



KASH REGISTER

Official Newsletter of the Kentucky Association for School Health

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Kentucky Association for School Health



<http://www.kyschoolhealth.org>

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GUIDELINES FOR SCHOOL HEALTH PROGRAMS TO BE DEVELOPED

The "Health, Mental Health, and Safety in Schools" project is a collaboration of organizations and individuals who are advocates for the physical, mental and social health of children. The project is supported through a cooperative agreement from the Health Resources Services Administration/Maternal and Child Health Bureau, and led by the American Academy of Pediatrics and the National Association of School Nurses. Twenty-four national member organizations make up the Central Steering Committee which directs the project. Fourteen panels of experts in health, safety, and education are developing the comprehensive guidelines for schools.

The goals of the project are :

1. To identify and incorporate existing resources on health, mental health and safety in schools into a compendium of guidelines;
2. To build consensus and acceptance of the guidelines among national organizations and individuals involved in school health, mental health and safety;
3. To produce and distribute the final document.

A web-based public review of the document is planned for the spring of 2001.

The web site is www.schoolhealth.org. Topics to be covered in the compendium/ expert panel chairpersons are:

- Staff roles, and responsibilities for school health and health promotion for staff / Jack Campana, Franklin Till
- Health and mental health services / Linda Grossman, Genie Wessel
- Mental health in schools – counseling, psychology and social service programs / Howard Adelman
- Oral health and dental services / Paul Casamassimo
- Emergency management and care/crisis management / Patsy Maloney
- Children with special health care needs / Ron Brown, Eric Handler
- Health education / Katherine Wilbur
- Tobacco, alcohol and substance abuse / Oscar Bukstein
- Sexuality and reproductive health / Claire Brindis
- Physical activity and physical education / Stephen Silverman, Judy Young
- Intentional injury prevention (including child abuse and other intentional injury) / Carl Bell, Howard Spivak
- Healthy school environment (including transportation and unintentional injury) / Ellen Schmidt
- Nutrition, / Leslie Lytle and
- Family and community involvement / Sue Catchings, Alice McCarthy

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Do You Have Information to Share About Coordinated School Health?

Have you implemented any of the following to promote coordinated school health?

- Creative programs
- Successful projects
- Training events
- Classroom exercises or activities
- Lectures or other activities?

If so, we encourage you to share it with others through our newsletters or website at www.kyschoolhealth.org. Please email the information to Jjackskpta@aol.com.

SYMPATHY

Sincere sympathy is expressed to Linda Olasov, KASH secretary, whose husband, Joseph, passed away in December.

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

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WHO IS TALKING TO THE CHILDREN? By Julie Zlatos

First I began questioning Megan. She is the older of the two - all ready a senior. It is fair to describe her as the "THINKER."

I started with the easier question. "Megan, did your parents talk to you about menstruation?" "Well, no," she replied.

I was shocked. "Megan" - I emphasized the word **Megan**.

"Well, mom gave me permission to see **the film**. After seeing **the film**, we spoke a *little* about it."

Now it was Laura's turn. Same question. Same answer?

"No, not really."

This was hard for me to believe - her father, my brother, talked to me about menstruation when I was 12 and he was 15. At the time, Bill was certain our parents had not discussed the subject. He was pretty much right. My mom referred to it as "**the curse**." However, like Megan, I was given permission to see "**the film**."

Back to Laura..." Well, dad talked to me a *little*. Mom gave me one of **those books**, you know."

Megan followed up with - "you mean about puberty."

"Yes, but I didn't read it - it was too boring"!!!!!! The three of us laughed.

Now seemed a good time to ask **THE QUESTION**. "What about **SEX**?"

Laura immediately said "**NO!**"

Megan said, "No, not really!"

I was SHOCKED! Inside I thought - but my generation is much more open about these "things" - or so I wanted to believe.

After Megan's "confession," Laura said hesitantly, "My mom gave me **a book**...."

Again, we all laughed. Then I got serious.

I want to ask another question. I emphasized, "**You don't have to answer it.**"

However, I did feel we were on a roll. "Megan, do you know what oral sex is?"

Impatiently, "Yes, Aunt Julie. They talked to us in school about it when they talked about HIV/AIDS."

"Laura, do you know?"

"No, she replied."

Hmm, Laura is in the eighth grade. "Well, do you want to know? I'll tell you if you do."

Softly, "yes."

So, I told her..

"OH," she said, "I know about **THAT**. The kids at school told me. Only we call it a _____."

FOR THE REST OF THE STORY READ THE SUMMER ISSUE.

Now, it is your turn. Please e-mail or write about your own experience in teaching or learning about sex. Ask yourself the following questions:

- Who taught me?
- How would I have preferred to learn?
- What have I told my own children?
- What have I told my students?

You may e-mail me at jzlatos@kde.state.us, or write:

Julie Zlatos
Capital Plaza Tower

WARM WELCOME TO THE NEW KDE CARDIOVASCULAR COORDINATOR

Renee White has been chosen as the western area coordinator for the Kentucky Department of Education cardiovascular "Health Hearts - Healthy Futures" program. Renee can be reached at Region 2 Service Center, WKU, 1790 Normal Dr., Bowling Green, KY 42101. Phone 270-746-7063 or email renee.white@accessky.net

MEET MARGIE BRADFORD - SCHOOL HEALTH ADVOCATE

Margie Bradford is an outspoken advocate for school health in Kentucky and nationally. Margie says her primary occupation is a homemaker and parent, contributing six intelligent, college educated, responsible, moral and tax-paying citizens to the world! But Margie has contributed to the health and well-being of the students of the commonwealth and the U.S. as well.

Margie became a school board member of Bardstown Independent Schools in 1979. Her current term expires in December 2002. Her background as a registered nurse helped to focus her concerns on health issues of students and families. From planning and moderating a panel discussion on *Domestic Violence: A Community Responsibility* in Bardstown, to serving as health and safety chairman for her children's school parent organization, to serving on the Kentucky School Board Association's Task Force on Violence in the Schools, to writing a *KSBA Journal* article entitled "Schools Must Address Social as Well as Educational Issues," Margie has been actively involved in school health issues.

At the state level Margie is currently an ex-officio member of the KSBA Board of Directors having served as president from 1993-95, the second woman to serve in that office. Margie is the first Kentuckian in about 30 years to be on the National School Boards Association. She was elected to a second term in April 1999.

Margie's health focused interests have lead to her current assignments for the National School Board Association. She has chaired the NSBA AIDS/HIV Infection Prevention and School Health Committee from 1996-2000. In 1997 she was on the NSBA/NASBE advisory steering committee on state and local school policies and programs on physical activity, healthy eating and tobacco prevention. That year she also presented at a School Health Leadership Conference hosted by the American Academy of Pediatrics. In 1998, 1999, and 2000 Margie served on the National Coordinating Committee on School Health, U.S. Department of Health and Human Services, a coalition which serves the needs of non-governmental organizations with a vested interest in school health. Margie is currently representing NSBA on the Central Steering Committee of an American Academy of Pediatrics and National Association of School Nurses project, in conjunction with the Maternal and Child Health Bureau. (See GUIDELINES FOR SCHOOL HEALTH PROGRAMS TO BE DEVELOPED article on page 1)

Thank you Margie for all you do for the health of children everywhere!

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. The *KASH Register* is published and distributed to members several times a year. It includes 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. It also informs you of how the KASH Board continue to advocate and work throughout the year for school health in Kentucky on behalf of the KASH membership.
- 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.

"Schools could do more than perhaps any other single institution in society to help young people, and the adults they will become, to live healthier, longer, more satisfying, and more productive lives."

KASH Membership

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 Needs Assessment
- Policy Evaluation
- Implementation Advocacy and Resolution
- Professional Development

Spr01

✉ Return this form with payment to:

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

PATCH NOW ON LINE (cont.)

Continued from page 3

<http://bodymatters.com> – site by Tampax on puberty, menstruation and human reproduction system

www.usapears.com/schools – has clip art, recipes and education kit called “Pear Bears”

www.medicampaign.org – for a free kit on drug and alcohol prevention media info

www.teachersguide.org – site for teachers of 11-14 year old students on drug prevention. Includes teaching drug prevention, classroom activities, links, and resources

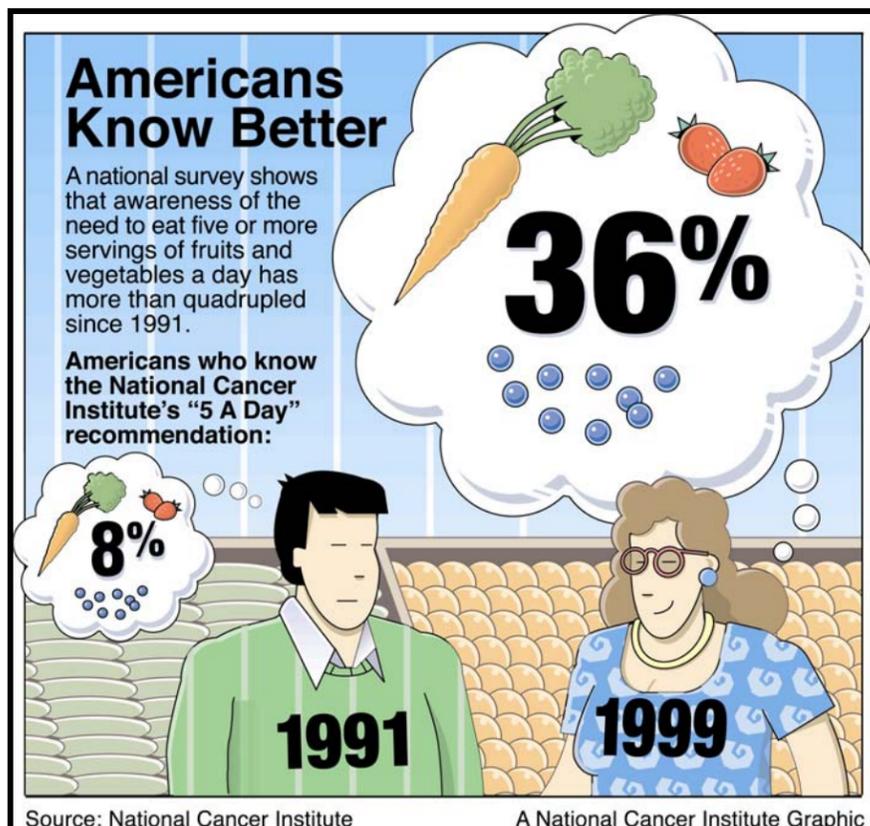
www.frac.org/html/news/breakfastscorecard00.html – site of the Food Research and Action Center. Has annual report “School Breakfast Scorecard : 2000. More than 90 percent of schools in Kentucky that serve lunch also serve breakfast according to the report. Students are more likely to attend school and behave better when they participate in the breakfast program.

www.kyaction.com – a statewide tobacco prevention and control coalition---designed to minimize harm caused by tobacco products, and reduce tobacco consumption – particularly among children.

www.cdc.gov/nccdphp/dash/presphysactrpt/index.htm – report from the Secretary of Health and Human Services and the Secretary of Education “Promoting Better Health for Young People Through Physical Activity and Sport.

www.thesociety.org – The Society of State Directors of Health, Physical Education and Recreation maintains a listing of national organizations working in health and education. Find the info under “Links and FAQs.

www.marshfieldclinic.org/nfmc – site of the National Children’s Center for Rural and Agricultural Health and Safety whose purpose is to minimize the incidence of childhood injuries associated primarily with rural and farm life.



"To wish to be well is a part of becoming well."

-Seneca (B.C. 3 – 65 A.D.)-

NATIONAL YOUTH SMOKING RATES DECLINE



The latest results from the Monitoring the Future study indicate that cigarette smoking among American adolescents continues its “encouraging ongoing decline.” In the 2000 survey 15 percent, 24 percent and 31 percent of the 8th-, 10th- and 12th-graders, respectively, indicated smoking at least once in the prior 30 days.

After reporting a nearly 50 percent increase in the rate of smoking among younger teens---eighth- and 10th-graders---between 1991 and 1996, the study has been showing a fairly steady reduction in smoking since then. In 1991, 14.3 percent of eighth-graders said they had smoked at least one cigarette in the prior 30 days (called “current smoking”). The rate rose to 21.0 percent by 1996, but has fallen back to 14.6 percent in 2000, including a 2.8 percentage point in the past year. Among 10th-graders, the rate of current smoking was 20.8 percent in 1991, rose to 30.4 percent in 1996, and then fell steadily back to 23.9 percent by 2000.

Twelfth-graders showed a similar, but somewhat lagged, pattern of change: they started from a recent low in current smoking of 27.8 percent in 1992, rose steadily to 36.5 percent by 1997, and have since dropped back to 31.4 percent by 2000. All three grade levels showed statistically significant declines this year on one or more of the smoking measures---current smoking, current daily smoking, or current half-pack-a-day smoking.

Lloyd Johnston, project researcher at the University of Michigan states that “We haven’t yet regained all the ground lost early in the nineties, but have nearly done so with the younger teens, who are harbingers of what will be happening among older teens in a few years.”

-<http://monitoringthefuture.org/data/00data.html#2000data-drugs>

The Kentucky Folic Acid Partnership Promotes Daily Folic Acid Vitamin Use To Prevent Serious Birth Defects of the Brain and Spine

The Kentucky Folic Acid Partnership

A statewide partnership of currently forty-five public and private agencies, form the Kentucky Folic Acid Partnership (KFAP). From December 1998 to the present, its members are dedicated to increasing the number of women in Kentucky who take 400 micrograms of folic acid **every day** to ultimately decrease the number of babies born with serious birth defects of the brain and spine (neural tube defects). Research shows that folic acid can reduce the incidence of neural tube defects (NTD) by up to 70%. Kentucky estimates that it has twice the national average of NTD with 1 in 500 births being affected.

What are neural tube defects?

Spina Bifida is a defective closure of the lower end of the bony encasement of the spinal cord, through which the spinal cord and meninges may or may not protrude. It is the most common neural tube defect and can result in paralysis of the legs, loss of bowel and bladder control, hydrocephalus, and learning disabilities. Eighty to ninety percent of infants born with spina bifida survive.

Anencephaly is the congenital absence of the skull, with the brain completely missing or reduced to small masses. Anencephaly accounts for approximately 25% of neural tube defects and it is **fatal**. Pregnancies affected by anencephaly often result in miscarriage or stillbirth. If the infant is born alive it lives only a short time.

The initial medical costs for newborns with spina bifida can exceed \$50,000, and the average lifetime cost for medical care is \$532,000 with the cost for many children exceeding one million. **It is very important that all women of childbearing age, whether using a birth control method or not, take the recommended daily amount of folic acid before, during and afterpregnancy.**

This message needs to reach our teens! Birth control methods can and do fail including bilateral tubal ligations. It is estimated that half of all pregnancies are unplanned. Therefore, any woman who is capable of becoming pregnant could have a pregnancy affected with a neural tube defect. **These serious birth defects occur in the first 28 days of conception, before the woman even knows she is pregnant.**

Daily consumption of 400 micrograms of the “B” vitamin folic acid can reduce the risk by 70%. Taking a multivitamin or a single folic acid vitamin pill is the only sure way to get enough folic acid daily.

Improving infant health is a high priority at the state level. Kentucky’s KIDS NOW Initiative has recognized the impact of neural tube defects and has allocated \$3 million dollars to provide access to folic acid counseling and supplementation for low-income women over the next two years. It supports the Partnership’s plan of increasing the number of women taking folic acid daily. All 120 county health departments are providing counseling and a year’s supply of folic acid to the approximately 125,000 women who depend on public health departments for their care.

This is a great start, but **education to all women in Kentucky about the benefits of folic acid is necessary.** As educators, you can help tremendously! We would like your support. Please consider joining the KFAP.

Dr. Steve Davis, Director of Adult and Child Health with the Department for Public Health is our Chairperson. For more information, please contact: Susan Brown RN ICCE IBCLC State Folic Acid Campaign Coordinator. Email: sbrownfo-liccidco@yahoo.com; Phone: 270-781-8039 ext 181; Website: <http://publichealth.state.ky.us>

PATCH NOW ON LINE

The Planned Approach to Community Health, materials and tools for community health promotion from the CDC, is now on line. It includes helpful information on community organization, use of data for program planning, priority setting, and program evaluation. The entire document or sections may be downloaded. The direct address is www.cdc.gov/nccdphp/patch. The site includes the visual aids package.

www.surgeongeneral.gov – type in teacher in the search box.

www.health.org/reality – The Center for Substance Abuse Prevention’s Reality Check program is a nationwide effort to educate the public on the harms and risks associated with marijuana.

www.health.org/reality/WhatsNew2000/Otherdrugs/specialreport.htm – Get the facts on ecstasy and other “club drugs”

www.forreal.org/speak/parent.asp and www.forreal.org/know/untold.asp – for teens addressing parents that have substance use problems and about marijuana

www.washingtonpost.com/wp-dyn/articles/A3399-2000Nov29.html – information on the National Longitudinal Study of Adolescent Health

<mailto:wemfilms@womedia.org> – “That’s A Family” is an educational, 30 minute video designed for children. The children in the video describe their families. Some have parents of different races and religions. Some are raised by their grandparents or are adopted. Other children have parents who are divorced, single, in same sex relationships or remarried. Contact the Women’s Educational Media at the above address.

www.gwu.edu/~mtg – part of this site is a monthly newsletter – “Health and Health Care in Schools” Site also has general information on school based health centers. To go directly to the newsletter use the following address www.gwu.edu/~mtg/ejournal/ejournal.htm

www.timolson.com – Teaching Health and Using Technology is the site of a junior high school health teacher. His classroom theme for this school year is “Your destiny lies not in the chances you take, but the choices you make”.

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IN THE WORKPLACE

By Joyce Edelen, Ed.D
Community Educator for The Mental Health
Association of Kentucky

Stress is a natural part of everyday life. But left unchecked, however stress can cause physical, emotional, and behavioral disorders that can affect your health, vitality, peace of mind, and personal and professional relationships. Stressful situations are common in the modern workplace. Virtually everything in the workplace today is a source of stress. Equipment and new technology can cause stress if employees are not trained, if the system crashes as so much depends on technology today. Employers and co-workers, customers, clients, vendors can also induce stress. Four areas of stress that impact most workers are:

LOSS OF INFLUENCE

Employees with the greatest degree of influence and control over their work environment tend to have the lowest levels of stress. Often severe stress occurs where management has initiated significant change with little or no input from employees. Without input employees may feel anxious, angry and manipulated.

LOSS OF SIGNIFICANCE

Everyone wants to feel that the work they do has some degree of meaning and purpose. Workers who see their efforts having a tangible impact on their company, clients, co-workers, or family members have lower levels of stress, even when their jobs are quite demanding.

LOSS OF BELONGING

For many employees, co-workers repre-

sent a significant primary group in their lives. A feeling of community and belonging develops from their daily interaction with people. But if the sense of community isn't present or is disrupted (by organizational change or other factors) stress levels can spike upward quickly.

LOSS OF COMPETENCE

The nature of the modern workplace almost guarantees that workers will be put into new situations with new policies, skills, procedures and knowledge of people and processes. These have the potential for making employees feel less than competent.

Other reasons leading to anxiety and stress which often leads to depression in the workplace are the results technological advances, the pace of globalization, dysfunctional office politics, overwork and job insecurity after a decade of downsizing. Stress, family crisis and depression are the top three workplace problems.

At any one time one out of every 20 employees experiences depression and costs the U.S. economy \$43.7 billion dollars every year which includes decreased productivity, lost work days, medication and physician time. According to the World Federation for Mental Health, by the year 2020 mental, neurological and behavioral disorders will outrank road accidents, AIDS and violence as a primary cause of work years lost from early death and disability if nothing is done.

(Continued on page 9)



Resources

✍ **"RESOURCE KIT ON PEDIATRIC EMERGENCY CARE AVAILABLE** - The Resource Kit, available in CD-Rom format, contains more than 2,000 pages of critical information on pediatric injury and illness prevention, treatment, and rehabilitation. 19 professional organizations, including the National Association of School Nurses, the American Academy of Pediatrics, the American Psychological Association, and other health and safety organizations produced the kit. It will be kept current on the EMSC web site. The kit may be ordered from that site at www.ems-c.org

✍ **RESOURCES FOR PARENTS** - The American Psychologist Association has a program called "Warning Signs for Parents" that helps parents talk more effectively with their children about violence and other important issues. The association has also created "Communication Tips for Parents". Both the tips and a Warning Signs guide for youth are free by calling 1-800-268-0078. To find out about making a connection with a psychologist in your community to schedule a forum call 1-877-274-8787 ext. 136.

✍ **RESOURCE ON CHILDREN WITH SPECIAL HEALTH CARE NEEDS** - "Meeting the Needs of Students with Special Physical and Health Care Needs, Hill, 1999 is a new book for teachers - early education, regular education and special education. Topics include:
* Serving Children in the School System,
* Impact of Chronic Health Problems in the Child
* Asthma and other respiratory conditions
* Cardiovascular and hematological disorders
* Cerebral palsy and neural tube defects,
* Seizure disorders
* Policies and Procedures

✍ **www.tobaccofreekids.org** - order free activity kits for Kick Butts Day on April 4th.

Let us think of education as the means of developing our greatest abilities, because in each of us there is a private hope and dream which, fulfilled, can be translated into benefit for everyone and greater strength for our nation.
John F. Kennedy
(1917 - 1963)

Uncoordinated School Health

Lack of coordination is so widespread that many educators accept fragmentation, duplication, and inconsistency as the status quo. Consider the following true examples.

- While the health educator teaches about the food pyramid, the cafeteria manager prepares a lunch of pizza and french fries, the school business manager counts the proceeds from the soft drink machine, and the social studies teacher rewards a student with candy for correctly answering a question in class.
- A teacher emphasizes the importance of students washing their hands. Yet only one of the eight faucets in the girls' lavatory works, and the maintenance department cannot schedule plumbing renovations for another two years.
- A school requires students to be immunized. Yet the local clinic only conducts immunizations on Mondays and Thursdays during business hours, and many people cannot take a day off work or cannot get to the clinic because it is not on a bus route

From the National Governor's Association Center for Best Practices issue brief "Improving Academic Performance by meeting Student Health Needs. www.nga.org/Pubs/IssueBriefs/2000/001013StudentHealth.asp

GROUPS FOR CHILDREN OF DIVORCE

Many schools provide support groups for children whose parents are going through or have divorced. Children's books on this issue can be used in the group or placed in the school library.

Some suggested titles are *Let's Talk About It: Divorce*, Fred Rogers, 1996, *It's Not Your Fault, Koko Bear: A Read Together Book for Parents and Young Children During Divorce*, Vicki Lansky, 1998. The library could purchase *Books to Help Children Cope with Separation and Loss: An Annotated Bibliography* by Masha Kabakow Rudman.

Guides for group facilitators are *Coming to Terms with Divorce: A Guided Support Program for Primary Grades*, Center for Learning, 1992 and *Complete Group Counseling Program for Children of Divorce: Ready To Use Plans and Materials for Small and Large Groups, Grades 1-6*, Center for Applied Research in Education, 1996.

KENTUCKY DENTAL SUMMIT

The first Kentucky Dental Summit will be held on May 24-25, 2001. The Kentucky Dental Health Coalition is sponsoring their first summit at the Embassy Suites Hotel in Lexington. The objectives of the summit are:

1. Provide a forum to determine specific action steps for Kentucky to take for short and long term strategies to improve oral health for the state.
2. Identify the barriers to access to dental care and propose solutions.
3. Broaden the ownership for improving dental access to outside the dental profession.
4. Propose multiple strategies to target specific areas in dental access, which can be implemented simultaneously.
5. Report on what the current status of oral health in Kentucky is and distribute a summary for all interested parties.

For information contact Beth Petersen at 859-339-5342 or kdhc@concentric.net.

See the KDHC web site - www.kdhc.org - for information on Healthy Choices Campaign - the sale of candy and soft drinks in Kentucky schools and the KY Oral Health Speakers Bureau.

TEAMS BEING RECRUITED FOR COORDINATED SCHOOL HEALTH INSTITUTE

The 6th Annual Coordinated School Health Institute is looking for teams to attend the CSH Institute to be held July 16-19 at Western Kentucky University. Teams, representing a school or district, are composed of up to 5 individuals including school nurses, school food service, family/youth resource center personnel, teachers, administrators, counselors, parents, health department personnel, and central office staff.

During the week, participants attend workshops on the eight components of coordinated school health and develop an implementation plan for one of the components they wish to undertake during the following school year. Plans are reviewed by the CSH task force and grants are allocated for implementing the proposed plans.

For more information contact Don Calitri at HEACALIT@ACS.EKU.EDU or Mike Ballard at Michael.Ballard@wku.edu.

(Continued from page 4)

WHAT CAN THE WORKPLACE DO?

- Solicit input from employees on implementing major changes.
- Hold regular problem solving meetings with a cross-section of the organization to monitor and report from several perspectives.
- Use a team approach to develop a mission or vision statement.
- Clearly define roles and expectations for every employee.
- Sponsor social activities, informal get-togethers.
- Greater emphasis on family, childcare, and life issues, and introduce stress reduction programs.
- Educate and train employers, colleagues about depression, stress, and anxiety.
- Identify national and community organizations that can provide help.
- Ensuring employees that state/federal law and EAP policy dictates employee confidentiality.

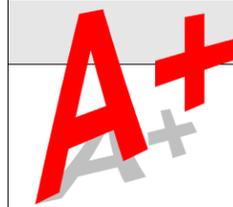
WHAT CAN THE EMPLOYEE DO?

- Be realistic, if overwhelmed learn to say NO!
- Shed the "superman/superwoman" urge. Prioritize tasks.
- Visualize how you can manage a stressful situation more successfully.
- Take one thing at a time.
- Find a hobby, set aside quite time on a regular basis.
- Live a healthy lifestyle, listen to your body, exercise, good nutrition, get restful sleep.
- Share feelings with friends and family.
- Give in occasionally. Be flexible.
- Go easy with criticism. You may be expecting too much.
- Create a sense of humor, learn to laugh at yourself and situations.
- Share a hug with someone you love. Physical contact is a real stress reliever.
- Take breaks, listen to music, learn relaxation techniques for work.

The old saying, "take time to smell the flowers" may sound trite. But, it's an important lesson. Life's too short to rush through it without making time for family, friends, and fun!

FOR INFORMATION ON THE PROGRAMS OFFERED, CALL THE MENTAL HEALTH ASSOCIATION OF KENTUCKY (502) 893-0460 or 1 (888) 705-0463

SMOKE-FREE WENDY'S



Wendy's International, Inc. agreed in December to adopt a policy prohibiting smoking in all its U.S. company-operated restaurants during 2001. It also has agreed to "encourage its U.S. franchisees to adopt a policy prohibiting smoking in franchised restaurants" following a regionally-specific timetable for its company-operated sites. In the agreement with the shareholders Wendy's agreed to adopt the policy to be implemented in its various regions no later than March 31, 2001. The Western U.S. Region will be smoke free by Jan. 1, 2001. The Southeast will be Feb., 1; the Upper U.S., March 1, 2001 and the Midwest and Northeast will implement the policy by March 31, 2001.

SCHOOLS, COMMUNITIES ENCOURAGED TO COORDINATE STUDENT HEALTH EFFORTS

BY CAROL LOPEZ

Kentucky educators report that most schools provide environments that are favorable for student learning. But they believe they're falling short in key areas that affect students' physical and mental health. Those findings were part of a Kentucky Child 2000 report released November 6th that called on schools, families and communities to join forces in developing coordinated programs to meet the health needs of the state's young citizens.

In the report, "**Healthy Kids = Better Students**," the statewide, non-profit organization noted the relationship between good health and academic performance. "Children who engage in unhealthy behavior have frequent absences from school and often fail in their schoolwork," the report said. "A child who isn't healthy, who has an undetected vision or hearing defect, who is impaired by drugs or alcohol, or who is hungry cannot be expected to excel academically."

A school survey conducted as part of the report found educators generally pleased with the type of health education curricula used by schools, the availability of screening programs for certain defects, the presence of positive learning environments for students and other programs or school conditions. However, they identified several areas of need, including a shortage of school nurses, poor student performance in health education on state tests, the inability to meet students' mental health needs and the lack of student access to routine health services.

Schools cannot be expected to meet students' health needs on their own, the report noted. "Today's complex societal reality requires a coordinated, community-based approach." Coordinated school health brings families, schools and communities together to address eight areas:

1. School environment
2. Health education
3. School meals and nutrition
4. Physical education
5. Health services
6. Psychological and mental health counseling services
7. Staff wellness
8. Parent/community partnerships

"Fundamentally, Coordinated School Health is about keeping students healthy over time, reinforcing positive health behavior throughout the school day and beyond, and making it clear that good health and learning go hand in hand," the report said.

Kentucky Child 2000 has recommended the following strategies to address the most pressing health-related issues facing Kentucky schools:

- Develop and implement a coordinated and comprehensive pre-school through 12th grade health education curriculum.
- Provide school nursing services at a ratio of one nurse per 750 students.
- Develop prevention and intervention strategies for mental health by promoting earlier identification of mental health issues, and increase access to in-school services.
- Provide daily physical activities of at least 20 minutes in duration.

"Clearly, there is much to be done to ensure a healthy and successful future for Kentucky's children. And we must all work together—families, schools and communities—to make that a reality for all children," said Carol Lopez, Executive Director of Kentucky Child 2000.

The full report is available on the web at www.kychild2000.com.

Kentucky Child 2000—P.O. Box 25652, Lexington, KY 40524; Phone: 859-421-4640; Fax: 859-263-7432; Email: jmaclopez@mindspring.com; Web: www.kychild2000.com



Date Savers

<input checked="" type="checkbox"/>	March 28-31, 2001	PRIDE Youth Conference Commonwealth Convention Center, Louisville 1-800-668-9277
<input checked="" type="checkbox"/>	March 28-29, 2001	KASH Conference Executive West, Louisville "Schools and Communities: Partners for Children's Health"
<input checked="" type="checkbox"/>	April 4, 2001	Kick Butts Day Order activity kits for this day at www.tobaccofreekids.org
<input checked="" type="checkbox"/>	July 16-20, 2001	Middle Level Teacher Academies in Practical Living Western Kentucky University Contact Connie Shackelford at 502-564-2106, or cshackel@kde.state.ky.us
<input checked="" type="checkbox"/>	July 23-27, 2001	Middle Level Teacher Academies in Practical Living Regional Service Center 6, London KY Contact Connie Shackelford at 502-564-2106, or cshackel@kde.state.ky.us

WARM WELCOME TO NEW KDE HIV/AIDS CONSULTANT

Julie Zlatos has joined the Kentucky Department of Education as the HIV/AIDS consultant. Julie can be reached by phone at 502-564-3791 or e-mail jzlatos@kde.state.ky.us

Julie is responsible for administering the CDC grant for HIV/AIDS for the department of education. Teacher training and the technical review committee are two components of the grant. If you have specific training needs please contact Julie. The technical review committee's propose is to review print and video materials for inclusion in the resource library maintained by the department.

If you would like to serve on this committee, or have questions about the resources available, give Julie or Lisa McHenry a call.

"HEALTH TEACHERS COMMISSIONED TO SAVE LIVES"

"I felt that in English I was teaching students how to present themselves articulately and clearly so that others would listen to their message and give them the respect merited by the quality of that delivery, either in written or oral form. I feel that in Health I am teaching students how to make choices which enable them to save lives – their own, their peers, their parents. Health teachers have been indirectly commissioned to go out and save lives – nothing in the field of education can even come close to that level of importance and impact upon each individual student and to the future of their communities."

Kathie D'Amico, former English and mathematics teacher in Hawaii who changed fields to teach middle school health education. From an article in the *Journal of School Health*, Oct. 2000, Vol. 70, No. 8.

THE MOST DANGEROUS SPORTS FOR CHILDREN

Each year, more than one-half million children ages 5-14 experience sports-related injuries during participation in the following six sports:

- Basketball – 198,823 injuries
- Football – 159,861
- Baseball – 91,013
- Soccer – 77,568
- Softball – 25,464
- Gymnastics – 24,307

From "Healthy You" Tri-County Baptist Hospital

DON'T Forget ...

... to register for the exciting KASH Conference "Schools and Communities: Partners for Children's Health" held on March 28-29, 2001 at the Executive West, Louisville! Contact Janice Jackson at (502) 228-0857, or email Jjackskpta@aol.com, for a registration form.

PRACTICAL LIVING VOCATIONAL SKILLS TO HAVE TEACHER ACADEMIES

Academies for practical living/vocational skills teachers will be held for the first time in July. Two academies are planned: July 16-20 at Western Kentucky University, and July 23-27 in the Corbin area.

Each academy is geared to middle/high school teachers and is limited to 30 participants at each site. Teachers will be given a stipend for the week. There are still available spaces at each site.

Contact Connie Shackelford, Health and Physical Education Consultant, KDE Division of Curriculum Development 502-564-2106 or cshackel@kde.state.ky.us.



KASH AWARDS AND RECOGNITION

The following awards are presented at the annual Kentucky Association for School Health Conference to recognize outstanding contributions to school health.

🏆 **Herman S. Bush Award:** KASH's highest honor to recognize individuals who personify the ideals of health, service, and humanitarianism in their profession, and who have made significant contributions to school health in the Commonwealth of Kentucky.

🏆 **Honorary Life Award:** Given to persons who have rendered to the association over an extended period of years. The person must be at least 60 years of age, and retired, or near retiring.

🏆 **Group Award:** Granted to groups, voluntary agencies, service organizations, and professional associations, that have made significant contributions to school health in Kentucky.

🏆 **School Nurse of the Year**

🏆 **Health Coordinator of the Year**

🏆 **Health Educator of the Year**

🏆 **Other significant contributions to School Health**

These awards and recognitions provide an excellent opportunity for those of us employed in the area of school health, to appropriately honor the hard work, dedication, and effort of our colleges and peers from across the state.

Take the time, complete the form on page 6, and nominate a deserving individual and/or organization for a KASH award.

Nominations will close March 10, 2001.

