



## Awards for Excellence in Texas School Health 2003 Award Winners

By Ernesto Marquez, TDH School Health Program

The Texas Department of Health (TDH) School Health Program is pleased to announce the *Awards for Excellence in Texas School Health* winners for the 2002/03 school year (see **list of winners** on page 7). *Awards for Excellence*, now in its fourteenth year, is sponsored by the Texas Health Foundation, whose annual contribution makes this awards



**Students at Bluebonnet Elementary do step aerobics under guidance of local firemen as part of the award-winning Healthy Care Bears Week program.**

program possible. *Awards for Excellence* promotes and provides recognition to schools that are using effective, innovative school health programming to address the health needs of students and/or staff. The eight selected schools/districts will receive cash awards in amounts of \$1,000 to \$1,500 to further their health programming.

Award winners will be formally honored at the

annual Texas School Health Association's conference in February, 2004. In addition, two applicants have been selected to receive a full scholarship to attend the *All Well Institute* in July, 2003, where they will be honored for their health program's achievement. The *All Well Institute*, a collaborative effort of various health organizations in Texas, brings together teams of school district and community members from throughout the state to learn skills to influence positive health behaviors in the children within the communities they represent (see announcement on page 3).

This year, the TDH School Health Program received 85 proposals, a significant increase from previous years. Applicants, for the first time, could complete and mail their proposals electronically. The TDH School Health Program is pleased. "We know there are schools and districts throughout Texas with innovative and effective health initiatives," says Michelle McComb, R.N., Coordinator of the TDH School Health Program. "We would like to see each and every one of them apply for an award."

Even if not selected for an award, every applicant stands to benefit

**Continued on page 7**



The TDH School Health Program thanks the *Texas Health Foundation* for funding the publication of this issue of our newsletter. For many years the Texas Health Foundation has been a partner to the Texas Department of Health and other agencies working to promote healthy lifestyles and prevent diseases such as cancer among Texans. For more info on the Texas Health Foundation, call (512) 451-9519.

## Texas Diabetes Council Legislative Agenda Includes School Health

By Kathleen King-Tryce, RN, MSN, MA, TDH Diabetes Program & Michelle McComb, RN, TDH School Health Program

The Texas Diabetes Council has identified several issues for review and/or action during this Texas Legislative Session (January 14 - June 2, 2003). Included in these issues are two that potentially impact Texas schools:

### *Screening youth for diabetes risk*

Both the 76<sup>th</sup> and 77<sup>th</sup> Texas Legislatures adopted legislation that requires screening some school children for *acanthosis nigricans* (AN) to identify those at risk for diabetes. As an alternative to AN screening, the Centers for Disease Control and Prevention recommends state diabetes programs apply their resources toward primary prevention approaches that stress nutrition and physical activity in schools and communities. The CDC also supports opportunistic screening – screening at every health care visit – or risk factors for diabetes. The Texas Diabetes Council (Council) will support legislation that:

- Integrates recognition of *acanthosis nigricans* into the context of risk assessment, opportunistic screening, and follow-up.
- Educates school nurses, primary care providers, parents, and immediate family members in appropriate and coordinated diabetes risk assessment, including recognition of significance of *acanthosis nigricans*, sleep apnea, and menstrual irregularities in overweight and calculation and

**Continued on page 7**

## Inside...

78th Legislative Session Update	Page 2
Finding School Health Laws On-Line	
New Acting TDH School Nurse Consultant	
Summer Camp for Children w/ Disabilities	Page 3
Upcoming Conferences	
FAQs (Smallpox, Email Physician Orders)	
West Nile Virus Update	Page 4
Revised TB Flowsheet	
Emergency Preparedness TETN - Video	
Hispanic Family Health Hotline	
Health Services for Refugee Children	Page 5
Surfing the Web	

**National NURSES WEEK**

**May 6-12, 2003**

# WELCOME

**Florastine Mack, RN**  
Interim TDH School Nurse  
Consultant

In addition to her regular duties as the State Adolescent Health Coordinator for the Texas Department of Health, Florastine Mack, RN, is currently serving as interim School Nurse Consultant for the TDH School Health Program. Ms Mack will assist our program in providing technical assistance and consultation to school nurses, health professionals, and administrators in areas pertaining to school health services delivery. Ms. Mack brings a helpful background to the TDH School Health Program. As the TDH Adolescent Health Coordinator, she develops systems to increase access to preventive and primary care for adolescents, and to integrate health promotion with adolescent health care. Ms. Mack has worked in public health for over 13 years. She is a member of the Society of Adolescent Medicine and a volunteer with the American Cancer Society. We welcome Ms. Mack to the TDH School Health Program. You can contact Ms. Mack at [florastine.mack@tdh.state.tx.us](mailto:florastine.mack@tdh.state.tx.us) or (512) 458-7111, ext. 2021. ■

## Where Can I Get a Copy of that Law?



The TDH School Health Program regularly receives inquiries from school nurses and administrators with questions related to legal requirements in Texas schools in relation to health services and/or promotion. Many of these are addressed in the Texas Education Code (TEC). A useful resource is the Texas Legislature Online website, which contains a link to the entire TEC: [www.capitol.state.tx.us/statutes/edtoc.html](http://www.capitol.state.tx.us/statutes/edtoc.html).

From there, users will find most school health-related statutory requirements under TEC Chapter 38: [www.capitol.state.tx.us/statutes/ed/ed0003800toc.html](http://www.capitol.state.tx.us/statutes/ed/ed0003800toc.html).

At the website above you will find a table of contents for Chapter 38. Click on the section that interests you to view that statute. Topics in this chapter include school immunization requirements, child abuse reporting and programs, access to medical records, parental consent requirements, coordinated school health programming, health advisory councils, and much more.

For more info on locating laws related to school health, contact the TDH School Health Program: [schoolhealth@tdh.state.tx.us](mailto:schoolhealth@tdh.state.tx.us).

# 78th Legislative Session

## Update on Bills Related to School Health Services and Programming

By Michelle McComb, RN, TDH School Health Program Coordinator

Following are House and Senate bills under consideration by the the 78th Texas Legislature at the time this newsletter went to print. The topic of the bill is included. To read the text of the bill, visit [www.capitol.state.tx.us](http://www.capitol.state.tx.us) and search for the bill by number. The Texas Department of Health does not take a position for or against specific bills, however staff do respond to legislative requests for information that may pertain to a certain bill. To express an opinion or obtain further info about a bill, contact the bill's author or your own legislative representative or senator.

### SB 474/HB 1093 (Senator Lucio/Representative Capelo)

- Relating to childhood nutrition, competitive foods in school setting
- Oversight council

### SB 1357 (Senator Nelson)

- Accountability for SB 19 implementation
- Local SHAC responsibilities broadened to include all 8 components of "coordinated school health" as defined by the Centers for Disease Control and Prevention (CDC)
- TDH collaboration with TEA regarding criteria by which programs are approved

### HB 1927 (Representative Gutierrez)

- Care for students with diabetes
- Requires schools to have at least 3 trained personnel

### HB 49 (Representative Turner)

- Relating to sanitation and privacy in public school restrooms
- Running water, method for drying hands, hand cleaner, privacy via stall doors
- TDH would inspect for compliance

### SB 343 (Senator Shapleigh)

- Childhood nutrition issues and oversight by a council
- School nurse grants

### SB 102/HB 697 (Senator Van de Putte/Representative Gutierrez)

- TDH SHAC codified
- Establish recommended guidelines for delivery of health services in schools

Continued on page 8

Following are other sections of the TEC that the TDH School Health Program often receives inquiries about that are not included in TEC Chapter 38:

#### CPR instruction:

[www.capitol.state.tx.us/statutes/ed/ed0000700.html#ed012.7.025](http://www.capitol.state.tx.us/statutes/ed/ed0000700.html#ed012.7.025)

#### CPR certification for staff :

[www.capitol.state.tx.us/statutes/ed/ed0003300.html#ed024.33.086](http://www.capitol.state.tx.us/statutes/ed/ed0003300.html#ed024.33.086)

#### School nurse placement on the Minimum Salary Schedule:

[www.capitol.state.tx.us/statutes/ed/ed0002100.html#ed090.21.403](http://www.capitol.state.tx.us/statutes/ed/ed0002100.html#ed090.21.403)

#### Immunity from Liability and Administration of Medication:

[www.capitol.state.tx.us/statutes/ed/ed0002200.html#ed007.22.051](http://www.capitol.state.tx.us/statutes/ed/ed0002200.html#ed007.22.051)  
[www.capitol.state.tx.us/statutes/ed/ed0002200.html#ed008.22.052](http://www.capitol.state.tx.us/statutes/ed/ed0002200.html#ed008.22.052)

#### Rules for local School Health Advisory Councils:

[www.capitol.state.tx.us/statutes/ed/ed0002800.html#ed004.28.004](http://www.capitol.state.tx.us/statutes/ed/ed0002800.html#ed004.28.004)

## Free summer camp for children with physical disabilities and Type 1 diabetes

Texas school nurses are invited to help identify children who might be eligible to benefit from summer camping at the Texas Lions Camp. Eligible Texas children with a physical disability (between the ages of seven and 16) attend one-week sessions of recreational camp programming. Children must have self-help skills in the areas of dressing, eating, toileting and bathing. Daily camp activities include swimming, canoeing, arts and crafts, field sports, fishing, and camping under the stars.



Two one-week sessions are also available at the Texas Lions Camp for children (ages eight to 15) with Type 1 diabetes. Children experience summer camping fun while learning self-care strategies in support of managing their condition. Parents are invited to a workshop at the end of each session to learn about their child's newly developed skills.

The Texas Lions Camp is an enjoyable summer employment opportunity for school nurses. Nurses are a vital resource providing care and support to children with special medical conditions at the Texas Lions Camp! ■

Further information and nursing staff or camper applications may be obtained by contacting the Texas Lions Camp at P.O. Box 290247, Kerrville, Texas 78029-0247, (830) 896-8500 V/TDD. Download an application from our website at [www.lionscamp.com](http://www.lionscamp.com).

## UPCOMING CONFERENCES

### ALL WELL INSTITUTE: Constructing the Road to School Health

July 21 – 25, 2003 in Camp Allen, Navasota, Texas

The conference will focus on fostering creative, positive, well-prepared leaders capable of working towards changing systems in the schools and communities they represent. Participants have opportunities to learn Leadership Development Skills for Coordinated School Health Education in areas including:

- Nutrition Education and Food Services
- Physical Activity Programming
- Community Support
- School Health Advisory Councils
- Worksite Wellness

For more info visit: <http://schoolhealth.info> and click on the "star" for events or contact Shelley Summers, American Cancer Society, at [Shelley.Summers@cancer.org](mailto:Shelley.Summers@cancer.org) or (512) 919-1726.

### "Beyond Senate Bill 19 ... Connect Texas:"

Linking School Climate, Coordinated School Health, and Academic Achievement  
June 10, 11, 12, 2003 at the HYATT Regency Hotel in Austin, Texas

- How to link coordinated school health programs and developmental assets
- How "connectedness to school" improves student health and school climate
- How to build school-based teams that foster student success

Target Audience: teachers, administrators, PTA leaders, counselors, health service directors, parents. Sponsors include: Health and PE Center for Educator Development, Texas Education Agency and Texas Department of Health. For more info: [www.healthpeced.org](http://www.healthpeced.org)

### American School Health Association National Health Conference: School Health Beyond the Borders

October 15-19, 2003 in El Paso, Texas

Conference theme: school health collaboration and the multidisciplinary spirit of health educators, school nurses, mental health professionals, physicians and communities working together to improve the health and well being of children. Numerous and diverse sessions, workshops, exhibits and networking opportunities. Continuing education hours available. For more info: [www.ashaweb.org](http://www.ashaweb.org)

## Frequently Asked Questions

The following question and response are applicable to questions regarding Admission, Review & Dismissal (ARD) teams, Individualized Education Plan (IEP) teams or Section 504 planning teams. Regardless of what individual districts may call these committees or teams, the response is the same.

**Q** What responsibility does a school have if a physician writes an order specifying one-to-one care by a Registered Nurse for his patient? What if the school staff members participating on the student's planning team believe that it would be safe and appropriate to provide care utilizing a Licensed Vocational Nurse or even an unlicensed person under an RN's supervision?

**A** The law requires the **team** to make the decision regarding an appropriate IEP or 504 plan. The doctor's "order" should be considered a "referral" to the team; other opinions can be added and considered, including the opinion of a school medical advisor or specialist physician consult. State law and regulations, the advice of the school health professional(s)--school nurse, school physician--based on their assessment of the student's health needs in school, the school program, staffing, etc., are all factors to be considered when planning for students with special health care needs. If the school staff can provide sound data on which to recommend a different level of care, then the team can make that decision.

Sometimes the nursing supervisor, school nurse or medical advisor can call the physician who wrote the "order" and explain the setting. Often when the school provides their rationale for a belief that a different level of care is safe in school the student's physician will agree. If not, the team may be well advised when making a different decision, in addition to the school nurse's assessment, to consult with another physician in order to show that a thorough assessment was completed.

Continued on page 4

# TDH News & Notes

## *Su Familia* New National Health Hotline Targets Hispanic Families

The Department of Health and Human Services has created the “*Su Familia*” National Hispanic Family Health Hotline (886-783-2645 / 866-SU-FAMILIA). *Su Familia* helps Hispanic families get basic health info on preventing and managing chronic conditions, and provides referral to local health providers and federally supported programs including states’ Children’s Health Insurance Programs. Bilingual information specialists can refer callers to over 16,000 local health providers, including community and migrant health centers. Callers can also request free factsheets on topics including asthma, cancer screening, cardiovascular disease, immunizations, diabetes, domestic violence, and HIV/AIDS. The helpline is available Monday through Friday during from 9 a.m. to 6 p.m. (Eastern Time).

## *West Nile Virus* Preparing for Round 2 in Texas

West Nile virus (WNV) is a form of encephalitis that is transmitted via the bite of an infected mosquito. People and a wide range of animals can be infected with this virus. However, the only domestic animals that appear to be harmfully affected by WNV are equines, such as horses. Wild birds can also develop severe symptoms and frequently die. People and animals acquire WNV from mosquitoes, not from other people or animals.

In June 2002, Texas had its first reported case of WNV, which was in a blue jay. During the rest of 2002, there were over 200 cases in people, more than 1,600 cases in horses, and over 500 cases in birds reported from 209 Texas counties. With the warmth of spring comes an increase in the mosquito population and the possibility of more cases of WNV. In anticipation of this occurrence, the Texas Department of Health’s Zoonosis Control Division has an expansive website dedicated to this disease. Refer to [www.tdh.state.tx.us/zoonosis/](http://www.tdh.state.tx.us/zoonosis/) to access a variety of fact sheets, including

items in both English and Spanish designed for use by schools, plus statewide statistics and maps. You can also call the Texas Department of Health’s toll free WNV information line at 1-888-883-9997.

## *Preparedness in the School Setting for First Responders* TETN Available on Video

If you missed the April 24, 2003 TETN broadcast of this training for schools on preparation for emergencies such as bioterrorist events, you can still see it. The TDH Audio Visual Library has this presentation available on video. While you are ordering the video, take a look at the catalogue of other health videos, including many new titles.

Videos may be borrowed for free by all Texas residents. For more info and to see the catalogue and order videos, visit the TDH AV Library website at: [www.tdh.state.tx.us/avlib/avhomepg.htm](http://www.tdh.state.tx.us/avlib/avhomepg.htm) or call 1 (888) 963-7111 ext. 7260

## *Tuberculosis (TB)* *Screening* Revised Flow Chart for Schools

Is your school located in a county with a high prevalence of TB? Are you interested in assessment of student risk of TB exposure and appropriate referrals for further evaluation if students indicate factors associated with a risk of TB exposure? A panel of public health and pediatric TB experts has developed a questionnaire to assess the risk of TB exposure for children in school settings. There is also a revised flow chart to guide school health personnel when students answer yes to the questions about TB risks. To view and print a copy of the questionnaire and the revised flow chart, visit: [www.tdh.state.tx.us/schoolhealth](http://www.tdh.state.tx.us/schoolhealth). For more info on TB screening in schools, contact Ann Tyree, TB Elimination Division, TDH, at (512) 458-7111, ext 6534.

## Frequently Asked Questions...

*Continued from page 3*

The physician is not authorized to “order” a school to provide certain staffing. The physician can only advise what he/she thinks is needed for the patient. This advisement comes from the perspective of the medical model or “safest environment” and not from the educational model of “least restrictive environment,” therefore these “orders” are written without familiarity with or understanding of the school setting and school staffing.

**Q** An employee of our school was vaccinated for smallpox. Is there a significant risk of exposure to fellow staff and students? Does the school have a responsibility to inform parents that their children may be in the vicinity of a person who has received this vaccination?

**A** Transmission of vaccinia (the live virus in the smallpox vaccine) to students/staff in a school setting should not occur as long as the vaccinated person keeps the inoculation site covered with a breathable bandage, wears long sleeves, and washes hands meticulously for approximately 3 weeks after vaccination. Vaccinia is spread by touching vaccine, a vaccination site, or by touching bandages or clothing that have become contaminated with live virus and then touching yourself or another person. It is not spread through the air. Spread to other individuals almost always occurs through the type of close physical contact that occurs in the household. Schools/districts are currently under no requirement to inform parents if there is a vaccinee on staff. Nor is it recommended at this time. For further information about smallpox vaccinations, please visit either the TDH Office of the State Epidemiologist website: <http://www.tdh.state.tx.us/stateepi/> or the Centers for Disease Control at: <http://www.cdc.gov/>. ■

# Health Issues of Refugee Children in Texas Schools

By Donelle M. Barnes PhD, RN  
(with contributions by Michelle McComb RN)

School nurses in Texas who provide care to refugee children can benefit from an understanding of the unique health and social needs of this particular population, as well as the Texas and U.S. government policies and procedures that affect them.

## *Refugee or Immigrant?*

The terms "refugee" and "immigrant" are not synonymous. Immigrants choose to cross international borders in order to find better jobs, education, or to join family members already migrated. Refugees are people who have been forced to flee their country of origin because of persecution or fear of persecution due to race, religion, ethnic group, social group, or other issue. In 2002, the majority of refugees arriving in the U.S. came from Cuba, the former Soviet Union, the former Yugoslavia (for example, Bosnia), Vietnam, and Afghanistan. During fiscal year 2002, Texas received approximately 1,600 refugees.

## *Overseas Processing*

Before arriving in the U.S., refugees undergo a rigorous screening process by the Immigration and Naturalization Service (INS), who decides which applicants are eligible for refugee status, and by the Department of State, who manages overseas processing and transportation to the U.S. Representatives of the United Nations High Commissioner for Refugees and a number of private voluntary agencies also play a role in the screening process. Additionally, many potential refugees from certain nations are referred to the U.S. Federal Bureau of Investigation and U.S. Central Intelligence Agency before they are approved. Therefore, there are no undocumented or illegal refugees. **All refugees arrive with legal status and are eligible for public services to the same extent as a U. S. citizen.**

## *Overseas Health Screening*

The overseas processing includes a required medical examination by an authorized physician, which includes a medical history for physical and mental disorders, a physical assessment, and screening for tuberculosis, HIV, syphilis and other STDs, leprosy, and substance abuse. The refugee must pass the medical examination before being eligible to travel to the U.S.

The quality and reliability of the overseas medical examination varies. For example, the examination may be done up to a year before arriving in the U.S., and the refugee could develop a new or worsening health condition afterward. Likewise, screening for some transmissible diseases, such as malaria, is not required. Therefore, the health of the newly arrived

Continued on page 6

## SURFIN' SCHOOL HEALTH RESOURCES the web

### *Helping Kids Cope with War*

A unique resource with FAQs, warning signs, suggested coping mechanisms for kids:

[www.dcchildrens.com/FactSheet.pdf](http://www.dcchildrens.com/FactSheet.pdf)

*Center for Health & Health Care in Schools – Parent Resource Center:* a guide for parents on assessing health-related services and programs at schools plus links to parent-friendly resources on child/adolescent health issues: [www.healthinschools.org](http://www.healthinschools.org)

### *Spanish-language MMR Vaccine Info Statement*

This is now available at the Immunization Action Coalition website: <http://www.immunize.org/vis/spmmr.pdf>  
IAC Homepage: <http://www.immunize.org/vis>

### *Instructor Training for Texas CPR in Schools*

The American Heart Association will pay for and coordinate training for high school teachers and staff to become Heartsaver Instructors so they can teach CPR on their campus:  
[www.americanheart.org/presenter.jhtml?identifier=3000821](http://www.americanheart.org/presenter.jhtml?identifier=3000821)

### *licomoh – Environmental Health Site for Students and Teachers Grades 4 through 8*

Fun and interactive education on nutrition, cancer prevention, and more for kids and teachers: [www.veggie-mon.org](http://www.veggie-mon.org)

### *Child Health USA 2002*

The most current Bureau of Maternal and Child Health's annual child health update is now available on-line:  
<http://www.mchb.hrsa.gov/chusa02/index.htm>

### *What's Asthma All About?*

Contains an interactive online movie (English or Spanish) about asthma, a printable version, frequently asked questions, and links to other asthma sites.

[www.whatsasthma.org](http://www.whatsasthma.org)

### *National Mental Health Association*

Fact sheets & tips on managing anxiety about war in Iraq, addressing children's questions about war, plus a wide array of other mental health promotion materials.

<http://www.nmha.org/>

# Refugee Children



Continued from page 5

refugee is not guaranteed, but principal public health concerns have most likely been addressed.

## *Resettlement in the U. S.*

The U.S. Department of Health and Human Services (USDHHS) has responsibility for the domestic program of refugee resettlement that includes cash and medical assistance and a broad range of social services. The resettlement program is a public-private partnership between USDHHS, the states, and non-governmental organizations, such as Catholic Charities or Lutheran Immigration and Refugee Services. Funding comes from both federal funds and private donations. The goal of refugee resettlement is employment and self-sufficiency. Although initial resettlement services are provided within 30 to 90 days after arrival, other social services to help refugee families adjust to their new country are available for a minimum of five years after arrival in the U.S.

## **Health Assessment in the U.S.**

Funding for local refugee health assessments comes from the federal government to state health departments. In Texas, the Texas Department of Health Refugee Health Screening Program (TDH-RHSP) coordinates refugee health assessments and services. Where and how health assessments are offered to newly arrived refugees varies by city. In most of the six principal resettlement areas in Texas the local health department manages the refugee health assessment program. In Houston the TDH-RHSP program subcontracts with a local community-based clinic for services, and in Dallas the program shares facilities and personnel with the Parkland Hospital Community Oriented Primary Care program. Whichever the case, it is important to remember that health screening is voluntary. Since refugees are screened prior to arrival

in the U.S., they are not required to see a physician again. There is one exception to this. If a serious health condition was identified in the overseas screening process, for example hypertension or diabetes, the refugee may be required to follow-up with health care in the U.S. The TDH-RHSP personnel or the local refugee health assessment personnel will refer that refugee to appropriate care.

Although it is voluntary, many refugees choose to participate in the health assessments where both new and chronic conditions may be identified and treated. Especially for children, immunizations are offered during the assessments in order to bring refugees up to date with U.S. vaccination schedules. Both resettlement caseworkers and TDH-RHSP personnel anticipate that refugee children will need current immunizations in order to enter school in the U.S.

Refugees also receive health benefits upon arrival in the U.S. Refugee individuals and families are interviewed for eligibility for Medicaid. If they are not eligible for Medicaid coverage, they may be eligible for Refugee Medical Assistance for their first eight months in the U.S. As with U.S. citizens, public benefit medical coverage depends on income. If someone in the family is working, it is anticipated that employment group insurance will replace public benefits. Children may also be referred to the Texas Children's Health Insurance Program.

*For more info* on this topic, contact: Donelle M. Barnes PhD, RN, Associate Professor, Texas Christian University, [d.barnes@tcu.edu](mailto:d.barnes@tcu.edu) / (817) 257-6759 or Michelle McComb RN, School Health Program Coordinator, Texas Department of Health, [michelle.mccomb@tdh.state.tx.us](mailto:michelle.mccomb@tdh.state.tx.us), (512) 458-7111, ext. 3307. ■

## Implications for Refugee Children Attending School in the U.S.

- 1 Refugee children may have experienced some degree of trauma overseas while fleeing war and/or political or social persecution. Keep in mind that this may manifest itself in psychosomatic complaints, altered behavior or mental health issues. These children may need assistance coping with a new school in a new country.
- 2 Refugee children may not speak English, or only in limited amounts. Language barriers can make school a stressful environment for the refugee child. A refugee resettlement agency may be able to recommend interpreter or translator services. Language barriers may also pose obstacles for access to ongoing health care. A school nurse and/or local RHSP personnel may be able to advocate for the child and her/his family within the health care system when appointments or other health services are needed.
- 3 Refugee children and their parents have been screened before arrival in the U.S. and have, in most cases, also been assessed by the TDH-RHSP personnel. Schools should not require refugee children to see a physician simply because they are refugees. If there is an identified reason for referring refugee children to a physician, including a need for immunizations, they may be referred to the RHSP sites, depending on the Texas city and what is available.
- 4 As with other children in Texas, health insurance for usual health care is anticipated to come from a parent's employment group insurance. Eligibility for Medicaid or CHIP programs depends on family income. Low-income refugee families without health insurance should be referred to Medicaid/CHIP eligibility offices.

## Awards for Excellence

Continued from page 1

from submitting a proposal. "Gathering the very first data and planning the evaluation makes the solution possible," says Molly Berger, RN, who has served as an *Awards for Excellence* application judge for several years. "Armed with the data and evaluation [gathered for the application], the district or campus can honestly approach the community and other campus folk for help." Pam Wilson, another program judge, says "Even if you don't win, it's worth applying for a few reasons. It gives you experience in preparing applications, and if you keep trying, you may win in the future! Working through the application process gives you an idea of the strengths and weaknesses of your program and, therefore, how to improve it, which will benefit all those involved."

What constitutes an award-winning proposal? The specific topic or area of health promotion is not a major scoring criterion, since the pressing health needs of one community can differ from another. Scoring is based on how well the program/initiative is planned, implemented, and evaluated. Special emphasis is placed on collaboration. "Thinking about collaborative efforts in the community helps expand the school-world beyond campus," says awards judge Ruth Stewart, MS, RNCS, "and helps the school or district engage in a two-way exchange that benefits the children and the community." Next year, the awards application will place stronger emphasis on program collaboration with the local school health advisory council.

If you did not apply for the *Awards for Excellence* this year, you are encouraged to do so next year. Nevertheless, the TDH School Health Program wants to remind applicants that the real reward is not the additional funding for their program, but rather the improved health and lives of the children and adults that their initiative serves. ■

## Texas Diabetes Council

Continued from page 1

interpretation of age-specific body mass index for children of all ages.

- Promotes coordinated diet and activity interventions for children who are at risk of overweight or are overweight, particularly if they have signs of insulin resistance, such as high blood pressure and/or dyslipidemia.
- Promotes the American Diabetes Association (2002) guidelines for assessing children and youth for the risk of type 2 diabetes; and/or
- Develops a referral system for medical intervention.

## Awards for Excellence in Texas School Health 2003 Winners

### ★ EXCELLENCE AWARDS - \$1,500 ★

#### Bluebonnet Elementary School, Lewisville ISD

*Healthy Care Bears Week*

#### Bright Elementary School, Frisco ISD

*The Lunch Bunch*

#### MacArthur High School, Northeast ISD

*Mac CPR Club*

### ★ OUSTANDING AWARDS - \$1,000 ★

#### Kountze ISD

*Kountze ISD Fitness Center*

#### Hirsch Elementary, Spring ISD

*"Planet Health: An Intergalactic Health Game"*

#### Lubbock ISD Head Start Program

*Five Healthy Habits*

### ★ PREVIOUS WINNER CATEGORY - \$1,200 ★

#### West Orange-Cove CISD

*Piecing Together Healthy Lives*

#### St. Mark Catholic School

*Safety + Wellness = Happiness*

### ★ ALL WELL INSTITUTE SCHOLARSHIPS ★

#### Hays CISD

#### Fort Bend ISD

To read abstracts of the winning proposals above, or for more info about the *Awards for Excellence* and how you can apply next year, visit the TDH School Health Program website  
[www.tdh.state.tx.us/schoolhealth/awards.htm](http://www.tdh.state.tx.us/schoolhealth/awards.htm).

*Funding to promote physical activity, good nutrition, and healthy body weight in children*

The increasing rate of overweight children is related to increasing rates of not only type 2 diabetes, but also heart disease and hypertension. Individual behavior change is at the core of all strategies to reduce overweight and obesity. However, such change can occur and be sustained only in an environment that offers healthy food choices, regular physical activity, and community and family involvement. Therefore, the Texas Diabetes Council supports TDH's request for \$5 million in the 2004-2005 biennium to support coordinated, school-based interventions that include classroom instruction, increased physical activity, improved school nutrition programs, parental involvement, and supportive school policies. For more info about the Texas Diabetes Council visit: [www.tdh.state.tx.us/diabetes/tdc.htm](http://www.tdh.state.tx.us/diabetes/tdc.htm). ■



Texas Department of Health  
Bureau of Children's Health  
School Health Program  
1100 West 49th Street  
Austin, Texas, 78756  
(512) 458-7700  
Publication #05-10958

**ProtectTexas™**  
Texas Department of Health

**SUBSCRIBE TO THIS  
FREE NEWSLETTER!**

Send your name, title,  
mailing address, e-mail & phone to:  
[schoolhealth@tdh.state.tx.us](mailto:schoolhealth@tdh.state.tx.us)  
or call  
(512) 458-7111 ext2140

★ **NATIONAL ★  
SCHOOL NURSE  
DAY!**

Wednesday, May 7th, 2003

*Creative*  
**Corner**

School nurse *Mary McCloud*, RN, MS, of Commerce ISD, Texas, sometimes sings to her students to encourage them to take their medicine. Mary shared one of her hits with us. Thanks, Mary, and keep on singing!

**Hey Bushaka,  
ya got meds from the  
doctor.**

**Here's what's up,  
first ya get a cup,  
ya know ya really, really  
oughta  
fill it up with water.  
Then you swallow it down ya,  
and before you turn around  
ya  
gotta sign the book  
to show it was took.  
Then you're on your way,  
to have a great day!**

**“Far and away the best prize that life  
has to offer is the chance to work hard  
at work worth doing.”**

**T. Roosevelt**

**C**ongratulations to 2002  
*Nursing Excellence*

Award winner **Regina Miller**, MSN, RN, NCSN. Regina is a school nurse for Dallas ISD. In addition to nursing, Regina teaches a human growth and development class. “It’s like a teacher told me once,” said Regina to NurseWeek, “you spend half your day making sure the kids who come in and see you are fed, clothed and not abused. Then you go on and do what you have to do. You have to deal with their emotional and physical needs first...., otherwise everything you do is going to be for nil.” (Excerpt from NurseWeek, Nov. 25, 2002; [www.nurseweek.com](http://www.nurseweek.com))



**School nurses of Richardson ISD** walk with their award-winning float of an old-fashioned schoolhouse at the annual Richardson Holiday Parade on December 7, 2002. Their entry, Celebrating 100 Years of School Nursing, took a first place prize in the parade!

**Legislative  
Update**

Continued from page 2

- School boards would be required to consider but not implement these recommendations

**HB 2721 (Representative Gutierrez)**

- Expands Acanthosis Nigricans screening to additional ESC regions

**HB 539 (Representative Dutton)**

- Relating to duty free lunch periods for school nurses

**HB 1406 (Representative Betty Brown)**

- Prohibiting school personnel from recommending psychotropic medications or psychiatric evaluation for a student

Because the school year will end before the fate of these bills may be known, the beginning of the 2003-04 school year should prove to be yet another interesting and challenging time for us all. We will post updated information to our website as usual and will provide information to the network of school health specialists and others throughout the summer. Speaking of summer.....hope yours is filled with relaxation, fun, good health and most of all a sense of accomplishment for a job well done!

I am proud to work with you towards improved school health.

*Richardson ISD School Nurses*