

# PARTNERS IN PREVENTION

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

The holiday season is once more upon us. We have much to be thankful for and to reflect upon as we close one calendar year and begin a new one. We are increasingly able to support evidence-based programs in local communities to address a wide variety of public health issues that affect children, adolescents and families. The Nurse Home Visitor/Nurse Family Partnership Program funded with Tobacco Settlement Dollars, the Nurturing Parenting Program funded by the Colorado Children's Trust Fund, and a variety of youth-serving programs (youth mentoring, drop-out prevention, early childhood programs, youth crime and violence prevention, services for homeless youth, and much more) funded by the Tony Grampas Youth Services Program are but a few examples of the programs that we know are making a huge difference in the lives of children and youth in your communities. The Colorado KIT web-based reporting and evaluation system will allow us to have even stronger evidence of the effectiveness of many of these programs in the future.

In addition, we are working in partnership with other Department of Public Health and Environment Programs - e.g., Injury, Suicide and Violence Prevention; Immunization; State Tobacco Education and Prevention; Colorado Physical Activity and Nutrition; Women's Health; Oral Health, and others to maximize our efforts to promote and implement state and local "best practice" strategies to address priority issues for the Maternal and Child Health population. One of our top priorities is preventing teen motor vehicle crashes--a topic near and dear to my heart since my 16-year-old daughter recently received her driver's license. Hopefully all of our readers are aware of the new graduated licensing law, which became effective July 2005. It restricts the transporting of passengers under age 21 by newly-licensed teen drivers. During the first six months, no passengers are allowed with the exception of siblings; and during the second six months, one passenger is allowed. While this may be seen as an inconvenience for parents or a drag for teens, it has been shown to save lives! It's worth it!

The Child, Adolescent and School Health Section is pleased to announce that we have some new staff and new grants to address some of our priority topics. Anne-Marie Braga replaced Jason Vahling as Director of the Adolescent Health Program. Anne-Marie has a Masters in Social Work from Columbia University and brings with her a wealth of experience working with high-risk youth in New York City, as well as sexually-abused teenage girls

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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](mailto:nancy.donnelly@state.co.us). It is also available online at [www.cdph.state.co.us/ps/cash/](http://www.cdph.state.co.us/ps/cash/). Please contact Nancy if you no longer wish to receive *Partners In Prevention*.



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in Arkansas. She was most recently an employee of JFK Partners at the University of Colorado Health Sciences Center, where she worked with the CDPHE Health Care Program for Children and Youth with Special Health Care Needs. She will be leading efforts to reduce teen motor vehicle crashes, address a variety of other teen health issues, and coordinate a new Maternal and Child Health Bureau grant to strengthen partnerships across state agencies and organizations to improve mental health systems for school-age children and youth.

We are also welcoming Teri Pinney, the new Smart Start Director. Terri has been hired to lead another Maternal and Child Health Bureau grant awarded to Colorado to implement the strategic plan created to improve early childhood systems. Teri has an MBA from Yale School of Management and, prior to a year of world travel, was the Program Officer at the Piton Foundation with responsibility for early childhood education and care. Teri is providing leadership for the Early Childhood State Systems Team, translating many areas of planning into action, and was hired just in time to receive a couple of weeks orientation from Rachel Hutson, before Rachel left on maternity leave. Rachel gave birth to a beautiful baby boy, Samuel Hutson Habib, on November 1.

Debbie Marchese is the newest member of our fiscal team, supporting both the CASH Section and Maternal and Child Health. She has a long history with the Health Care Program for Children and Youth with Special Needs, and is a great addition to our team.

Please take time to enjoy the holidays with those you love. Know that the work you do on behalf of Colorado's children, teens, and families is greatly appreciated!



**Advisory Council on Adolescent Health**  
**Submitted by**  
**Anne-Marie Braga, Program Director**  
**Adolescent Health**

The Advisory Council on Adolescent Health (ACAH) is an interdisciplinary, dynamic group of adolescent health experts and community advocates dedicated to improving the health and well-being of all Colorado adolescents. Members provide their advice and expertise to educate and inform the Colorado Department of Public Health and Environment.

With the help of Frank Campanella-Green (Chair) and Susan Dreisbach (Vice-Chair), ACAH's true role as an advisory group has been reiterated. While discussion of the latest adolescent health issues is valued, it is equally as important to produce outcomes. We want ACAH members and guests to feel that their time is spent on meaningful activities that produce positive outcomes and results for Colorado adolescents.

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The Maternal and Child Health (MCH) program has chosen to focus on ten priorities over the next few years. Four of these involve adolescents. They are as follows:

- Reducing the rates of teen motor vehicle injury and death
- Reducing the rates of teen fertility (specifically within the Latina population)
- Improving the mental health of adolescents
- Reducing the use of tobacco, alcohol and other drugs among adolescents

ACAH is following this lead and began the year with a focus on teen motor vehicle safety, as it is the number one killer of teens in Colorado and the nation. Therefore, on October 14, 2005, ACAH members participated in the creation of a statewide action plan to improve teen motor vehicle safety across Colorado. This action plan will be presented to local communities before mid-January and will be finalized by January 31, 2006.

If you would like more information regarding how you can become involved in ACAH, please contact me at [anne-marie.braga@state.co.us](mailto:anne-marie.braga@state.co.us) or Nancy Donnelly at [nancy.donnelly@state.co.us](mailto:nancy.donnelly@state.co.us).



**Youth Partnership for Health  
Submitted by  
Anne-Marie Braga**

The Youth Partnership for Health (YPH) is a diverse, lively group of teens that comes together once a month to provide input and guidance to the Colorado Department of Public Health and Environment (CDPHE) on policies and programs. It began in 2000 and focuses on teen health issues affecting teens such as mental health, substance use, violence, teen pregnancy, abstinence, nutrition and fitness. This year the teens themselves are facilitating the meeting with guidance. So, while they are providing valuable feedback, they are also growing professionally and personally. Some former members have gone on to pursue public health careers.

One of the exciting things about this group is that it shapes the direction CDPHE moves on issues and programs addressing teen health. CDPHE is committed to YPH and truly believes that young people are the experts, as evidenced by paying them honoraria for sharing their expertise. The YPH has helped develop grants for Colorado, assisted in grant reviews for funds awarded to local communities, conducted surveys on adolescent health behavior and attitudes, and have done presentations on teen health topics.

Contact me at [anne-marie.braga@state.co.us](mailto:anne-marie.braga@state.co.us) or Robin Rocke at [robin.rocke@state.co.us](mailto:robin.rocke@state.co.us) if you have questions about the Youth Partnership for Health.

**Smart Start Colorado**  
**Submitted by**  
**Teri Pinney, Program Director**

Smart Start Colorado (SSC) is a statewide alliance of early childhood partnerships building a comprehensive system for young children (birth to age eight) and their families. Hundreds of people from across three state agencies and non-profit organizations statewide have been collaborating for months to share best practices, streamline programs, develop shared standards, investigate creative funding strategies and get the word out about the importance of the early years. There is a strategic plan already in place and eight task forces (e.g., outcomes and evaluation, program availability, funding and finance) are working to implement it in partnership with local early childhood councils. SSC works across several domains including health care/medical home, mental health care, early care and education, family support and education.

This year the Colorado Department of Public Health and Environment (CDPHE) received a three-year grant from Maternal and Child Health to fund a director whose job it is to pull these efforts together into a coherent whole. I was hired as the director and started October 17th. As a former Program Officer for Early Childhood Education at The Piton Foundation, I served on several committees with Rachel Hutson and am indebted to her ongoing leadership. My top priorities are to involve more parents and families, launch a public engagement campaign (including a website), recruit business and community leaders to champion this cause and create an organizational structure that can house the Smart Start Colorado work long term. I'm looking forward to working closely with the Prevention Leadership Council, other early childhood programs within the Department, and local early childhood advocates.

It's great to be here!



**Tony Grampas Youth Service Tobacco Initiative**  
**Submitted by**  
**Jill Bednarek, Program Manager**

The Tony Grampas Youth Services Tobacco Initiative (TTI) provides funds to implement evidence-based programs that achieve legislatively mandated goals of preventing youth tobacco use, increasing the number of tobacco users that successfully quit and eliminating exposure to secondhand smoke. According to §25-3.5-805, C.R.S., up to 15 percent of Tobacco Education, Prevention and Cessation Program funds shall be annually awarded to eligible applicants of the Tony Grampas Youth Services (TGYS) program.

Phase I funding awarded 31 grants effective January 1, 2006 - June 30, 2006 for tobacco education, prevention and cessation programs serving children, youth, young adults and their families.

TTI re-released the 2005-2006 Request for Applications, identified as TTI 2005-2006 Phase II funding, in November. Eleven new grantees were selected and will be on the same grant cycle as the Phase I grantees. TGYS Tobacco Initiative grantees are providing services in 47 counties. The 2006-2007 Request for applications will be released the end of January for funds beginning July 1, 2006.

Visit the TTI page of the TGYS Web site at [www.cdph.state.co.us/ps/tgys/tti/index.html](http://www.cdph.state.co.us/ps/tgys/tti/index.html) to see the list of grantees, the type of programming being provided and the counties served.

Please direct questions to Jill Bednarek 303-692-2475.



**Growth and Development Cards Now Available**

The CDPHE Child and Adolescent Growth and Development cards that were announced in the Summer 2005 *Partners in Prevention* are now available. The set of fourteen cards, in English and Spanish, highlight growth and development tips on topics such as nutrition and feeding, safety and injury prevention, family issues, and healthy practices for ages 0 to 18 years of age. Sets have been mailed to many of you and have been very well received.

The cards are available at no cost. If you haven't received a set of cards, please contact Nancy Donnelly at [nancy.donnelly@state.co.us](mailto:nancy.donnelly@state.co.us).

Cards can also be downloaded from the CASH Web site at: [www.cdph.state.co.us/ps/cash/development/cards.html](http://www.cdph.state.co.us/ps/cash/development/cards.html).





**Their Name Has Changed  
but Their Mission is Still the Same  
(information provided by Safe Kids Worldwide)**



Children's National Medical Center and Johnson & Johnson (the Founding Sponsor) launched the National SAFE KIDS Campaign (NSKC) in 1987. The NSKC was the first and only national, nonprofit organization dedicated solely to the prevention of unintentional childhood injury. In 1992, SAFE KIDS expanded when Canada became its first international affiliate. Now, almost two decades and 15 countries later, the National SAFE KIDS Campaign has changed its name, and logo, to reflect the evolution of the grassroots network of safety advocates that are now, literally, all over the world. The new name is Safe Kids Worldwide, and the organization currently consists of 15 member countries and more than 450 local coalitions. The logo has been standardized - Safe Kids Worldwide — and each individual coalition will have a uniform brand, as seen in the above two logos. Although the name has changed, the mission remains the same: "preventing accidental injury to children ages 14 and under."

"Accidental" injury continues to be the number one killer of children around the world. Each year, more than one million children die and even more are injured by "accidents" that could have been prevented. Safe Kids Worldwide will continue to follow the proven injury prevention model, conducting public outreach and awareness campaigns, stimulating hands-on grassroots activity, creating safe environments and working to make injury prevention a public policy priority. Safe Kids has made great strides in reducing the risk of "accidental" injury among children ages 14 and under. Since Safe Kids began in 1987, the "accidental" injury death rate has declined over 40 percent in the United States. The goal of Safe Kids Worldwide is to reduce the "accidental" injury death rate by 25 percent in member countries by the year 2014.

For more information about Safe Kids Worldwide, please visit their Web site at: [www.safekids.org](http://www.safekids.org) or contact Barb Bailey, Coordinator of Safe Kids Colorado at 303-692-2589.

**Save the Date**

The 4<sup>th</sup> session in the MCH sponsored Learning Community series *Health and Safety in Child Care* will be offered on Friday, April 28, 2006 at the El Paso County Department of Health and Environment in Colorado Springs. The Learning Community is intended to provide a forum for individuals who share a concern, issue or passion about health and safety in child care settings. This Learning Community offers the opportunity to deepen their understanding and knowledge through interactions with colleagues. All public health workers and community partners interested in increasing health and safety in child care settings are invited to participate. There is no registration fee. Watch for a more detailed flyer in the near future.



**Reach Out and Read Colorado**  
**Submitted by**  
**Steve Vogler**  
**Medical Director, ROR Colorado**



As a pediatrician at Denver Health, the prescription that provides me the most reward is not the amoxicillin for otitis media or the 2% milk for pudgy toddlers. It's actually one that I didn't learn much about during training. Prescribing a daily dose of A Very Hungry Caterpillar or Goodnight Moon for all of my young patients conveys my belief in their potential to learn and succeed and lays the foundation for them to do so. The unique opportunity to give the tool (a new book) to accomplish my advice is typically accompanied by broad smiles from both the parent and child. Definitely a different reaction than the one I get when I prescribe vaccines!

For those of you not familiar with Reach Out and Read (ROR) and its presence in our state, I'd like to make you aware of this simple, effective, inexpensive and American Academy of Pediatrics (AAP)-endorsed program. Started in 1989 at Boston City Hospital, ROR makes literacy promotion and books an integral part of pediatric primary care, so that all children grow up with books and a love of reading. ROR uses pediatric health care providers to advise parents about the importance of reading aloud and to give books to children at pediatric check-ups from six months to five years of age, with a special focus on children growing up in poverty. By building on their unique relationship with parents, health care providers remind parents about their critical role in encouraging early literacy and school readiness skills, so children enter school prepared for success in reading.

We have a lot of work to do. Nationally, kindergarten teachers estimate that 1/3 of their students enter school unprepared to participate, and a similar percentage of first graders are in remedial reading programs. According to a report from the National Institute of Health Commission on Reading, "reading aloud is the single most important activity for building the knowledge required for the eventual success in reading." Several published ROR evaluations have shown promising results. Parents consistently report a large, significant increase in the amount and enjoyment of book-sharing activities with their children, and young toddlers have had statistically and clinically significant increased language scores on standardized tests.

With the support of the ROR National Center, ROR has expanded to over 2000 sites around the country, serving over 2 million children. To support and expand ROR in Colorado, a state coalition, Reach Out and Read Colorado, was formed last year. Currently there are 50 sites statewide serving over 47,000 children between 6 months and 5 years of age and their parents. They receive 76,000 new, high quality, developmentally appropriate books and literacy promotion messages annually from health care providers. Current ROR sites serve only roughly one third of the 120,000 low-income children in the targeted age range in Colorado. The average book cost per child over a 5-year period is estimated at \$27.50 for 8-10 children's books (depending on compliance with the AAP periodicity schedule for well-child exams).

To learn more about Reach Out and Read in Colorado or ways you can provide support, please contact Megan Wilson, Executive Director of ROR Colorado, 3400 West 38<sup>th</sup> Ave, Suite 200, Denver CO 80211, 303-623-3800, rorcolorado@comcast.net. Current opportunities to help include 1) collecting gently used children's picture books for ROR providers to give out at non well-child check visits and to siblings, 2) recruiting volunteer readers for waiting room reading corners, and 3) donating funds to support new book purchases. If Reach Out and Read isn't in your clinic or you want to learn more about implementing the program, please contact us.



## FUNDING RESOURCES



### **Ben & Jerry's Foundation**

Deadline: Rolling



The Ben & Jerry's Foundation, the giving arm of the ice cream maker, offers grants to nonprofits facilitating progressive social change by addressing societal and environmental problems. Grants range from \$1,000 to \$15,000. Typically, grants go to organizations with budgets under \$250,000. Letters of inquiry are accepted year-round. Each cycle, the foundation may fund a small number of material grants for \$1,000 or less for innovative programs that fit into the foundation's general guidelines.

For more information, go to: [www.benjerry.com/foundation/guidelines.html#ty](http://www.benjerry.com/foundation/guidelines.html#ty)



### **Gannett Foundation**

Deadlines: January 15, 2006; May 15, 2006; August 15, 2006



9News accepts grant proposals from qualified non-profit organizations for funds available from the Gannett Foundation. We value projects that take a creative approach to improving people's lives.

For more information, go to: [www.9news.com/cr/gf.asp](http://www.9news.com/cr/gf.asp)



### **Teammates for Kids Foundation**

Deadlines: April 1 and October 1 annually



The Teammates for Kids Foundation accepts proposals for grants from nonprofit organizations that specialize in working with children. Grants from the Foundation support the on-going work of operating organizations that help needy children in the areas of health, education and inner-city services.

For more information, go to:

[www.teammates4kids.com/apply\\_for\\_grant/apply\\_grant.htm](http://www.teammates4kids.com/apply_for_grant/apply_grant.htm)





# WHAT'S HAPPENING

## Public Health Nurses Invited to Attend School Nurse Workshops

Judy Harrigan, School Services Consultant from the Colorado Department of Education, will be hosting Regional School Nurse Workshops. Cathy White, Child Health Nurse Consultant from the Child, Adolescent and School Health (CASH) Section will be providing updates from CDPHE. Both Judy and Cathy are encouraging public health nurses to attend and participate in discussions related to collaboration between school nurses and health departments and county nursing services. Some of the topic areas include Fit, Healthy & Ready to Learn; Asthma Policy; Local School Wellness Policy; Vision Screening Guidelines; Health Care Plan Guidelines; and the local Health Agency's Role in School Health. To learn more about these workshops contact Cathy White [cathy.white@state.co.us](mailto:cathy.white@state.co.us) or phone 303-692-2375. The schedule for the workshops as well as the registration form, can be found at CASH's Web site at: [www.cdphe.state.co.us/ps/cash/partnersinprevention/index.html](http://www.cdphe.state.co.us/ps/cash/partnersinprevention/index.html).

### MCH/JFK Video Conference

- The next MCH/JFK video conference is scheduled for February 9, 2006 from 9-11 A.M. The topic will be "An Update on Maternal and Child Health Program Efforts." Unlike previous MCH/JFK video conferences, this presentation is targeted just for public health agencies who work with the MCH population. It will be appropriate for all staff in agencies working in MCH including those working in wellness/health promotion areas as well as nursing for the prenatal, child/adolescent health and children with special health care needs populations.
- Topics to be covered include:
- federal funding expectations;
  - results of the prioritization from the state needs assessment; and
  - program updates from the Prenatal Program, the Child, Adolescent and School Health Programs and the Health Care Program for Children with Special Needs.

More information will be available in January. Check the CASH Web site at: [www.cdphe.state.co.us/ps/cash/partnersinprevention/index.html](http://www.cdphe.state.co.us/ps/cash/partnersinprevention/index.html).

### 5th Annual New Partners for Smart Growth: Building Safe, Health and Livable Communities January 26-28, 2006 Adams Mark Denver Hotel

This conference will bring local elected officials, planners, transportation professional and traffic engineers, health professionals, and public health advocates, parks and recreation professionals, urban designers, social equality

advocates, community leaders and many, many others together to explore new approaches to community design from a comprehensive public health and safety perspective. For more information, go to: [www.newpartners.org](http://www.newpartners.org)



## HELPFUL RESOURCES



### How Healthy are Colorado Children?

The latest Health Watch from the Health Statistics Section at the Colorado Department of Public Health and Environment (CDPHE) highlights results from the Colorado Child Health Survey. This annual survey that was started in 2004, will help fill many of the existing data gaps related to children in Colorado ages 1-14.

There are over 100 questions on the Child Health Survey. If you are interested in more information about the survey, please contact Jodi Drisko in the Health Statistics Section of CDPHE at [jodi.drisko@state.co.us](mailto:jodi.drisko@state.co.us).

The report can be found at:  
[www.cdphe.state.co.us/hs/yrbs/](http://www.cdphe.state.co.us/hs/yrbs/)

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### Child Trends Releases Summer 2005 Edition of "The Child Indicator"

A recent edition of *The Child Indicator* (Summer 2005, Vol. 5, Issue 1), published by Child Trends, communicates major developments and new resources within each sector of the child and youth indicators field. This issue features:

- Surveys on middle childhood and early adolescence.
- New online data tools that allow easy access to educational indicators.
- Rockefeller bill: more funding for state surveys and child indicators.
- "On the Frontier of Adulthood: Theory, Research, and Public Policy," edited by Settersten, Furstenberg, and Rumbaut.
- Measuring and monitoring children's well-being: a decade of international progress.

- Teaching in the classroom with child indicators.
- Recently released reports, including "School Readiness: Closing Racial and Ethnic Gaps," "The Condition of Education 2005," and "Child Maltreatment 2003."

The issue is available at: [www.childtrends.org/Files/ChildIndicatorSummer2005.pdf](http://www.childtrends.org/Files/ChildIndicatorSummer2005.pdf)

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### Toolkit Offers Systematic Approach To Improve Quality Of Medicaid Early Childhood Development Services

*Enhancing Child Development Services in Medicaid Managed Care: A Best Clinical and Administrative Practices Toolkit* chronicles the experiences of 11 Medicaid managed care organizations in piloting activities to improve early childhood screening and anticipatory guidance, with an emphasis on preventive pediatric care. The toolkit, produced by the Center for Health Care Strategies, Inc., highlights strategies used to improve the delivery of early childhood development services, including early identification of developmental disabilities, improving outreach to members, enhancing provider partnerships, improving reimbursement and referral practices, and recognizing potential returns on investment. Case studies illustrate how individual plans applied the Best Clinical and Administrative Practices Quality Framework to improve developmental services for children from birth to age 3. The toolkit is intended for use by health plans, states, and other stakeholders in gleaning ideas on how to systematically enhance the effectiveness of early childhood development screening and services. The toolkit is available at: [www.chcs.org/usr\\_doc/Toolkit.pdf](http://www.chcs.org/usr_doc/Toolkit.pdf).

### **Report Provides Broad Portrait Of What Adolescents Are Doing and Thinking**

*Freeze Frame: A Snapshot of America's Teens* presents data on a wide variety of topics, from adolescents' sexual behavior to their religious beliefs. The chartbook, produced by the National Campaign to Prevent Teen Pregnancy in conjunction with Child Trends, groups data into seven areas of influence -- health, family, peers and partners, school, community, media and consumer behavior, and religious and spiritual beliefs. The chartbook is intended to help correct many common misconceptions about adolescents as well as to provide adults and those working directly with adolescents with a more textured understanding of adolescents. The chartbook is available at: [www.teenpregnancy.org/works/pdf/FreezeFrame.pdf](http://www.teenpregnancy.org/works/pdf/FreezeFrame.pdf).

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### **Web Site Links Child Care And After-School Providers To Physical Activity And Nutrition Resources**

FitSource: A Web directory for Providers contains a wide variety of tools that can be used to incorporate physical activity and nutrition into child care and after-school programs. The Web site, produced by the Child Care Bureau, links to activities and game ideas, curricula and lesson plans, campaigns, healthy menus and recipes, funding strategies, information for parents, and other resources. The Web site allows users to search for resources by keyword or by age group (infant and toddler, preschool, and school age), and includes links to resources available in Spanish. The Web site also contains a speaker's kit with PowerPoint slides, notes, and handouts on the following topics:

- (1) childhood obesity and overweight statistics;
- (2) consequences of childhood obesity;
- (3) why child care and after-school settings are an ideal venue for incorporating nutrition

and physical activity; and  
(4) an overview of program, policy, and finance strategies supporting nutrition and physical activity in child care and after-school programs.

The Web site is intended for use by program administrators, directors, technical assistance providers, and others interested in promoting proper nutrition and physical activity in child care and after-school settings. It is available at: [nccic.caliber.com/fitsource/index.cfm](http://nccic.caliber.com/fitsource/index.cfm).

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### **Fact Sheets Describe Funding Sources Designed to Address the Mental Health Needs of Youth in Transition**

Moving On: Federal Programs to Assist Transition-Age Youth with Serious Mental Health Conditions is a collection of fact sheets providing information about 57 federal programs that address the wide range of needs of adolescents with serious mental health conditions who are transitioning into adulthood. The fact sheets, produced by the Bazelon Center for Mental Health Law, are grouped into 12 categories and cover topics from mental health and substance abuse services to education, housing, and juvenile justice. Each fact sheet offers information about the program's purpose, services, and funded activities; the administering federal agency; and grantee and beneficiary eligibility, as well as a brief assessment of the program's impact. The fact sheets are available at:

[www.bazelon.org/publications/movingon/index.htm](http://www.bazelon.org/publications/movingon/index.htm).

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### **Helping America's Youth**

A new multi-agency Web site is now available from the Federal government that allows users to search for evidence-based programs using both desired protective factors as well as targeted risk behaviors.

Go to: [www.helpingamericasyouth.gov](http://www.helpingamericasyouth.gov)

## For Your Information

### **Authors Assess State-Level Costs and Savings Associated With Community Water Fluoridation Programs**

"The model used in this analysis provides Colorado-specific estimates of CWFP [community water fluoridation program] savings and may be replicated for other states," state the authors of an article published in the November 2005 issue of *Preventing Chronic Disease: Public Health Research, Practice, and Policy*. State-level data on CWFP costs and treatment savings are important to communities that face challenges in retaining water fluoridation programs and to communities without programs that require such information to make implementation decisions. The article presents an analysis of the estimated cost savings associated with CWFPs in Colorado and potential cost savings if Colorado communities without fluoridation programs or naturally high fluoride levels were to implement CWFPs.

The study primarily used state and local data sources, such as the Water Fluoridation Reporting System for information on fluoride levels of local water systems, to estimate CWFP costs and treatment savings (in 2003 dollars) for each water system in Colorado. Other data sources include regional and national data, published studies, and expert opinion. Data for 172 public water systems that serve populations of 1,000 individuals or more were included. The analysis compared annual fluoridation program costs with treatment savings achieved through averted tooth decay. Treatment savings included those associated with direct medical costs (applying and maintaining a restoration) and indirect nonmedical costs (patient time spent on dental visit).

The authors found that:

- \*Existing CWFPs in Colorado were associated with annual savings of \$148.9 million in 2003 or an average of \$60.78 per person.

- \*Colorado would save an additional \$46.6 million annually if CWFPs were implemented in the 52 nonfluoridated water systems for which fluoridation is recommended.

- \*After adjusting the CWFP effect on reducing decay for the presence of natural fluoride levels, net annual savings were estimated to be \$39.0 million.

"Colorado realizes significant annual savings from existing CWFPs," the authors conclude, adding "additional savings and reductions in morbidity could be achieved if fluoridation programs were implemented in other areas."

An abstract is available at: [www.cdc.gov/pcd/issues/2005/nov/05\\_0082.htm](http://www.cdc.gov/pcd/issues/2005/nov/05_0082.htm).

O'Connell JM, Brunson D, Anselmo T, Sullivan PW. 2005.

*Costs and savings associated with community water fluoridation programs in Colorado. Preventing Chronic Disease: Public Health Research, Practice, and Policy* 2(Special Issue):1-13.



### Policy Recommendations to Reduce the Risk of Sudden Infant Death Syndrome Revised

"Additional work in promoting appropriate infant sleep positions and sleeping-environment conditions may be necessary to resume the previous rate of decline for SIDS [Sudden Infant Death Syndrome] and all-cause postneonatal mortality," state the authors of a policy statement released on October 10, 2005, by the American Academy of Pediatrics (AAP). Despite marked rate reductions over the past decade, SIDS is still responsible for more infant deaths in the United States than any other cause of death during infancy beyond the neonatal period. The statement endorses elements from the 2000 AAP statement that have not changed, includes information about recent research, and presents updated recommendations based on current evidence.

Issues addressed in the policy statement include sleep position, bedding, bed sharing, pacifiers, secondary caregivers, home monitors, immunization, breastfeeding, positional plagiocephaly, discharge from neonatal intensive care units and newborn nurseries, and infanticide. AAP recommendations developed to reduce the risk of SIDS in the general population are as follows:

- ❖ Place infants in a supine position (wholly on the back) for every sleep.
- ❖ Use a firm crib mattress covered by a sheet for sleep.
- ❖ Keep soft objects and loose bedding out of an infant's sleeping environment.
- ❖ Do not smoke during pregnancy; avoid exposing infants to secondhand smoke.
- ❖ Place infants in a bassinet or crib close to the parents' bed to allow for more convenient breastfeeding and contact.
- ❖ After an infant is 1 month old, introduce a pacifier when placing the infant down for

sleep. To ensure that breastfeeding is firmly established, do not do this before the infant is 1 month old. Do not reinsert the pacifier once the infant falls asleep.

- ❖ Clothe infants lightly for sleep, and keep the bedroom at a temperature that is comfortable for a lightly clothed adult.
- ❖ Avoid commercial devices marketed to reduce the risk of SIDS.
- ❖ Do not use home monitors as a strategy to reduce the risk of SIDS.
- ❖ To avoid the development of positional plagiocephaly and to enhance motor development, encourage "tummy time" and upright "cuddle time" when the infant is awake and observed.
- ❖ Intensify public education for secondary caregivers (child care providers, grandparents, foster parents, and baby-sitters) and maintain a special focus on black and American Indian/Alaska native populations.

The article is available at:

[www.aap.org/ncepr/revisedsids.pdf](http://www.aap.org/ncepr/revisedsids.pdf)

American Academy of Pediatrics,  
Task Force on Sudden  
Infant Death Syndrome.  
2005.

The changing concept of  
sudden infant death syndrome:  
Diagnostic coding shifts, controversies  
regarding the sleeping environment, and new  
variables to consider in reducing risk.  
*Pediatrics* 116(5):1245-1255.





### **Program Designed To Help Families Be More Active**

Get Hip & Get Fit is a new national program that aims to help parents choose family activities that promote physical activity. Program tools, designed by Shape Up America, include a series of posters with physical activity ideas. The posters, which may be downloaded or ordered online, are intended for use by parents, educators, and health professionals in promoting a healthy lifestyle for families that balances food intake with physical activity. The tools are available at: [shapeup.org/fittips/download1.html](http://shapeup.org/fittips/download1.html).

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### **Brief Cites Risks And Highlights Strategies To Reduce Adolescent Motor Vehicle Crashes and Fatalities**

"Are Teens Driving Safer?" provides an overview of the causes of the high rate of fatal motor vehicle crashes involving adolescents, strategies states have taken to make adolescents safer, and implications for policy and future research. The brief, published as part of the CrossCurrents series by the Child Trends Databank, presents relevant data on rates and trends and addresses specific risk factors for fatal crashes among adolescents (night driving, adolescent passengers, alcohol consumption, young age, lack of experience, and insufficient brain development). Information about seatbelt programs and laws, programs and laws to reduce adolescent drinking and driving, graduated licensing laws, cell phones and adolescent driving, and new federal legislation is also presented. The brief is intended for use by policymakers, researchers, families, and others in their efforts to reduce the risk of motor vehicle crashes and deaths among adolescents. The brief is available at: [www.childtrends.databank.org/PDF/teen driving.pdf](http://www.childtrends.databank.org/PDF/teen%20driving.pdf).

### **Brief Presents Key Information About Young Men's Health**

A Health Profile of Adolescent and Young Adult Males: 2005 Brief offers a perspective on young men's health by outlining important health issues and identifying areas of major concern. The brief, produced by the National Adolescent Health Information Center, highlights priority health issues for adolescent and young adult males identified through the Healthy People 2010 initiative. The brief describes the demographics and social context for adolescent and young adult males and reviews data on mortality, unintentional injury, violence, substance use, mental health, reproductive health, overweight, and health care access and utilization. Key gender and racial/ethnic disparities are also identified. The brief is available at: [nahic.ucsf.edu/download.php?f=/downloads/BoysBrief.pdf](http://nahic.ucsf.edu/download.php?f=/downloads/BoysBrief.pdf).

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### **Healthy Kids Learn better Perform Better The links Between Health and Academics**

This article by Ginny Ehrlich, Rocky Mountain Center's Tools to Practice for School Health Project Director, is a primary literature review that explores the links between student achievement and discipline; alcohol, tobacco and other drug use; adequacy of nutrition; early sexual activity and teen pregnancy among school-age youth. The article supports a direct link between student health risk behaviors and education outcomes. Some of the stated findings include:

- ◆ High school athletes who used substances experienced a more significant decline in academic achievement than their non-athletic peers.
- ◆ Children 6-11 years of age from food insecure households were more likely to receive special education services and to

(Continued from page 14)

display aggressive behaviors and students 12-16 years old living in similar households were more likely to have been suspended than their peers from food secure homes.

- In 2000, a study found that the initiation of sexual intercourse before age 14 was directly related to poor academic achievement.

The presented findings provide an opportunity for education and health professionals to target their health, prevention and intervention programs more precisely, as well as to advocate for the role of school health programs in successful efforts to increase student achievement. To read the article in full go to:

[www.rmc.org/pdf/HealthEducatorV6N1.pdf](http://www.rmc.org/pdf/HealthEducatorV6N1.pdf)

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### **Promoting Healthy Weight-Control Practices Among Athletes**

Students often believe they will have an advantage in certain sports if they can gain or lose weight. That's why the American Academy of Pediatrics (AAP) has issued a new policy statement- Promotion of Healthy Weight-Control Practices in Young Athletes. The statement discusses healthy methods of weight gain or loss and makes recommendations for discouraging inappropriate weight-control behaviors.

Among the recommendations in the guideline:

1. Physical exams for athletes should include a weight history, a history of eating patterns, hydration practices, disordered eating and heat illness.
2. Nutritional needs for growth and development must be placed about athletic concerns. Fluid or food deprivation should never be used.
3. In sports where weigh-ins are required, the student's weight and body composition should be assessed once before the season and should include a determination of body

fat and minimal allowable weight when the athlete is adequately hydrated. Athletes should be permitted to compete in championships and tournaments only at the weight class in which they have completed for most events that year.

4. Male high school athletes should not fall below 7 percent body fat (there are no recommendations for female athletes).
5. Any weight-loss program should be started early, run over a realistic time period. permit a change of 1.5 percent or less of body weight per week, permit the loss of weight to be fat loss and the gain of weight to be muscle mass, be coupled with an appropriate training program of strength and conditioning exercise, incorporate a well balanced diet with adequate calories. Weight-loss plans for athletic purposes should not be used before 9th grade.
6. An athlete losing a significant amount of fluid during participation should be weighed before and after games and practices and replace each pound of weight loss with 1 pint of fluid containing carbohydrates and electrolytes before the next practice or competition.
7. Weight-control practices that should be prohibited include: over-exercising; rubber suits, steam baths or saunas; prolonged fasting; fluid reduction; vomiting; or using anorexic drugs, laxatives, diuretics, diet pills, insulin, stimulants, nutritional supplements, nicotine or other legal or illegal drugs; ergogenic aids (substances believed to enhance sports performance) and nontherapeutic use of supplements.
8. Athletes who need to gain weight should consult a physician and a dietitian and should be discouraged from gaining excessive weight.

The full text of the guideline is available online at [www.aap.org](http://www.aap.org).

### Are Families Eating Together? New Research Finds Age, Ethnicity, Nativity, and Poverty Related To Family Dining

Research has found that that, like other forms of parental involvement, there is a link between frequent family dinners and positive teen outcomes. Teens who regularly eat meals with their family are less likely to get into fights, think about suicide, smoke, drink, use drugs, and are likely to initiate sexual activity later and have better academic performance than teens who do not. Are families gathering for meals together?

Trends show that in 2003, 42 percent of adolescents ages 12 to 17 ate a meal as a family six to seven days a week. Twenty-seven (27) percent ate a meal as a family four to five days a week and 31 percent ate meals as a family zero to three days a week.

The numbers are higher for children ages 6 to 11. Among this age group, 56 percent ate a meal as a family six to seven days a week, 25 percent ate a meal as a family 4 to 5 days a week, and 20 percent ate a meal as a family zero to three days a week.

Read the complete Family Meals Indicator at:  
[www.childtrendsdatabank.org/  
indicators/96FamilyMeals.cfm](http://www.childtrendsdatabank.org/indicators/96FamilyMeals.cfm)



### Health Care Guide for Families Available

The Colorado Consumer Health Initiative recently released a health care guide to help families navigate Colorado's safety net programs. This guide, *Connecting Care and Health in Colorado*, provides information to health care providers, social workers, and uninsured families about programs that pay and provide for health care and food assistance.

This guide provides information about the three important categories within the safety net:

- ◆ Programs that pay for health care including Medicaid, Baby Care/Kids Care, the Child Health Plan Plus (CHP+), the Colorado Indigent Care Program, Cover Colorado, and the Health Care Program for Children with special Health Care Needs.
- ◆ Programs that provide health care, including community health centers, school-based health centers, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, family medicine residency programs, community and migrant health services, dental health programs, and mental health programs.
- ◆ Programs that provide food assistance, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the commodity supplemental food Program.

To access *Connecting Care and Health in Colorado*, go to: [www.cohealthinitiative.org](http://www.cohealthinitiative.org).

Also, the Family Healthline is a hotline with operators available to help screen families for free and low-cost health care programs and assist families with problems in applying for these programs. The Family Healthline is a service of the Colorado Department of Public Health and can be reached at 303-692-2229 in metro Denver, or toll-free at 1-800-688-777, elsewhere in Colorado.

## What is the State of Health and Health Care in Colorado?

HealthONE Alliance has recently completed a six month fact-finding process exploring the state of health care in Colorado. With the assistance of the Colorado Health Institute, a report entitled *Health and Health Care in Colorado* provides information on:

- ◆ Health threats and health care needs of Colorado communities
- ◆ The current supply of physicians and other medical professionals
- ◆ The role and contributions of health care agencies and organizations in the state, including health foundations
- ◆ Health disparities between different population groups, and
- ◆ What both health experts and Coloradans say about health care in our state.

The report can be found at: [www.health1.org](http://www.health1.org)

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## SCHIP Evaluation Findings Reveal Effective Program

*Congressionally Mandated Evaluation of the State Children's Health Insurance Program: Final Report to Congress* presents an analysis of surveys of families with low incomes who enrolled their children in State Children's Health Insurance Programs (SCHIPs) or who disenrolled them from the programs, families who enrolled in Medicaid or who disenrolled from the program, and families who were uninsured. The final report, produced by Mathematica Policy Research, Inc., in partnership with the Urban Institute and the MayaTech Corporation under contract from the Office of the Assistant Secretary for Planning and Evaluation, focuses on programs in 10 states (California, Colorado, Florida, Illinois, Louisiana, Missouri, New Jersey, New York, North Carolina, and Texas). Data sources for the

analysis included the National Survey of Children with Special Health Care Needs and case studies of all 10 states (conducted between May 2001 and January 2002) and a national survey of SCHIP administrators (conducted during 2003).

The report addresses the following questions:

- (1) How did states design their programs and how have they evolved;
- (2) What are the characteristics of children enrolled in SCHIP;
- (3) Is SCHIP serving the target population of children from families with low incomes who are uninsured;
- (4) Is SCHIP improving children's access and their families' well-being;
- (5) Is Medicaid improving children's access and their families' well-being;
- (6) Are families aware of SCHIP, and what are their experiences with enrolling in SCHIP; and
- (7) How long do children stay in SCHIP, and what are their experiences after they leave.

The report is available at:  
[www.urban.org/publications/411249.html](http://www.urban.org/publications/411249.html).

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## Comparing Medicaid and SCHIP

The Center for Children and Families issue brief, *Differences that Make a Difference: Comparing Medicaid and the State Children's Health Insurance Program Federal Benefit Standards* examines the differences between Medicaid and SCHIP coverage standards and the health care guarantees that children would lose if the Medicaid Standard was replaced by SCHIP-like rules.

The report can be found at:  
[www.ccf.georgetown.edu/pdfs/differencesoct2005final.pdf](http://www.ccf.georgetown.edu/pdfs/differencesoct2005final.pdf)

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

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

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

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