

Health Elevations



A QUARTERLY
JOURNAL OF
THE COLORADO
HEALTH
FOUNDATION
SPRING 2009

Good Health Goes to School

LUNCHROOM, PLAYGROUND,
CLASSROOM PROVIDE KEYS TO
HEALTHY KIDS

Veggie Tales

FROM SCHOOL FOOD TO 'COOL FOOD'

What's Working

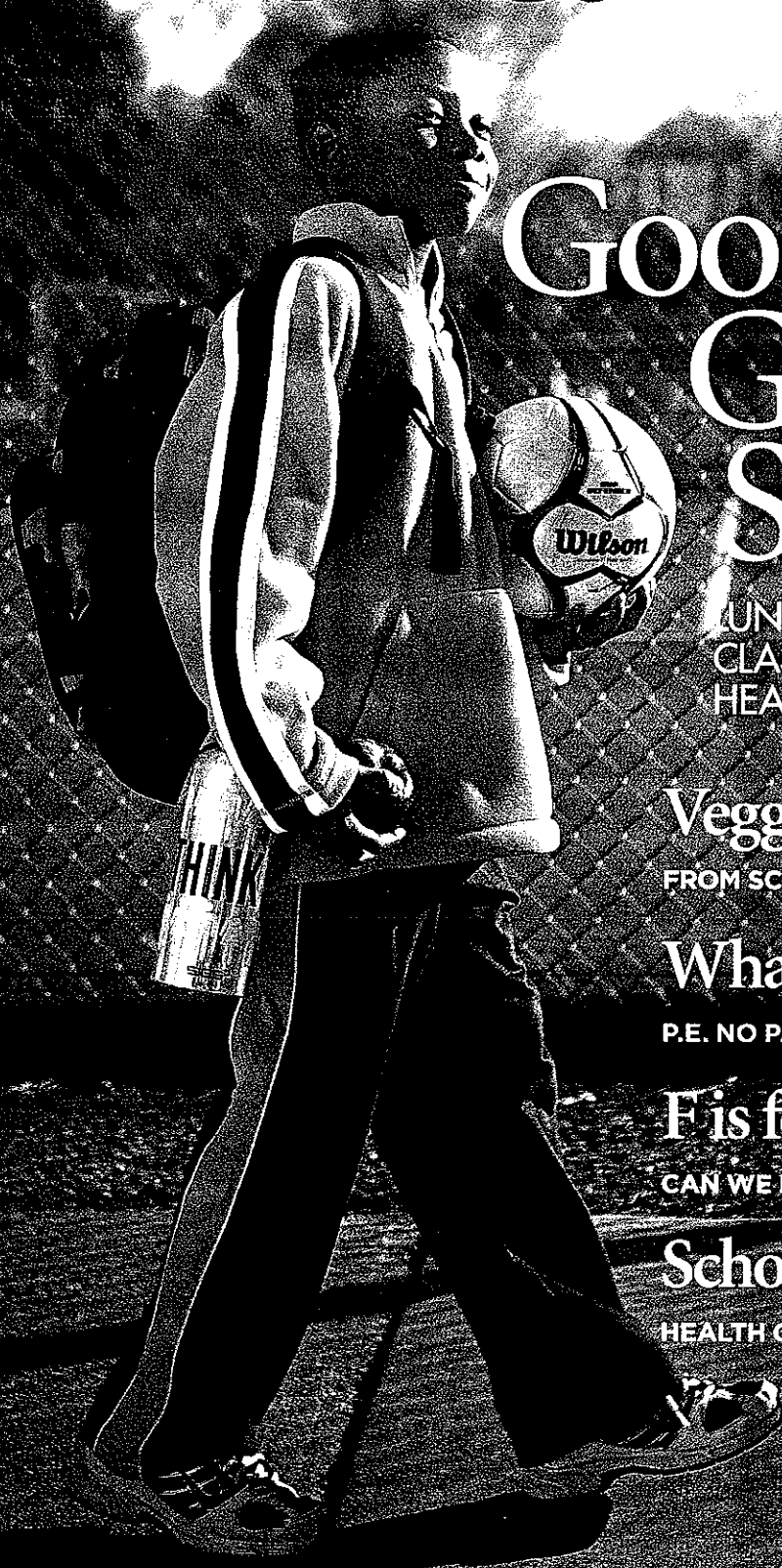
P.E. NO PARENT WILL RECOGNIZE

F is for Funding

CAN WE FIND MONEY FOR STUDENTS' HEALTH?

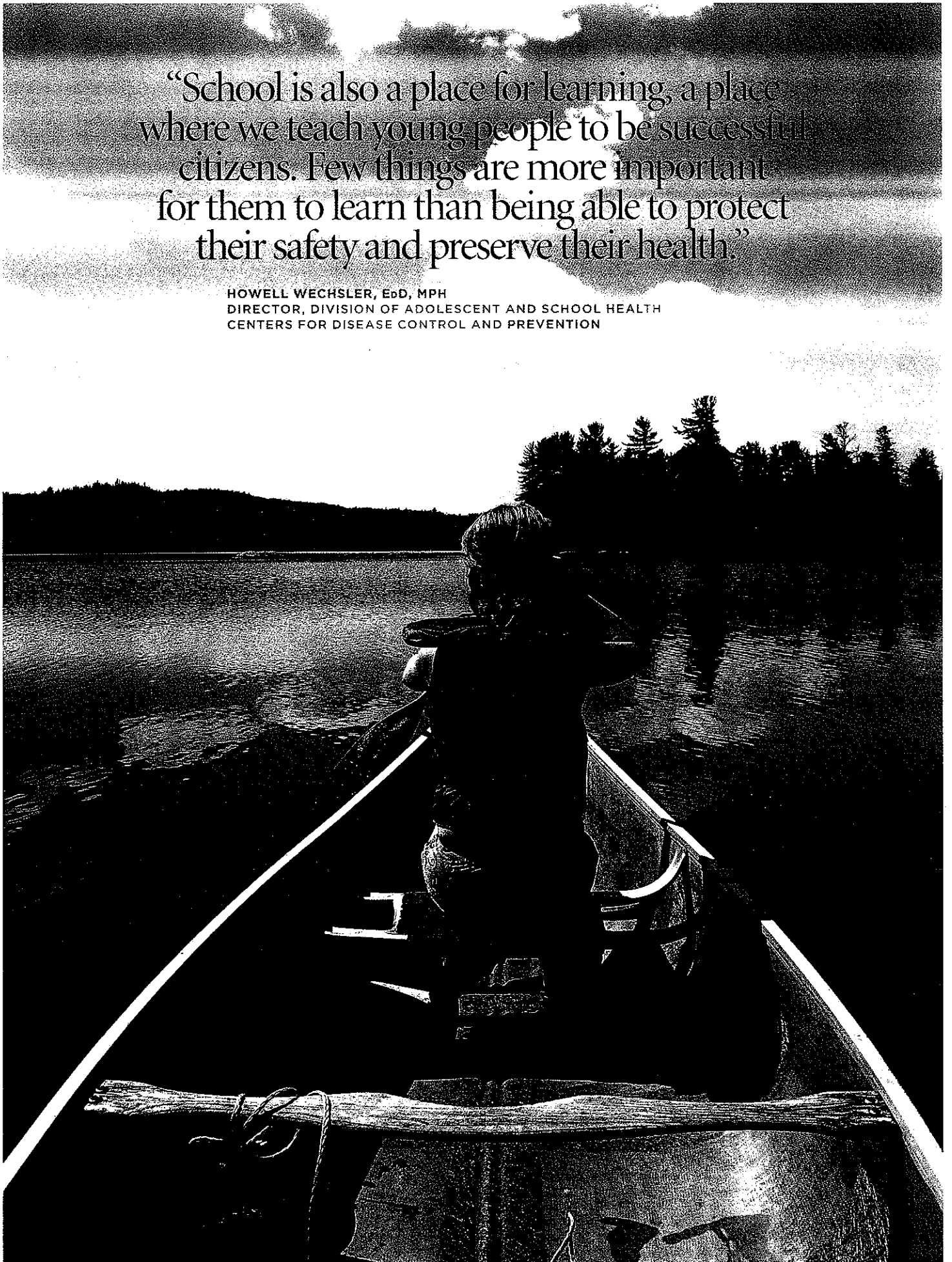
Schoolhouse Doc

HEALTH CENTERS PROVIDE CARE IN SCHOOL



“School is also a place for learning, a place where we teach young people to be successful citizens. Few things are more important for them to learn than being able to protect their safety and preserve their health.”

HOWELL WECHSLER, EdD, MPH
DIRECTOR, DIVISION OF ADOLESCENT AND SCHOOL HEALTH
CENTERS FOR DISEASE CONTROL AND PREVENTION

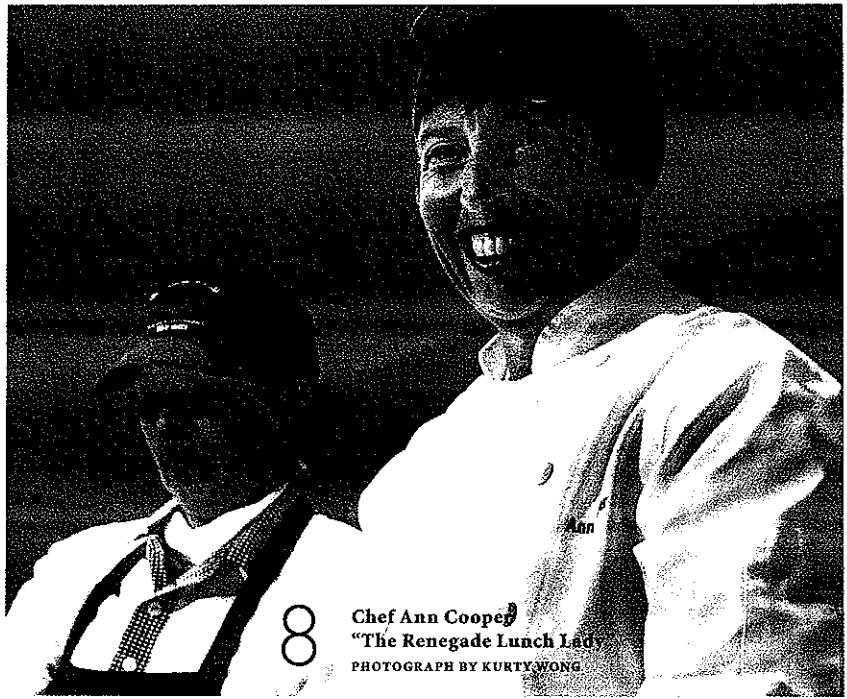


Health Elevations



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SPRING 2009



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"The Renegade Lunch Lady"
PHOTOGRAPH BY KURTY WONG

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ABOUT THE COLORADO HEALTH FOUNDATION

THE COLORADO HEALTH FOUNDATION WORKS TO MAKE Colorado the healthiest state in the nation by investing in grants and initiatives to health-related nonprofits that focus on increasing the number of Coloradans with health insurance; ensuring they have access to quality, coordinated care; and encouraging healthy living as well as operating medical education programs to increase the health care workforce. The Foundation's assets of nearly \$900 million include an investment portfolio as well as an ownership interest in Denver's HealthONE hospital system. For more information, please visit www.ColoradoHealth.org.

Health Elevations

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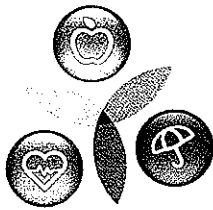
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On the Cover

PHOTOGRAPH BY JOHN JOHNSTON



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Resources Needed to Overhaul School Health

 **IMAGINE THIS: IF THE 156 THIRD-GRADERS AT MOUNTAIN VIEW ELEMENTARY School in Broomfield, Colo., follow state health trends, 40 of them are overweight or obese, 22 don't have health insurance – even though 12 are eligible for Medicaid or Child Health Plan Plus (CHP+) – and more than half don't have regular primary care providers. That's alarming to us at The Colorado Health Foundation as we work to improve the health of all Coloradans, and it should be staggering to parents, teachers and administrators as well. We can't expect our students to be active and attentive learners if they are not healthy. In fact, there is growing evidence that students who eat healthy food, get some physical activity and receive basic health care achieve better academic outcomes.**

School is a natural place to deliver these services and programs. The average child spends seven hours a day, 180 days a year, for more than 13 years in school. That gives educators more than 2,000 days from kindergarten through high school to turn out a well-educated young adult. But with competing priorities and declining resources, it's harder now than ever to incorporate nutrition education, healthy food, physical activity and health care services into the school day. However, we think building healthy schools really hits the “sweet spot” of our three goal areas – **Healthy Living, Health Coverage and Health Care** – and we are supporting efforts by Colorado schools to embrace the whole child – mind and body.



In this issue of *Health Elevations*, we frame the healthy schools concept by talking to experts in both health and education. John Ratey, MD, clinical associate professor of psychiatry at Harvard Medical School and author of *Spark: The Revolutionary New Science of Exercise and the Brain*, argues that increased exercise boosts your brain power. Dwight D. Jones, Colorado's commissioner of education, talks frankly about why Colorado isn't doing more to improve the health of students while in school. Although he is an advocate for student health and recognizes the link between health and academic achievement, Colorado's school districts are missing some key resources.

Our “What's Working” section includes stories of schools successfully delivering nutrition, physical activity, health education and health care services. At a northwest Denver early childhood center, youngsters learn about healthy food through family-style catered lunches. In Aurora, an elementary school teacher incorporates physical activity throughout the day to keep students engaged and energized. High school students in Durango take advantage of a school-based health center to deal with tough issues like depression and simple ones like sore throats.

While all these efforts are improving the health of school children, the only way to achieve monumental change is to ensure adequate funding and coordination among these services and programs, which is a daunting task for teachers and administrators. That's why, at the end of this issue, we leave you with a framework for fostering healthy schools and, therefore, healthy students. The “Tips” section provides a blueprint for school districts to consider that will help make schools a healthier place to learn.

I believe we have a moral obligation to ensure our children are healthier and more productive than the previous generation. Investing in their health is a strategy that will yield long-term benefit, but we need to start now.

Anne Warhover

ANNE WARHOVER
PRESIDENT AND CEO
THE COLORADO HEALTH FOUNDATION



Making the Grade

Good Health Goes to School

By Sandy Graham

Photograph by

John Johnston



Where schools once focused on teaching the “three R’s,” a new curriculum is emerging.

In addition to reading, writing and arithmetic, more students are learning about healthy foods, healthy bodies and physical activity.

Driven by rising obesity rates in children and adolescents, as well as the growing number of families without health insurance, school-based health efforts are expanding in Colorado and across the nation. Students are hearing about nutritional and exercise practices they can use their entire lives; eating more nutritious foods in lunchrooms and cafeterias; and in a growing number of schools, actually receiving needed health care on campus through school-based health centers.

Why do this at school? The answer is simple:

“That’s where the kids are,” says Howell Wechsler, EdD, MPH, director of the Division of Adolescent and School Health at the Centers for Disease Control and Prevention (CDC) in Atlanta. “School is also a place for learning, a place where we teach young people to be successful citizens. Few things are more important for them to learn than being able to protect their safety and preserve their health.”

The average child attends school for seven hours a day, 180 days a year, for 13 years. There are fiercely competing educational demands for those 2,340 school days, however.

Educators face increasing pressure to improve educational quality. After the 2001 No Child Left Behind Act, which holds schools accountable for improving reading and math test scores, some schools cut physical education classes and other activities deemed secondary to core academics. In addition, financial pressures mean that administrators frequently find themselves being asked to do as much or more than before with fewer dollars.

However, there is growing evidence that focusing on students’ health and wellness helps, rather than hinders, schools’ educational mission. (See “The Case for School Health,” page 6.)

John Ratey, MD, a clinical associate professor of psychiatry at Harvard Medical School, is convinced that aerobic exercise increases neurochemicals and brain proteins that enable thinking and remembering.

“Exercise provides an unparalleled stimulus, creating an environment in which the brain is ready, willing and able to learn,” Ratey writes in *Spark: The Revolutionary New Science of Exercise and the Brain*.

More Colorado education experts are beginning to embrace the view that teaching students to live healthier lives pays off in the classroom, says Elaine Gantz Berman,

FEW THINGS ARE MORE IMPORTANT FOR (YOUNG PEOPLE) TO LEARN THAN BEING ABLE TO PROTECT THEIR SAFETY AND PRESERVE THEIR HEALTH.

HOWELL WECHSLER, EdD, MPH
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CENTERS FOR DISEASE CONTROL AND PREVENTION

a Denver member of the Colorado Board of Education and a “passionate believer” in that link.

“Where we differ is on the role government should play to make sure schools are doing the most they can to promote health and wellness,” she says.

Colorado, Alaska, Oklahoma and Michigan are the only states that do not mandate P.E. for students, according to CDC. Colorado leaves most decisions about curriculum and school policy to districts. Thus, the Colorado Board of Education can’t order schools to teach P.E. without legislative direction – and money, Berman says.

THE CASE FOR SCHOOL HEALTH

Many scientific studies show that students who eat healthier foods, exercise regularly and receive school-based health care behave better and achieve more academically than students who do not. Here are some findings from those studies:

- ▶ Programs for preschool and school-age kids that provide parental support and health services are associated with improved school performance and academic achievement, according to a 2001 study in the *Journal of the American Medical Association*.
- ▶ Children ages 6 to 11 who get insufficient food are more likely to have lower math scores, repeat a grade and have difficulty getting along with other children, according to a 2001 study in the journal *Pediatrics*.
- ▶ A 1999 study of Project SPARK (Sports, Play and Active Recreation for Kids) published in the *Research Quarterly for Exercise and Sport* found that schools with intensive physical activity programs saw improved test scores and less disruptive behavior.
- ▶ Teachers say children behave better if they have at least one recess period of 15 minutes or more a day, according to a 2009 study published in *Pediatrics*. The study looked at more than 10,000 8- and 9-year-olds.

COLORADO'S SCHOOL-BASED HEALTH CENTERS BY THE NUMBERS

8

IN ELEMENTARY SCHOOLS

15

IN MIDDLE SCHOOLS

1

IN A K-8 SCHOOL

20

IN HIGH SCHOOLS

1

MOBILE VAN SERVING 10 SCHOOLS

193,000 students had access to a school-based health center.*
21,000 students used health center services during 66,700 visits.*

Source: Colorado Association for School-Based Health Centers, 2008-2009 school year
*Colorado Association for School-Based Health Centers and Colorado Health Institute, 2006-2007 school year

"While I'm a big believer in P.E., there's no point in passing the legislation unless there are dollars to go with it," she says.

Berman would like to see the state make a concerted effort to address physical activity and school nutrition. "It's not just one or the other, but a combination of both," she says.

Soda Pop Drops Out of School

The Colorado Board of Education has banned the sale of soda pop and other highly sweetened drinks in Colorado schools, under 2008 legislation. A similar bill to set nutritional guidelines for snack food in schools failed this year. The American Heart Association and other Colorado organizations backed both bills.

Schools are good vehicles for the association's efforts to prevent heart disease through healthier foods and exercise because roughly 20 percent of the state's population can be found in schools, counting students, teachers, staff and administrators, says Erin Bertoli, senior director of government affairs for the American Heart Association branch in Denver.

"If you poll parents, they're off the charts in support of this," Bertoli says. Kids are more aware, too. "Kids are realizing this is serious ... they're becoming cognizant of what they eat and drink."

Above and beyond serving healthier foods in schools, encouraging physical activity and educating students about their bodies, more students are getting their health care and health education through school-based health centers. Colorado has 45 school-based health centers, up from 35 three years ago, according to the Colorado Association for School-Based Health Care. Nationally, there are about 2,000 such centers, up from just 50 in the mid-1980s, says Julia Graham Lear, PhD, MA, a research professor at George Washington University in Washington, D.C.

Some centers offer a full range of medical, dental and mental health services while some concentrate only on medical issues. Centers usually are staffed by nurse practitioners or other mid-level providers, and operated under contracts with community health organizations. Centers strive to keep students healthy and in class by providing care they might not receive otherwise.

"These school-based health centers are filling an important gap," says Lear, who also directs the university's Center for Health and Health Care in

PUTTING IT ALL TOGETHER

The Coordinated School Health Program throws a framework over the various aspects of school-based health. Through grants awarded by the Centers for Disease Control and Prevention, states - including Colorado - and Native American tribal governments help create the infrastructure to support and improve school-based efforts, says Howell Wechsler, EdD, MPH, director of CDC's Division of Adolescent and School Health.

A model program not only provides psychological, health and nutrition services, but also includes health education, physical education, efforts to improve staff health, a healthy school environment, and involvement of families and the community.

Since the Coordinated School Health Program began in 1992, it has expanded to 22 states, while "thousands of schools have embraced the concept on their own," Wechsler says. He believes the program has helped decrease adolescents' risky behavior, improve the quality of physical and health education, and boost other health indicators, but much more work remains.

"We've made important progress, but we've just scratched the surface," Wechsler says.

Schools. "These kids are usually going without care."


The Colorado Health Institute reports that 45 percent of students enrolled in Colorado's school-based health centers were uninsured during the 2006-2007 school year.

Educators may not want to be in the health care business, "but they have to be," says George Voorhis, EdD, superintendent of Montrose County Schools in western Colorado. Too many kids have no access to care and that affects their ability to do well in school, he explains. Montrose opened a health clinic in an elementary school during the last school year and plans to open a second next year.

"We'd like to see successful kids, and we feel a school-based health center evens up the opportunities for kids across the board," Voorhis adds.

CDC's Wechsler wishes that all educators nationwide shared the view that providing school-based health care enhances academic success.

"That's the biggest hurdle to overcome in school-based health care," Wechsler says. "Educators must understand there's a connection and that you're not going to have lasting educational improvement until you address health factors." ❁



To make progress in each of its goal areas of Healthy Living, Health Coverage and Health Care, The Colorado Health Foundation works to expand the number of public schools and preschools that have health and nutrition education, physical education, healthy food in cafeterias and vending machines, and opportunities for physical activity. See page 25 to learn more about the Foundation's framework for creating healthy schools.

Junk Food Flunks

Turning School Food into Healthy 'Cool Food'

By Sandy Graham

Photograph by Kurty Wong

➔ Say goodbye to schools where soda pop machines sit in hallways, snack bars sell candy and fat-laden chips, and cafeterias specialize in pizza and french fries.

More American students in preschools through high schools are seeing fresh fruits, vegetables and whole grains replacing fats and processed foods in their cafeterias. Colorado is at the forefront of menu changes: The state's Board of Education recently banned soda pop and other high-calorie drinks from schools. And some Colorado schools are even teaching gardening and cooking to involve kids in healthy eating. There is much more work to be done, but parents, educators and health experts driving the changes are making gradual headway.

"Certainly there are places making changes, but we're just at the beginning. By and large, the food on the plate in most schools is spectacularly bad," says chef Ann Cooper, who is known as the "Renegade Lunch Lady" for advocating healthy school foods and who just went to work for the Boulder Valley School District.

The nation's obesity epidemic is a prime reason school food is changing. Heavier children suffer from more weight-related health problems such as diabetes. Even in Colorado, the nation's leanest state, some 13 percent of children ages 10 to 17 are obese and another 13 percent are overweight, according to 2007 state estimates.

No Junk Food Junkies

"If we want (children) to develop lifelong good nutrition and health habits, they shouldn't go to school and eat junk," says Cooper, who spent five years as director of nutrition services for the Berkeley (Calif.) Unified School District.

But holding the line on the childhood obesity epidemic is not the only compelling reason to change the foods children are offered in schools. A growing body of evidence finds that children who eat well have fewer behavioral issues and do better in school.

A 1998 article in the *Archives of Pediatrics & Adolescent Medicine* found that regular participants in the federally funded School Breakfast Program improved their learning and academic achievement outcomes, paid greater attention to academic tasks, had fewer visits to the school

nurse and had fewer behavioral problems. The breakfast program began in 1966 and served more than 9.7 million lower-income children in fiscal year 2006 alone, according to the U.S. Department of Agriculture.

A 2001 study published in the journal *Pediatrics* showed that children who reported that they didn't get enough to eat were more likely to have significantly lower arithmetic scores, repeat a grade, see a psychologist and have difficulty getting along with other children.

Teachers Like Change

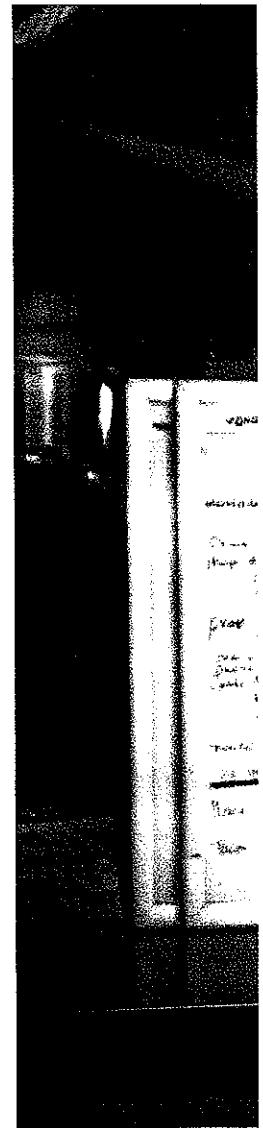
Teachers often tell Herminia Vigil, director of the Colorado Department of Education's nutrition unit, that they observe the link between academic performance and good nutrition in the classroom almost daily. Teachers "truly, truly are supporters" of improving school nutrition, Vigil says, because they see how it can improve learning and behavior.

The nutrition unit helps Colorado school districts decipher the complexities of the 62-year-old National School Lunch Program, which serves reduced-price and free meals to lower-income students. Participation in the lunch program is voluntary, but Vigil says that almost all of Colorado's elementary and middle schools and many high schools participate. The unit also offers training to school food service workers and helps move nutrition education into the classroom and the cafeteria.

Those feeding Colorado's school children want to do their best, Vigil says. "Food service workers have the biggest hearts of any profession I know. They're very proud of the meals they do produce," she says.

But according to Vigil, serving healthier foods in cafeterias is challenging. Using ready-made, processed foods is usually cheaper and easier for financially pressured schools — but certainly not as nutritious as fresh foods. The federal government reimburses schools just \$2.57 for a free lunch and \$2.17 for a reduced-price lunch, leaving little for buying food after overhead is met. It's also hard for more remote Colorado schools, hoping to serve more fresh foods, to find suppliers willing to deliver to faraway towns at affordable prices.

Still, Vigil believes that Colorado students are eating better than they were 10 years ago. "Everybody has tried



IF WE WANT (CHILDREN) TO DEVELOP LIFELONG GOOD NUTRITION AND HEALTH HABITS, THEY SHOULDN'T GO TO SCHOOL AND EAT JUNK.

↓ CHEF ANN COOPER
"THE RENEGADE LUNCH LADY"



to come together so we're meeting a common goal to have healthy choices for kiddos and make sure they're getting the nutrients and not the trash can," she says.

Pop Goes the Soda

One of the biggest changes Colorado students will see in coming months is the disappearance of soda pop and other high-calorie drinks. School districts that have lucrative agreements to sell specific companies' products will not be able to renew the agreements after they expire. The ban was instituted by the Board of Education in response to legislation requiring it to set nutritional standards for drinks in schools.

A similar effort to set nutritional guidelines for snack food in schools failed this year.

Elaine Gantz Berman, a Denver member of the Colorado Board of Education, has heard criticism of the soda pop ban. "A lot of naysayers will say, 'What's the point? All kids are going to do is go home and have some anyway.' I believe schools should be models for good, healthy behavior," Berman says.

Cooper, the Renegade Lunch Lady, agrees that Colorado's soda pop ban was a positive step. But she believes that schools must do more to change children's relationship to food, starting in elementary school and moving through the higher grades.

"We didn't get to this overnight. We're not going to change it overnight. It's really a 12-year solution. ... School food must be seen as 'cool food,'" Cooper says.



A 2008 poll commissioned by The Colorado Health Foundation found widespread public support for improving the nutritional value of food and beverages available in public schools. Armed with this knowledge, the Foundation joined a diverse coalition of organizations to support legislation to improve beverage standards in Colorado schools. The coalition's work led the passage of Senate Bill 08-129 last spring, directing the Board of Education to adopt vending machine beverage standards in all public and charter schools.

Two in One

Clinic Coordinates Care for Students' Minds and Bodies

BY REBECCA JONES

PHOTOGRAPH BY PHIL MUMFORD

FIFTEEN-YEAR-OLD KAREN COULDN'T SLEEP.

When the nurse at the Durango High School health clinic questioned the girl, it became clear sleep was only part of the problem.

The nurse learned that Karen (not her real name) switches homes every other week because of her parents' shared custody arrangement. At her mother's home, Karen gets up two hours before school to do chores because her mother is depressed and Karen feels she is the "strong one" in the family. Further screening showed that Karen, too, is depressed. She has a history of cutting herself and has twice attempted suicide. Now, she's falling asleep in class and getting behind in her schoolwork.

In the past, Karen might have been referred to a mental health center. She might or might not have kept the appointment.

But the clinic staff was able to have Karen seen immediately by an on-site behavioral therapist, and together, the therapist and the nurse practitioner helped Karen manage her sleep disturbance *and* her depression. A psychiatrist monitors Karen's progress twice a month as well.

"Truly, for academic success, kids need to be healthy," says Sherrod Beall, a pediatric nurse practitioner at the clinic. "And we have so many kids falling through the cracks in our health care system. Seeing them at school is such a huge opportunity. Otherwise, these kids would never get the help they need."

Karen is one of about 300 Durango High students who have visited the school-based health clinic for mental and physical concerns. In all, students have made about 1,500 visits to the clinic during school hours since it opened in the fall of 2007. Many of the students don't have transportation to get to off-campus doctors' appointments and can't depend on parents taking time away from work to drive them.

The Durango School District is among five in Colorado that were funded as coordinated school health pilot projects in 2004. Under a federal program administered by the state, each coordinated school health site interweaves health and physical education, health and nutrition services,

counseling, a healthy physical and psychological school environment, staff health promotions and family community involvement. (To learn more, see "Observations," page 20.)

Coordinated school health is "about taking those things you already have in your district - and we have a lot - and having them better support students," says Jaynee Fontecchio-Spradling, the Durango School District 9-R health coordinator.

The state health department and The Colorado Health Foundation primarily provide funding for the clinic. In addition, local providers donate their time.

For the students, having such easy access to a range of physical and mental health services makes all the difference between sickness and health, and between success and failure at school.

Fontecchio-Spradling says that initial worries about students missing class time for clinic appointments have proved groundless.

"The students are pretty good about knowing which classes they can miss and which they can't," she says. "And teachers know that if students aren't getting the help they need, they're not engaged in the classroom anyway."

The clinic seeks to provide a seamless system of service for its young clients. They may come in for sniffles or a bloody nose. But by the time they leave, they may also have gotten counseling for depression or help with fitness and nutrition.

"We have cuts and colds and a few sore throats," Beall says, "but the behavioral and mental health issues we treat are huge. The number of sexually transmitted diseases we (treat), the number of kids we see with the potential for getting pregnant - it's enormous. Thank God these kids have this safety net, have someplace like this to go."

The clinic has proven so successful, school officials are planning to open a second at Florida Mesa Elementary School, a school with one of the highest poverty rates in Durango. ✨



HEALTHY
LIVING



HEALTH
CARE

In 2008, The Colorado Health Foundation awarded the Durango School District 9-R \$116,000 to improve health access and education through coordinated school health and a school-based health center.



SEEING (PATIENTS) AT SCHOOL
IS SUCH A HUGE OPPORTUNITY.
OTHERWISE, THESE KIDS WOULD
NEVER GET THE HELP THEY NEED.

SHERROD BEALL
PEDIATRIC NURSE PRACTITIONER
DURANGO HIGH SCHOOL

▲ Sherrod Beall (right),
pediatric nurse practitioner
at Durango High School's
clinic, consults with
Amie Podolsky, a licensed
clinical social worker
and behavioral health
consultant for the clinic.



Food for Thought

Parents, Tots Learn to 'Eat Smart' Through Preschool Program

BY REBECCA JONES

PHOTOGRAPHS BY JOHN JOHNSTON

➤ NEVER AGAIN WILL 4-YEAR-OLD NICKY McGuire eat his meals in front of the television. That is his mom's promise to herself.

Likewise, sandwiches in the McGuire house are now made with whole wheat bread, not white. The drink of choice is skim milk. And there are far fewer trips for fast food.

"We're just doing things differently now," says Danielle McGuire, 21, Nicky's mother. "I realize I wasn't making a lot of healthy choices as far as nutrition goes. But when I change, Nicky changes. As long as I'm the one who initiates it, he's a good follower."

The Denver mom credits her new eating habits to the "Eat Smart, Be Smart" class she took at Family Star, the combination Montessori and Early Head Start Center in northwest Denver where Nicky is enrolled. The center provides care to children from 2 months to 6 years of age.

Alejandra Castaneda, the Family Star health

nutrition coordinator, says healthy eating is a cornerstone of the organization, which also has a second center in northeast Denver. That philosophy extends to the families of the students enrolled. That's why the Eat Smart classes are offered to parents twice each quarter. The school also sends healthy menus home with students and models good nutritional planning year-round.

"Many of our parents are young teenagers themselves," Castaneda says. "Many are low-income. It's hard for them to prepare nutritious meals every day. We want to teach them about nutrition as well."

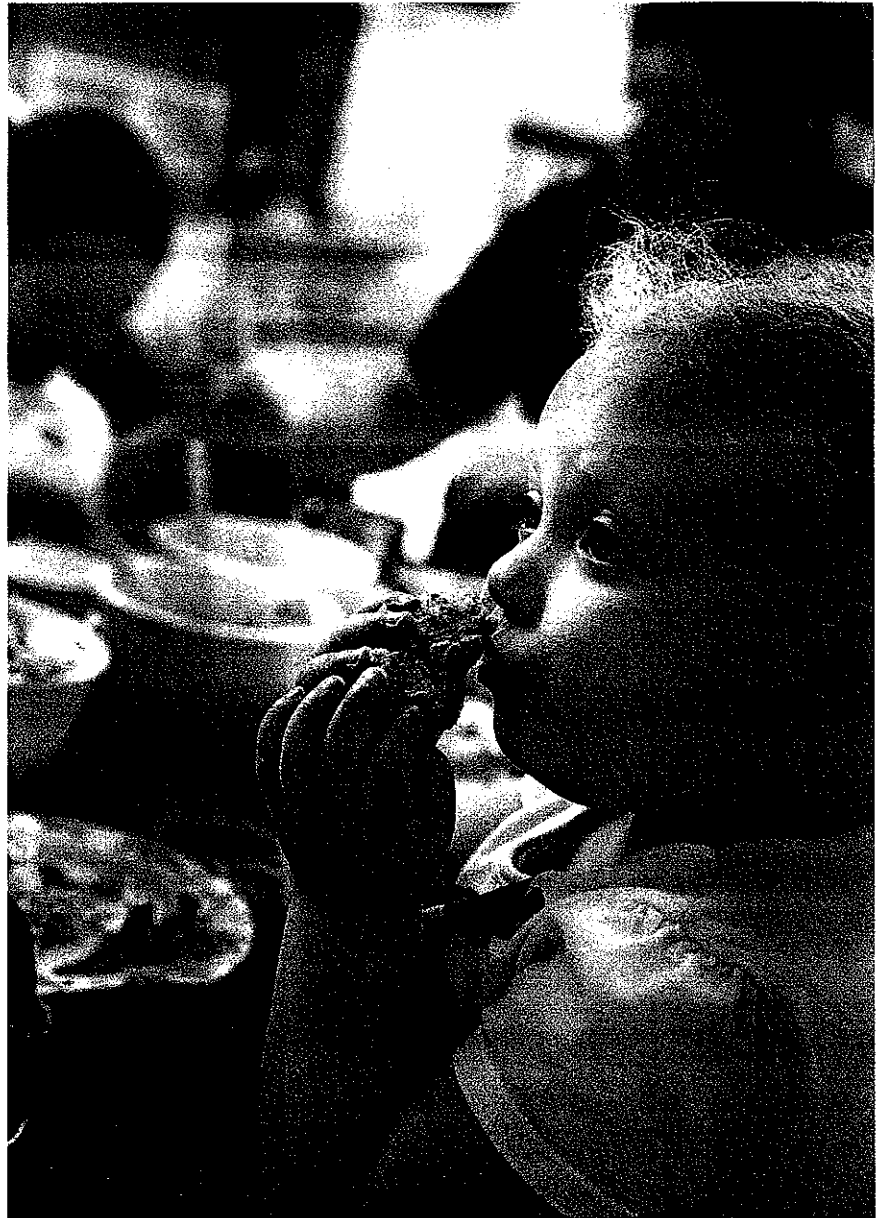
Family Star has a diverse clientele, with some children from extremely low-income families and others who are quite affluent. As a rule, the center's diversity is one of its selling points. But when it came to lunchtime, that diversity proved troubling. Until recently, the kids all brown-bagged it.

"Some brought a wonderful meal every day," Castaneda says. "Others brought everything from a can of Chef Boyardee to a raw hot dog in a bag to macaroni and cheese. We needed to supple-

◀ Joseph Padilla (left) and Angeli Cazares enjoy a family-style meal at Family Star.

MANY OF OUR PARENTS ARE YOUNG TEENAGERS THEMSELVES. MANY ARE LOW-INCOME. IT'S HARD FOR THEM TO PREPARE NUTRITIOUS MEALS EVERY DAY.

ALEJANDRA CASTANEDA
FAMILY STAR HEALTH
NUTRITION COORDINATOR



▲ Nadia Ojeda, Family Star lead teacher, joins Eliseo Rodriguez at the table.

▶ Priscilla Aguilar munches on lunch.

ment what some children brought. So we decided to offer everyone the same meal."

Today, lunchtime at Family Star is a catered affair. No brown bags allowed. The children all eat family style, so they learn about sharing and waiting their turn. "The food isn't pre-plated," Castaneda says. "It's all about choice. If they don't want to eat green beans, we don't make them. We never force a child to eat. But you'd be surprised what they will eat, like salad."

Little Morgan, 1, recently sat at the table in her nursery room, a plate of salad, turkey and peas in front of her. She was feeding herself.

"The babies get a little help at the table, but we do try to foster independence," Castaneda says. "And the older kids do a lot of the food prep - cutting vegetables, spreading jam, peeling eggs.

And we serve them things like peppers and avocados - food they might not encounter at home - so they can learn about them."

A bit of adult encouragement can melt away a child's reluctance to try new things. "A teacher may say, 'Yum, this spinach salad sure is good.' And suddenly, everyone wants to eat the spinach salad," Castaneda says. ✨



In 2008, The Colorado Health Foundation awarded Family Star \$120,000 to promote a healthy lifestyle for the children, parents and staff of an early childhood education center serving a primarily Hispanic community.

Ciao, Chocolate Milk

'Lunch Ladies' Turn to Home Cooking from Scratch

BY REBECCA JONES

PHOTOGRAPH BY PHIL MUMFORD

➤ THE NEWS THAT CHOCOLATE MILK WOULD no longer be available in school cafeterias was hard for Garfield County youngsters to swallow.

But the accompanying change in school lunchroom menus - adding lots more fresh fruit and vegetables, and scrapping processed, frozen foods in favor of fresh, homemade entrees - has been a huge success.

"These kids are eating real food now," says Sue Beecraft, nutrition services director for the 3,900-student rural Western Slope district. "We've had an overwhelmingly positive response from kids in all grade levels - especially in the elementary schools, which I didn't anticipate. You don't realize they notice what they're getting for lunch, but the kids have noticed and have been vocal about having healthy lunches."

The changes in lunchtime fare started four years ago, when Beecraft noticed students passing up hot entrees in favor of à la carte items. "They were buying a bag of chips, chocolate milk and cookies and calling it lunch," she says. "More kids were taking those items than were buying the regular lunch." The district responded by eliminating the à la carte options.

A federal grant helped the district get more fresh produce, and the schools installed salad bars in every cafeteria.

This year, the Garfield Re-2 School District has gone even further, eliminating virtually all processed foods that once were standard fare for hot entrees. The processed entrees typically contain

far more sodium, preservatives and fat than fresh-made foods.

"We have pizza, but it's homemade pizza now," says Beecraft. "Instead of heat-and-serve, pre-made chimichangas, we make our own bean and cheese burritos."

At the start of the school year, the district brought in a chef from a culinary institute in New York to spend three days training the lunchroom staff on ways to make delicious and nutritious homemade meals to serve 2,500.

Lynetta Trevathan, one of the "lunch ladies" and the kitchen manager at Highland Elementary in Rifle, says preparing homemade entrees takes more time, but it is more satisfying work.

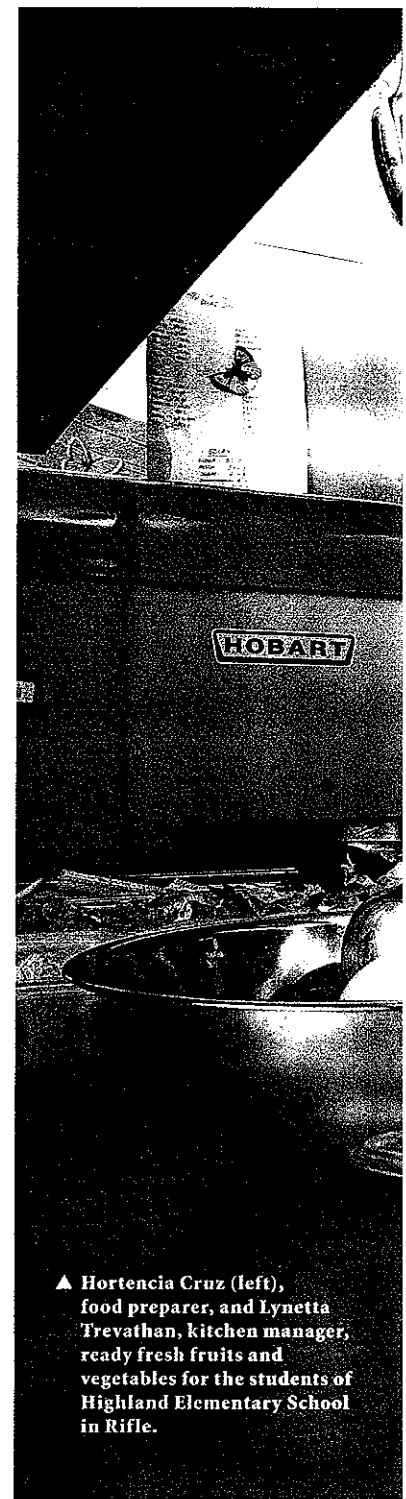
"At first, we had to get into the routine of what we needed to do when. It took us a couple of weeks, but now we're ahead of the game," she says. "On lighter days, we can do more advance food prep. And my staff really enjoys this program a lot better than serving the processed foods."

Desha Bierbaum, principal at Wamsley Elementary in Rifle, says she has observed fewer disciplinary issues since the switch to nonprocessed foods. While she has no scientific proof, she believes the two are related.

"We've noticed that in the past, a lot of our behavior problems have tended to happen after lunch, in the afternoon. But we're not having the problems on the playground or in the classroom that we've had in the past," she says. "I think a piece of that is attributable to the fresh food."

Bierbaum thinks the exposure to fresh, homemade food at school is having an impact on what the kids eat at home as well. "Many of our kids come from high-poverty homes, and the fresh fruits and vegetables they get here may be the only ones they're getting," she says. "But some parents have told me their children have asked for more vegetables at home."

As for the chocolate milk, school officials



▲ Hortencia Cruz (left), food preparer, and Lynetta Trevathan, kitchen manager, ready fresh fruits and vegetables for the students of Highland Elementary School in Rifle.



“THESE KIDS ARE EATING REAL FOOD NOW. WE’VE HAD AN OVERWHELMINGLY POSITIVE RESPONSE FROM KIDS IN ALL GRADE LEVELS.”

SUE BEECRAFT
NUTRITION SERVICES DIRECTOR
GARFIELD RE-2 SCHOOL DISTRICT

fielded a lot of complaints about that. And at the start of the year, milk consumption did drop as kids made their displeasure known. But that changed as the year went on, Beecraft reports.

Milk consumption “is picking up now,” she says. “By next year, it will be normal just to have plain white milk. Once the kids get used to it, they don’t seem to notice.” ❁



In 2008, The Colorado Health Foundation awarded the Children's Health Foundation \$135,000 to improve the school food program by increasing the nutritional quality of the food served to the Garfield Re-2 School District's 4,277 students.

School Moves

Physical Activity: It's Not Just for Gym Class Anymore

BY REBECCA JONES

PHOTOGRAPH BY JOHN JOHNSTON

PHYSICAL ACTIVITY DOESN'T JUST HAPPEN in the gym for Marta Standage's first-grade students in Aurora. It also happens two or three times a day, right in the classroom.

Usually as she prepares to teach a new subject, Standage gets the kids on their feet. She puts on some music. Sometimes they dance. Sometimes they form letters with their bodies. Sometimes they reach to the sky and then touch their toes. Or, they just race around the room. But they are moving.

"I know a lot of our kids don't have big yards or opportunities to be physically active outside of school," says Standage, a teacher at Laredo Elementary School in Aurora, a school that serves a high population of low-income families. "They only get P.E. once a week and one recess a day. But ... they need to get their blood pumping. Their muscles need to be moving before their minds can engage."

Teachers across Aurora Public Schools share Standage's philosophy. Many are incorporating physical activity into the school day - through dance routines during recess or lunchtime, or one-minute "energizer" breaks during lessons. All physical education teachers in the district received packets of "energizer" ideas to share with colleagues. Each teacher can decide how to incorporate them into the day.

And in the school gyms, the actual P.E. classes are looking decidedly more modern, with BOSU® balance training balls, PlayStation® dance pads

and fitness-tracking software on handheld computers.

"It's not the old P.E. anymore, where you roll out a ball for them," says LeAnn Hepburn, a Laredo P.E. teacher who was instrumental in helping the district revamp its P.E. curriculum two years ago to bring it into the 21st century. "Now it's all about educating students for a lifetime of good health."

It's also about academic achievement. Hepburn is among educators who believe there is a link between physical activity and the mind's ability to focus, enhancing learning. (For more about physical activity's positive effects on learning, see pages 4-7.)

Hepburn acknowledges that few P.E. teachers bother with the old President's Physical Fitness tests that were standard a generation ago, when kids were judged by the number of sit-ups and pull-ups they could perform, how far they could throw a softball or how quickly they could run laps.

"Most kids couldn't pass the tests now," she says. "But we do have climbing walls and rowing machines. We didn't do those things when I was a kid."

Colorado doesn't require schools to offer P.E., but Aurora has made it a priority. The district has invested heavily in the kinds of fitness equipment and software programs that excite kids. It is also attempting to integrate fitness and nutrition lessons into regular classroom instruction. Even with that commitment, Hepburn would like to do more. Aurora elementary students have weekly P.E. sessions four weeks out of five, with two P.E. sessions in the fifth week. Hepburn notes that children need 60 minutes of activity a day to fight obesity.

At Laredo, Hepburn is hoping that by next year, the whole school - including teachers - will begin the school day with 15 minutes of group exercise in the gym. "It will be organized chaos, but it will work, and then ideally they'd go right into their hardest class - math - and be focused and ready to learn," she says.

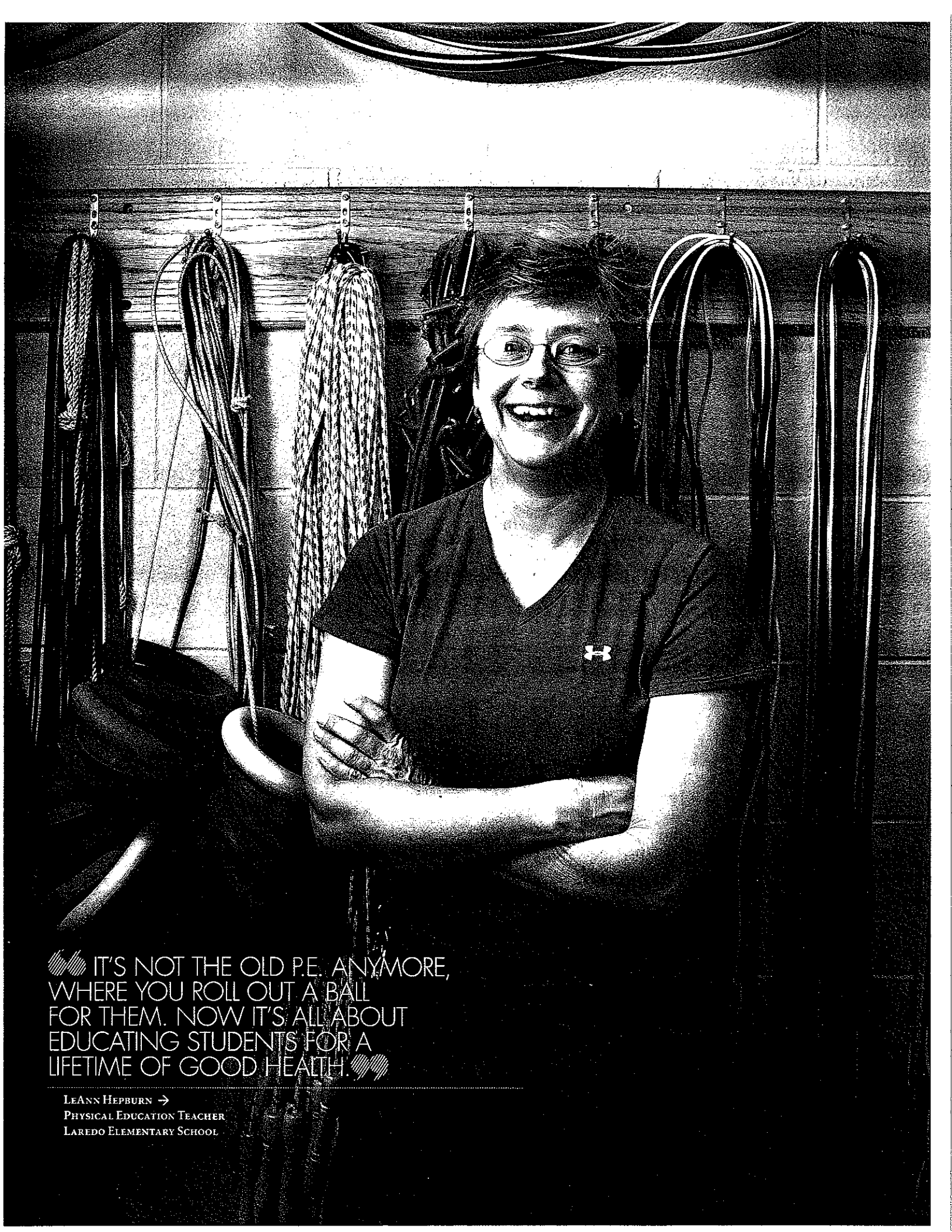
Hepburn is hopeful that Aurora's commitment to fitness will spread to other Colorado school districts.

"We've been the squeaky wheel here and pushed harder for P.E. than in most places," she says. "Our superintendent is putting a lot of weight on what we say. And this can work." ❁



HEALTHY LIVING

There are 54 schools in the Aurora Public Schools district serving 35,500 students. The Aurora Public Schools Physical Education Program aims to develop well-rounded, physically educated individuals - people who should be able to apply gained knowledge, skills and attitudes to lead active, healthy lifestyles.



IT'S NOT THE OLD P.E. ANYMORE,
WHERE YOU ROLL OUT A BALL
FOR THEM. NOW IT'S ALL ABOUT
EDUCATING STUDENTS FOR A
LIFETIME OF GOOD HEALTH.

LEANN HEPBURN →
PHYSICAL EDUCATION TEACHER
LAREDO ELEMENTARY SCHOOL

Julia Graham Lear, PhD, MA

School-Based Care Gains Momentum

BY SANDY GRAHAM

PHOTOGRAPH BY PHIL MUMFORD

➤ How do you define “school-based health care”?

That’s fairly straightforward: It’s health care located in schools. It can range from care provided by school nurses and aides to a full school-based health center, which is staffed by a primary care provider on-site providing the kinds of services you might see in a private medical office. The gold standard of school-based health care involves primary care, mental health services and health education – including education about the importance of good nutrition.

How widespread are school-based health programs, and how extensive are their services?

The most recent data we have are from the school year 2004-2005, from a survey done by the National Assembly on School-Based Health Care. The survey found 1,700 school-based health centers, but I wouldn’t be surprised if there are closer to 2,000 today. About 70 percent provide mental health and primary care services, while the other 30 percent are typically primary care only. So I’d say that about two-thirds of school health centers meet my model definition, and the reason the other third do not is simple: money.

What’s the biggest barrier to the success of school-based health care?

It’s money again, although we need to keep our eye on workforce issues. We all know about the shortage of primary care physicians. But it’s also true that nurse clinicians (who typically staff school clinics) are in short supply.

What about school-based health care really moves the needle?

Because they offer immediate access to students

and make it easy for students to get needed care, the centers have demonstrated their ability to improve outcomes for students with asthma and other chronic conditions as well as reduce the use of emergency rooms. While school-based health centers are in just 2,000 out of 90,000 schools, these centers have become a strong voice for school health. They are very effective advocates for the idea that school-based care can help kids get healthier.

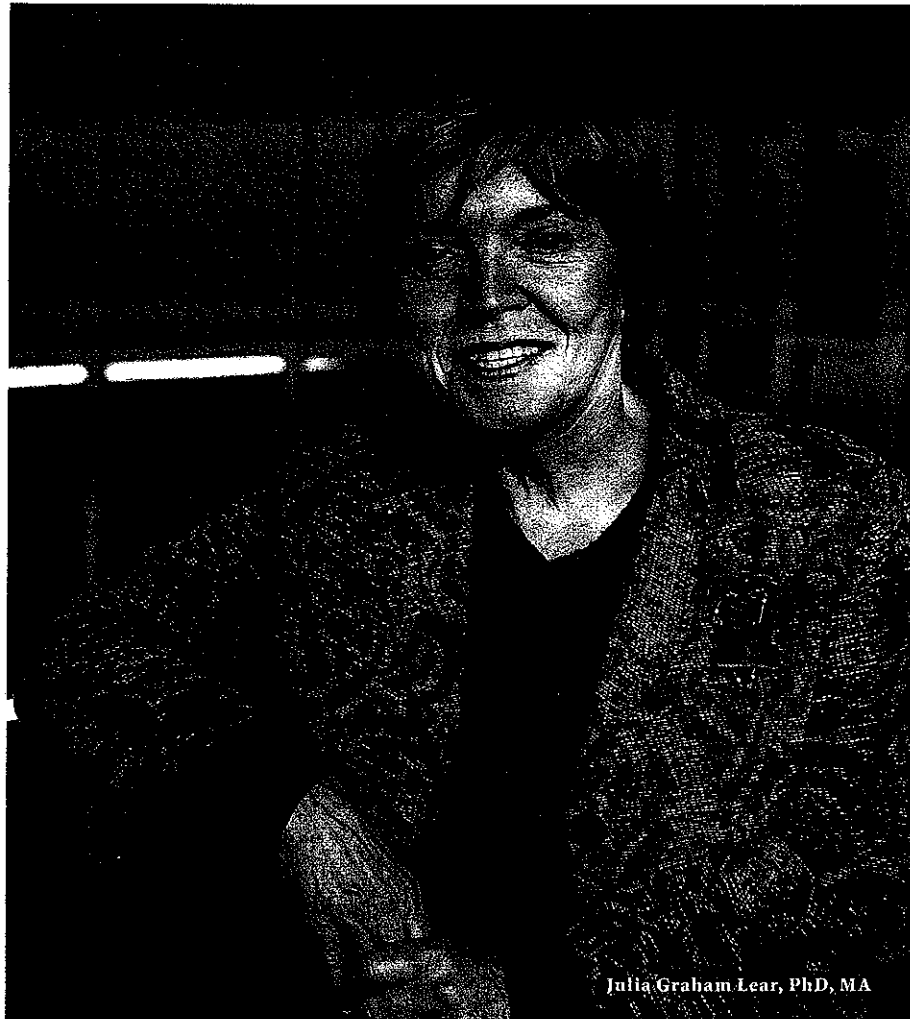
Where does Colorado stand when it comes to school-based health programs?

If you asked what state has made sure that leaders in education know about school-based health centers, Colorado pops right to the top. It’s pretty amazing. If you’re looking specifically at pioneers willing to do the hard work to put together peer-reviewed articles about school-based health clinics, Colorado is there. Why Colorado? Part of it is just the luck of having the right people at the right time. Part of it is the emergence of the nurse practitioner and licensed clinical social worker, which are mainstays of school-based clinics. Colorado was one of the first states to pass legislation to allow nurse practitioners to work without a physician on-site.

Is there good evidence that school-based health programs help kids get the care they need to be healthier?

There have been a number of articles published in peer-reviewed literature that have demonstrated the improvements among kids who received care in school-based health clinics. As noted earlier, several studies documented improved health status for children with asthma. For example, there was an absolute increase in the number of asthmatic children seen in school-based clinics who maintained themselves in the “green zone,” meaning they did not end up in the emergency room in crisis. Another recent study documented that school-based health centers in four elementary schools improved students’ perceptions of their health and well-being.

Is there good evidence that school-based health



Julia Graham Lear, PhD, MA

programs improve academic performance?

The research has not been as strong in that area as we would like. It makes a lot of sense that there would be some connection because we know that school-based health clinics increase "seat time." Children don't have to miss class as much for illness or doctor visits. When you bridge health care and education, however, you have to integrate two very different data sets, presuming people on both sides are willing and able to share those data. In large part, these studies haven't happened because the investment required to do a sustained investigation just hasn't been there.

We've been narrow in our view of academic performance, however. I think the more powerful contribution has been indirect. School-based health providers are a resource for teachers, frequently providing consultation on how to work with particular kids - especially those with mental health concerns. When I talk to principals, they like the fact that the health clinic frees up the school staff from having to spend a lot of time on medical or family emergencies and allows educators to do what they do best.

How does the medical home concept mesh with school-based health programs?

For a lot of kids, school-based health clinics are their medical homes. This is especially true as kids move into middle and high school and are less likely to see private pediatricians.

What can foundations like The Colorado Health Foundation do to help the cause of school-based health care?

Foundations have been leaders in this arena for some time. Foundations, perhaps more than public sector agencies, are in the position to be data-driven and if they see things that worked for 10 or 20 years but are not doing so well now, foundations can adjust and try something else. Foundations are good pioneers.

In addition to supporting the expansion of school-based health centers, foundations have the opportunity to tackle issues that could maximize the impact of the centers, such as identifying best practices in managing chronic diseases among children through school-based programs or testing approaches for more robust health promotion programs. The center has also advocated that foundations look at financing models for school-based care. Most of the patient care in the United States is paid by private and public insurers. It would be worth some experimenting to learn more about overcoming barriers to maximizing these insurance payments to school-based health centers.

Finally, I'd love to see foundations continue to collaborate with public and private sector partners to support the development of this still-fledgling field. Historically, neither schools nor the sponsors of school-based programs have had enough money to do these kinds of things. They don't have the dollars to invest in the ongoing research, training and policy development that the field requires. We need that backroom research and development to assure delivery of first-class school-based health programs. ✨

EDITOR'S NOTE *Julia Graham Lear, PhD, MA, is a research professor in the George Washington University Department of Prevention and Community Health in Washington, D.C. She directs the university's Center for Health and Health Care in Schools and, with support from the Robert Wood Johnson Foundation, has spent two decades helping implement a new model for health programs in schools.*

Commissioner Dwight D. Jones

Come Together: Joint Effort Needed on School Health

BY SANDY GRAHAM

RESEARCH SHOWS THAT STUDENTS WHO eat well, exercise and take care of their health achieve more in school, and surveys find that parents support school-based health efforts. So, why aren't Colorado schools doing more to advance kids' health?

It's the F word: "Funding, funding and funding," says Dwight D. Jones, Colorado commissioner of education. "The focus on improving academics also vies for time and money. The strong connection between good nutrition and physical activity and higher academic achievement has not been promoted."

The Colorado Department of Education is striving to do just that for Colorado school districts – although Jones admits that the CDE wishes it, too, had more money and staff to give these areas greater emphasis.

There's no doubt in his mind, however, that a student needs more to learn than a sharp pencil and a notebook. A growing body of research into nutrition, exercise and academic achievement shows "healthy students are better prepared and perform at higher levels in the classroom than students who are not," he points out.

EDITOR'S NOTE Dwight D. Jones became Colorado's commissioner of education in 2007. He heads the 300-person Colorado Department of Education, which provides leadership, consultation and administrative services to the state's 178 school districts. Under his leadership, the CDE has released a strategic plan, "Forward Thinking," that puts into action the department's mission: service and support to the field. Jones has been a teacher, principal and superintendent, and holds degrees from Fort Hays State and Kansas State universities. He and his wife have three children and live in Denver.

Jones cites "fascinating and very promising work" by John Medina, a professor of bioengineering at the University of Washington, who has developed 12 "brain rules." Topping the list: "Exercise boosts brain power." Other research shows that good nutrition heightens students' awareness and attention, Jones notes.

Through the Colorado Coordinated School Health Program, in collaboration with the Colorado Department of Public Health and Environment, the department is getting the word out to school districts about the newest research. The CDE Web site (www.cde.state.co.us/cdeprevention/index.htm) also highlights model programs and practices throughout Colorado that advance student health, fitness and nutrition. And its employees try to be models of good health habits. The CDE wellness committee launched a staff wellness program in February that includes monthly activities and information sessions.

"As we support and highlight research-based content and practices that get results, we contribute significantly to these kinds of decisions made in the field," Jones says. "We do this with reading, math and other content areas, and we can have a similar impact related to proper nutrition and wellness programs."

In a coordinated school health program, exercise and nutrition complement other practices such as providing direct health care through school-based health centers or community partnerships.

"Whether (providing health care) is the school's duty is debatable, but that schools have a vested interest is worth exploring," Jones says. "Proper preventive care and healthy habits support better attendance and academic achievement."

In communities with high percentages of poor and minority students – who are less likely to have health insurance or access to primary care – schools are partnering with local providers to meet students' health needs.

In 2003, the CDE received a five-year grant



▲ Dwight D. Jones, Colorado commissioner of education, meets seniors (from left) Jake Eitzen, Will Pietsch and Tyler Rashid during a visit to Estes Park High School. PHOTO COURTESY OF COLORADO DEPARTMENT OF EDUCATION



from the Centers for Disease Control and Prevention's Coordinated School Health Program. Partnering with the Colorado Department of Public Health and Environment, CDE has created a state infrastructure and funded local school districts to coordinate all health and prevention programs. The effort is supported by a state-wide coalition of interested organizations called Colorado Connections for Healthy Schools.

Initially, 15 schools participated but by the end of the pilot program, more than 130 schools had asked to join, says Karen Connell, co-director of the Coordinated School Health Program. A new CDC grant, plus funding from other sources, will help the state expand the program. "We're hoping to get half the schools in the state on board - that's 800 schools," Connell says.

And there is so much more to do, says the commissioner.

"We have only touched the tip of the iceberg; much more is needed with regard to technical assistance and coaching," Jones says. "If good information alone created better practices and healthy habits, we would already have a high rate of healthy students and a low rate of students with obesity. Unfortunately, that is not the case."

He doubts that legislating better health and

increased physical activity will work. Change has to come from the community.

"I do believe we need to raise awareness and garner strong community support," Jones says, citing the successful grass-roots effort that eventually brought about Colorado legislation that bans indoor public smoking.

Jones believes that foundations such as The Colorado Health Foundation can help build awareness and support.

"I believe if such organizations work in partnership with the department - supporting the promotion of programs and efforts that are working and providing technical assistance - we will be able to help change minds and habits," he says.

And Jones hopes that moms and dads statewide will pitch in as well.

"The fact that some parents allow students to eat junk food, watch a lot of television and play video games for hours is counterproductive to our efforts to create fit and healthy kids," Jones says.

"I have children myself, and I know it is not easy," he adds. "But with the right support and knowledge, I know it can be done - especially with younger children. I just need a little more help with my 16-year-old son who refuses to eat vegetables!" ❁

The 2009 Colorado Health Symposium

THE NEW HEALTH POLICY LANDSCAPE

THE COLORADO HEALTH SYMPOSIUM, formerly the Dorsey Hughes Symposium, is one of the leading national health policy conferences in the United States. For 28 years, the annual event has attracted cutting-edge thinkers in health care policy and reform efforts to share their ideas; debate policy; and interact with leaders from the health care industry, government, business, academia and the nonprofit sector.

The theme of this year's Colorado Health Symposium is "The New Health Policy Landscape." The symposium will take place July 30 to August 1 at the Keystone Resort and Conference Center in Keystone, Colo. Online registration is now open. For more information, visit www.ColoradoHealth.org, go to "News & Events," and click on "Events."



Upcoming Events

JULY 15, 2009

Grant Application Deadline

JULY 30 - AUGUST 1, 2009

2009 Colorado Health Symposium

OCTOBER 15, 2009

Grant Application Deadline

The Colorado Health Report Card Connection

The Colorado Health Report Card includes a mix of indicators that reflect the status of school-age children. These indicators are a good guide to track the Foundation's efforts to improve school health, an important goal contributing to its vision to make Colorado the healthiest state in the nation.

CO

08

	RANK
14.8 percent of children live in families with incomes below the federal poverty level.	17
45.8 percent of children have a primary care provider AND consistently received all needed care, including one or more preventive care visits during the past 12 months.	28
57.1 percent of school-age children participated in vigorous physical activity for four or more days per week.	37
12.1 percent of adolescents are not covered by private or public health insurance.	33
10.4 percent of adolescents live in families with incomes below the federal poverty level.	14
19.2 percent of adolescents ate five or more servings per day of fruits and/or vegetables during the past seven days.	16
70.1 percent of adolescents participated in vigorous physical activity on three or more of the past seven days.	5
25.0 percent of adolescents felt so sad or hopeless almost every day for two consecutive weeks during the past 12 months that they stopped doing some usual activities.	9

Growing Interest

Better Health Blooms in Student-Tended Gardens

BY REBECCA JONES

IT BEGAN SIMPLY AS A CLASSROOM exercise to teach inner-city youngsters about nutrition and the value of fresh produce. But four years later, it has produced a crop of enthusiastic young gardeners, and come summer, it will help feed whole neighborhoods.

The Youth Farmers Market began four years ago when students at Fairview Elementary – a school in the impoverished Sun Valley community on Denver’s west side – asked what would become of the spinach, lettuce, tomatoes and other vegetables they were learning to grow in their nutrition gardening class, taught by Denver Urban Gardens (DUG).

“They wondered what happened to the school garden during summer, when the students weren’t there,” says Judy Elliott, education and community empowerment coordinator for DUG, a nonprofit organization that manages more than 80 community gardens and small parks. Elliott has been teaching gardening to Denver Public Schools students for eight years. “And I asked them, ‘What are your ideas?’”

The 10-year-olds suggested keeping the garden going throughout the summer and selling the fresh produce to the community.

The students already had discovered that many of the freshly grown products they were learning about in class were not easily available to their families. Sun Valley has few full-service grocery stores.

That first summer, a dozen Fairview students were garden interns during the growing season, sacrificing summer vacation to earn a small stipend – and valuable experience – working in the school garden.

The program has now expanded to include Youth Farmers Markets at Fairmont and Steele elementary schools and Lake Middle School. Produce is sold at the schools and priced affordably.

At Fairview, DUG has partnered with the Colorado chapter of Les Dames d’Escoffier, a national organization of women active in the food,

beverage and hospitality industries, to teach the young gardeners to enjoy the fresh produce they grow. The children get monthly culinary classes. And they get to handle and taste products they might otherwise never encounter – like parsnips and blood oranges.

“It’s opened their minds to the possibilities,” says Elliott. “It’s expanded their diet and expanded their possibilities for what they can do in life.”

“I think it’s good because some people don’t know how to plant things,” says 10-year-old Fatuma Mugoya, a Fairview fifth-grader and one



▲ Fairview Elementary students Annette Espinoza (left) and Lauren Wilson tend the school garden with the help of Linda Cochran (left) and Jessica Romer.

of last summer’s garden interns. “I didn’t know how either, but I learned. And I like it very much.”

Mugoya has not only learned about planting seeds and tending gardens, she has learned that she loves passion fruit. And her world has grown a bit sweeter because of that knowledge. 🌻



In 2008, The Colorado Health Foundation awarded Denver Urban Gardens \$784,000 to increase the number of community gardens and school garden education programs, train volunteers to be master community gardeners, influence local land-use and food system policy, and advise organizations and communities in best practices related to community gardens and nutrition education.

Door's Open at School Clinic

BY SUE HAMMERTON, NP, CLINIC DIRECTOR,
SOUTH HIGH SCHOOL, DENVER PUBLIC SCHOOLS

PHOTOGRAPH BY PHIL MUMFORD

▶ WHEN PEOPLE ASK WHAT A TYPICAL DAY is like in our health clinic at Denver's South High School, health technician Sonya Sanchez and I have to laugh. There's no such thing!

South High has about 1,400 students, including teens from nearly 60 countries. I feel like I work in the United Nations, without being in New York! Most days, we see 10 to 12 students – with their parents' or guardians' permission. Students may need physical exams to play sports or routine immunizations. They might have gotten sick in class or suffered minor lacerations I can treat. They might need blood samples drawn to monitor chronic conditions. Strep tests, acne treatment, weight loss, mental health referrals – the list is nearly endless, and each day brings a unique mix through the door.

I'd say a huge service we provide is helping students better understand and manage chronic health conditions. Take Maria, for example. She first came to see me for a physical for basketball. As we talked, Maria (not her real name) told me she had had asthma for most of her life but wasn't taking medication regularly and had trouble getting in to see a doctor. Her mother's insurance coverage was on and off. I told Maria that the asthma drug albuterol has helped many of our patients and how to obtain the drug at a nearby pharmacy.

Then Maria had a serious asthma attack at school one day. She could barely catch a breath to tell me what had happened. I treated her attack with a nebulizer, which converts medicine to an inhalable mist. When she could speak again, Maria told me she had a nebulizer at home, but that it didn't work. I had her bring it in and found it needed only minor adjustments. She was able to use it to better control her asthma and hasn't shown up in the clinic in crisis since then.

To me, Maria's story is a prime example of how school-based clinics provide important access to care – maybe the only care some students get. During the 2007-2008 school year, our clinic saw

Maria 10 times. We saw her nine times last fall. I know she never could have gotten into a private doctor's office that often. But if she had, think of the cost and the disruption to her education. Here, she can schedule appointments before or after classes or during free periods. We're convenient, we're confidential, and we're free.

I think most students here take the clinic for granted. They don't realize that many high schools don't even have a full-time nurse on campus, let alone a clinic. But I see the critical needs we meet and hope that as the nation struggles with its economic crisis and funding for school-based health care looks less certain, our clinic and others across the nation will survive and thrive. ✨



▲ Sue Hammerton, NP, director of the South High School health clinic, stands at a map that shows the native countries of some of the students she treats.



EDITOR'S NOTE

Sue Hammerton, NP, came to the school-based health

center at Denver's South High School in February 2007, just a few months after the center opened. In 1995, she founded the school-based health center at Fort Collins' Centennial High School, and later spent seven years providing care in Guatemala. The South High clinic is one of 12 operated by Denver Health in metro-area high schools to deliver primary and mental health care and preventive and educational services to students who might otherwise have no access to care. The clinics see about 7,000 students a year. The Colorado Health Foundation provided \$1.3 million to The Denver Health Foundation to support Denver school-based health centers.



School Tools

The Colorado Health Foundation's Framework for Creating Healthy Schools



➤ If Colorado is to become the nation's healthiest state, we must focus our efforts on people of all ages and in all environments – from the young to the elderly, from the workplace to the home. Getting Coloradans off to a good start is particularly important so they can use these skills throughout their lives.

School is an obvious place to reach children and adolescents because of the many hours that they spend there. While educators must cope with decreasing school funding and pressures to raise academic performance, there is strong evidence that creating healthier schools has academic benefits, as described in this issue of *Health Elevations*.

Recognizing the tremendous influence schools can have on the health of their students and the positive effect this can have on student success, The Colorado Health Foundation suggests that school districts consider using the following framework to make Colorado schools healthier places:



NUTRITION

- Offer and promote only healthy foods and beverages.
- Incorporate nutrition education into school curricula for all grade levels.
- Build or remodel kitchen facilities to prepare healthy foods.
- Enact healthy school vending standards.
- Support school meal programs that exceed government standards.

PHYSICAL ACTIVITY

- Allow students to participate in daily physical activity.
- Build the infrastructure necessary for physical activity.
- Create safe routes for students to walk and bike to school.



HEALTH EDUCATION

- Incorporate health education, including nutrition education and high-risk behavior prevention, into the classroom.

HEALTH CARE SERVICES

- Improve access to preventive health care services, anticipatory guidance, chronic disease management and care coordination.
- Enroll students in public programs, especially Medicaid/CHP+.
- Increase and diversify funding for school-based health centers.

OTHER

- Offer health care and wellness programming to families and school staff.
- Enact standards for healthy school food, physical activity and health education.
- Increase the federal school meal reimbursement.
- Reward schools that create healthy schools.





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SCHOOL-BASED HEALTH CARE

Keeping children
healthy, in school,
and ready to learn



Colorado's children will have quality, integrated school health services that improve health status, optimize academic achievement, and enhance well-being.

We believe that every child should receive the care necessary to optimize health and well-being. We believe that good health is essential for student success and that delivering health care in schools will improve academic achievement.

Advocacy, Training, Technical Assistance,
Quality Assurance and Capacity-Building

If you want to learn more about school health or are interested in starting a school-based health center in your community, contact us!

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