



# HEALTH FOCUS

Building Bridges Between Health and Learning

Health Services Department • Lincoln Public Schools • 5901 O Street • Lincoln, NE 68510 • (402) 436-1655 (Fax) 436-1686

## School Nursing

### The Opportunity to Make a Difference in a Child's Life Every Day

by Judy Zabel, RN, MS, NCSN



School Nurses Day was celebrated on May 9<sup>th</sup>, 2007 and Nurses Week was observed May 6<sup>th</sup> through May 12<sup>th</sup>, 2007. This is indeed a good time to think about being a nurse and what it is all about. Nursing – a

profession – a vocation, a calling, requiring considerable training and specialized study. A profession has standards, specialized knowledge, a code of ethics, and licensure/certification.

School Nursing – a specialty nursing practice – a role that continues to expand but still requires “the intrinsic need for a warm heart and the ability to care for someone in need.” “School nurses are involved in all aspects of a child’s educational experience as well as with the student’s family, health and healthcare, and the school community. They collaborate with all school personnel, from the administrators and teachers to the specialists and paraprofessionals. They also interact with the healthcare community and the community at large. They are impacted by both federal and state laws as well as city and school policies. They are not only care providers, but also educators, counselors, consultants, and advocates. Both their education and their licensure make them the only ones qualified for the comprehensive demands of the role. What should come across loud and clear is that school nurses **do it all!!!**

“Inherent to being a professional school nurse is the capacity to deliver quality care to the community we serve, but another aspect is the ability to contribute to the future. School nurses touch lives in big and small ways. From the seemingly simple act of putting on a bandage to the complex intervention of monitoring a child on a ventilator, the school nurse makes a difference in the lives of children every day. When we look into the eyes of children, we can see the possibilities of the future. Helping them to integrate healthy behaviors and to maintain an optimal health status directly influences the longevity and quality of their lives.”

## Healty Children Learn Better

As we work together to meet the health needs of students, I would like to express my sincere gratitude and a heartfelt thank you to all Health Services personnel for your hard work and your dedication. We will continue to build on what we do well and to look at what we do that needs to be improved; how best to keep students in classrooms able to learn and participate to their full potential.

Source: *School Nursing: A Comprehensive Text, 2006*  
FA Davis Co. J. Selekmán Editor, vii-viii.



“Hide not  
your talents,  
they for use  
were made.  
What’s a sun-  
dial in the  
shade?”

–Benjamin Franklin  
(1706-1790)

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### Other Contributors

Bobbi Edwardson, Certified Educational Office Employee

## Burns and Bites

by Elizabeth Post, RN, LPS School Nurse

The time of year is here when health offices are more likely to see students with sunburns/burns and bug bites. Here are a few tips to help deal with these situations:

### Burns (for first degree burns or small blisters)

1. The area should be cleansed gently with an antibacterial liquid soap and warm water at least once per day.
2. If the burn is open, an antibiotic ointment may be applied and it may be covered with a Band-Aid that should be changed every other day.
3. Cold compresses may be applied for discomfort; Tylenol can be given every 4 hours.
4. Do not open blisters and discourage students from opening them also (the outer skin protects the burn from infection).
5. The burn will hurt for several days and may peel like sunburn in about one week.

Medical attention should be sought if Tylenol does not relieve the pain; there is a large or open blister; there is any white or charred looking area in the center; or an eyelid is involved in the burn.

### Bug Bites

1. **Bee stings** (unless the student has an allergy) will cause stinging, swelling, and redness at the site.

These symptoms usually subside after 20-30 minutes. If the stinger is present, scrape a sharp object gently across the skin. This helps to pull the stinger out (don't pull or squeeze it, more toxins are released). Sting-kill and cold packs may be applied. Elevating the sting area and antihistamines are highly recommended. Note whether or not the student/staff member has an allergy to any bug/bee stings!!

2. **For itchy bites**, encourage prevention with the use of an insect repellent. The site may be red, raised, hot, itchy and tender. The area may be washed with soap and water and sting-kill, Hydrocortisone 1% cream or Diphenhydramine/Benadryl cream may be applied. The area may be covered with a Band-Aid. Discourage scratching if possible.
3. **Ticks**, can be seen anywhere on the body but the most common areas that you may see them are the groin, armpit and back of the scalp just above the neck. Grasp the tick's body with tweezers and pull gently back twisting the tick from side to side until it pops free. Once the tick is out, wash the area with soap and water. Save the tick in a container for the parent/guardian in case the student needs to see a doctor. Check the site periodically for redness, swelling or drainage.

**References:** American Red Cross; Saint Elizabeth Regional Medical Center; Lippincot, Williams & Wilkins. "Nurses 3 Minute Clinical Reference" *Insect Bites and Stings*. p. 300-301.





## Cultural Corner

by Ivana Jelavic

### Bosnian Lifestyle

The population of Bosnia-Herzegovina is very diverse. More than 25 national and ethnic groups have been living in the territory of Bosnia. According to their self-identification the largest groups include Serbs, Croats, Bosniaks, Macedonians, Slovenians, Albanians, Slovaks, Romanians, Hungarians, Romanians, and others. A very substantial number of people living in Bosnia identify themselves as Yugoslavs. According to a 1998 UN estimate made after the war, the following national groups lived in Bosnia-Herzegovina: Serbs 40%, Bosnian Muslims (Bosniaks): 38%, and Croats 22%. Major religions were Slavic Muslim (44%), Orthodox Christian (31%), Catholic (15%), Protestant (4%) and others (6%).

Before the war, it was very common in Bosnia-Herzegovina to have a single street where Muslims, Serbs, Croats, and others lived together. Typical Bosnian towns had mosques, Catholic and orthodox churches, and synagogues next to each other.

#### Family Life

Throughout Bosnia, mixed marriages were common. According to a 1990 estimate, in most urban centers in Bosnia-Herzegovina over 1/3 of all marriages were those between spouses of different ethnic and religious origins. The mix between traditional patriarchal and modern elements was generally observed in most families. However, in big urban centers modern families were very likely to be

*The city of Sarajevo, a view from the East.*



predominant. In general, modern laws and socialist ideology changed many gender roles throughout the former Yugoslavia. Many women were likely to be economically independent, to pursue non-traditional careers and

**Universal health care exists for everyone. During the socialist period, medications were available at no cost.**

to participate in the political life, including at the highest political levels. High percentages of educated population significantly influenced the process of redefining gender roles.

#### Food

Bosnian, Serbian, Croatian and other cuisines from the region are products of many cultural influences. Turkish, Islamic and Mediterranean influence is clearly recognized.

Also, many Hungarian, Austrian and German foods became transformed into typical Balcanic foods. Many Bosnians are used to drinking a lot of coffee. In most parts of Bosnia, it was considered rude to have a visitor and not offer any food or drink. For

example, many athletes and visitors of the Winter Olympic Games organized in Sarajevo (1984) still remember their Bosnian hosts and their hospitality.

#### Health Care Practices

Universal health care exists for everyone. During the socialist period, medications were available at no cost. A small number of people believed in alternative medicine. In general, many Bosnians developed a certain level of pain tolerance and would rarely take pills for minor health problems.

Mothers gave birth in medical facilities, most often without fathers being present. Most mothers believed in natural process of birthing and would not take pain relievers. Younger generations were more likely to take pregnancy classes and birth preparation classes. All mothers and fathers were entitled to a year-long, paid maternity leave.

Mental health patients were treated in special mental health facilities. In urban settings people worked on destigmatizing mental health and mental illness.

## Committee Updates 2006-07

Hats off to all the committees for their hard work!

### Computer Committee

*Chair – Kathy Hall, Health Tech.*

We would just like to thank everyone who completed the monthly Health Office summaries for the fantastic job you have done this year. Change can be difficult and most people have accepted our changes with open arms. We have tried to think of new ways to help everyone have an easier time with this task. By saving your reports in the “Monthly Summaries Folder” you no longer have to deal with emailing an attachment, which was a little more complicated.

As the New Year begins for 2007-2008, we look forward to leading Health Services onto a new adventure with other changes. Thank you for your continued support, patience and understanding during this time of transition.

### Emergency Response Committee

*Chair – Myrna Stanard, RN*

Our committee met with Bill Keuhn, the LPS Director of Security. We also reviewed the LPS Security Web page (which has staff accessible topics on school security) at one of our school nurse meetings. Another subject of discussion was the implementation of AEDs (Automated External Defibrillators which is used to diagnose and treat life threatening cardiac arrhythmias). We reminded staff of contents of their health office emergency bags and communicated with staff via e-mail on pertinent first aid information.

### Immunization Committee

*Chair – Cathy Bruggeman, RN*

The Immunization Committee continues to focus on compliance with the state law regarding immunizations,

physical examinations and vision evaluations. The committee is also looking at how immunization data will be recorded, with the advent of a new computer system for Health Services. It is likely that we will be able to document some of the newer immunizations that are being given, but as of yet, are not required by the state of Nebraska. The newest vaccine, Gardasil, is a 3 dose series being recommended for girls starting at age 9 through 26 and protects against 4 types of HPV (human papilloma virus) that are responsible for 70 % of cervical cancer and 90 % of genital warts.

We continue to monitor communicable diseases and plan immunization services as needed. We are studying the increase in recommended adult immunizations and are planning to be a resource to staff in this area.

A member of the immunization committee attends the LIVE Coalition (Lincoln Immunization and Vaccine Effort) every other month. We have learned that a statewide immunization registry is close to becoming a reality in the next year. This is exciting news for the health of all the children in Nebraska and we look forward to this new resource.

### Infection Control Committee

*Chair – Heidi Stange, RN*

The Infection Control and Pandemic Flu committee met this past year to continue working on related policies for LPS. The Pandemic Influenza Planning checklist is in progress. Presentations were made to various staff groups regarding Pandemic Flu. The Infection Control Capsules (which were designed to provide information about Pandemic Flu planning to staff and families) are on the Health Services web page at [www.lps.org](http://www.lps.org).

Flu shot clinics were available to staff this year and **school nurses gave 1700 doses of influenza vaccine in October, November and December, 2007.** Staff and students were

encouraged to use proper personal hygiene practices to prevent the spread of infection. Health Offices continue to report 10% or greater absences (of students) due to illness, to the Health Services Coordinator. Several schools in the district reached 10% or greater absences due to illness this school year.

The Lincoln Lancaster County Health Department continues to provide information to the Infection Control Committee regarding communicable disease updates.

The committee plans to review the Infection Control Handbook and Exposure Control plan in the upcoming year.

### Medical Advisory Board

*Chair – Judy Zabel, RN*

*Written by – Lynn Moorehead-Fisher, RN*

This school year, the Board discussed Diastat, Vision Evaluation requirements, and Medication Administration guidelines including the self-management of medications. Another topic of discussion was the districts’ progress and preparation for pandemic flu. Kathy Karsting, RN also reported on the outcome of the School Wellness Policies.

The Formulary guidelines were reviewed this spring. Quite impressive! 17,956 doses of formulary medications were given last school year. The Board looked at the number of students with diabetes and self-management of diabetes, asthma, and anaphylaxis.

Pam Wollenburg, APRN, Diabetes Educator at Saint Elizabeth Regional Medical Center presented information (on the Diabetes School Age Project) to the Board. She is a member of the Diabetes Project task force, which also consists of other LPS nurses. (See Diabetes Project listed after Social Committee Report). The Board was extremely impressed with the work done by the group.

## Newsletter Committee

**Chair – Hollis Alexander-Ramsay, RN**

Our Newsletter team has been quite busy this past year. Once again we have been able to put out 4 issues (one every quarter) of the Health Focus Newsletter. This will be our 8<sup>th</sup> issue – a task that seemed daunting at first, but with team effort and hard work became a reality. Yes! With the help of the Computer Committee we were able to have the newsletter placed on the LPS web page. In order to access it from the LPS Home Page (lps.org), please click on Student Services, then on Health Services, the information is located on the right side of the page.

We have printed 400 copies, each issue, and they have all been distributed. A great thank you to the Voice teacher, Sue Brott and her students at LPSDO who have greatly helped us sort the newsletter to our readers and to Bobbi Edwardson, Certified Educational Office Employee, who has expediously spearheaded its distribution. During the next school year, we will send out a survey, to get some feedback from our readers about ways we can improve, or continue to meet the needs of Health Services staff and affiliated readers. All the best for a great summer, and we will be back in the fall.

## Nurse Practice Committee

**Chair – Lynn Morehead Fisher, RN**

The committee has had a very productive year. We have revised several forms. They include the Physical Examination Requirements, Vision Evaluation, Diabetes Information Action Plan, Asthma and Anaphylaxis, Waiver of Vision Evaluation, Atlanto-axial Misalignment (to record medical professional's recommendation for children with Down's Syndrome) and the Formulary forms.

We have also looked at the following: (i) the possibility of having aspirin in the Emergency bag for adult chest pain; (ii) verbal physician's orders;

(iii) systematic instructions on student transfer and chart formation at the time of transfer; (iv) self care for students with diabetes and asthma and monitoring of these students for compliance; and (v) updating the Medication Administration guidelines in the Health Services handbook.

As you can see, we have been "as busy as bees". We would love to have more "workers" on our committee. If you have a desire to help make changes in policy, or paperwork, please let me know. Have a safe and restful summer.

## Social Committee

**Chair - Kay Duncan, RN**

The Social Committee had a busy school year. We have helped plan parties, celebrate Secretaries Day, and sent numerous cards/memorials for illnesses, deaths, and happy occasions. We provided door prizes for the nurses meeting in May, and also supplied treats for the Health Services meeting at the beginning of the 2006-7 school year. Over the summer months, please let Bobbi Edwardson know of any special occasions/celebrations in your life that you would like shared with us. Committee members include Kay Duncan, Heidi Stange, Nadine Frerichs, Kim Nelson, Tonya Harstook, Liz Post and Leigh Krueger.

## Diabetes Project

**Committee members include the following registered nurses: Linda Biggerstaff, Marge Boye, Cathy Bruggeman, Kay Duncan, Kathy Karsting, Dianne Smith, Pam Wollenburg, SERMC and Judy Zabel.**

The diabetes project is nearing completion. We are in the final drafts of the guidelines and hope to begin testing them this fall. These guidelines provide nurses and parents with an age appropriate/grade level skills check-list for children with diabetes. Our research has indicated thus far, that this is probably the first time that anyone has put together a comprehensive check list for students with diabetes. We will pres-

ent a short summary of this project at the state School Nurses' conference in June. It has been shared with the LPS Medical Advisory Committee, and we have received some very positive feedback. Look for more news about this exciting project this fall.

## Staff Development Committee

**Chair - Susan Kangas-Packett, RN**

The Staff Development committee is an amazing group of school nurses to work with. Committee members include Kay Duncan, Maralee Cloran, Nancyruth Leibold, Liz Post, Julie Frederick, and Sheryl Woodward. Each member has made a contribution to program development and has helped with presentations; this is truly appreciated.

The programs this year included the annual skills labs and program updates at the beginning of the school year. There were two health technician workshops which focused on a variety of subjects such as seizures, diabetes and documentation review. We have also planned for the school nurses' workshop titled 'Kaleidoscope of Care' at Madonna Rehabilitation Hospital on June 8th. We are fortunate to have such tremendous community support from Madonna.

A new subcommittee was formed to help Julie Frederick, RN with new staff orientation. The committee met on May 7, 2007 and there will be some orientation next school year. Thanks to committee members, Judy Zabel, RN and to the school nurses who have assisted with staff development this year.

## Technology in the School Health Office

By Linda Biggerstaff, RN

School nurses and health technicians have a big responsibility in caring for students and staff. We have students coming into our health offices with insulin pumps, IV infusion sets, and other hi-tech equipment. Our state has professional nursing standards, state law and statutes applicable to nursing, school health and district policies. All of this requires maintenance of accurate health records, reports and documentation. To be able to work effectively and thoroughly, LPS has provided each health office with a computer and software program that has served us well over the past 7-8 years.

As of 4/30/07 we have had 332,820 visits. Approximately 38,000 per month! We've given 75,491 medications and 19,162 Tylenols/Ibuprofens. How many head or facial injuries so far? 7,071. We've made 60 calls to 911. How many times have we retrieved information for a parent or administrator in a very short period of time instead of sifting through pages and pages of hard copy? Well, you get the idea. There are those of you who have been working in Health Services long enough to remember the bubble sheets and the hand-written documentation we used, prior to our computers. We have become officially a part of the techno-age!

We have worked hard to get computers into each Health Office. It has taken a few years, with some of us using dinosaur-age desktops, but we are now all on-line either by a newer desktop model or laptop. Whether novice or expert user, we keep better records and in turn help the students & staff we serve.

SHM has served us well, but all good things must end! There is only so much data that our current program can hold. As you have experienced,

it is fairly speedy at the beginning of the school year, but slows down considerably towards the end of the school year. This year we've taken the advice of the computer experts at the district, by utilizing specific hand-written records and minimizing our use of care plans on the program. This has freed up space for the more important documenting that we do. According to computer services, we could lose the use of SHM before the end of the school year if we didn't take these measures. Great job, because SHM is still up and running!

The exciting news is that computing services, and the Health Services computer committee, have been working on finding a new and improved program. They have looked nationwide and have been able to preview four programs. Some exciting features on these programs include:

- Web-based, meaning unlimited space to store information;
- Student names are color coded by gender (the standard blue for boys and pink for girls);
- You can access everything you need for a student (immunizations, screenings, health concerns, meds, daily logs) without going to 2 different programs;
- The referral letters are attached to the screening/physical/immunization page;
- Graphing for height, weight, BMI and other vital signs;

- Easy mass entry of screenings;
- Fast import time. If you have a new student, you would have access within 10 minutes, give or take a few minutes, to their student information.

There are advantages and disadvantages of using a new program. An advantage is that we are all computer literate and are used to entering this type of data. It will not take a long time to learn a new program. The disadvantage is that the new program is not set up like the old one. We will be putting the same data into a program with a different format.

Judy Zabel, RN has written a proposal for new software and the School Board has approved it.

LPS Health Services is fortunate to be a part of an innovative and technology-friendly district. Health Technicians, School Nurses, Treatment Nurses, and substitute staff have taken on the challenge to utilize technology for research, to store student information, and to document the care given to students and staff.

The future of technology in Health Services will continue to expand as we look forward to learning a new and more efficient software program, utilizing new ideas for our web page, and improving our training materials for educating staff and new employees. Thank you for being a part of this exciting change!





## In the Spotlight

### Tanzania Adventure

by Julie Frederick, RN

When I was a young girl, I remember listening to a missionary speak at our church about her experiences in Africa. I dreamed of going to Africa someday. My dream came true in February... I traveled to Tanzania with an Evangelical Lutheran Church of Nebraska Synod group on a vision trip.

Tanzania is located in eastern Africa on the Indian Ocean. More than 37.1 million people live in Tanzania. The population is overwhelmingly native African with 130 tribes, 95% Bantu. Religious practices include Christian (40%), Muslim (38%) and indigenous beliefs (22%). The official language is Swahili and English. The average life expectancy is age 45. There are over 1.6 million people living with HIV/AIDS. It is estimated 1 in 5 cases are actually reported. There are 140,000 deaths per year due to AIDS and over 1.1 million AIDS orphans. Needless to say, the majority of the places we visited were directly affected by AIDS. The government is unable to provide resources or care for the millions of people that are affected by this disease. The United States is providing assistance over the next 5

years through the Emergency Plan for Aids Relief with \$15 billion. We visited the offices of KIWAKKUKI, a grass roots women's group founded in 1990 to provide education, counseling and testing, palliative care for HIV infected persons and money for females to attend school.

Health care is provided at Dispensaries (health clinics) located in communities and regional hospitals. Social Services are primarily provided by the church with support from international faith-related agencies. The church is the core of the rural communities. The Amani Children's Home for Street Children is a refuge for children that have been orphaned or abandoned primarily due to AIDS and abuse. The staff walk the city streets at night and invite the children to come with them and they will provide food and shelter. The Faraja Deacons Center provides care for physically disabled children. The Neema Orphanage provides care for AIDS orphans from birth to age 3. This brand new facility of small homelike environments is supported by the Evangelical Lutheran Church of Tanzania (ELCT). The newest house was named the "Nebraska House" after a generous donation by a church in Gothenberg, Nebraska.

Most homes do not have running water or electricity. Women and children travel to the local well to fill their buckets and carry them to their homes or places of work. The water is not fit for human consumption and must be boiled before it can be used. Food is prepared over a wood fire, so most food is boiled or fried. Rice, potatoes, beans, corn, eggs, poultry, fish, milk, bananas, pineapple and watermelon are staple foods in their diet. Most families grow their own food and raise their own animals. Transportation is primarily walking. Public transportation in dallas-dallas (mini-vans stuffed with as many people as possible) and buses are available for long distances.

Education has become a priority and the government now requires all children to attend school. The schools are crowded with little or no school supplies. The sight of wooden desks with 6 children, dirt floors and no books, paper or pencils in sight was sickening. Parents and communities are responsible for providing and maintaining the school facility, food, school supplies and uniforms. The government provides the teachers. The teacher/student ratio is 1:60. Students are required to pass an achievement test in the 6<sup>th</sup> grade in order to move on to secondary school. Only 40% of children go to school beyond primary school. We visited a post-secondary school and several facilities started by women and supported by the church to train, educate and support women in vocations such as teaching, restaurant cooks, hotel maids, tailoring and secretarial/receptionist.

We gained an understanding of what life is like for our friends in Tanzania, worshipped with them in their modest churches, visited villages, hospitals, schools and homes. We experienced the breathtaking beauty of the land and the wildlife it supports on a 3-day safari to the Ngorongoro Crater and the Serengeti. The hospitality of the people of Tanzania was overwhelming. They were extremely generous with whatever they had, even though they may not know where their next meal is coming from. An incredible lesson of faith.



## Bobbi's Basket

As the 2006-7 school year draws to a close, I would like to take the time to thank everyone for their help and support.



As a reminder, there are a number of things that we need to do at the end of the year, before leaving for the summer. Please remember to inventory your emergency medications i.e. epipens and albuterol and send the information to me (if you haven't already done so). I will also need expiration dates. This helps me know how soon I need to place a new order. Please list the type of nebulizer machine you have and it's condition – you can get this information when you clean and disinfect the machine before the summer break. Formulary medications may be kept in your building or returned to the district office over the summer.

Please note if any equipment needs to be repaired, such as cots and blood pressure cuffs. If a cot needs to be repaired, please e-mail me with the school, the cot's location in the Health Office and then mark it with a piece of tape. This will make it easier for the repair person to identify it.

The final Health Office summaries should be done on the following days:

High Schools ..... June 1  
 Middle Schools ..... June 4  
 Elementary A-H..... June 5  
 Elementary I-Z..... June 6

School Nurses, we will be using room W122 from 9am-4pm on Thursday, June 7 to return equipment. Please return your computer, cell phone, audiometer and any other equipment at the times assigned below.

9:00-11:00 ..... Hartsook – Moorehead-Fisher  
 12:00-2:00 .... Biggerstaff – Frydendall-Smith  
 2:00-4:00 ..... Nelson – Zabel

If you didn't save the shopping bag that we used in the fall let me know – I have extras. Once again thank you and have a great summer.

**Bobbi Edwardson, CEOE**  
**Health Services, Box 18**  
**redward3@lps.org**  
**402-436-1657**

## Under the Microscope

### Keeping tabs on what's new

**Tara Johnson**, Pound Health Technician  
**Jennifer Winterbauer**, Sheridan Health Technician

The following new staff have joined the Substitute pool:

**Nancy Gerbig**, Substitute Health Technician  
**Mary Gilliland**, Substitute Health Technician  
**Amy Graff**, Substitute Health Technician  
**Irene Rodaway**, Substitute Health Technician  
**Sarah Virus**, Substitute Health Technician  
**Kathryn Schultz**, Substitute Health Technician

**Zenaida Glenn (Zeny)**, Hawthorne Health Technician, is now working as a Treatment Nurse at Hawthorne.

## A Little Humor...

### Discussing Grades

A high-school student came home from school seeming rather depressed. "What's the matter son," asked his mother. "Aw, gee," said the boy, "It's my marks, they're all wet." "What do you mean all wet?" "I mean," he replied, "below C-level."

**LINCOLN BOARD OF EDUCATION**

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## Community Information

### St. Elizabeth Telephone Line To Care

**402-219-7000**  
 a) Asthma Care Class Wed, June 6<sup>th</sup> 7-8pm  
 Free 1 hour class and education materials.  
 b) Diabetes Education Update  
 Sat, June 23<sup>rd</sup> 9-12pm  
 Register by Fri. June 15 FREE  
 Vendor displays available.

### Bright Lights

**402-1115**  
 Summer Camps  
 Elementary and Middle School Age  
[www.brightlights.org](http://www.brightlights.org)  
 for registration and scholarship forms.  
 Over 100 classes offered.

### Lincoln Action Program

**Clinic with a Heart**  
**471-4515**  
 1<sup>st</sup> & 3<sup>rd</sup> Tues. monthly  
 4<sup>th</sup> Thurs. monthly  
 5:30-7:00pm  
 Appt. needed  
 Free dental exam.  
 and referral service.

### Help for Attention Deficit Disorder (HADD)

5903 Walker Ave.  
 471-3700  
 1<sup>st</sup> Tues. 6-7:30pm  
 Parenting network.  
 Family meal provided.