course, please download the PDF at the CASH Web site www.cdphe.state.co.us/ps/cash/.

This training will not answer all of your questions about child care health consultation work, but instead will give you a foundation of the primary requirements and responsibilities to the centers you serve. For more information, contact Linda Satkowiak at lsatkowiak@qualistar.org.

Colorado Association for School-Based Health Care Annual Conference

Managing Chronic Mental Illness in Schools

Denver

For school health and mental health professionals

Thursday, Sept. 29, noon-4 p.m.

Skill-building workshop: Cognitive behavioral strategies for adolescents and children with depression and ADHD.

Friday, Sept. 30, 7:30 a.m.-4 p.m.

Conference: Managing chronic mental illness in schools.

Cost: $25-$50 per day. CEUs available at $15 per day.

For information, go to www.casbhc.org or call 303-399-6380.

HELPFUL RESOURCES

The Health Status of Colorado's Maternal and Child Health Population Now Available!

The report on the health status of the Maternal and Child Health (MCH) population in Colorado is now available on the MCH home page at www.cdphe.state.co.us/ps/mch/mchhom.asp or directly at www.cdphe.state.co.us/ps/mch/healthstatus2005.pdf. The document contains a wealth of current data and information on pregnant women, infants, children, adolescents, and children and youth with special health care needs. Colorful maps, graphs, and tables add to the 80 pages of text. The topics covered include issues of significance that were determined from a July 2004 web survey completed by over 700 stakeholders. The document is part of the federal MCH block grant needs assessment done every five years.

The report should be a useful document for anyone who needs the latest statistics on the health of the MCH population. Please take the time to see what is in the report because it may be useful to you! We also need and value your comments and questions, which can be emailed directly to sue.ricketts@state.co.us. Statewide priorities for the future were set early in 2005 based on the data contained in this analysis.

2005 National KIDS COUNT Data Book Released

The 16th annual KIDS COUNT Data Book released July 27 reports that national trends in child well-being are no longer improving in the rapid and sustained way they did in the late 1990s. Among the negative trends: the number of children who live with parents facing persistent unemployment grew to 4 million, an increase of more than 1 million since 2000. This year's essay, "Helping Our Most Vulnerable Families Overcome Barriers to Work and Achieve Financial Success," examines four employment barriers that policymakers and others consider among the most difficult to overcome: substance abuse, domestic violence, a history of incarceration, and depression. These burdens can diminish a person's motivation and ability to find work. The state-by-state data contained in the 2005 Data Book are now part of an interactive database.

View the 2005 KIDS COUNT Data Book today and order your copy.
See: www.aecf.org/kidscount/sld/databook.jsp

For 2005 Colorado specific data, go to: www.coloradokids.org/kidscount.html.

Community Guide Available

The Center for Disease Control's (CDC) *Guide to Community Preventive Services: What Works to Promote Health?* is now available online and can be downloaded from the Community Guide Web site, www.thecommunityguide.org. The Community Guide serves as a filter for scientific literature on specific health problems that can be large, inconsistent, uneven in

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quality, and even inaccessible. The Community Guide summarizes what is known about the effectiveness, economic efficiency, and feasibility of interventions to promote community health and prevent disease. The Task Force on Community Preventive Services makes recommendations for the use of various interventions based on the evidence gathered in the rigorous and systematic scientific reviews of published studies conducted by the review teams of the Community Guide. The findings from the reviews are published in peer-reviewed journals and also made available on the Internet Web site.

The Community Guide was developed by the nonfederal Task Force on Community Preventive Services (Task Force), appointed by the Director of the CDC. This group was convened in 1996 by the Department of Health and Human Services to provide leadership in the evaluation of community, population, and healthcare system strategies to address a variety of public health and health promotion topics such as physical activity. Although convened by the U.S. Department of Health and Human Services, the Task Force is an independent decision-making body.

New Edition Of Overweight In Children and Adolescents Knowledge Path Released

The new edition of Knowledge Path: *Overweight in Children and Adolescents* is an electronic guide to recent, high-quality resources and information tools for identifying, preventing, managing, and treating overweight in children and adolescents. The knowledge path is available at: www.mchlibrary.info/KnowledgePaths/kp_overweight.html.

Knowledge paths on maternal and child health-related topics and produced by the MCH Library contain selections of recent, high quality resources and tools for staying abreast of new developments and conducting further research. Components of a knowledge path include links to Web sites, electronic publications, databases, and discussion groups, and citations for journal articles and other print resources and are intended for use by health professionals, policy-makers, educators, and families. MCH Library knowledge paths on other maternal and child health topics are available at: www.mchlibrary.info/KnowledgePaths/index.html.

New from the Child Trends Databank!

- Parental smoking is going down. The percentage of parents of children under age 18 who report being current smokers declined modestly between 2000 and 2003, from 25 percent to 22 percent.
- Well-child visits less likely for children who lack health insurance. Young children without health insurance were much less likely than insured children to have received a well-child visit in the past year (67 percent versus 85 percent, respectively, in 2003).

See also new 2003 estimates for:

- ✓ Parental Symptoms of Depression
- ✓ Heavy Drinking among Parents
- ✓ Asthma in Children
- ✓ Children with Limitations
- ✓ ADHD
- ✓ Learning Disabilities, and
- ✓ Lead Poisoning

Go to: childtrendsdatabank.org

New MCH Library Web Index to Non-English Language Information

The MCH Library (www.mchlibrary.info) is pleased to announce its new index page, Non-English Language Materials and Resources. This index page provides new, easy access to information in the MCH Library that is available in over 60 languages. The index page lists each language for which information is available and provides automated searching of library databases. The index is available at: www.mchlibrary.info/nonenglish.html.

For Your Information

Tools Released To Help Reduce The Risk Of Sudden Infant Death Syndrome

The American Academy of Pediatrics' Healthy Child Care America Back to Sleep Campaign has published three brochures about reducing the risk of Sudden Infant Death Syndrome (SIDS). *A Child Care Provider's Guide to Safe Sleep* presents data and information about SIDS and safe sleep practices and is available at: www.healthychildcare.org/pdf/SIDSchildcaresafesleep.pdf.

A Parent's Guide to Safe Sleep includes information about working with child care providers to ensure that safe sleep practices are used both at home and in child care settings. It is available at: www.healthychildcare.org/pdf/SIDSparentsafesleep.pdf.

Tummy Time contains information about the importance of allowing infants to spend supervised time lying or playing on their stomachs and is available at: www.healthychildcare.org/pdf/SIDStummytime.pdf.

Surgeon General Issues Healthy Dozen List For Toddlers

The Surgeon General's *Tips to Keep Toddlers Safe and Happy* outlines information for parents on keeping toddlers healthy and safe as they look forward to summer fun. The list is the second in a series of Healthy Dozen Tips released by the Surgeon General as part of the Year of the Healthy Child. Topics include healthy eating, oral health, the health risks of smoking and secondhand smoke, giving positive feedback, car seats, safety proofing a home, not leaving a child unattended, the importance of having a primary care provider, immunizations, first aid and CPR, prevention and safety, and having fun. Each tip includes a link to a national resource.

The press release is available at: www.surgeongeneral.gov/pressreleases/sg05192005.html.

More information on the Year of the Healthy Child is available at: www.surgeongeneral.gov/healthychild.

Is Race/Ethnicity A Factor In Postpartum Depression?

Recent research documents substantial racial or ethnic differences in the prevalence of early postpartum depressive symptoms. The same research also found that similar factors are associated with early postpartum symptoms in whites, African Americans and Hispanic women. The article describes racial differences in reporting of depressive symptoms among a longitudinal cohort of white, African American, and Hispanic women between 2 and 6 weeks postpartum. The authors also assess whether racial differences in situational factors (situation demands, mother's health status, social context) might account for differences in symptom reporting.

The authors found that:

- Reports of depressive symptoms during the first 2 weeks postpartum differed for white, African American, and Hispanic women: 31% of whites, 44% of African Americans, and 47% of Hispanics screened positive for depressive symptoms.
- Four variables were independently associated with depressive symptoms: physical symptoms, infant colic, social

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support, and self-efficacy in managing the infant and household.

◊ In a model that controlled for race, history of depression, physical symptoms, physical functional limitations, infant colic, infant-related role demands, social support, criticism, self-efficacy, access, and trust, race was independently associated with depressive symptoms; African American women were 2.16 times more likely than white women to report depressive symptoms; Hispanic women were 1.89 times more likely than white women to report depressive symptoms.

The results suggest that screening for postpartum depressive symptoms is important, particularly in women of color.

An abstract available at: www.greenjournal.org/cgi/content/abstract/105/6/1442?etoc

Howell EA et al. 2005. Racial and ethnic differences in factors associated with early postpartum depressive symptoms. *Obstetrics & Gynecology* 105(6):1442-1450.

More information is available from the MCH Library's knowledge paths, Postpartum Depression, at: www.mchlibrary.info/KnowledgePaths/kp_postpartum.html and Racial and Ethnic Disparities in Health, at: www.mchlibrary.info/KnowledgePaths/kp_race.html.

NHTSA Releases "Ease-of-Use" Ratings for Child Safety Seats for 2005

Child safety seats are easier to use according to an annual National Highway Traffic Safety Administration (NHTSA) survey released in June. NHTSA rated 92 child safety seats from 14 different manufacturers for 2005.

Clearer labels and instructions accounted for most of the improvements. Improved ratings were also scored for ease of installation, and whether the seats had to be assembled after purchase, or came pre-assembled and ready for use.

NHTSA began rating child restraint systems, which include booster seats, in 2003 -- using a grading system of "A," "B," or "C" to denote how easy it is to use the safety seats. A copy of the 2005 "ease-of-use" ratings can be found at: www.nhtsa.dot.gov/CPS/CSSRating/Index.cfm

Highlights from the 2005 ratings of selected safety seats are as follows:

- A total of 144 ratings were awarded in 2005, covering all the multiple use modes for convertible and combination seats available in the 92 safety seats selected. This was an increase from 2004, where only 67 seats were selected with a total of 106 individual ratings. The 2005 ratings represent approximately 90 percent of safety seats currently available to consumers.
- In order for a seat to qualify for an overall "A," it must receive an "A" rating in every possible mode. Out of the 92 seats rated, 74 received an "A" overall, 13 received a "B" overall, and 5 had mixed scores of either an "A" or "B" for each of its modes.

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- As in 2004, there were no safety seats that received an overall "C" rating; however, there were several "C" scores in some individual categories.
- Three seats that were re-tested from 2004 improved their overall scores from a "B" to an "A." These seats were the Britax Husky, Britax Roundabout, and Cosco Protek.

In addition to the overall rating, NHTSA also uses the letter grading system to denote how well the child safety seats perform in five individual categories:

- Whether the seat is pre-assembled or requires assembly after purchase.
- Clarity of the labeling attached to the seat.
- Clarity of written instructions regarding the seat's proper use.
- Ease of securing a child in the seat.
- Whether the seat has features that make it easier to install in a vehicle.

A new system that makes child safety seat installation easier, called LATCH (Lower Anchors and Tethers for Children), is required for most vehicles manufactured after September 1, 2002.

Should Parents Force Their Picky Eater To Eat Or Just Give Up?

Most battle-worn parents at some point ask themselves whether a limited diet is harmful to their children and whether it is worth the effort and stress to get them to eat better. Picky eating among toddlers and preschoolers appears to be widespread. Experts say that about half of all 2-year-olds are picky eaters, and some research suggests that the pattern continues into childhood.

Evolutionary scientists suggest that picky eating may have developed as a protective mechanism. "Children who are 4 and 5 years old were out there foraging on their own 10,000 years ago," said Dr. Leann L. Birch, an expert at Penn State on children's eating habits. A preference for bland food and avoiding distinctive or potent-tasting food can prevent a child from ingesting toxic substances, Dr. Birch said.

Many experts, in the belief that the children's habits stay with them through adolescence and possibly adulthood, urge parents to stay the course in trying to have their children eat balanced diets. A child who does not drink much milk at 5, they say, will be less likely to meet the higher requirements at 9. And an early taste for chicken nuggets and string cheese may make such foods more likely to become lifelong preferences. But the research to back up that theory is inconsistent and there is no evidence that these habits track into adulthood, according to Dr. Birch.

What is known is that the eating habits of all children grow worse in adolescence and that children with more diverse diets end up ahead of those who started as picky eaters. In rats at least, early exposure to a variety of foods leads to more adventurous eating later. "We know a lot more about rats than kids, but I do think having a very limited diet early on is a handicap in terms of learning to accept new foods," Dr. Birch said. Picky eaters who only eat high-fat high-sugar foods may also be at higher risk for obesity, experts say. In advising parents, Dr. Birch and other researchers said giving up was a bad idea, but so was resorting to Herculean efforts to force children to eat foods that they do not like.

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"You have to find some kind of middle ground," Dr. Birch said. "If mealtimes become unpleasant occasions, it can lead to food dislikes, problems with regulating energy intake, and affect power dynamics in the family."

Studies find that some approaches are more helpful than others. Parents, research suggests, should model good eating. If they want their children to drink milk, they should avoid soda. Coercion is not a good strategy, nor is offering a reward or bribery like dessert. Researchers say that as onerous as it sounds, parents should expose a child to a food at least 10 times before giving up. Most parents give up after five attempts. If the battle is staked over vegetables, experts say, give it a rest. "Nutritionists tend to lump fruits and vegetables together," Dr. Birch said. "But for kids and most of us, these things are not all alike. Kids tend to eat fruits, which have a lot of the same nutrients as vegetables."

June 21, 2005
NY Times

Article Reviews Newborn Genetic Testing

"Newborn genetic screening and testing present wonderful possibilities for increasing the quality of life for children and their families," write the authors of an article published in the May/June 2005 issue of the *Journal of Midwifery & Women's Health*. Newborn genetic testing has gained national prominence in the last decade, and every state now has mandated screening tests that newborns are expected to undergo. However, there is great variation among state programs in the lists of tests offered. This variation is due to (1) lack of consensus about which tests ultimately serve the public good, (2) questions about how families should be counseled, (3) disagreement over when newborns should be tested, and (4) ethical and legal issues. This article reviews newborn screening tests for genetic and metabolic disorders, explores the impact of the tests on the family, and discusses implications for clinicians.

The article discusses the following topics:

- History of newborn screening
- State-mandated newborn screening programs
- Informed consent for newborn screening
- Exemplars in newborn metabolic genetic testing
- Screening tests and recommendations
- Counseling regarding newborn screening
- Interpretation of screening test results

The authors state that:

- It is important for clinicians to be aware of tests that are mandated by their state and to stay current on the availability of other tests for high-risk populations that may not be in the panel of tests included in the state program.
- It is important for clinicians to have current knowledge of tests that are available.
- Clinicians may be called on to educate other health professionals, legislators, and the public on issues related to newborn screening and genetic testing.
- There is a growing need for more research and evidence-based clinical guidelines for informed practice. Areas for future research include (1) the relationship of screening and case finding to cost savings for the child, family, and entire health care delivery system; (2) families' perceptions about newborn screening and genetic testing; (3) effects of culture on decision-making regarding screening; (4) knowledge of genetic linkages and possible prevention of diseases or complications; (5) ethical issues related to discrimination of people with genetic abnormalities; and (6) impact of genetic counseling and referrals on quality of life.

Kenner C, Moran M. 2005.
Newborn screening and genetic testing.
Journal of Midwifery & Women's Health

More Information About Newborn Gennetic Testing

The Health Resources and Services Administration's Maternal and Child Health Bureau commissioned the American College of Medical Genetics (ACMG) to:

(1) conduct an analysis of the scientific literature on the effectiveness of newborn screening,
(2) gather expert opinion to delineate the best evidence for screening-specified conditions, and
(3) develop recommendations focused on newborn screening, including but not limited to the development of a uniform condition panel.

The ACMG draft report, Newborn Screening: Toward a Uniform Screening Panel and System, is available at: mchb.hrsa.gov/screening.

More information about newborn screening is also available from the National Newborn Screening and Genetics Resource Center at: genes-r-us.uthscsa.edu.

Dying to be Tan

Getting tan may not be as harmful as smoking, but unprotected exposure to its ultraviolet rays in the teen years dramatically increases the risk of skin cancer, the most common form of the disease in America today. Doctors are concerned about the rising rates of skin cancer, particularly sunburn-linked malignant melanoma—now the top cancer killer of women aged 25-30.

Last year doctors diagnosed more than 59,000 new cases of malignant melanoma and about one million new cases of basal or squamous cell carcinoma, believed to be the result of cumulative sun exposure. "The stage for this stuff is set when you're 18, when you're in the tanning bed, thinking this makes you look cool," says Dr. Mark Jewell, president of the American Society for Aesthetic Plastic Surgery.

Despite warnings, teenagers continue to bake in the sun—and in tanning booths. A June 2002 study in the journal *Pediatrics* found that more than one third of 17year-old girls use tanning salons. Among 14-year-olds, that number was seven percent. When teens, aged 12-17, were asked during a recent survey by the American Academy of Dermatology if they were aware that getting a suntan can be dangerous for their skin, an overwhelming majority (79 percent) said "yes" and 81 percent said they know that childhood sunburns increase their risk of developing skin cancer as an adult. Still, 60 percent of the teens surveyed admitted they had suffered at least one sunburn during the summer of 2004 and 47 percent said they think people look healthier with a tan. Sixty-six percent believed that people appear physically better with a tan.

Some state legislatures are introducing and passing laws limiting teen access to indoor tanning beds, requiring parental consent or banning the use of tanning beds altogether by those under 14. Monitoring teens' behavior outdoors is much harder. Teens—and adults—need some sun to get vitamin D. No one recommends teens avoid the sun altogether—just that they take precautions. Using sunscreen with both ultraviolet A and B protection and an SPF or 15 or higher, and re-applying it every two hours is recommended. Unfortunately, teens want to look "good" for the prom this weekend, they don't want to think about might happen 10 or 20 years in the future.

Karen Springen
Newsweek
The complete article can be found at:
www.msnbc.msn.com/id/8379291/site/newsweek/

Three grand essentials to happiness in this life are something to do, something to love, and something to hope for.

-Joseph Addison, writer (1672-1719)

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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

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✶ EDITING TEAM

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Colorado Department of Public Health and Environment

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