

# Houston Health

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A sick child cannot concentrate on learning. A Houston Department of Health and Human Services program that for six years has delivered easily accessible – and virtually free – health care through clinics at four local elementary schools translates into

## Healthier Children

An ill 9-year-old elementary student about a year and a half ago asked if he could visit one of the four school-based health clinics set up by the Houston Department of Health and Human Services.

The clinic pediatrician learned during the visit that the boy had vomited several times the previous two days and had lost six pounds within the last two months. He administered a urine test that came back positive for ketone and glucose, a strong indication that the boy had developed Type I diabetes.

Immediately, the clinic called 911 for an ambulance and paramedics rushed the boy to a hospital emergency room where he received insulin.

“It was a life-threatening situation,” said Dr. Ved P. Aggarwal, a pediatrician who rotates one day a week at each of the four clinics. “Any further delays and the child could have gone into a diabetic



*Dr. Ved P. Aggarwal, a pediatrician with the Houston Department of Health and Human Services, examines fifth grade student Daisy Montoya at a health clinic on the campus of Bonner Elementary School. The clinic is one of four set up by the department six years ago in underserved communities as part of the School-Based/Linked Health Program.*

coma.”

The incident is one of the more dramatic examples of an intervention at a school-based clinic. Nonetheless, it points to the importance of addressing the unmet health care needs of medically underserved children before they result in serious complications or illnesses.

Fevers, headaches, colds, tummy aches, earaches, respiratory illnesses and urinary tract infections are the

more common ailments Aggarwal tackles day to day at the clinics. The department and the Houston Independent School District established the clinics in 1996 as part of the School-Based/Linked Health Program.

The program enables the department to provide medical and dental services that are easy to access and affordable to children living without health insurance in

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## School clinics empower children, communities

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underserved Houston communities. It also offers medical checkups, hearing and vision screenings, growth and development assessments and immunizations.

Each child pays a nominal fee of \$2 per visit. Services are free for children enrolled in Medicaid.

A student must first see the school nurse when feeling ill while on campus. The school nurse can refer the student to the school-based clinic if the parents have signed a consent form for medical care. If it is a medical matter that can wait, the student will see the pediatrician at the assigned clinic day for the school. If the problem is more urgent, the nurse either refers the student to his or her own family doctor or to a hospital in case of an emergency.

If a health condition can't be treated at the school-based clinic, the pediatrician can refer a student to a specialist. The pediatrician later can receive feedback on any health problem.

The program also provides necessary medications at no cost to a student's family.

Getting an appointment is as easy as raising a hand to ask for permission to seek a referral to the school-based clinic.

"Children can make their own decisions whether they want to go to the doctor," said Dr. Leonora I. Lartson, administrative supervisor for the program. "They don't have to wait for their parents to say 'You are sick; let's go to the doctor.' The school-based clinics empower children to take care of their own health."

What's more, the program goes beyond health care for the students. It benefits the entire family since the program's clinics also provide medical care to each student's younger siblings and features a strong



health education component that extends to the parents. Two full-time HISD social workers offer counseling, deal with some social problems experienced by both students and parents, conduct home visits and accompany children who are bused to two of the department's dental clinics.

The school-based clinics are located in Easter Elementary on the northeast side, Elrod Elementary and McNamara Elementary in the southwest and Bonner Elementary in the southeast side of Houston. In fiscal year 2002, the clinics provided care to 549 students during 1,022 medical visits. That same year, dental visits among 485 students totaled 1,287.

The idea of setting up a school-based health program arose as a

response to inadequate health insurance coverage and decreased access to community health care for children living in poverty. In 1993, the department and HISD conducted a community needs assessment to evaluate health services for Houston children ages 6 to 14. The survey demonstrated a need for clinics located directly in the schools.

Forty-five schools applied for the program and HISD ultimately selected four.

"The schools were chosen because they are in underserved communities with large numbers of economically disadvantaged children lacking health insurance," Lartson said. "If not for the school-based clinics, these children might not receive any health care. So it became

*see Clinics, Page 3*

## **Clinics remove barriers to school success**

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important to have the clinics not outside the school, but within the school where health care would be easily accessible.”

By helping to keep children healthier, the school-based program contributes to a reduction in absenteeism and removes barriers to academic success. Families also experience less of an economic hardship because parents do not have to take time off from work to take children to medical and dental appointments.

Dental care consists of head and neck examinations, radiographs, fluoride, sealants, fillings, stainless-steel crowns, extractions and space maintainers.

Previously, a dental hygienist provided health education including nutrition information and taught children how to brush their teeth correctly. The program recently incorporated a more comprehensive approach to health education with the hiring of a senior public health educator dedicated to making presentations to students and parents on a wide range of health topics. “Health education is the backbone of the program,” Lartson said. “If you don’t provide health education, you won’t change unhealthy habits.”

The program’s health education component – combined with the medical and dental care offered by the school-based clinics – results in a holistic approach to children’s health care. In turn, this holistic approach helps the program pursue the goal of ensuring that each child has the benefit of being in good health.

## **Basics of School-Based Health Clinics in the U.S.**

### **School Clinics Attend to Unmet Needs**

- are located where the kids are, providing health care when they want it, where they need it.
- are an essential complement to the health care system.
- are a safe place for children and adolescents to talk about troubling issues, whether suicide, grief, depression, illness, school failure or peer relationships.
- provide health promotion to keep kids drug-free and physically fit.
- screen and treat for a variety of health threats, including diabetes, vision and hearing loss, depression and substance use.
- help to control and prevent diseases such as tuberculosis, asthma, hepatitis B and strep throat.
- help to prevent reproductive diseases including cancer, STD and HIV infection.

### **School Clinics Reduce Barriers to Learning**

- help keep students in school, foster school success and reduce failure.
- provide counseling and support to students experiencing family and community stress, whether violence, transience or chronic illness.
- identify students at risk for violence and substance abuse and intervene early to promote a safe and secure environment.
- respond in times of school-wide crisis to the needs of students, staff and parents.
- assist in reducing need for special education services.

### **School Clinics Represent Wise Investments**

- help to keep children out of higher cost health care options.
- detect illness to prevent expensive emergency interventions.
- educate students to become good consumers of health care utilizing the least expensive form of intervention appropriate to the situation.
- reduce parental work leave time by enabling parents to use leave time only when the child’s healthcare need extends beyond the capability of the school-based health clinic.
- track population health trends to enable early interventions and prevent costly responses at a later time.

### **School Clinics Support Families**

- help families keep their children healthy.
- value parental involvement in their children’s health care.
- help families reinforce a safe and nurturing environment for their children.
- keep parents in the work place.
- strengthen the connection between school and the family.
- provide opportunities for the family to get needed services.
- heighten awareness of access and eligibility to services supportive of the family.

## Flu shots available for people in high-risk groups

The Houston Department of Health and Human Services is providing flu shots to people at high-risk of developing a serious case of influenza or influenza-related complications.

Flu vaccine is highly recommended for people age 65 and older, people with chronic health problems, pregnant women, residents of nursing homes and other chronic-care facilities and children and teens receiving long-term aspirin therapy.

Caused by different viruses, flu is a contagious disease that results in symptoms such as fever, headache, fatigue, cough, nasal congestion, sore throat and body aches. Most people recover in one to two weeks, but some develop complications such as pneumonia, bronchitis and sinus and ear infections.

Nationwide, the flu causes

approximately 114,000 hospitalizations and about 20,000 deaths, mostly among the elderly, each year.

Protection develops about two weeks after receiving the shot and may last up to a year. Healthy people who get the vaccine in November and December can still obtain protection since the brunt of the flu season in Houston occurs between January and early March.

The department will offer the flu vaccine to children age 6 months to 23 months who fall under a high-risk category. Although the Centers for Disease Control and Prevention has yet to issue a recommendation, it encouraged parents to vaccinate their children in that age group when feasible. Recent research suggests babies in that age range are at substantially increased risk for flu-related hospitalizations.

Unlike the once yearly shot needed by adults, the first-ever flu immunization for children requires two doses given one month apart.

The department provides flu shots for people in high-risk groups at its seven health centers and 28 community sites. The fee at the health centers is \$3 but no one will be denied immunization due to the inability to pay. There is no fee at the community sites.

To find the nearest health center or community immunization site, call 713-794-9267 or the city's 311 information line or visit the department's website at [www.houstonhealth.org](http://www.houstonhealth.org).

Many retail businesses such as grocery stores and pharmacies also offer flu vaccines.

*(See flu Question and Answer article page 5).*

## Calendar

### **NOVEMBER**

#### **American Diabetes Month**

American Diabetes Association  
(800)232-3472  
[www.diabetes.org](http://www.diabetes.org)

#### **National Marrow Awareness Month**

National Marrow Donor Program  
(800)627-7692  
[www.marrows.org](http://www.marrows.org)

#### **Diabetic Eye Disease Month**

Prevent Blindness America  
(800)331-2020  
[www.preventblindness.org](http://www.preventblindness.org)

#### **National Alzheimer's Disease Awareness Month**

Alzheimer's Disease and Related Disorders Association  
(800)272-3900  
[www.alz.org](http://www.alz.org)

#### **National Epilepsy Month**

Epilepsy Foundation  
(800)EFA-1000  
[www.epilepsyfoundation.org](http://www.epilepsyfoundation.org)

#### **National Hospice Month**

National Hospice and Palliative Care Organization  
(703)837-1500  
[www.nhpco.org](http://www.nhpco.org)

#### **18-24**

#### **National Adoption Week**

National Council for Adoption  
(202)328-1200  
[www.ncfa-usa.org](http://www.ncfa-usa.org)

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#### **Great American Smokeout**

American Cancer Society,  
(800)ACS-2345  
[www.cancer.org](http://www.cancer.org)

#### **24-30**

#### **GERD Awareness Week**

(gastroesophageal reflux disease)  
International Foundation for Functional Gastrointestinal Disorders  
(414)964-1799  
(888)964-2001  
[www.iffgd.org](http://www.iffgd.org)

### **DECEMBER**

#### **National Drunk and Drugged Driving (3D) Prevention Month**

3D Prevention Month Coalition  
(202)452-6004  
[www.3dmonth.org](http://www.3dmonth.org)

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#### **World AIDS Day**

American Association for World Health  
(202)466-5883  
[www.aawhworldhealth.org](http://www.aawhworldhealth.org)

#### **1-7**

#### **National Aplastic Anemia Awareness Week**

(800)747-2820  
[www.aamds.org](http://www.aamds.org)

#### **8-14**

#### **National Hand Washing Awareness Week**

Henry the Hand Foundation  
(513)769-3660  
[www.henrythehand.com](http://www.henrythehand.com)

# Flu vaccine information for 2002-2003 season

## Questions & Answers

### WHY GET VACCINATED?

#### Influenza is a serious disease.

It is caused by viruses that spread from infected persons to the nose or throat of others. The "influenza season" in the United States is from November through April each year.

Influenza can cause fever, sore throat, cough, headache, chills and muscle aches.

People of any age can get influenza. Most people are ill with influenza for only a few days, but some get much sicker and may need to be hospitalized. Influenza causes thousands of deaths each year, mostly among the elderly.

### THE INFLUENZA VACCINE CAN PREVENT INFLUENZA.

The viruses that cause influenza change often. Therefore, influenza vaccine is updated each year by replacing at least one of the viruses with a newer one. This is done to make sure that influenza vaccine is as up-to-date as possible.

Protection develops about two weeks after the shot and may last up to a year.

### WHO SHOULD GET INFLUENZA VACCINE?

People 6 months of age and older at risk for getting a serious case of influenza or influenza complications, and people in close contact with them (including all household members) should get the vaccine. An annual flu shot is recommended for these groups:

- everyone 50 years of age or older
- residents of long-term care facilities housing people with chronic medical conditions
- anyone who has a serious long-term health problem: heart disease, kidney disease, lung disease,

metabolic disease, such as diabetes, asthma, anemia and other blood disorders

- anyone whose immune system is weakened because of:

- HIV/AIDS or other diseases that affect the immune system
- long-term treatment with drugs such as steroids
- cancer treatment with x-rays or drugs

- anyone 6 months to 18 years of age on long-term aspirin treatment (who could develop Reye Syndrome if they catch influenza)

- women who will be past the third month of pregnancy during the influenza season and

- physicians, nurses, family members or anyone else coming in close contact with people at risk of serious influenza.

Others who should consider getting influenza vaccine include:

- Healthy children 6-23 months of age, and their household contacts and out-of-home caretakers
- people who provide essential community services
- travelers to the southern hemisphere between April and September, or those traveling to the tropics any time
- People living in college or school dormitories or under other crowded conditions to prevent outbreaks and
- anyone who wants to reduce their chance of catching influenza.

### CAN I GET INFLUENZA EVEN THOUGH I GET THE VACCINE THIS YEAR?

Yes. Influenza viruses change often, and people may develop illness due to other viruses not matched by the vaccine. But people who *do* get influenza despite being vaccinated often have a milder case than those who did not get the shot.

Also, to many people "the flu" is

any illness with fever and cold symptoms. They may expect influenza vaccine to prevent these illnesses. But influenza vaccine is effective only against illness caused by influenza viruses and not against other causes of fever and colds.

### SHOULD PEOPLE CONSULT WITH A DOCTOR BEFORE GETTING THE INFLUENZA VACCINE?

Consult with a doctor before getting an influenza vaccination if you:

- ever had a serious allergic reaction to *eggs* or a *previous dose of influenza vaccine* or
- have a history of Guillain-Barre Syndrome (GBS).

If you are moderately or severely ill at the time or before the shot is scheduled, you should usually wait until you recover before getting influenza vaccine. Talk to your doctor or nurse about rescheduling the vaccination.

### WHAT ARE THE RISKS FROM INFLUENZA VACCINE?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. Serious problems from the flu vaccine are very rare. *The viruses in the vaccine have been killed, so you cannot get influenza from the vaccine.*

### ARE THERE ANY MILD PROBLEMS?

Yes, they include soreness, redness or swelling where the shot was given, fever and aches. If these problems occur, they usually being soon after the shot and last one to two days.

*Source: Centers for Disease Control and Prevention*

# Adult vaccines prevent hospitalizations, deaths

Each Fall people make plans to receive a flu shot, but there are other immunizations that adults also need to consider, especially if they are at high risk for serious diseases.

Vaccines help prevent diseases that can result in serious medical complications, hospitalizations or even death. Below are the vaccines that all adults need.

## **Tetanus-diphtheria (Td) vaccine**

Recommended as a booster every 10 years, after an initial series of three shots.

Almost all reported cases of tetanus occur in persons who have never been vaccinated, or those who have completed a primary series of shots but have not had a booster vaccination in the past 10 years. Diphtheria can lead to breathing problems, heart failure, paralysis and sometimes death.

## **Measles-mumps-rubella (MMR) vaccine**

For persons without a history of measles, mumps and rubella vaccination in their medical records, two doses of MMR vaccine are recommended for all adults born after 1956. Two doses are also recommended for health care personnel, travelers to countries where measles is common and adults entering post-secondary institutions (colleges and vocational schools).

Records would encompass vaccination, actual disease, or serological testing. Rubella is of particular concern during pregnancy as it can result in severe birth defects, miscarriages and stillbirths.

## **Pneumococcal vaccine**

Recommended for all adults 65 or older, as well as persons aged 19–64 years with diabetes or chronic heart, lung, liver or kidney disorders. Also recommended for Alaska Natives and certain American Indian populations, residents of nursing homes and other long-term care facilities. Pneumococcal disease causes 6,000 to 7,000 deaths each year in the United States. Half of these deaths can be prevented through use of the pneumococcal vaccine.

## **Influenza**

*See page 5.*

## **Varicella (chickenpox) vaccine**

Recommended for those not previously vaccinated and for those who have no reliable history of having the disease. Teachers of young children and day care workers, residents and staff in institutional settings, military personnel, nonpregnant women of childbearing age, students living in dormitories, international travelers, health care workers and family members or household contacts of immunocompromised persons or young

children are at increased risk if they are unvaccinated or have never had the disease. Adults are 10 times more likely than children to develop severe complications when infected with chickenpox virus.

## **Meningococcal vaccine**

Suggested by many colleges for incoming students. Meningococcal disease results from infection of the fluids surrounding the brain and spinal cord. Symptoms can include high fever, headache and stiff neck; 10 percent to 15 percent of cases are fatal. This vaccine is important for college students, particularly those living in dormitories, who have a higher risk of getting meningococcal meningitis than the general population.

## **Hepatitis A vaccine**

Recommended for adults who have chronic liver disease or clotting-factor disorders such as hemophilia, use injecting or non-injecting illegal drugs, travel to developing countries where hepatitis A is common, work in hepatitis A virus research labs or work with hepatitis A infected animals. Also recommended for men who have sex with men. Hepatitis A virus infected an estimated 180,000 Americans in 1997 and about 100 people die from it each year.

## **Hepatitis B vaccine**

Recommended for adults in certain high-risk groups, such as health care workers, persons with multiple sex partners or who have recently acquired a sexually transmitted disease, men who have sex with men, users of illegal injection drugs and family members of adoptees from countries where hepatitis B is common. The hepatitis B virus is 100 times more infectious than HIV, the virus that causes AIDS. This disease can cause long-term liver damage and leads to more than 5,000 deaths each year in the United States.

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