



# KASH REGISTER

Official Newsletter of the Kentucky Association for School Health

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Visit us at [www.kyschoolhealth.org](http://www.kyschoolhealth.org)

## President's Report

The Kentucky Association for School Health's mission is to improve the health of Kentucky's children. While our mission continues to stay the same, the direction and strategies we use to attain the mission are changing. Over the past year the KASH Board of Directors continued to meet on a monthly basis, along with other times, to plan, develop and implement various strategies to attain our mission. The Board is working through a strategic planning process in order to follow the path of the American School Health Association, our national affiliate. The strategic planning involves targeting five areas, which include Professional Development, Advocacy, Collaboration, Research, and Resources. While brainstorming at last month's board meeting we developed a list of ideas and strategies for each targeted area. During the brainstorming we realized, many implementation strategies already in place and that we may just need to look at them from a different angle or work on improvement in some areas. We have only just begun in the process and will continue our efforts at our May board meeting. If all goes well we will have a subcommittee for each of the targeted areas and hopefully have members willing to help in the identified efforts. Past events, future plans and strategies discussed are reflective in this report.

We annually work on **professional development** by hosting the spring conference. Once we reviewed the 2000 conference evaluations, planning started for this year's conference, again in conjunction with the Kentucky Public Health Association. We are fortunate to have our so-sponsor, Kentucky Area Health Education Center (AHEC) for the conference this year. In addition to the conference planning to provide professional development we discussed areas that as an association we wanted to continue to target or start to target.

We continue to strive to meet our membership objectives, along with **advocacy** to strengthen our association. At this point we have over 100 members, including an organizational membership. Our membership

drive included an informational letter sent to various university professors in the health and physical education departments and nursing schools. We encouraged the professors to share with their students KASH's mission, explain the opportunity for students to network, and inform them about the KASH scholarship for students. Our student membership has increased as a result of the letter.

Another avenue we took to increase membership, awareness, **advocacy** and validity of our association was to bring in an expert speaker on the importance of school health. Even more importantly, bringing in our speaker would increase the knowledge level of various *movers and shakers* in Kentucky about Coordinated School Health. By increasing their knowledge of what we do as an association and that Coordinated School Health is critical to the health of our children in Kentucky we felt there would be a better chance that health would become more of a priority. One strategy we used was to invite Dr. Cynidi Symons, President-Elect American School Health Association, to Kentucky to present. She focused on educating the groups about the **research** to support the link between health and academic achievement.

We continue to work on providing **resources** or informational avenues for individuals to tap into health resources. The production of the KASH newsletter continues on with more issues than last year. Janice Jackson, Past President spearheads and coordinates the newsletter production. We continuously receive many comments about the newsletter's resourcefulness by providing various teaching strategies, grant opportunities, Internet health links, announcements about upcoming events, and current legislative news. The KASH website is improving on a daily basis, but we still need individuals to help with the different components information. If you have not visited the site at <http://www.kyschoolhealth.org>, please do so. I think you will appreciate the work that has been put into the site's development. Please consider volunteering to help complete the components still under construction and help

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Exercise and recreation... are as necessary as reading. I will rather say more necessary, because health is worth more than learning.

-Thomas Jefferson-

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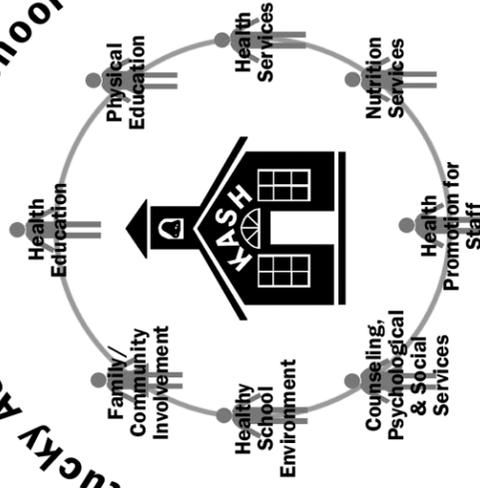
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## Kentucky Association for School Health



<http://www.kyschoolhealth.org>

Don't forget to visit your KASH Website at [www.kyschoolhealth.org](http://www.kyschoolhealth.org)!

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## WHO IS TALKING TO THE CHILDREN?

By Julie Zlatos

Like anyone who starts a new position, I want to tell everyone about my job. When I went home for Thanksgiving, I had an opportunity to talk to family. My niece, Megan, suddenly became my teen expert. She listened patiently as I told her I was working with the Department of Education as an HIV, AIDS, STI, and Unintended Pregnancy Consultant. She *actually* seemed *interested*.

"Aunt Julie, until I was in the 6th grade, I thought everyone had sex before marriage. It was the end of the year, when I overheard some girls talking. They said they were going to be virgins until they got married."

Knowing her parents, I said, "What ever made you think you should have sex?"

"TV!"

"TV?" I was shocked. Her parents carefully watched what she viewed – or so we thought.

Now I really began thinking. According to an article in October's *Journal of Health*, 94% of rural parents say they talk to their children about sex. I shared this with PTA Health Chair person, Janice Jackson. She laughed and said, "Well, it would be interesting to ask the children if their parents had talked with them."

I began thinking again. Of course, this was another question for my teen expert. The day after Thanksgiving, I took both of my nieces shopping. Lunch seemed to be a good time to broach the subject. This time there were two of them – one from a single parent home, the other one's parents were divorced. One niece is a senior, the other an eighth grader.

### PART 2: With Whom Do the Children Want To Speak?

In the last KASH newsletter, I wrote an article called "Who is Talking To The Children?" The article summarized a conversation with my 2 nieces, one a senior, one an eighth grader, regarding what they knew about sex and from where they got their information. Knowing their parents very well, I was surprised to find much of their information came from school and their peers.

I ended the article with Laura (eighth grader) telling me she did not know what oral sex was – only to learn she did, but her friends called it something else. I decided I needed to tell her father (my brother) about our conversation. Remember, this is the person who talked to me about menstruation for fear our parents had not told me. He learned about menstruation from his 9<sup>th</sup> grade biology class when enrolled in a semi-nary.

Here we go....

"Bill, I had a conversation with Laura and Megan at lunch about what they knew about puberty and sex. Do you want to hear about it?"

"Well, yeah.... I know I have talked with Laura.!!!!"

"Well, uh...she said you talked a *little*."

"A little? No, it was more than just a little!"

"What did she say about her mom?"

"She said her mom gave her a book about puberty, but it was too boring to read."

"That doesn't surprise me – that sounds like her mother." She wouldn't feel comfortable talking about that stuff. (Her mother is a teacher).

"Oh, Bill, I asked if she knew what oral sex was!"

Angrily he said, "I can't believe you spoke with her about that! I haven't. Laura is too young."

"Uh, Bill, she all ready knew –

WHAT!!!!

"Her friends told her.

They called it \_\_\_\_\_.

"He gave a soft chuckle." (I was off the hook).

### ....BACK TO THE GIRLS' CONVERSATION....

WHO DO YOU WANT TO TALK TO ABOUT SEXUALITY?

Megan quickly said, "Oh, *definitely* teachers!"

"Teachers?" I was astounded. "Why teachers?"

They are much more comfortable talking about it than parents. Parents get so embarrassed. You don't want to ask them questions. Laura, a little less assured also said teachers.

I looked at her and said, "Well, I guess that is better than a book." We all giggled.

### Who is talking to the children?

Teachers and peers.

### Who do we want to talk to the children?

Most parents would say they talk with their children about sexuality issues. What would their children say? Do we want teachers talking to them?

## 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.kashschoolhealth.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

Sum01

Return this form with payment to:

Kentucky Association for School Health  
 Melody Hamilton, Treasurer  
 524 Sheffield Drive  
 Versailles, KY 40385

"What is very clear is that education and health for children are inextricably intertwined. A student who is not healthy, who suffers from an undetected vision or hearing defect, or who is hungry, or who is impaired by drugs or alcohol, is not a student who will profit from the educational process. Likewise, an individual who has not been provided assistance in the shaping of healthy attitudes, beliefs, and habits early in life, will be more likely to suffer the consequences of reduced productivity in later years."

-Michael McGinnis, M.D., Center for Disease Control and Prevention-



## 2001 KASH CONFERENCE SUMMARY (continued from page 7)

- 46.2% respectively.
- CDC Guidelines for school health programs to prevent tobacco use and addiction include the following:
  - Develop and enforce a school policy of tobacco use
  - Provide instruction about the short and long term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use and refusal skills
  - Provide tobacco use prevention education in k-12 grade. This instruction should be especially intensive in junior high/middle school and should be reinforced in high school

- Provide program specific training for teachers
- Involve parents/families in support of school based programs to prevent tobacco use
- Support cessation efforts among students and school staff who use tobacco
- Assess the tobacco use prevention program at regular intervals

School policy is the first step in reducing youth tobacco use. A school policy on tobacco use should include the following elements:

- An explanation of the rationale for preventing tobacco use
- Prohibitions against tobacco use by students, all school staff, parents, and visitors on school property, in school vehicles, and at school-sponsored functions away from school property.
- Prohibitions against tobacco advertising in school buildings, at school functions and in school publications
- A requirement that all students receive instruction on avoiding tobacco use
- Provisions for students and all school staff to have access to programs to help them quit using tobacco
- Procedures for communicating the policy to students, all school staff, parents or families, visitors, and the community
- Provisions for enforcing the policy

The following programs and curricula are recognized by CDC as effective programs - Life Skills and Project TNT.

The Center for Substance Abuse Prevention adds these to the list:

- All Stars

- Growing Healthy
- Kentucky Adolescent Tobacco Prevention Program
- Know Your Body
- Project ALERT
- Teenage Health Teaching Modules

TEG/TAP and NOT are tobacco cessation programs for students. General guidelines in working with students are that attendance at cessation classes should be voluntary and an opportunity for self-referral should be provided on a regular basis. The state health department offers training in conducting these programs. Contact Linda Dunn at 502-564-7996.

Stephanie shared the process that the Northern Kentucky Health Department has used the last two years to conduct policy training with local school districts. She will be glad to share that information and guidance to anyone who contacts her.

An additional resource "STOP" magazine was shared. It can be ordered at [www.stopmagazine-us.com](http://www.stopmagazine-us.com).

### COMMUNITY DIVERSITY:

**TEACHING TO OUR STRENGTHS**  
Linda Olasov, Ph.D Interim Associate Dean for Education Northern Kentucky University



This was an interactive session. The objectives were to identify strengths of students who are of Native American, African-American, Asian, or Latino heritage; and, to explore how to teach health education utilizing these strengths.

Participants played multicultural bingo. Each square listed an important achievement or contribution our diverse individuals had made, identified their heritage, and asked for the name of the individual, responsible for the accomplishment. People played in groups using the collective knowledge of all.

After the bingo game, participants received a sheet that suggested ways in which to capitalize on cultural dispositions. Attendees shared examples of teaching strategies in the health education classroom that build on cultural strengths.

For the informative list of the different ways that teachers could approach teaching students of different ethnicities, based on the uniqueness of the students' cultural heritage, please visit our website at <http://www.saga.com/Conference2001summary.html>.



## Resources

**"HEALTH POLICY RESOURCE** - <http://www.healthpolicycoach.org> - presents effective prevention-focused policies that provide information to help transform ideas into action.

**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.

**STAFF WELLNESS SITE** - <http://www.menopause-online.com>

**LESSON PLAN SITE FOR TEACHERS** - [www.nytimes.com/learning](http://www.nytimes.com/learning) - great site with lesson plans on health topics that integrate into language arts, social studies, science.

**TEACHER SITE** - [www.teachersguide.org](http://www.teachersguide.org)

**TWO PHYSICAL ACTIVITY INFORMATION SITES** - "Providing Better Playgrounds Could Improve Children's Physical Activity" - [www.intelhealth.com/IIH/IIH/WSIHW000/333/344/315356.html](http://www.intelhealth.com/IIH/IIH/WSIHW000/333/344/315356.html), and "Keeping Girls in the Game" - <http://www.intelhealth.com/IIH/IIH/WSIHW000/7165/9310.html>

<http://community.kentucky.com/realcities/stopyouthsuicide> - developed by Halim Omar, M.D. director of adolescent medicine at UK, to raise awareness of teen suicide in central Kentucky

**MOTHERS OF ASTHMATICS** - web site is <http://www.aanma.org>.

### NEW KASH COUNCILOR 2004

Please help us to welcome Tammy Gay as our Councilor 2004. Tammy is and has been the Director of the Richmond Family Resource Center in Madison County for the past 10 years. She received her bachelor's degree in social work from Eastern Kentucky University. She is the immediate past president of the Family Resource Youth Services Coalition of Kentucky and is currently serving that organization as public policy chairman. Tammy also serves on the board of the Kentucky Dental Health Coalition. She is married and has two daughters who are attending ECU.

## TEEN SUICIDE

Teens need adult guidance more than ever to understand all the emotional and physical changes they are experiencing. When teens' moods disrupt their ability to function on a day-to-day basis, it may indicate a serious emotional or mental disorder that needs attention - adolescent depression.

Sometimes teens feel so depressed that they consider ending their lives. Each year, almost 5,000 young people, ages 15 to 24, kill themselves. The rate of suicide for this age group has nearly tripled since 1960, making it the their leading cause of death in adolescents and the second leading cause of death among college age youth.

Studies show that suicide attempts among young people may be based on long standing problems triggered by a specific event. Suicidal adolescents may view a temporary situation as a permanent condition. Feelings of anger and resentment combined with exaggerated guilt can lead to impulsive, self-destructive acts.

### Recognizing The Warning Signs

Four out of five teens who attempt suicide have given clear warnings. Pay attention to these warning signs:

- Threats of suicide—direct and indirect
- Obsession with death (i.e. verbal hints such as "I won't be around much longer" or "It's hopeless".)
- Dramatic change in personality or appearance
- Irrational, bizarre behavior (i.e. sudden cheerfulness after a period of depression)
- Overwhelming sense of guilt, shame or reflection
- Changed eating or sleeping patterns
- Severe drop in school performance
- Putting affairs in order (i.e. giving or throwing away favorite possession)

### Helping Suicidal Teens

- Ask the child or teen if he or she feels depressed or thinks about suicide or death. Speaking openly and honestly allows the child to confide in you and gives you a chance to express your con-

cern. Listen to his or her thoughts and feelings in a caring and respectful manner.

- Let the child or teen know that you care and want to help.
- Supply the child or teen with local resources, such as a crisis hotline or the location of a mental health clinic. If the child or teen is a student, find out if there are any available mental health professionals at the school and let the child know about them.
- Trust your instincts. If it seems that the situation may be serious, seek prompt help. Break a confidence if necessary, in order to save a life. Pay attention to talk about suicide. Ask direct questions and don't be afraid of frank discussions. Silence is deadly!
- Seek professional help. It is essential to professional who has experience helping depressed teens. Also, alert key adults in the teen's life - family, friends and teacher.

### Remember!:

- These warning signs should be taken seriously.
- Get help immediately.
- Caring can save a young life.

### Other resources

- **National Mental Health Association** - <http://www.nmha.org> or 1-800-969-NMHA
- **800-SUICIDE**. This will connect you to a crisis center in your area.
- **Covenant House Nine Line**. 1-800-999-9999
- **American Academy of Child and Adolescent Psychiatry**—<http://www.aacap.org>, 202-966-7300
- **American Association of Suicidology**—<http://www.suicidology.org>, 202-237-2280
- **Suicide Prevention Advocacy Network**—[www.spanusa.org](http://www.spanusa.org), 888-649-1366.
- **New Kentucky Teen Suicide Site**—<http://community.kentucky.com/realcities/stopyouthsuicide>

## Correction

In the Kentucky Folic Acid Partnership article that was published in the Spring 2001 KASH Register newsletter, we had incorrectly printed the email address for Susan Brown, RN ICCE IBCLC State Folic Acid Campaign Coordinator. Her correct email address is [sbrownfolicacidco@yahoo.com](mailto:sbrownfolicacidco@yahoo.com).



Please contact her if you would like to receive information on the partnership's initiative to prevent serious birth defects by encouraging women in Kentucky to consume 400 micrograms of folic acid.

## YOUTH, DEPRESSION, ALCOHOL AND DRUG USE

Young people sometimes turn to alcohol and drugs to cope with life's frustrations, to feel more adult-like, to fit in, to rebel, or to satisfy their curiosity about drugs and drinking. Teens with depression or other mental health problems are particularly vulnerable to alcohol and drug use.

Many adolescents fail to recognize that they are depressed and why they are depressed. But, when they drink alcohol or take drugs to alleviate their stress or emotional pain, they can develop or worsen depression.

Alcohol is a drug, with serious risks and potentially harmful consequences. Marijuana and other drugs are also dangerous and often addictive. Casual use of drugs like club drugs, inhalants and steroids can cause long-lasting brain damage and impair health.

### Signs of Adolescent Alcohol and Drug Use:

- Getting drunk or high on drugs on a regular basis
- Lying about alcohol or other drug use
- Avoiding others to get drunk or high
- Giving up activities once enjoyed to drink or use drugs
- Planning drinking in advance, hiding alcohol or drinking or using drugs alone
- Having to drink more to get the same high
- Drinking and driving
- Believing that to have fun, drinking or drug use are necessary
- Experiencing frequent hangovers
- Blacking out
- Pressuring others to drink or use drugs
- Taking risks, including sexual risks
- Becoming victims to perpetrators of violence
- Feeling run-down, hopeless, depressed or even suicidal
- Acting selfish and not caring about others
- Talking excessively about drinking or using drugs
- Getting in trouble with the law
- Getting suspended from school for an alcohol- or other drug-related incident

**National Mental Health Association**—[www.nmha.org](http://www.nmha.org), 800-969-NMHA

**800-DRUGHELP**. This is a 24-hour hotline that provides confidential answers to questions or information about community resources. Also visit [www.drughelp.org](http://www.drughelp.org).

**Alcoholics Anonymous**—[www.aa.org](http://www.aa.org) 212-870-3400

## 2001 KASH CONFERENCE SUMMARY

### PARTNERING WITH SCHOOLS: PANEL PRESENTATION

*Dedre Hatfield, MA Youth Service Center  
Coordinator Bernheim Middle School; Rita Harrison, ARNP Nurse Practitioner Hazelwood Elementary School; Becky Wilson, Director Spencer County School System*



This session was a panel presentation from three different perspectives of ways to partner with local schools to implement school health programs. KY. AHEC (Area Health Education Center) Program has eight regional centers, which work to provide services to underserved communities and populations. This program has the following goals:

- Coordinate and support student and resident education in underserved areas
- Maintain educational pathways and programs that encourage and prepare young students, especially disadvantaged for careers in health care
- Continue to develop culturally appropriate community health education, and
- Support health care providers in underserved areas

AHEC has many community-based partnerships with which they collaborate to improve the health status of Kentuckians, and is often providing direct services in the school setting.

A Pediatric Nurse Practitioner, Rita Harrison, has been working with a pilot project for Health Promotion Schools of Excellence at Hazelwood School, in Louisville Kentucky. Services are provided for the purpose of promoting health, preventing illness, identifying undetected illness or risk, diagnosing and treating minor illness and injury, referral and case management. This goal has been translated into six measurable outcomes, and they are as follows:

- Increase CATS practical Living scores to schools' thresholds
- Provide a varied menu of services to the school community
- Increase physical fitness and composite scores by 10%
- Improve school attendance of students to target levels set by state and district for all grade levels
- Attain 100% compliance for valid

immunizations and physical exam rate

- Increase school health survey scores by 10% in both the knowledge and attitudes sections

Bernheim/Bullitt Lick Youth Service Center provides programs and services that involve community collaboration. The YSC are designed to promote the flow of resources and support to families in ways to strengthen the functioning and enhance the growth and development of the individual members and family unit. Each center has a unique blend of program components depending on location, local need and community input and available services. This center addresses the core components of:

- Referrals to health and social services
- Employment, counseling, training and placement
- Summer and part-time job development
- Drug and alcohol abuse counseling
- Family Crisis and Mental health Counseling

Additionally, the center offers the following optional components:

- Peer Mediation and Conflict Resolution
- Service Learning
- Educational and Recreational Programs

All three (3) of these programs work to address the unique needs of the schools, families and communities they serve to ultimately improve the academic and health status of those involved.

### EXPLORING NUTRITIONAL STRATEGIES

*Kathy Belcher, MA Program Coordinator Southeast Dairy Association*

Did you know that a recent survey of school children indicated that only 15% of elementary children receive the required amount of



exercise on a weekly basis? Did you know that 20% of the same children in the survey received from 15-20% of their daily calorie intake from sugars in soft drinks? How do we reverse this unhealthy situation? According to the presenter, Kathy Belcher, as educators we must start early in the student's education with a participatory, hands on, interactive

nutrition/exercise program. This needs to begin in preschool and continue through a lifetime.

Using the Food Pyramid as the basis, food groups can be demonstrated in age appropriate ways. Ethnic food diversity can also be incorporated into the pyramid. Exceptional teaching guides, handouts, videos and other teaching tools are available from the National Dairy Council. Some hands on activities such as the Chefs Puppets are free. To receive a catalogue write Kathy Belcher, South East Dairy Association, 9201 Bunsen Parkway #100, Louisville, KY 40220. Her phone is 502-495-2985.

### HOW TO ACQUIRE AND USE HEART RATE MONITORS IN THE CLASSROOM

*Melody J. Hamilton, MA, CHES Physical Education Teacher Woodford County Middle School; Nan Hazel, Educational Consultant Polar Heart Rate Monitors*

This workshop focused on the techniques and benefits of the Polar Heart Rate monitor in the classroom. Melody Hamilton, a middle level P.E. teacher, has been using the monitors for a year teaching heart health information that can be applied for a lifetime. She stresses personal best and safety with her students. One resource that she highly recommends is *Lessons from the Heart*. This book has heart rate formulas for kids and lesson plans for integration into other subject areas.

She discussed ways to use a limited number of monitors - her budget only allowed her to purchase a few monitors last year but she utilized them with all of her classes by teaching the students to download the information and having parent volunteers assist. She suggested looking not only at the P.E. budget but the technology budget.

The use of these monitors could meet the new technology standard number IX from the educational professional standards board: Teacher Standards - [http://www.kde.state.ky.us/otec/epsb/standards/new\\_teach\\_std.asp#std.9](http://www.kde.state.ky.us/otec/epsb/standards/new_teach_std.asp#std.9)

- 1 operates a multimedia computer and peripherals to install and use a variety of software
- 5 creates multimedia presentations using scanners, digital cameras and video cameras
- 6 uses emerging technology to en-

(Continued on page 7)

## The New PE

One K-6 program being used in 700 schools in 16 states is SPARK (Sports, Play, and Active Recreation for Kids ). The program emphasizes using small teams to build both athletic and social skills.

In soccer for example, teams of three play on a mini-field or in softball the teams have only five players and the fielders must toss the ball to every player before the batter reaches home. SPARK aims to teach kids self-control and an acceptance of personal differences – concepts that can benefit classroom management in other subjects.

For more information visit <http://www.foundation.sdsu.edu/projects/spark/index.html> or call 1-800-722-7573 Paul Rosengard is the Executive Director.

CATCH PE is another elementary program which is used in more than 1000 schools in 30 states. This program has a substantial classroom component focused on family intervention, smoking prevention, and nutrition.

CATCH teaches instructors to reject elimination games, which can make some kids disinterested by sidelining them. Instead of sitting down on the bleachers, children who are "out" in a game of tag are given re-entry tasks before they can rejoin the game.

For more information, free lesson plans, tips on making school meals more appealing see <http://www.sph.uth.tmc.edu/catch>.

For the full article "Getting a Jump on Good Health" see <http://www.edletter.org>. Go to past issues – November/December 2000.

Other PE web sites are:

- <http://www.cfah.org>
- <http://www.michiganfitness.org>
- <http://www.sagepub.co.uk>

### SMOKE FREE HOME PLEDGE

This campaign is designed to increase the number of smoke-free homes, especially those with children under six who have asthma. Organizations can obtain multiple copies of the Smoke-Free Home Pledge brochures by call 1-800-438-4318. Also visit <http://www.epa.gov/iaq/ets> There is also a hotline where people can pledge to make their homes smoke free and receive a smoke free home kit. Call 1-800-513-1157.

## NATIONAL YOUTH SPORTS SAFETY FOUNDATION

Resources that can be found at the National Youth Sports Safety Foundation web site include:

- Emotion Injuries Fact Sheet
- Tips for Kids
- How to be a Supportive Coach
- Golden Rule of Coaching
- How to be a Supportive Parent
- Sport Parent Code of Conduct

The article "Children, Sports, and Injuries" lists the following info:

- Sports are the most frequent cause of injury for both male and female adolescents.
- Most injuries occur in practices rather than in games.
- Organized sports have a 20 percent re-injury rate that is attributed to inadequate rehabilitation and returning to play too soon.
- The lack of coaching education has been identified as a reason many sports injuries occur.

Psychological traumas are not accounted for in injury rates and may have long-lasting effects on self-esteem, sports participation, and lifelong health fitness habits.

The National Youth Sports Safety Foundation web site is <http://www.nyssf.org>.

## TALKING WITH KIDS CAMPAIGN



In a national survey conducted by Nickelodeon on what families are talking about – or NOT talking about, between one-third to one-half of kids whose parents say they had talked with their children about a particular topic (guns in school to puberty to AID/HIVS) the kids didn't recall the conversation.

A free guide "Talking with Kids about Tough Issues" is available by calling 1-800-244-5344 or online at <http://www.everythingnick.com>.

To learn more about the "Talking With Kids" Campaign see <http://www.talkingwithkids.org>, <http://www.childrennow.org>, or <http://www.dff.org>.

## U.S. DEPARTMENT OF EDUCATION AND SECRET SERVICE PARTNERSHIP

School violence continues to decline but the high profile recent school shootings create a perception that schools are not safe. Reports by the U.S. Departments of Education, Justice, and the Secret Service show that since 1992 crime against students – theft, rape, sexual assault, robbery, aggravated assault - has decreased by nearly a third.

The Department of Education, Safe and Drug-Free Schools program, and the Secret Service have developed training aids for school administrators, local law enforcement and other to help prevent further attacks at schools. The "Safe School Initiative" includes the following early findings:

1. Most incidents were rarely impulsive. The attacks are typically the result of an understandable and often discernible process of thinking or behavior. In many cases, having been bullied played a key role in the attack.
2. Although there is no accurate or useful profile of "the school shooter", most attackers engaged in some behavior, prior to the incident, that caused concern or indicated a need for help.
3. In many cases, other students were involved in some capacity. Prior to the incidents, the attacker told someone about the idea and/or plan.
4. Most attackers had previously used guns and had access to them.

To view the Safe Schools Initiative "An Interim Report on the Prevention of Targeted Violence in Schools" go to <http://www.treas.gov/usss/index.htm?ntac.htm&l>

The National PTA has outlined 10 steps to help communities in their violence prevention efforts called "Violence, Kids, Crisis: What You Can Do" at <http://www.pta.org/programs/crisis>.

The Training Resource Center at Eastern Kentucky University provides a professional development series for trainers, administrators, and facilitators in the areas of social, human and juvenile justice services. A new course listing can be found at their web site <http://www.trc.eku.edu/profileseries.htm>.

### TEEN ASTHMA OUTREACH

– The Asthma and Allergy Foundation of America will release a national public service campaign featuring award-winning rap artist Coolio who suffers from asthma and who has children with asthma and allergies. The message encourages adolescents with asthma to live life to its fullest and partner with their doctor in good asthma management. For info call 1-800-7ASTHMA or visit <http://www.aafa.org>.

## KASH 2001 AWARDS

### GROUP AWARD

This statewide program has been in existence for more than 12 years. They collaborate with local schools, health departments, and other community organizations to implement community health education programs and coordinate health screenings and services. They work in 229 local schools in 93 counties across the state to coordinate health education and health services for students. They also collaborate with local schools and post-secondary institutions to promote health careers.

Each year more than 50,000 Kentuckians benefit from these programs and services, including many primary, middle and secondary students. For "Promoting the Commonwealth" throughout the Commonwealth" KASH proudly presents our group award to Kentucky Area Health Education Centers - AHECs.

### SCHOOL HEALTH EDUCATOR AWARD

This nominee implements many school health education programs which include tobacco avoidance, STD/HIV/AIDS, conflict resolution, responsibility, personal hygiene, and dental health in a 16 county area. Dental health is a priority for this educator. She dresses in her "Tooth Fairy" white dress with wings for preschool through third grade and teaches the children the basics of tooth care and when to visit the dentist. She serves as the regional coordinator for the Kentucky Oral Health Speaker's Bureau. In February of 2000 she was invited to the General Assembly of the House of Representatives to declare February Child's Dental Health month in the state of Kentucky.

She also co-teaches at the KY Tech Lee County Area Technology Center. The health sciences instructor with whom she works comments "She always makes her topics interesting, current and applicable to her target audience. She adds a breath of fresh air and touch of humanity that my students greatly enjoy. They participate eagerly and most attentively as she is definitely a 'people person' and an effective educator."

Another nominator described her as "an excellent role model for children." "She has brought health education to school children who otherwise would not have any opportunity to learn the basics of good health and disease prevention." KASH would like to present our Health Educator of the Year Award to Amy Pocaí.

### SCHOOL NURSE AWARD

This school nurse works in an elementary school. In her first year on site there was a 65% reduction in absenteeism and a 53% reduction in the number of late arrivals or early dismissals due to health related reasons. Within a few months of her arrival the school had a 100% immunization rate. Due to her persistence over the last 4 years nearly all the students have a history of 3 doses of Hepatitis B vaccine and more importantly the students know what hepatitis B is and why it is important to get the vaccine.

She has initiated many innovative programs.

- 30-40 children at this school are asthmatic. She saw a real need for connections with the parents and started a support group for parents of children with asthma. The result has been improved communication related to the child's needs during the school day. The parents have a better understanding of asthma, the role of medications used in treatment and have more educated exchanges with their children's medical provider.
- She conducted an informal survey among the students regarding their access to and knowledge of guns. The results were so disturbing that a program at the school on gun safety was sponsored.
- This nurse worked with teachers whose students included children with ADD to complete an ADD-Behavioral Scale Rating Form. This scale is a means of accessing how the student's medication is assisting them. The findings were shared with parents so that they could discuss with the child's primary physician to determine medication effectiveness in the school setting and make adjustments if necessary. Parents now feel more competent and are better advocates for their child with the medical provider.
- Over the past 4 years she has provided classroom/small group education sessions on topics ranging from healthy heart, dental hygiene, diet and cholesterol, Hepatitis B and of course prevention and control of head lice.
- She provides over 1500 on-site procedures annually to children with special health care needs. She monitors them closely to pick up early signs of emerging problems so that early treatment can

be sought so fewer school days are missed.

This nurse is responsive to the needs of her school population and continually assesses how to adapt the health services program to meet the needs of the children, parents, and staff. Because this pediatric nurse specialist demonstrates high quality performance in her work serving as an advocate, educator and resource person for the overall improvement of the health of the children at Rockfield Elementary School KASH proudly presents our School Nurse of the Year Award to Susie Cannon.

### INDIVIDUAL AWARD

The winner of the Individual Award goes to a long-time school health advocate. This person takes every opportunity to promote the coordinated approach to school health because she recognizes that a coordinated and comprehensive approach to both education and services has the most benefit for the student.

The saying "Ask and ye shall receive" is appropriate when talking about this person. She is one of the most reliable and conscientious people you could ever work with. Whether it is suggesting references for a college student working on a paper for health, writing regulations for new state health legislation, brainstorming and arranging workshops for KASH and the Coordinated School Health Institute, reviewing and commenting on materials for the HIV/AIDS technical review committee, or answering a multitude of questions from school district health coordinators and school nurses she is a professional concerned about the health and welfare of the kids in Kentucky.

She has served the KASH board in just about every position from councilor to president and we hope she returns next year as a consultant. KASH is proud to recognize Terry Vance with our Individual Award.

### U.S. FAVORITE BEVERAGE

...Soft drinks top milk as Americans' choice of beverage. A national survey of eating patterns of Americans shows that per capita, soft drinks have climbed from 26 gallons per person to 44 gallons in the last 20 years. Meanwhile, milk consumption has fallen from 31 gallons to 25. Milk has more to offer - calcium, vitamin D, riboflavin and magnesium. From "Choose to Move" by the American Heart Association.

## GET THE WORD OUT ABOUT CAMP SUPERKIDS

The organizers of Camp Superkids need your help to get the word out about this program. Camp Superkids is a fun week-long overnight camp for children ages 7-13 who have moderate to severe asthma. The camp is held from July 23-28, 2001. The camp is co-sponsored by the American Lung Association of Kentucky and the Children's Hospital Foundation, a charitable organization benefiting Kosair Children's Hospital.

Camp Superkids is staffed round-the-clock by nurses, pharmacists, physicians, and respiratory therapists. An infirmary is located on-site, and additional healthcare facilities are within easy driving distance of Camp Cedarmore, which is located in

Bagdad, just northeast of Shelbyville, Kentucky.

How can you help? Volunteers are needed to distribute brochures and posters about Camp Superkids in their local areas such as libraries, bookstores, convenient stores, toy stores, pharmacies, doctor's waiting areas, or anywhere that is likely to be visited by families. Help is especially needed in areas outside of Louisville and Lexington.

If you are able to volunteer some time to help distribute the posters and brochures, contact Menisa Marshall, Communications Director of the American Lung Association of Kentucky at 1-800-586-4872, or via email at [menisam@kylung.org](mailto:menisam@kylung.org).



## Date Savers

<input checked="" type="checkbox"/>	<b>May 2001</b>	<b>Asthma and Allergy Awareness Month</b> <b>PEACE Education</b> Peache Education Center, Louisville Registration deadline is June 1st and there are only 40 seats available. Contact 502-589-6583.
<input checked="" type="checkbox"/>	<b>July 10-12, 2001</b>	<b>Middle Level Teacher Academies in Practical Living</b> Western Kentucky University Contact Connie Shackelford at 502-564-2106, or <a href="mailto:cshackel@kde.state.ky.us">cshackel@kde.state.ky.us</a>
<input checked="" type="checkbox"/>	<b>July 16-20, 2001</b>	<b>Camp Superkids</b> Camp Cedarmore near Shelbyville, KY This program is for kids ages 7-13 who have moderate to severe asthma. Contact Menisa Marshall at 1-800-586-4872 or email <a href="mailto:menisam@kylung.org">menisam@kylung.org</a> for brochures and posters.
<input checked="" type="checkbox"/>	<b>July 22-27, 2001</b>	<b>Middle Level Teacher Academies in Practical Living</b> Regional Service Center 6, London KY Contact Connie Shackelford at 502-564-2106, or <a href="mailto:cshackel@kde.state.ky.us">cshackel@kde.state.ky.us</a>
<input checked="" type="checkbox"/>	<b>Sept. 7-9, 2001</b>	<b>2001 Kentucky African American Leadership Conference on HIV/AIDS</b> International Convention Center, Louisville Pre-register at (502) 574-8046; Call (502) 574-5600 for information. There is a \$45.00 ticket charge to see Patti LaBelle, entertainer and former spokesperson for the National Minority AIDS Council, but there is no charge for the conference.
<input checked="" type="checkbox"/>	<b>Oct. 8-9, 2001</b>	<b>Women's Health in Kentucky: Challenges and Opportunities</b> International Convention Center, Louisville To pre-register or for more information, call (859) 257-5320, or email <a href="mailto:tiran2@pop.uky.edu">tiran2@pop.uky.edu</a> .
<input checked="" type="checkbox"/>	<b>October 24-26, 2001</b>	<b>Kentucky Area Health Education Centers Annual Conference</b> Bowling Green, KY See on-line information at <a href="http://www.louisville.edu/medschool/ahec/special-events.html">http://www.louisville.edu/medschool/ahec/special-events.html</a>

## Depression Checklist

10 symptoms of clinical depression:

- A persistent sad, anxious or "empty" mood
- Sleeping too little or too much
- Reduced appetite and weight loss or increased appetite and weight gain
- Loss of interest or pleasure in activities once enjoyed
- Restlessness or irritability
- Persistent physical symptoms that don't respond to treatment (such as headaches, chronic pain, or constipation and other digestive disorders)
- Difficulty concentrating, remembering or making decisions
- Fatigue or loss of energy
- Feeling guilty, hopeless, or worthless
- Thoughts of death or suicide

If you or someone you know is experiencing five or more of these symptoms for longer than 2 weeks, or if the symptoms are severe enough to interfere with your daily routine, see your doctor or a qualified mental health professional.

For more information on depression, or to locate a free, confidential and professional depression screening site in your area, call the National Mental Health Association at 800-969-NMHA (6642) or visit [www.nmha.org](http://www.nmha.org) for a confidential online depression screening.



### SCHOOL INDOOR AIR QUALITY SYMPOSIUM

The 2<sup>nd</sup> annual indoor air quality Tools for

Schools national symposium will be held August 9-11 in Washington, DC. Attendees will learn about resources and materials that will enable them to support and implement good indoor air quality practices in schools. Session topics include communication strategies, team building, advocacy, financing, asthma management programs, and more. This initiative helps school officials assess, resolve, and prevent indoor air quality problems and reduce exposure to asthma triggers in school facilities. See [www.epa.gov/iaq/schools](http://www.epa.gov/iaq/schools) for application packets.

## NEW KASH PRESIDENT ELECT

Please join us in welcoming Lisa Lindley as the new KASH President Elect. Lisa is an Assistant Professor in the Department of Public Health at Western Kentucky University. Her primary research interests include school-based sexuality education and reproductive health services, adolescent health, STD/HIV prevention, and women's health.

Lisa earned her Doctor of Public Health and Master of Public Health degrees in Health Promotion and Education from the University of South Carolina (USC) School of Public Health. She received her Bachelor of Science in Education degree from George Mason University in Fairfax, Virginia. Lisa is also a Certified Health Education Specialist (CHES) through The National Commission for Health Education Credentialing, Inc.

Prior to accepting her position at WKU in 1999, Lisa was the Project Director of a CDC-funded teen pregnancy prevention project at USC, a consultant and trainer with the South Carolina AIDS Training Network, and the HIV Coordinator for the South Carolina Department of Education. Lisa received the Outstanding Contribution to Health Education Award in 1997 for her research and advocacy efforts surrounding school-based sexuality education from the South Carolina Association for the Advancement of Health Education.

Lisa can be contacted at (270) 745-5870, or email her at [Lisa.Lindley@wku.edu](mailto:Lisa.Lindley@wku.edu).

## President's Report (continued from page 1)

us ensure that the information is current, interesting and useful to KASH members and other individuals who are seeking health information.

Opportunities continue to arise for **collaboration**. We have some possible irons in the fire with the American Cancer Society and the Kentucky Nurses Association. We continue to be a partner with many organizations such as Kentucky Child 2000, along with Kentucky ACTION and the Kentucky Center for School Safety by serving on their advisory boards. We exhibit at various conferences throughout the year and continue to meet with individuals interested in what our association is and how we can work collectively with other organizations and associations to all achieve our common goals. We also had a meeting with Bob Sexton, Executive Director of the Pritchard Committee to discuss the importance of health in the schools and how it impacts a child's learning.

In summary, this year has been very eventful and productive. Some of the targeted areas identified in our strategic plan are already being addressed. However, we realize there are many more opportunities, ideas to pursue and objectives to reach. While working to achieve them we continue to make strides. Some of the strides to help improve the health of Kentucky's children are being made through small steps. But, each of those strides can become larger and larger through the efforts of the KASH members.

I want to leave you with a final thought to consider, "Are you one of those individuals who just sit back and complain about what isn't, or you willing to help to make what isn't, what is?"

Bonnie Ciarroccki, President  
2000-2001

In looking at the history of KASH starting in 1973, it took individuals who believed in the importance of school health and were willing to give time, energy and resources to get the association up and running. They didn't do it because somebody told them they had to; they did it because they believed their efforts would help. They were passionate and dedicated and were individuals who didn't just sit back and complain about what isn't they took a risk and worked on making what isn't, what is. If they had not been willing to take risks and give the time and energy to undertake starting the Kentucky Association for School Health, the path would not have been laid for positive change to occur. Even with the positive changes that have been accomplished since the association began, we know have a long way to go. But think about where we would have been if not for those believers back then. It's our turn and time to make the same commitment if we want to make changes. We need everyone's help, support, camaraderie, and especially the removal of territorial barriers, complimented by many, many more members to help make our children healthier.

I want to leave you with a final thought to consider, "Are you one of those individuals who just sit back and complain about what isn't, or you willing to help to make what isn't, what is?"

Bonnie Ciarroccki, President  
2000-2001

One in five children have a diagnosable mental, emotional or behavioral disorder. And up to one in 10 may suffer from a serious emotional disturbance. Seventy percent of children, however, do not receive mental health services (SGRMH, 1999).

Attention deficit hyperactivity disorder is one of the most common mental disorders in children, affecting 3 to 5 percent of school-age children (NIMH, 1999).

As many as one in every 33 children and one in eight adolescents may have depression (CMHS, 1998).

Once a child experiences an episode of depression, he or she is at risk of having another episode within the next 5 years (CMHS, 1998).

Teenage girls are more likely to develop depression than teenage boys (NIMH, 2000).

Children and teens who have a chronic illness, endure abuse or neglect, or experience other trauma have an increased risk of depression (NIMH, 2000).

Suicide is the third leading cause of death for 15- to 24-year-olds and the sixth leading cause of death for 5- to 14-year-olds. The number of attempted suicides is even higher (AACAP, 1997).

Studies have confirmed the short-term efficacy and safety of treatments for depression in youth (NIMH, 2000).

Alcohol, marijuana, inhalants and club drugs are the most frequently used drugs among middle- and high-school youth (SAMHSA, 2000)

Research has shown that use of club drugs such as Ecstasy and GHB can cause serious health problems and, in some cases, death. Used in combination with alcohol, these drugs pose even more danger (NIDA, 1999).

Children and adolescents increasingly believe that regular alcohol and drug use is not dangerous (SAMHSA, 2000).

Among middle- and high-school students, less than 20 percent of young people between the ages of 12 and 17 report using alcohol in the previous month, and less than 4 percent report drinking heavily in the previous month (SAMHSA, 2000).

Young people are beginning to drink at younger ages. This is troubling particularly because young people who begin drinking or using drugs before age 15 are four times more likely to become addicted than those who begin at age 21 (SAMHSA, 2000).

Children of alcohol- and drug-addicted parents are up to 4 times more likely to develop substance abuse and mental health problems (NACOA, 1998).

20 percent of youths in juvenile justice facilities have a serious emotional disturbance and most have a diagnosable mental disorder. Up to an additional 30% of youths in these facilities have substance abuse disorders or co-occurring substance abuse disorders (OJJDP, 2000).

## 2001 KASH CONFERENCE SUMMARY (continued from page 4)

During the workshop Jacquelyn shared how the times are changing and with the changes, we need to be changing. We specifically learned about her Model for Local Coalition-Building. We discussed the importance of each part of the model which included: Getting It, Planning It, Doing It, Evaluating It and then Celebrating It.

Participants volunteered to read to the entire group about Samantha. Samantha was a sixteen year old girl who had just been suspended from school.

Nan Hazel discussed the use of these monitors with special needs students such as kids with heart anomalies and asthma. They have also been used in teaching anger management and rage control. Lending them out at night or over the week-end to teachers and families helps to enforce the classroom lessons and increases family involvement.

Nan can be reached at [nhazel@aol.com](mailto:nhazel@aol.com) for more information on the Polar monitors. E-mail Melody about her classroom use at [nhamilton@woodford.k12.ky.us](mailto:nhamilton@woodford.k12.ky.us).

### AROUSING THE VILLAGE: MOBILIZING COMMUNITIES FOR POSITIVE ACTION

*Jacquelyn G. Sowers, M.Ed. Consultant, Human Resource Development, Health Promotion and Education Sowers Associates*

This workshop had four objectives for participants which included:

- giving examples of emerging insights about today's youth and the need for mobilizing the community to promote the health and learning of every child,
- describe strategies for local coalition building and practice case studies and practice brainstorming things a community could do in a spirit of partnership to reduce risks and enhance children's health and safety,
- and leave participants inspired to take action to arouse their villages to positive action.

Jacquelyn is a consultant with 35 years of experience at every level of schooling. She has worked with educators, parents, clergy, health professionals, and community leaders in 49 states and abroad toward the goal of developing healthier youth, families, and communities. Within health education, she has special expertise in adolescent and adult development, learning and motivation. For the past five years she has been researching the links between health and academic achievement.

strate.

Mrs. Chrisman, a former physical education professor at Berea College, developed this physical fitness program in 1979 for adults who had few exercise options for achieving lifetime fitness due to physical limitations or reluctance to join in a typical group exercise program. The exercises are pain-free and risk-free and can be done by people of any age and fitness level or ability. Although originally developed for a more senior population, Mrs. Chrisman has instructed K-12 students in performing the exercises at their desks in the classroom to accomplish some physical activity during the school day.

Mrs. Chrisman lead the audience through a 45 minute series of chair exercises which worked every muscle group. Her students then demonstrated a series of floor exercises and afterward told of their physical progress since being in the program. They shared stories of their various physical limitations, not being able to reach into the kitchen cabinet because of an arthritic shoulder or being wheelchair bound because of knee problems, before the program and now being able to do those things and more.

Body Recall headquarters is in Berea. For more information, call 859-986-2181, or e-mail [bodyrecall@chrisman@pcsystems.net](mailto:bodyrecall@chrisman@pcsystems.net). They conduct leader training classes to certify leaders several times a year.

**LINKING SCHOOL POLICY WITH TOBACCO REDUCTION**

*Stephanie Creighton, MS, CHES Senior Health Educator Northern Kentucky Independent District Health Department*

Stephanie Creighton, senior health educator at the Northern Kentucky Health Department, conducted this workshop. Stephanie can be reached at 859-341-4264 or 859-578-3689.

Current statistics show that 21.5% of Kentucky 6-8 graders smoke and 37.4% of the 9-12 graders smoke. If spit tobacco use is added to those numbers, the percentages jump to 28.3% and

(Continued on page 10)

hance professional productivity and support instruction

12 explores, uses, evaluates technology resources (software, applications and related documentation)

14 uses computers and other technology for individual, small group, and large group learning activities

15 uses technology to support multiple assessments of student learning

Nan Hazel discussed the use of these monitors with special needs students such as kids with heart anomalies and asthma. They have also been used in teaching anger management and rage control. Lending them out at night or over the week-end to teachers and families helps to enforce the classroom lessons and increases family involvement.

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### AROUSING THE VILLAGE:

### MOBILIZING COMMUNITIES FOR POSITIVE ACTION

*Jacquelyn G. Sowers, M.Ed. Consultant, Human Resource Development, Health Promotion and Education Sowers Associates*

This workshop had four objectives for participants which included:

- giving examples of emerging insights about today's youth and the need for mobilizing the community to promote the health and learning of every child,
- describe strategies for local coalition building and practice case studies and practice brainstorming things a community could do in a spirit of partnership to reduce risks and enhance children's health and safety,
- and leave participants inspired to take action to arouse their villages to positive action.

Jacquelyn is a consultant with 35 years of experience at every level of schooling. She has worked with educators, parents, clergy, health professionals, and community leaders in 49 states and abroad toward the goal of developing healthier youth, families, and communities. Within health education, she has special expertise in adolescent and adult development, learning and motivation. For the past five years she has been researching the links between health and academic achievement.

Participants volunteered to read to the entire group about Samantha. Samantha was a sixteen year old girl who had just been suspended from school.

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