



Newsletter

November - December 2009

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Child and Youth Policy and Health Services

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****To access the web sites contained in this newsletter, copy and paste the URL link into your browser.**

FOCUS OF THE MONTH

Healthy People 2020 Objectives – Have you taken the opportunity to review and MAKE YOUR COMMENTS.

Since 1990, the public health system in the United States has been guided by a series of 10 year plans called “Healthy People.” There

is **now** an opportunity to provide input into the health objectives for the nation for 2010 – 2020.

To provide a context, the **Vision** for Healthy People 2020 is: A society in which all people live long, healthy lives.

Its **Mission** is: To improve health through strengthening policy and practice.

The proposed Healthy People 2020 objectives for the nation are now posted online for public comment. To comment, go to - www.healthypeople.gov/hp2020 or send an email to HP2020@hhs.gov.

The Healthy People process is inclusive; its strength is directly tied to collaboration. The development process strives to maximize transparency, public input and stakeholder dialogue to ensure that Healthy People 2020 is relevant to diverse public health needs and seizes opportunities to achieve its goals. Since its inception, Healthy People has become a broad-based, public engagement initiative with thousands of citizens helping to shape it at every step along the way. Drawing on the expertise of a Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, public input and a Federal Interagency Workgroup, Healthy People will provide a framework to address risk factors and determinants of health and the diseases and disorders that affect our communities. There are objectives related to child and adolescent health, early childhood, child care, school health, school nursing, health education, nutrition, obesity, mental health, physical activity, and much more. It is important

to review the Healthy People document and make your comments.

It is important to support what you believe is good or it may be lost. During this ten year period we will be dealing with many issues that will influence what can and will be done in the area of health and prevention; these looming priority include health care reform, the war in Afghanistan, and spending and budget deficits to name a few. Comments will be accepted through December 31, 2009.



**State Performance Plan
Indicator Number 2 “The
Percent of Youth with IEPs
Dropping Out of School”**

In focus groups conducted throughout 2009 school

nurses in Minnesota indicated they can and do have an positive impact on reducing the drop out rate of special education students. School nurses start early working with students and partnering with others. They assess & identify students, establish relationships with students and their families/guardians, and develop a plans that includes nursing/health services in a partnership with others that keep students in school and foster academic success.

The following information from the Alliance for Excellent Education indicates the enormous cost of dropouts to our economy.

Mapping the economic cost of dropouts

A new analysis by the Alliance for Excellent Education shows that the U.S. economy would grow significantly if the number of high school dropouts were cut in half. Nearly 600,000 students dropped out of the high school class of 2008 in the nation's 50 largest cities and surrounding areas. The Alliance's research shows that if just half of these students had graduated, earnings would have been more

than \$4.1 billion in additional income every year. Annual state and local tax revenues in affected areas would have jumped by nearly \$536 million. The study also found that 65 percent of these additional high school graduates would have continued to college, many earning a PhD or other professional degree. Estimates were generated by an economic model based on graduation rates calculated by Editorial Projects in Education. Economic benefits were projected for U.S. Census-defined metropolitan statistical areas (MSAs) consisting of a central urban area and its surrounding geographic area, provided the surrounds had strong social and economic ties to the city. The 4,900 high schools located within these MSAs currently have an average graduation rate of 69.8 percent. Over 900 of these high schools are so-called "dropout factories," where fewer than 60 percent of freshman progress to their senior year on time. Read more: www.all4ed.org/publication_material/EconMSA (Forwarded from PEN Weekly News Blast 12.4.09)

WHAT ARE YOU DOING TO MAKE A DIFFERENCE?

IN THE LITERATURE

Financing the delivery of vaccines to children and adolescents: Challenges to the current system. Lindley MC, Shen AK, Orenstein WA, et al. 2009. Pediatrics 124 (Suppl. 5):S548-S557. Abstract available at: http://pediatrics.aappublications.org/cgi/content/abstract/124/Supplement_5/S548

This review addresses challenges to financing delivery of childhood and adolescent vaccines and considerations for stakeholders. Since 1999, there have been eight new recommendations for routine vaccination among children and adolescents in the United States. The

cost to administer vaccines has increased, along with the number of recommended vaccine doses. Increased costs have raised concerns about the ability of the current vaccine financing and delivery systems to maintain access without financial barriers to all vaccines recommended for routine use for children and adolescents. The article reviews the current state of U.S. financing for vaccine delivery to children and adolescents and identifies challenges that should be addressed to ensure continued access without financial barriers to routinely recommended vaccines. The authors begin with a discussion of the U.S. vaccine financing system. Topics include definitions, health insurance coverage for vaccination, vaccine purchase financing, and vaccine administration financing. Next, they outline the challenges to financing delivery of childhood and adolescent vaccines, including increasing costs, underinsured children and adolescents, pressure on private-sector providers, and other considerations. Finally, considerations for key stakeholders are presented. Perspectives are based on input from organizations representing the interests of the following five groups: physicians and other health professionals; state and local governments; insurers, employers, and other health care purchasers; vaccine manufacturers; and consumers (parents).

The authors conclude that "although current coverage rates are high for most vaccines, recent research documents building tensions resulting from increasing vaccine costs, variable reimbursements for vaccine providers, and practice expenses. The potential for these tensions to disrupt the current vaccine financing and delivery systems demonstrates a need for cooperative action by all stakeholders."



Progress in Ensuring Adequate Health Insurance for Children with Special Health Care Needs.

Authors include: Lynda E. Honberg, MHSAA, Michael D. Kogan, PhDa, Deborah Allen, ScDb, Bonnie B. Strickland, PhDa and Paul W. Newacheck, DrPHc from: a, Health Resources and Services Administration, US Department of Health and Human Services, Rockville, Maryland; b Bureau of Child, Adolescent and Family Health, Boston Public Health Commission, Boston, Massachusetts; c Institute for Health Policy Studies and Department of Pediatrics, University of California at San Francisco, San Francisco, California. *Pediatrics* Vol. 124 No. 5 November 2009, pp. 1273-1280.

This article reports findings from the 2005–2006 National Survey of Children With Special Health Care Needs (NS-CSHCN) regarding the extent to which CSHCN have access to public or private health insurance that meets their needs.

The HRSA Maternal and Child Health Bureau's health insurance core outcome was measured on the basis of whether a child had public or private coverage at the time of survey; continuity of coverage during the previous 12 months; and adequacy of coverage. A total of 62.0% of CSHCN nationally met the health insurance core outcome in 2005–2006, up from 59.6% in 2001. Disparities by ethnicity and income remain, but some have narrowed, especially for Hispanic CSHCN. Children who did not meet the health insurance core outcome were more likely to have unmet needs and their families to experience financial problems. CSHCN were more likely to be insured than children without special needs but less likely to be adequately insured. The results of the survey demonstrate that although a growing number of CSHCN have continuous and

adequate health insurance, additional effort is needed to improve the adequacy of that insurance, particularly for children in vulnerable subpopulations.

“A Difficult Balance – Pain Management, Drug Safety, and the FDA. Woodcock, Janet M.D. The New England Journal of Medicine, November 26, 2009. For Immediate Release: Nov. 25, 2009 Inquiries: 888-INFO-FDA.

In the article, Woodcock discusses FDA efforts to strike a balance between access to pain medication for those who need it and managing the risks posed by various analgesics. As examples, she cites recent FDA actions on acetaminophen, the low-potency opioid propoxyphene, and high-potency opioids such as Oxycontin. These actions are part of the FDA's ongoing Safe Use Initiative, aimed at reducing the likelihood of preventable harm from medication use. Millions of people are harmed every year from inappropriate medication use. Many injuries occur as a result of incomplete access to information about a drug, a patient, or the patient's condition. Other preventable sources of harm include unintentional misuse of medications, medication abuse, and attempts at self harm. For more information: FDA Web Page on Safe Use Initiative: www.fda.gov/Drugs/DrugSafety/ucm187806.htm and/or The New England Journal of Medicine <http://content.nejm.org/>



ITEMS OF INTEREST

America's Children: Key National Indicators of Well-Being, 2009

The Forum's signature report, America's Children: Key National Indicators of Well-Being, provides annual updates on the well-being of children and families in the United States across a range of domains. A more detailed report alternates every other year with a condensed version that highlights selected indicators. This year, the Forum is publishing the full report and will produce a brief report in July 2010. View the 2009 report at: www.childstats.gov/pubs/index.asp

For highlights from each section of America's Children, 2009, please go to: www.childstats.gov/pubs/index2.asp

To see a NICHD-hosted video of Forum representatives speaking about this year's report, please click [here](#).

Legal Issues for School Districts Related to the Education of Undocumented Children

This is a joint publication of the National School Boards Association and the National Education Association. Schools districts are affected directly by this issue because undocumented children attend public elementary and secondary schools. In fact, the U.S. Supreme Court held in Plyler v. Doe that undocumented children have a constitutional right to receive a free public K-12 education. This booklet discusses 13 legal questions commonly asked by school board members and school administrators related to undocumented students. Though few of the questions have definitive answers, this report provides tentative answers that are designed to help school districts minimize their legal risks in light of current law. www.nea.org/assets/docs/09undocumentedchildren.pdf

Children's Exposure to Violence: A Comprehensive National Survey

The Office of Juvenile Justice and the Center for Disease Control and Prevention have released an overview of results from a national Survey of Children's Exposure to Violence. The results show how children in the United States are more likely to be exposed to violence and crime than adults. It contains a lot of information including:

- children's exposure to various types of violence
- the most common victimizations for various age groups,
- implications for policy makers, researchers and practitioners.

View the report by going to the following link: www.ncjrs.gov/pdffiles1/ojjdp/227744.pdf

Progress Enrolling Children in Medicaid/CHIP: Who is Left and What are the Prospects for Covering More Children? Timely Analysis of Immediate Health Policy Issues.

This brief issued November 2009 by the Urban Institute and Robert Wood Johnson Foundation discusses characteristics of the children who remain uninsured and the prospect for enrolling them in public coverage. The authors cite research showing over 90 percent of low-income parents say they would enroll their uninsured child if their child was eligible, but around half do not know their child is eligible, do not know how to apply, and/or find the application process difficult. www.urban.org/uploadedPDF/411981_Progress_Enrolling_Children_11_10.pdf



National Center for Health Statistics (NCHS) Study on the Rise in Childhood Food Allergies

Using national data on food allergies among children under 18 years of age, researchers from the National Center for Health Statistics (NCHS) found an increase in the prevalence of food allergies in recent years. However, study authors have stated that the apparent increase in prevalence may be related to an increase in general awareness about food allergies and consequent increase in the number of people seeking treatment. Study findings were published online and will appear in the December print issue of Pediatrics. The online article can be accessed at: <http://pediatrics.aappublications.org/cgi/content/abstract/peds.2009-1210v1> *Medline Plus (November 16, 2009)*

Pediatrics Supplement Highlights Findings from The National Survey of Children with Special Health Care Needs

The supplement to the December 2009 issue of Pediatrics is dedicated to findings from the 2005-2006 National Survey of Children With Special Health Care Needs. The supplement, sponsored by the Health Resources and Services Administration's Maternal and Child Health Bureau, contains 15 articles selected from those submitted after a national solicitation. Topics include demographic and socioeconomic correlates of special health care needs, high-risk demographic groups, and the health care environment for this population. Factors associated with increased prevalence of select chronic conditions and comparisons of state or regional data are also discussed. Collectively, the articles provide examples of how data can be used to inform policy and practice. The supplement is available to subscribers at: http://pediatrics.aappublications.org/content/vol124/Supplement_4 *(from MCH Alert)*

Philips HeartStart AEDs Recalled

FDA Patient Safety News: Show #93, December 2009. Philips Healthcare is recalling certain HeartStart FR2+ automated external defibrillators. These AEDs are used by hospitals, fire departments and emergency medical services to treat sudden cardiac arrest. The recalled devices may have a memory chip failure that could make them inoperable and prevent therapy from being delivered. The recall covers two models distributed by Philips, the M3860A and the M3861A, and two models distributed by Laerdal Medical, the M3840A and the M3841A. All were manufactured between May 2007 and January 2008. Philips is contacting customers to arrange for the return and replacement of the recalled AEDs. FDA MedWatch Safety Alert. Philips HeartStart FR2+ Automated External Defibrillators
– Recall. October 5, 2009.

www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm185179.htm

The Children Born in 2001 at Kindergarten Entry: First Findings From the Kindergarten Data Collections of the Early Childhood Longitudinal Study, Birth Cohort (ECLS-B). This document was released by the Education Statistics Services Institute at the American Institutes for Research. It provides a comprehensive and reliable data about children's early development; their home learning experiences; their experiences in early care and education programs; their health care, nutrition, and physical well-being; and how their early experiences relate to their later development, learning, and success in school. The data gathered provides a snapshot of the demographic characteristics, reading and mathematics knowledge, fine motor skills, school characteristics, and before- and after-school care arrangements of the cohort at the time they first began kindergarten.
<http://nces.ed.gov/pubs2010/2010005.pdf>

Safe Routes to School State Network Project: 2007-2009 Final Report.

The report from the Safe Routes to Schools State Network Project and the Robert Wood Johnson Foundation summarizes the progress that the State Network Project has achieved in its three years of operation. The purpose of the project is to make it safer and easier for children to be physically active by walking and bicycling to school. The report outlines lessons learned, highlights accomplishments in each State Network and suggests next steps to maintain the momentum necessary to build the Safe Routes to Schools program. www.rwjf.org/files/research/51268srtsfinalreport09.pdf

RESOURCES

Noisy Planet Website and Materials (Noise and Hearing Loss)

The National Institute on Deafness and Other Communication Disorders National Institutes of Health has a website about noise and hearing loss with a focus on risks for children. Noise-induced hearing loss (NIHL) is preventable. Learn about the causes and prevention of NIHL so that your tween—and you—can have healthy hearing for life. There is a section to order page for free materials (posters, fact sheets, pens, etc). www.noisyplanet.nidcd.nih.gov/

Minnesota's child development and parenting information available on Facebook and Twitter

Because more and more people are receiving information from social media these days, the Minnesota Department of Education (MDE) recently joined the social media movement by establishing a Facebook page and a Twitter account. We are using these tools to complement our other communication efforts such as the state of Minnesota parent Website (www.mnparentsknow.info), periodic listserv distri-

bution and the regular Early Learning Services information on the MDE Web pages. One of the main benefits of Facebook and Twitter is speed – if you are following us on either of these sites, you will hear about Web-based parent tools, videos, resources and announcements. We encourage everyone interested in child development, early childhood education and parenting topics in Minnesota to become a “fan” of our Facebook page and a “follower” of our Twitter account. Users can find our Facebook page by searching for the Minnesota Department of Education and follow our Twitter updates at MnDeptEd. Also, visit YouTube for Department videos at: www.youtube.com/mndeptofed.

The link to get you started on Facebook: www.facebook.com/pages/Roseville-MN/Minnesota-Department-of-Education/158627528952?ref=nf

Please share this information with families, other programs, and other community partners so they can have up-to-date access to research-based parenting and child development information, videos, podcasts and other Web-based tools!

The Child Health Care Quality Toolbox

This is an online resource that helps you measure the quality of child health care programs. It also offers tips and tools for evaluating health care service programs for children. The toolbox now includes mental health measures. It also offers tips and tools for evaluating health care service programs for children.

Select for print version **PDF File** (200 KB). **PDF Help.** The toolbox is available at: www.ahrq.gov/chtoolbox

Who Is the Toolbox Designed For? This Toolbox was designed for any person or organization that wants to measure health care

quality for children and adolescents. State and local policymakers, program directors, and their staff need to be able to tell how well their children's health programs are performing, identify areas that need improvement, and assess the impact of improvement strategies. This online resource can help them in that effort. Health care consumers, advocates, providers, and plans will also find it useful.

How Does It Work? Users can navigate among major sections and subsections to get information on quality measurement, descriptions of available measures, examples of their use, and application tips. There are also many links to other Web-based resources.

Major Sections of the Toolbox are:

- Understanding Quality Measurement.
- Uses of Quality Measurement.
- Why Child Health Care Measures?
- Established Child Health Care Quality Measures.
- Mental Health Measures and Resources.
- Emerging Measures.
- Choosing Quality Measures.
- Develop Your Own?

What Can Users of the Toolbox Learn?

Are the children covered by my area's programs receiving quality health care? How can quality measures help me tell whether our child health program is effective? What quality measures apply best to child health and how can I get hold of them? Are there any mental and behavioral health measures I can use?



What quality measures are in the development pipeline? Can I modify quality measures to apply to my area? How about developing my own? What measures can I use for children with special health care needs?

Serving Everyone at the Table: Strategies for Enhancing the Availability of Culturally Competent Mental Health Service

This report by the University of South Florida, discusses the impact that cultural diversity plays upon mental health services and suggests ways to improve these services and reduce disparities for diverse families. The report recommends direct service strategies and organizational infrastructure strategies that can be used to make mental health services more culturally competent and implemented within systems of care to improve access to services and supports and reduce mental health disparities. For more information see the Research and Training Center for Children's Mental Health Dept. of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, College of Behavioral & Community Sciences, University of South Florida Web site: <http://rtckids.fmhi.usf.edu> or call the Center at 813-974-4661.

<http://rtckids.fmhi.usf.edu/rtpubs/Cultural-Competence/availability/Availability-Monograph.pdf>

Managing Epilepsy Well (MEW) Network

In response to recommendations from Living Well with Epilepsy II: www.cdc.gov/Epilepsy/pdfs/living_well_2003.pdf, the 2nd National Conference on Public Health and Epilepsy, CDC supported the development of the Managing Epilepsy Well (MEW) Network. The MEW network is a thematic research network (www.cdc.gov/prc/research-projects/school-health.htm) designed to address gaps in knowledge and programs related to improving epilepsy self-management and quality of life for people with epilepsy.

The mission of the Managing Epilepsy Well Network (MEW) is to advance the science related to epilepsy self-management by facilitating and implementing research, conducting research in collaboration with network members and community stakeholders, and broadly disseminating research findings.

Contact information: Colleen K DiIorio, PhD, RN, FAAN, Emory University, Principal Investigator: cdiiori@sph.emory.edu or Rosemarie Kobau, MPH, MAPP, Centers of Disease Control and Prevention, CDC, NC-CDPHP, Division of Adult and Community Health: rmk4@cdc.gov The MEW is funded by the CDC and is supported by special interest project (SIP) 05-07, SIP 07-06, SIP 06-07, SIP 01-08 and SIP 09-11, and Cooperative Agreement Numbers U4 DP000043, U48DP000050, U48DP001901-01, U48DP001949-01

Collaborating Prevention Research Centers:

- Emory University Prevention Research Center (Coordinating Center)
- University of Michigan Prevention Research Center
- University of Texas Prevention Research Center (at the University of Texas Health Science Center at Houston)
- University of Washington Health Promotion Research Center

2007-2009 Accomplishments:

WebEase (Web Epilepsy Awareness Support and Education) – an Internet self-management intervention for people with epilepsy (DiIorio et al., 2009)

UPLIFT (Using Practice and Learning to Increase Favorable Thoughts) – a therapist- or peer-led internet and telephone psychotherapy intervention for people with epilepsy and depression

NIH Challenge Grant –Preventing Depression in People with Epilepsy

2009-2011 On-going research projects include:

- Examining socioeconomic and behavioral predictors of epilepsy self-management behavior
- Applying effective components of chronic disease self-management models to enhance self-regulation and social support in adults with refractory epilepsy
- A needs assessment and development of a consumer-generated epilepsy self-management intervention
- Development and pilot testing of a clinic-based decision-support system to enhance self-management behavior
- A multi-site depression prevention intervention in people with epilepsy

www.sph.emory.edu/ManagingEpilepsyWell

Guidance for Emergency Shelters for the 2009-2010 Flu Season

Released by The Centers for Disease Control and Prevention this article provides guidance for US-based emergency shelters used by displaced persons during a natural or man-made disaster during the 2009-2010 influenza seasons.

The article outlines recommended strategies for influenza prevention in shelters, including how to properly clean and disinfect common areas and how to encourage hand hygiene and respiratory etiquette to prevent spreading the flu. www.cdc.gov/h1n1flu/guidance/emergencyselters.htm

Be Active Your Way.

The US Department of Health and Human Services Office of Disease Prevention and Health Promotion, sponsors this new blog aimed at stimulating dialog among professionals who encourage Americans to get the physical activity they need according to the Physical Activity

Guidelines for Americans. New blogs are posted each week and readers have the opportunity to post comments and share experiences with others. Go see what it is all about: www.health.gov/paguidelines/blog/



This monthly publication is produced by Cheryl Smoot, Child and Youth Policy and Health Services. As part of the state's effort to provide more services electronically, this newsletter will be posted on the web. To view this or past editions, go to: www.health.state.mn.us/divs/cfh/shs/pubs/newsletter/index.html

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