



KASH REGISTER

Official Newsletter of the Kentucky Association for School Health

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Combating Head Lice

Head lice continues to be an issue that many schools are confronted with each year. Three years ago the Bardstown City Schools opened a head lice center on campus. Our problems were like others, namely students with head lice infecting other students, parents blaming the schools and other families, teachers concerned over the number of days the students were missing class. I'm sure you can add many more concerns and comments regarding head lice. What to do? No one on our campus wanted to take responsibility for such a problem. As Director of Pupil Personnel for our district I wanted to know why we could not rid ourselves of this problem. How are other districts combating this problem? I found very little information. Most districts were sending the students home again and again. No one seemed to have a good solution.

I called a meeting with several key departments such as school counselors, the Family Resource Center, and our housekeeping department. We met with the school nurse. Out of these meetings came some very solid information. The most important realization was we needed to develop a head lice center that included staff, resources, and time to visit homes. Our Bardstown City Schools Housekeeping Supervisor for nearly thirty (30) years and a CASA Worker with the Nelson County District Court, Rose Lyvers, became our supervisor. She has a passion for serving children and works with my office weekly giving me updates and reports on head lice in our district. (She continues as Housekeeping Supervisor). Currently, we have three (3) years of information and insight on how we have been able to control head lice.

The first task the committee performed was to identify the target group who were the children having the most problems with head lice. We identified based on absenteeism. The first target group included twenty-nine (29) students in eleven (11) families. We

started making home visits. Rose was able to use her CASA training to enter homes where the DPP was seen as the truant officer. We found that several of these families were related and the children played together. Treating one family and not the next-door family was not going to work. We had to treat all children in the family as well as the adults so Rose began to do home visits on a regular basis and offered suggestions on better housekeeping techniques. Rose had a way of earning their trust and not insulting the target group. We had excellent cooperation from the families. They began to call Rose when they suspected one of the children having lice. Once we were able to get some measure of control, the number of cases at school began to subside.

We still find some cases of lice at school. If so, Rose will take the student to the center and treat their head and return them to school (Parent permission on file). She will follow up the same day with the parents at home and offer assistance in bagging clothes and toys. She will check the adults in the home. We also found that some of the parents had difficulty with reading the directions on the bottle and how to administer the product. Rose found better results when she demonstrated the product. The last week of July, Rose visited many of the homes she has been working with and found several children with head lice again but not as heavily infested as previously. She treated the students before school started and is currently following up with each family.

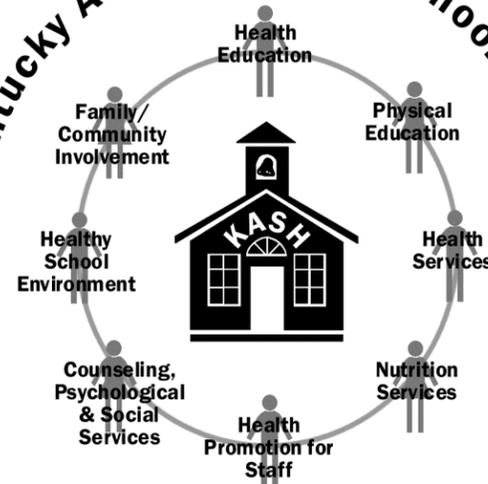
Over the past three (3) years we have invested time, money and personnel to this problem. I do know that our children are not missing as many days of school compared to three (3) years ago. A student may need to go home for a day and return the next day clear of lice and nits. Three years ago I recall students missing a week of school, returning with head lice and being sent home again. Yes, the school was frustrated over the number of days missed due to

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Kentucky Association for School Health



<http://www.kyschoolhealth.org>

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Don't forget to visit your KASH Website at www.kyschoolhealth.org!

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Bullying Widespread in US Schools, Survey Finds

Bullying is widespread in American schools, with more than 16 percent of U.S. school children saying they had been bullied by other students during the current term, according to a survey funded by the National Institute of Child Health and Human Development (NICHD).

The study appears in the April 25, 2001, *Journal of the American Medical Association*. Overall, 10 percent of children said they had been bullied by other students, but had not bullied others. Another 6 percent said that they had both been bullied themselves and had bullied other children. Another 13 percent of students said they had bullied other students, but had not been bullied themselves.

"Being bullied is not just an unpleasant rite of passage through childhood," said Duane Alexander, M.D., director of the NICHD. "It's a public health problem that merits attention. People who were bullied as children are more likely to suffer from depression and low self esteem, well into adulthood, and the bullies themselves are more likely to engage in criminal behavior later in life."

The NICHD researchers surveyed 15,686 students in grades six-through-10, in public, parochial, and other private schools throughout the U.S. The nationally representative survey was part of the U.S. contribution to the World Health Organization's Health Behavior in School Children survey, an international effort in which many countries surveyed school-age children on a broad spectrum of health-related behaviors.

For this study, researchers defined bullying as a type of behavior intended to harm or disturb the victim, explained the study's first author, Tonja R. Nansel, Ph.D. This behavior occurs repeatedly over time and involves an imbalance of power, with the more powerful person or group attacking the less powerful one, Dr. Nansel added. Bullying may be physical, involving hitting or otherwise attacking the other person; verbal, involving name-calling or threats; or psychological, involving

spreading rumors or excluding a person.

The children were asked to complete a questionnaire during a class period that asked how often they either bullied other students, or were the target of bullying behavior. A total of 10.6 percent of the children replied that they had "sometimes" bullied other children, a response category defined as "moderate" bullying. An additional 8.8 percent said they had bullied others once a week or more, defined as "frequent" bullying. Similarly, 8.5 percent said they had been targets of moderate bullying, and 8.4 percent said they were bullied frequently.

Out of all the students, 13 percent said they had engaged in moderate or frequent bullying of others, while 10.6 percent said they had been bullied either moderately or frequently. Some students -- 6.3 percent-- had both bullied others and been bullied themselves. In all, 29 percent of the students who responded to the survey had been involved in some aspect of bullying, either as a bully, as the target of bullying, or both.

Bullying occurred most frequently in sixth through eighth grade, with little variation between urban, suburban, town, and rural areas; suburban youth were 2-3 percent less likely to bully others. Males were both more likely to bully others and more likely to be victims of bullying than were females. In addition, males were more likely to say they had been bullied physically (being hit, slapped, or pushed), while females more frequently said they were bullied verbally and psychologically (through sexual comments or rumors).

Regarding verbal bullying, bullies were less likely to make derogatory statements about other students' religion or race. "There seem to be stronger social norms against making these kinds of statements than against belittling someone about their appearance or behavior," Dr. Nansel said.

Both bullies and those on the receiving end of bullying were more likely to have difficulty adjusting to their environment both socially and psychologically. Students who were bullied reported having greater difficulty making friends and poorer relationships with their classmates. They were also much more likely

than other students to report feelings of loneliness.

"It's likely that kids who are socially isolated and have trouble making friends are more likely to be targets of bullying," Dr. Nansel said. "In turn, other kids may avoid children who are bullied, for fear of being bullied themselves."

The study authors also reported that bullies were more likely to be involved in other problem behaviors, such as smoking and drinking alcohol, and to do more poorly academically. However, youth who were both bullies and recipients of bullying tended to fare the most poorly of all, experiencing social isolation, as well as doing poorly in school and engaging in problem behaviors, like smoking and drinking.

"Unfortunately, we don't know much about this group," Dr. Nansel said. "We need to learn more about them to provide them with the help they need." She added that it is not known whether these children are first bullied by others and then imitate the bullying behavior they experienced, or if they are bullies who were later retaliated against.

The study's authors concluded that the prevalence of bullying in U.S. schools suggests a need for more research to understand, and devise ways to intervene against, bullying. The authors noted that researchers in Norway and England have shown that school intervention programs can be successful. These programs focused on increasing awareness of bullying, increasing teacher and parent supervision, establishing clear rules prohibiting bullying, and providing support and protection for those bullied.

The NICHD is part of the National Institutes of Health, the biomedical research arm of the federal government. The Institute sponsors research on development before and after birth; maternal, child, and family health; reproductive biology and population issues; and medical rehabilitation. NICHD publications, as well as information about the Institute, are available from the NICHD Web site, <http://www.nichd.nih.gov>, or from the NICHD Clearinghouse, 1-800-370-2943; e-mail NICHDclearinghouse@mail.nih.gov.

KASH Membership

Why Join KASH?

Join other professional and student members to:

- Become a KASH Advocate. The goals and directives of KASH involve active participation and advocacy for change.
- Participate in the annual KASH Spring Conference. The conference features hands-on experiences from state and national experts that you can easily apply at your worksite.
- Be informed through the KASH newsletters and website (<http://www.kyschoolhealth.org>). The *KASH Register* newsletter is published and distributed to members quarterly. Our newsletters and website include pertinent information on current social and political issues, legislative developments, and trends that may affect schools, education, and health, at the local, state, and national levels. They also inform you of how the KASH Board continues to advocate and work throughout the year for school health in Kentucky Recognize outstanding efforts by individuals and organizations who have made significant contributions to school health issues in Kentucky.
- Network and learn from other members during KASH's meetings, workshops, conferences, and through the newsletters.

KASH Membership Application

Last Name _____ First Name _____ Ms./Miss/Mrs./Mr./Dr. _____

Home/Work Address (please circle) _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Fax Number _____

E-mail Address _____

Place of Employment (or Name of School if student member) _____

Type of occupation: (please select one)

- School Health Educator Nurse
- Public Health Educator Student
- Family Resource/Youth Service Coordinator
- Other (please list) _____

Membership:

- Full-time Student \$5 New Member
- Professional \$30 Membership Renewal
- Group \$100/4 members

Were you recruited by a KASH member? If so, by whom? _____

Check all activities that best suit your talents and commitment to KASH's goals:

- Planning Research and Resources
- Advocacy Newsletters
- Professional Development Website

Fall01

Return this form with payment to:

Kentucky Association for School Health
Melody Hamilton, Treasurer
524 Sheffield Drive
Versailles, KY 40383

THE NEW P.E. CURRICULUM

High-tech tools and a commitment to total fitness are apparent at Madison Junior High School. All students in junior and senior high schools in the Naperville School District attend P.E. classes five days a week. One day is devoted to using the state-of-the-art fitness center/ another is spend participating in a cardiovascular run/walk/ and the remaining three days are devoted to individual and team sports. To learn more visit <http://glef.org/pecurric.html>.

ALCOHOL SCREENING ON LINE

Join Together, a project of the Boston University School of Public Health, announces the launch of www.alcoholscreening.org, a web site to aid in learning the effects of alcohol on health and well being. At the site, individuals can take a confidential, informative self-test to assess their drinking patterns and receive personalized feedback. Participants find out whether their alcohol consumption is likely to be within safe limits, or if it may be harmful to their health, either now or in the future.

QUITTING SMOKING HARDER FOR WOMEN THAN FOR MEN

A review of numerous research studies focusing on smoking cessation has concluded that while women may suffer greater relative risks of smoking-related diseases than do men, they tend to have less success than men in quitting smoking. Dr. Kenneth A. Perkins from the University of Pittsburgh School of Medicine who conducted the review offers several reasons for this disparity in a paper published in the May 2001 issue of "CNS Drugs".

These research-based findings include:

- Nicotine replacement therapy may not be as effective for women.
- Women smokers are more fearful than men of gaining a lot of weight if they quit.
- Medications to aid smoking cessation are not currently recommended for pregnant women.
- A woman's menstrual cycle affects tobacco withdrawal symptoms, and responses to anti-smoking drugs may vary by cycle phase.
- Husbands may provide less effective support to women who are trying to quit smoking than wives give to husbands.
- Women may be more susceptible than men to environmental cues to smoking, such as smoking with specific friends or smoking associated with specific moods.
- Many women may enjoy the feeling of control associated with smoking a cigarette.

"According to the recent report on women and smoking by the Surgeon General, three million women have died from smoking-related diseases since 1980. Currently, women suffer 39 percent of all smoking related deaths," says NIDA Director Dr. Alan I. Leshner. "Given the greater relative risk of women to incur smoking-related diseases, it is clear that we must find better approaches to help women break their nicotine addiction."



Most health risks associated with smoking are reduced or eventually eliminated when smoking abstinence is maintained.

The National Institute on Drug Abuse is a component of the National Institutes of Health, U.S. Department of Health and Human Services. Fact sheets on the health effects of drugs of abuse and other topics can be ordered free of charge in English and Spanish by calling NIDA Infobox at 1-888-NIH-NIDA (644-6432) or 1-888-TTY-NIDA (889-6432) for the deaf. These fact sheets and further information on NIDA research and other activities can be found on the NIDA home page at <http://www.drugabuse.gov>.

KENTUCKY 711 RELAY SERVICE

Similar to 411 for information and 911 for emergencies, 711 has been designated by the Federal Communications Commission (FCC) as the national three-digit number for relay access that enables deaf, hard of hearing or speech disabled individuals to communicate by phone.

With this new system, callers across Kentucky can quickly access and connect to the Kentucky Relay. The 711 number will connect to the relay from any telephone in the state, including pay and cellular phones. Kentucky Relay users typically call the relay on a text-telephone or TTY. Hearing callers access the service with a standard phone. Calls are answered by specially trained operators who facilitate relay calls by verbalizing the hearing impaired callers typed message and typing the hearing user's conversation word-for-word so that it may be read by the hearing impaired caller.

The Kentucky Relay is free for local calls and operates 24-hours a day. To learn more about 711 and the Kentucky Relay, call 1-888-662-2406.

NATIONAL SCHOOL LUNCH WEEK: OCTOBER 8-12

The theme for this year's school lunch week is "School Lunch: By the Book". The theme is an opportunity to show the importance of child nutrition and education. The lunchroom can take on the theme of children's literature. The American School Food Service web site www.asfsa.org has suggestions for menu names such as Nancy Drew Drumstick, Harry Potter Pocket, Eeyore Yogurt and Cat in the Hat Banana Cake. There are also downloadable logos and a guide to children's literature.

Some suggested children's literature related to nutrition include *The Giant Sandwich*, Seth Agnew; *The Two of Them*, Alike; *Pigs Will Be Pigs*, Amy Axelrod; *My Gran*, Debbie Boon; *Bon Appetit, Mr. Rabbit!*, Claude Boujon; *A Fruit and Vegetable Man*, R. Schotter. Suggested web sites are The Children's Picture Book Database at Miami University www.lib.nuohio.edu/pictbks and List of Books and Themes at www.acs.ucalgary.ca/~dkbrown/.

The poem on page 6 can be used to recognize your school food service workers.



Resources

✍ **The Guidance Channel** - www.guidancechannel.com - has information on at-risk youth, substance abuse, violence prevention, wellness, diversity and life skills

✍ **The George Lucas Educational Foundation (GLEF)** - <http://gledf.org> - The Foundation, established in 1991 by film maker George Lucas, produces and distributes materials with examples of learning and teaching from successful schools.

✍ **The Kaiser Family Foundation** - <http://statehealthfacts.kff.org> - This site has access to comprehensive and current health information for all 50 states. State Health Facts Online has information on more than 200 topics.

✍ **OHIO VALLEY SILICON CENTRAL** - www.nytimes.com/learning - LumenSource, a Louisville-based company, plans to distribute curriculum educational videos of current childhood issues, including bullying, violence prevention, test preparation, and other life skills. The website www.lumensource.com, is now available and all products will soon be available for purchase by counselors and other educational professionals as well as individuals.

✍ **CHILD HEALTH TOOLBOX** - Measuring Performance in Child Health Programs: Access, Quality, and Health Service. Delivery Concepts, tips, and tools for evaluating Medicaid, the State Children's Health Insurance Program (SCHIP), Title V, and other health care service programs for children. At www.ahrq.gov/child.

✍ **The Cooper Institute for Aerobics Research** - www.cooperinst.org - Provides complete information on Fitnessgram and its use in over 6,000 schools nationwide.

✍ **GameKids** - www.gamekids.com - This site features games for kids of all ages to learn and exchange.

✍ **Games Kids Play** - www.corpcomm.net/~gnieboer/gamehome.htm - A catalog and collection of games you used to play in the backyard.

✍ **Sportsmedia** - www.ping.be/sportsmedia - An international non-profit organization of physical education teachers, coaches, and professors. Page has links to lesson plans and coaching and a physical education discussion forum.

✍ **Kosair Children's Hospital** - www.kosairchildrens.com - Handouts/fact sheets on numerous youth health and safety issues. Or call 1-800-852-1770.

✍ Learn about good nutrition & the Food Pyramid - from Education Place. Grade Levels K-2, 3-5; http://www.eduplace.com/rdg/gen_act/cooking/eatright.html

School's vending machines got milk — and students are getting it too

It didn't take long for bottled milk to become a big seller when offered in vending machines for Madison high school students. There was plenty of skepticism when the School Board last fall dumped its exclusive vending contract with Coca-Cola and decided to offer milk as a healthier alternative.

"I didn't think it would work," admits Mona Arneson, kitchen coordinator at West High School.



Now she struggles to keep the school's new milk vending machine stocked.

In the four weeks since the machine was installed, students have bought about 200 16-ounce bottles of Golden Guernsey milk every day, at \$1 a pop.

"In study hall, everyone's got them," said West junior Jenny Busby, a soccer player who said she prefers milk because soda dehydrates her. "When the milk machine isn't working, everyone freaks out."

"They've really gone right for the milk instead of the pop," Arneson said.

Madison's three other high schools report strong initial milk sales, too. If the trend sticks, the district could be a trailblazer.

"A lot of eyes are on Madison to see if this succeeds," said Dave Bavlnka, vice president of fluid marketing for the Wisconsin Milk Marketing Board.

While milk has long been a staple of school lunch lines, it's still rare for it to be available throughout the day from vending machines, he said.

The start of Madison's experiment dates to last August, when School Board members decided not to renew a contract giving Coca-Cola exclusive selling rights to soft drinks and other

Coca-Cola beverages in school vending machines.

The board voted to continue selling soda in schools but with multiple vendors, not just Coke. It also pledged to add healthier beverages.

Late last month, a milk vending machine was installed at each of the four main high schools. Four flavors of milk are available: chocolate, chocolate malt, reduced fat white and reduced fat strawberry. Orange juice also is offered.

The milk machines stay on all day, while most of the soda machines are disabled during school hours, just as they were when Coke had a monopoly.

Students can buy milk and orange juice between classes and during some study halls, not just before and after school.

"Before, everyone would buy Cokes because there was nothing else to drink," said Meghan Mullee, a Memorial High School senior who says she buys milk daily.

The Memorial machine is selling 80 to 100 bottles of milk and orange juice daily, said Doris Voeck, who stocks it.

"They go for the white milk, too, not just the chocolate," she said.

The milk marketing board's Bavlnka said the dairy industry has become much savvier in selling its products.

Instead of the older paper cartons, milk is sold in plastic, resealable bottles with graphics of "Grip It. Sip It."

The industry also is running a national test of milk vending machines in schools in five cities: Los Angeles, Boston, Miami, Omaha, Neb., and Austin, Texas.

St. Paul Pioneer Press, ASSOCIATED PRESS, May 1, 2001

IMMUNIZATION UPDATES



Beginning August 1, 2001, all children who are at least 19 months old and less than seven years old and who attend day care centers, certified family child care homes, pre-schools and public and private schools will be required to have one dose of the varicella vaccine to prevent chickenpox. While many cases of chickenpox are mild, it can lead to more complications and in rare instances cause death. The vaccine will not be required if a parent, guardian or physician states that the child has had the disease chickenpox.

The other change that takes effect August 1 and lasts through the 2008-2009 school year applies to students entering the sixth grade in public and private schools. These students must have the hepatitis B vaccine, which includes a three-dose series of immunizations given according to a specific schedule for maximum effectiveness. Young children are already getting the hep B vaccine; this change is considered a "catch-up" so school age children will also be vaccinated.

Both of these changes in the immunization regulations were approved February 1 by the Interim Joint Committee on Health and Welfare. Both vaccinations are consistent with recommendations made by the Centers for Disease Control and Prevention, the American Academy of Pediatrics and the Advisory Committee on Immunization Practices.

Parents with questions should see their child's health care provider or their local health department.

from "The Local Health Link" Kentucky Department for Public Health.

"HEALTH EDUCATION OCCURS IN THE CONTEXT OF FAMILY, COMMUNITY, RELIGIOUS, AND MEDIA MESSAGES CONCERNING HEALTH." MAURICE ELIAS

Creative 5 A Day Teacher of the Year Award

Background on the Creative 5 A Day Teacher of the Year Award

The "Creative 5 A Day Teacher of the Year" is a national award presented annually by Dole Food Company to three outstanding elementary educators whose curricular activities motivate their students to eat 5 to 9 servings of fruits and vegetables every day. Dole has sponsored this award since 1997 on behalf of the national 5 A Day for Better Health Program.

Are you a "Creative 5 A Day Teacher?"

If you or a teacher you know has discovered creative ways to get kids excited about eating fruits and vegetables, we want to hear about it and we want to reward your creative efforts! We accept nominations and applications throughout the year. All applications received before November 1 will be eligible for the year's award. Winners are notified by mid-December. Applications are reviewed and scored by a panel of educators that includes honorees from previous years.

To apply for the Creative 5 A Day Teacher of the Year Award, submit an application providing the following information:

- Who was involved?** i.e. students, parents, school food service personnel, supermarket, community members, media, or agencies.
- What materials and activities were included?** i.e. 5 A Day Adventures CD-

ROM, Internet, recipes/cooking, taste testing, a skit or play, field trip, physical activities, students teaching others.

- Where did it take place?** i.e. classroom, computer or media lab, cafeteria, home, community
- What was the duration?** i.e. hours, days, weeks, or months
- What was the outcome?** i.e. increased consumption of fruits and vegetables.

Photos, videotapes, and other supporting materials are welcomed as part of your application.

A letter of recommendation from the principal also is required.

What will you get if you apply and/or win?

All teachers who submit an application will receive a copy of the *Fun With Fruits & Vegetables Kids Cookbook* and *How'd You Do Your 5 Today Chart* for each student in their class.

Third Place Honorees and their students receive Dole 5 A Day fruit and vegetable gift baskets.

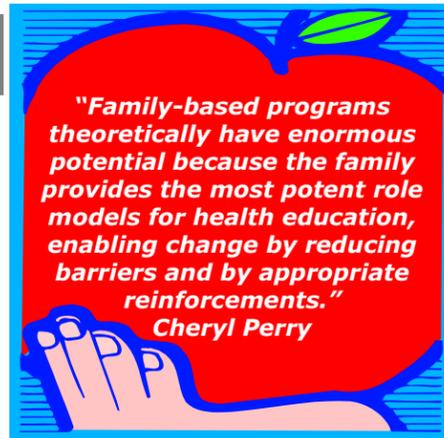
Second Place Honorees and their students receive 5 A Day t-shirts and water bottles.

First Place Honorees and their students receive a 5 A Day Party, hosted by Bobby Banana.

Applications should be mailed or faxed to:

Dole Nutrition & Health Program
100 Hegenberger Road, Suite 100
Oakland, CA 94621
Fax: (510) 639-5556

**"The interaction between parents and children may well be the most important key to lasting, long-term improvements in the overall health status of this country."
James O. Mason**



**"Family-based programs theoretically have enormous potential because the family provides the most potent role models for health education, enabling change by reducing barriers and by appropriate reinforcements."
Cheryl Perry**

MEET GINA BUNDY School psychologist

Gina Bundy was selected by the Kentucky Association of Psychology in the Schools (KAPS) as Psychologist of the Year last spring. Gina currently is a school psychologist for the Oldham County Schools. Prior to this position she worked for the Fayette County Schools for two years. Gina grew up in London, Kentucky and is a graduate of Georgetown College and Eastern Kentucky University.

Gina has a special interest in autism and while employed in Fayette County developed and implemented a social skills program for children with autism. The program uses games such as Hopscotch, Mother May I and kickball to teach the children social skills such as conversation and how to interact with other children.

Gina explained that school psychologists are more than "testers". They serve on crisis response teams and provide training for staff. They provide information on academic skills, behavior and classroom management, one on one interventions, anger management, and grief. Parent training is also part of the responsibility. Information and training covers knowledge of the Kentucky regulations on services to children, details about specific disabilities, what services are available and parenting skills.

School psychologists are an important part of a coordinated school health program in the Counseling, Psychological, and Social Services component.

Gina can be reached at gbundy@oldham.k12.ky.us



TO WASH OR NOT WASH YOUR HANDS... THAT IS THE QUESTION!

Clean hands remain the SINGLE most important measure to prevent the spread of most infections! Whether you are in a school, day care or health care facility-numbers of people working and playing together is a prime opportunity to "share" bacterial/viral infections, including the widely discussed shigellosis! The purpose of this article is to share the most recent information and suggestions to deal with this ongoing and critically important issue for the health of our young people and those who work with them.

"We are too busy", "there isn't enough time before lunch", "there isn't any soap or towels in the bathrooms"...ALL of these are issues and obstacles to hand hygiene, so the new "hand sanitizers", such as the alcohol-based foams and gels should have solved the whole problem...but have they?

Checking with our infection control staff, the Jefferson County Health Department and Health Services for the schools, there is evidence that shows that we need to continue our efforts to reduce spread of hand-transmitted infection--here are some very

basic guidelines:

If the hands are **visibly** soiled... with **anything**- wash them with soap and water. Does it have to be antibacterial soap? For the general public-probably not; the most important thing is for the hands to be washed correctly! Wet the hands with lukewarm water, add the soap and rub the hands together, getting between fingers-rub vigorously to remove the "dirt". Then, rinse the hands under running water and dry completely with clean paper towels. Ideally, take another dry towel to turn off the water faucet and to open the door (i.e. bathroom), because others may NOT have done this before touching the faucets or leaving the restroom. However, it is acceptable to use the same paper towel that you used to dry your hands, to turn off the faucet and open the door when leaving the restroom. Discard the paper towel in a trash can.

If there isn't a place to do this, then alcohol foams, gels and liquids provide an alternative--BUT they must be used

CORRECTLY. READ THE DIRECTIONS FOR THE SOLUTION YOU PLAN TO USE! They will give a recommended amount (i.e. "dime-sized") and tell you to how to rub the hands together and then usually, the solution has to "air dry". No matter what solution you use, if you don't use it correctly- it defeats the purpose. When used correctly, these offer a helpful alternative for field trips, as well as added help for classrooms (child-care centers and schools) that are dealing with lots of colds, coughs and sneezes!

If the hands are rough or the skin damaged-it will be harder to remove germs. Cracks and crevices in the skin provide extra places for germs to hide. So, there is also value in applying lotion to aid in skin care, especially during cold weather months.

There is a lot of research going on in this area and we need to keep up with it! The increased use of antibiotics given for illnesses that clean hands may have prevented, and the resulting strains of drug-resistant bacteria are examples.

All of us must do our part to prevent the spread of infection by teaching and modeling good hand hygiene practices.

Kentucky Health Investment for Kids (KHIC) RESOLUTION TO REDUCE TOBACCO USE IN KENTUCKY

WHEREAS, Nearly 8,000 Kentuckians die every year from tobacco use; and,
WHEREAS, Every year 20,000 Kentucky children become addicted to tobacco; and,
WHEREAS, Tobacco use disproportionately harms the health and well-being of low-income Kentuckians; and,
WHEREAS, Kentucky's annual health care expenditures due to tobacco use total over \$1 billion; and,
WHEREAS, Raising state tobacco taxes always reduces tobacco use and always increases state revenue; and,
WHEREAS, Increasing the cost of cigarettes is highly effective in lowering the number of children who smoke.

BE IT THEREFORE RESOLVED, That the undersigned organization endorses this initiative to:

- Significantly increase the excise tax on cigarettes and extend a tax to other tobacco products; and,
- Ask the Governor and the General Assembly to use the additional revenue to provide new funding for statewide initiatives to promote public health, health care and children's issues.

BE IT FURTHER RESOLVED, That the undersigned organization will:

- Inform its members and, whenever possible, the general public of its endorsement of this Resolution; and,
- Inform the Governor and members of the General Assembly of its endorsement of this Resolution, to the extent permitted by law, and urge its members to do so also.

Name of Organization _____ Number of Members _____ Contact Person _____

Address, City, State, Zip _____ Phone, Fax, E-mail _____

Authorized Signature _____ Date _____

Please return to:
Kentucky ACTION,
159 St. Matthews Ave, Suite 3,
Louisville, KY 40207
or
FAX: 502-896-2242

Call 1-877-KY4-KIDS or
502-896-2282 for more information.

Type 2 Diabetes In Youth Taskforce

By Lieutenant Governor Stephen L. Henry, M.D.

On May 18, 2000, at the Kentucky Diabetes Network meeting, I was proud to announce the creation of a taskforce to address type 2 diabetes in youth.

As the honorary chair of the Kentucky Diabetes Network, I decided to form the statewide taskforce after learning about the recent increase in type 2 diabetes in American's youth. As a medical doctor, I was aware that type 2 diabetes is generally diagnosed in adults over age 45. However, I was dismayed to



learn that recent data suggests that type 2 diabetes is increasing at an alarming rate in youth. Obesity, which is linked to type 2 diabetes is also increasing in youth. In the last twenty years, childhood obesity rates have more than doubled in the United States. If the current trend continues, the Centers for Disease Control estimates that 75% of children will be obese by the year 2020.

We must address the issue of childhood obesity now. As a public servant, I am afforded the unique ability to advocate for change and make a difference in people's lives. It is my goal that the taskforce will gather data to determine the prevalence of type 2 diabetes in Kentucky

and will work towards reducing the risk. Specifically, I hope to accomplish this goal by developing a plan of action to promote and improve nutrition and physical activity in our children.

To adequately study and address type 2 diabetes, I asked experts in the following areas to serve on the Type 2 Diabetes in Youth Taskforce: diabetes educators and dietitians from local health departments, health care professionals from the University of Kentucky, representatives from various health/advocacy associations, representatives from the Kentucky Department of Public Health, Kentucky Department of Education and Kentucky Department of Medicaid Services and other health care professionals from organizations across the state.

The taskforce consists of four (4) subcommittees that are addressing the following specific areas: public awareness/education; physical fitness; nutrition; and legislative.

I am excited about working together with concerned citizens in the Commonwealth to eradicate obesity in youth and prevent type 2 diabetes from becoming more prevalent in our children. I urge you to support the efforts of the Type 2 Diabetes in Youth Taskforce.

For more information, contact Tonya Chang, Health Policy Analyst for Lt. Governor Henry at (502) 564-2611, ext. 391 or visit the Lt. Governor's web site at www.ltgov.state.ky.us.

COMMUNITIES OF EXCELLENCE IN TOBACCO CONTROL

This new tool, developed by the American Cancer Society, is a planning guide that encourages communities to assess where they are in terms of tobacco control, where they need to go to improve, and how best to get there. It focuses on four priority areas: prevent youth initiation, promote tobacco cessation, eliminate secondhand smoke exposure, and reduce tobacco industry influence. For more information call 1-800-ACS-2345.

F.A.C.T. Fathers and Children Together Parenting Program

The F.A.C.T. Program is a unique parenting program that is collaboration between Blackburn Correctional Complex and Prevent Child Abuse Kentucky. The program, initiated in 1992, offers inmate fathers, stepfathers, and grandfathers a series of 12 parent education classes that meet for two hours once a week.

There is a father-child visitation component that allows fathers additional time to play and talk with their children supervised by social workers rather than correctional officers. The F.A.C.T. visits provide an opportunity for fathers to practice skills learned in the F.A.C.T. classes.

Fathers in the program may also choose to participate in the Storybook Project which allows them to tape record a storybook to their child. The book and the tape are then mailed to the child.

For more information about the F.A.C.T. Program contact Trey Berlin or Amanda Burdette at Prevent Child Abuse Kentucky, 859-225-8879, 1-800-432-9251, tberlin@pcaky.org or www.pcaky.org

PRACTICAL LIVING ACADEMIES

The first KY Dept. of Education Practical Living Academies were held at two sites in July, 2001. The Bowling Green Academy was held in conjunction with the Coordinated School Health Institute at WKU. The following week another Academy was held in London.

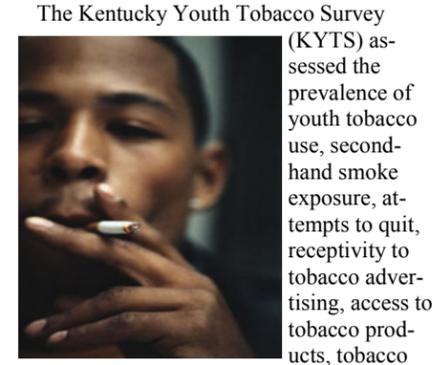
The Academy's purpose is to enhance teachers' content knowledge and improve their teaching skills. According to comments from the teacher evaluations at the Bowling Green event the Academy met its goal. Here are a few of the comments:

- I gained a good deal of info that will not only benefit my students, but me.
- Access to professional support and resources.
- Excellent networking opportunities across the region/state.
- The amount of time spent with other teachers helped create a bond so that we opened up and shared school experiences with each other.
- New and needed information was made available.
- Research, statistics, and data; lesson ideas, games, etc. I'll use these resources to teach the latest findings.

For information on 2002 Academies contact Connie Shackelford at 502-564-2106 or cshackel@kde.state.ky.us or Agnes Durbin at adurbin@kde.state.ky.us

KENTUCKY YOUTH TOBACCO SURVEY 2000 RESULTS

The Cabinet for Health Services, the Department for Public Health, and the University of Kentucky, College of Nursing, have compiled information to make a "community diagnosis" on tobacco use in children.



The Kentucky Youth Tobacco Survey (KYTS) assessed the prevalence of youth tobacco use, second-hand smoke exposure, attempts to quit, receptivity to tobacco advertising, access to tobacco products, tobacco use in schools, attitudes toward tobacco use, and social influences to use tobacco products. The survey was conducted from February to June 2000 with 6th to 12th graders in 37 randomly selected public middle schools and 40

randomly selected high schools – 1,282 middle school students and 1,313 high school students completed the survey administered by representatives of the local health departments.

- The data indicated that in Kentucky:
- 22% of middle school students and 37% of high school students smoke
 - 28% of middle school students and 46% of high school students use some form of tobacco product
 - 11% of middle school students and 19% of high school students currently use cigars
 - 40% of middle school students and 75% of high school students have bought cigarettes in a convenient store
 - 66% of non-smoking middle school students and 75% of high school students report recent exposure to secondhand smoke.

A copy of the report is available on line at www.publichealth.state.ky.us or call Linda Dunne at 502-564-7996.

HANDWASHING— A Prevention Must



In a poll conducted by AOL in July 2000 the question "Do you wash your hands after you use the restroom" was asked.

A total of 36,796 people responded with the following results:

- ◆ Yes – I wash with soap and dry my hands well – 56.4%
- ◆ Yes – but usually just a quick rinse with water – 25.2%
- ◆ Sometimes – it depends on the cleanliness of the facility – 15.7%
- ◆ No – why bother? I don't touch fecal matter – 2.7%

Would you or have you lied about washing your hands? Total responses 36,721.

- ◆ Yes – 25.5%
- ◆ No – 74.5%

Respondents were:

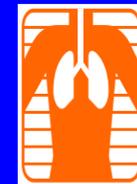
- ◆ Male – 36.6%
- ◆ Female – 64.4%



Date Savers

- ☑ **Sept. 10-12, 2001** **Child Abuse Prevention Conference**
Radisson Hotel, Lexington, KY
Contact 859-225-8875
- ☑ **Sept. 10-12, 2001** **State Interagency Council Conference**
Hurstbourne Hotel, Louisville, KY
"Celebrating Our Strengths, Living Our Dreams" conference addresses children's mental, social, and emotional needs. Contact 502-564-7610.
- ☑ **Oct. 8-9, 2001** **Women's Health in Kentucky: Challenges and Opportunities**
International Convention Center, Louisville
To pre-register or for more information, call (859) 257-5320, or email tlcran2@pop.uky.edu.
- ☑ **Oct. 15-16, 2001** **Kentucky School Nurse Association Fall Meetin**
Jenny Wiley State Park
For reservations @ Jenny Wiley call 1-800-325-0142.
- ☑ **October 24-26, 2001** **Kentucky Area Health Education Centers Annual Conference**
Bowling Green, KY
See on-line information at <http://www.louisville.edu/medschool/ahec/special-events.html>
- ☑ **Oct. 29-30, 2001** **Safe Schools Conference**
Galt House, Louisville, KY
"Safe Schools, Successful Students" theme. Contact 1-877-805-4277
- ☑ **Nov. 7-11, 2001** **75th Annual ASHA School Health Conference**
Hilton Hotel, Albuquerque, New Mexico
"Back to the Future: School Health in the 21st Century". See <http://www.ashaweb.org/conferences.html> for registration information.
- ☑ **Nov. 15-16, 2001** **Champions for a Drug Free Kentucky Conference**
Holiday Inn, downtown Louisville, KY
Contact 502-564-7889

AMERICAN CANCER SOCIETY SCHOLARSHIPS



The Mid-South Division (including Kentucky) of the American Cancer Society launched a student scholarship program last fall and awarded one hundred \$1000.00 scholarships. Young people who are cancer survivors wishing to pursue higher education at any university, community college or vocational technical school can apply. The scholarships are awarded based on academic performance, financial need, community service and leadership. For more information call 1-800-ACS-2345.



THE GOODEST COOK

I fed a hungry child today
His face was none too clean.
But two bright eyes smiled up at me
His teeth had gaps between.
He took his cup and marched along
Without a second look.
He said, "I love the lunch today,
Cause you're the Goodest Cook!"

Later as I did my work
Of cleaning pots and dishes
I recalled how a multitude was fed
With five loaves and two fishes.
My work took on new meaning
One it never had before.
While little minds need filling
Sometimes bodies need it more.

Oh my work is mediocre
My failures fill a book
But it really lifts my spirits to know
That I'm the Goodest Cook.

Unknown

Sexuality Resources

I'm back! No conversations with my nieces to **print**. Although I recently discussed premarital sex with Megan, I'll leave that **out** of this issue. If I remember correctly, I am to provide resources for parents in talking with their children regarding sexuality issues. I am not one to postpone tasks, but I did this one.

Why? I felt overwhelmed. There is so much information out there I did not know where to begin. With much deliberation, I decided to begin at "home." Home, to me, is the resource library we have through our HIV/AIDS, Unintended Pregnancies and Sexually Transmitted Disease grant funded through the Centers of Disease Control & Prevention.

I chose to begin here, because it is where I am most familiar. Also, I am most confident of the materials I am suggesting. A Technical Review Committee of professionals, parent (s) and student (s) recommend videos, pamphlets and books to be included in the library.

The following is our "what's new?"

ON BEATING HIV

*What's Up WITH HIV & AIDS
ABOUT AIDS
LET'S Talk About HIV/AIDS
It's My Body
Let's Learn About Self-Esteem*

Remember pamphlets are free. Videos can be checked out. Contact Lisa McHenry at 502-564-3791 or lmchenry@kde.state.ky.us

Combating Head Lice (continued from page 1)

lice but I have learned that the parents and students were more frustrated and embarrassed. We have many positives that we can share about our program and how it has improved the number of days that children miss school.

Make a committee to take control of the problem. Commit the time, money and staff and results can be achieved.

Best wishes for a successful school year.

*Samuel W. Wheatley, Director of Pupil Personnel
Rose Lyvers, Support Services*

Our waiting to be previewed:

WHAT'S UP WITH GROWING UP

*As Boys Mature
My Body Belongs To Me*

STUDENTS LEARN ABOUT HEALTH PROFESSIONS

By Ruth Odor, contributing writer Grant County News

They listened as health professionals talked about pharmacy, dentistry and surgery. They also participated in hands-on activities such as taking blood pressure, suturing a banana and inserting an IV into an artificial arm. These students were freshmen and sophomores from Grant County High School and Williamstown Junior and Senior High participating in a two-day health careers workshop.



The workshop, held May 7-8 at Williamstown High School, was sponsored by the North Central Kentucky Area Health Education Center. Alice Scheffler RN, health careers coordinator for the center, organized and coordinated the workshop, working with the family life skills teachers from both schools, Tanya Poer, Janet Bowling and Pat Conrad, and a number of health professionals who volunteered their time.

The 34 students who attended had expressed an interest in health careers. Their interest was evident in their questions, participation in the hands-on activities and the fact that to have this learning experience, they would have to make up the work missed in class.

Adam Rich, a recent graduate of the university of Kentucky, talked about a career in dentistry. Jason Wallace of Grant County Drugs spoke about his chosen career of pharmacy. Bettye Tackett, administrator at Grant Manor Health Care Center, provided information on

the aging population. UK medical students and Michelle Napier RN, ARNP, helped students with hands-on activities.

Al Smith, a surgical technician from Central Kentucky Technical College, provided information on the work of a surgical technician, including a film, discussion, demonstration of instruments, and a question and answer time.

Emergency medical technician Jeff Nantz gave instruction in first aid and CPR. He also brought an ambulance so students could see the inside and all the equipment that is used. Working with Nantz were EMT Johathan Morrison and paramedic Elizabeth Stokely.

Other presents at the workshop were Tameka Vannarsdale and Lynnetter Crupper, x-ray technicians, and Libby Jefferson, a lab technician, all from St. Elizabeth Medical Center – Grant County.

Medical students from UK, Angie Dawson, Tony Hampton and Jamie Twehues, also donated their time to assist with the workshop.

At the end of the two-day workshop, students filled out evaluations and received certificates. They went away with an awareness of the many different health careers available and a better understanding of a possible career, not only for making a living, but also serving other.

For information about conducting a similar event contact Alice Scheffler – ahs@nkfh.org.

INCREASING THE PRICE OF CIGARETTES : A HEALTHY INVESTMENT FOR KENTUCKY'S KIDS

Kentucky Health Investment for Kids (KHIC) is a coalition of health, education, community, and faith organizations dedicated to improving the health of Kentucky's children by increasing the price of cigarettes. KASH is part of this coalition.

Some facts:

- Every 10% increase in the total cost of a pack of cigarettes reduces overall use by 4% and youth (under 18) use by 7%
- Higher cigarette prices are effective in preventing youth from starting to smoke, from becoming heavier smokers, and from becoming daily, addicted smokers.
- Kentucky's cigarette excise tax is second lowest in the nation, at only 3 cents per pack, and Kentucky has the lowest average price per pack at \$2.86

- The national average for cigarette excise taxes is 42 cents, with a high of \$1.11 in New York.
- Kentucky's cigarette excise tax has not been increased in more than 30 year. Since then inflation has increased 343%
- A 75 cent increase in the excise tax would result in 48,600 fewer future youth smokers, avoid 25,800 smoking-caused deaths, and result in only .15 percent decline in demand for U.S. burley tobacco
- Experience shows that in every state where there have been significant increases in tobacco excise taxes, there have always been subsequent, substantial increases in state revenues generated by the tax, in spite of the associated public health benefit of reduction of tobacco use.

For more Facts with the sources quoted, contact Kentucky ACTION at 1-877-KY4KIDS or 502-896-2282.

KENTUCKY SAFE SCHOOLS WEEK

The Kentucky Center for School Safety has announced plans to have a state wide focus on school safety during American School Safety Week October 14-20, 2001. The CSS has provided \$100.00 mini-grants to 186 local Future Career and Community Leaders of America Chapters to coordinate events in their local communities. FCCLA chapters are the clubs of the Consumer and Family Science (Home Economics) classes in middle and high schools.

Materials for handouts and ideas will be on the CSS web site at www.kysafeschools.org. Pledge cards will be available and these need to be ordered through a local FCCLA chapter.

6TH ANNUAL COORDINATED SCHOOL HEALTH INSTITUTE

The sixth Institute was held on campus at Western Kentucky University July 16-19. The Institute provided professional development opportunities for more than 50 classroom teachers, administrators, health department health educators, school nurses and family resource center personnel. Session topics included character education, health and fitness, nutrition, sexually transmitted infections, teen pregnancy prevention, domestic violence, tobacco issues, and parent involvement.

Each team completed a plan that will be reviewed by the planning committee. Mini-grants will be awarded to help implement the projects at the team's school site.

During the past five years the Institute has hosted teams from 46 counties and awarded \$90,000.00 in coordinated school health grants.

For information on the 2002 Institute contact Dr. Don Calitri at Donald.Calitri@eku.edu or Dr. Mike Ballard at Michael.Ballard@wku.edu

INHALANT ABUSE

Adapted from NIDA NOTES, Volume 15, Number 6

Inhalants are substances whose vapors can be inhaled to produce a mind-altering effect. They include:

- Volatile solvents – paint thinners, degreasers, and glues
- Aerosols – hair sprays and vegetable oil sprays for cooking
- Gases – ether, nitrous oxide and propane
- Nitrites – cyclohexyl nitrite, amyl nitrite and butyl nitrite

Inhalants are most often used by children and youth. About 6 % of children in the U.S. have tried inhalants by the time they reach fourth grade. The 1999 Monitoring the Future survey showed that 19.7 % of 8th graders, 17% of 10th graders, and 15.4 % of 12th graders said they had abused inhalants at least once.

Short-term effects of inhalant abuse include:

- Slurred speech, clumsy movements, dizziness and euphoria
- Lightheadedness, hallucinations, delusions
- Drowsiness, lingering headache

The most serious hazard of inhalant use is a syndrome called "sudden sniffing death". A single, prolonged session of inhalant use can produce rapid, irregular heart rhythms, heart failure and death. It can happen within minutes and can strike an otherwise healthy young person.

Copies of the eight – page report "Inhalant Abuse" may be ordered from the national Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.