

Healthy Children

Too many Colorado children live in poverty, and too few have health insurance. Roughly 127,000 (15 percent) of the state's children 12 years and younger lived at or below the federal poverty level during 2006–2008 (about \$20,650 for a family of four in 2007). Approximately 120,000 children had no form of insurance during this time period as well. Children without insurance are more likely to lack a medical home and thus are less likely to get coordinated medical, mental and dental care. Too few Colorado children get enough exercise, and 14 percent are obese. Unlike Colorado's adults who have the lowest obesity rate in the nation, Colorado's children rank in the middle of the pack with respect to obesity. This poor ranking along with lower ranks in many other indicators results in a low grade of D+.

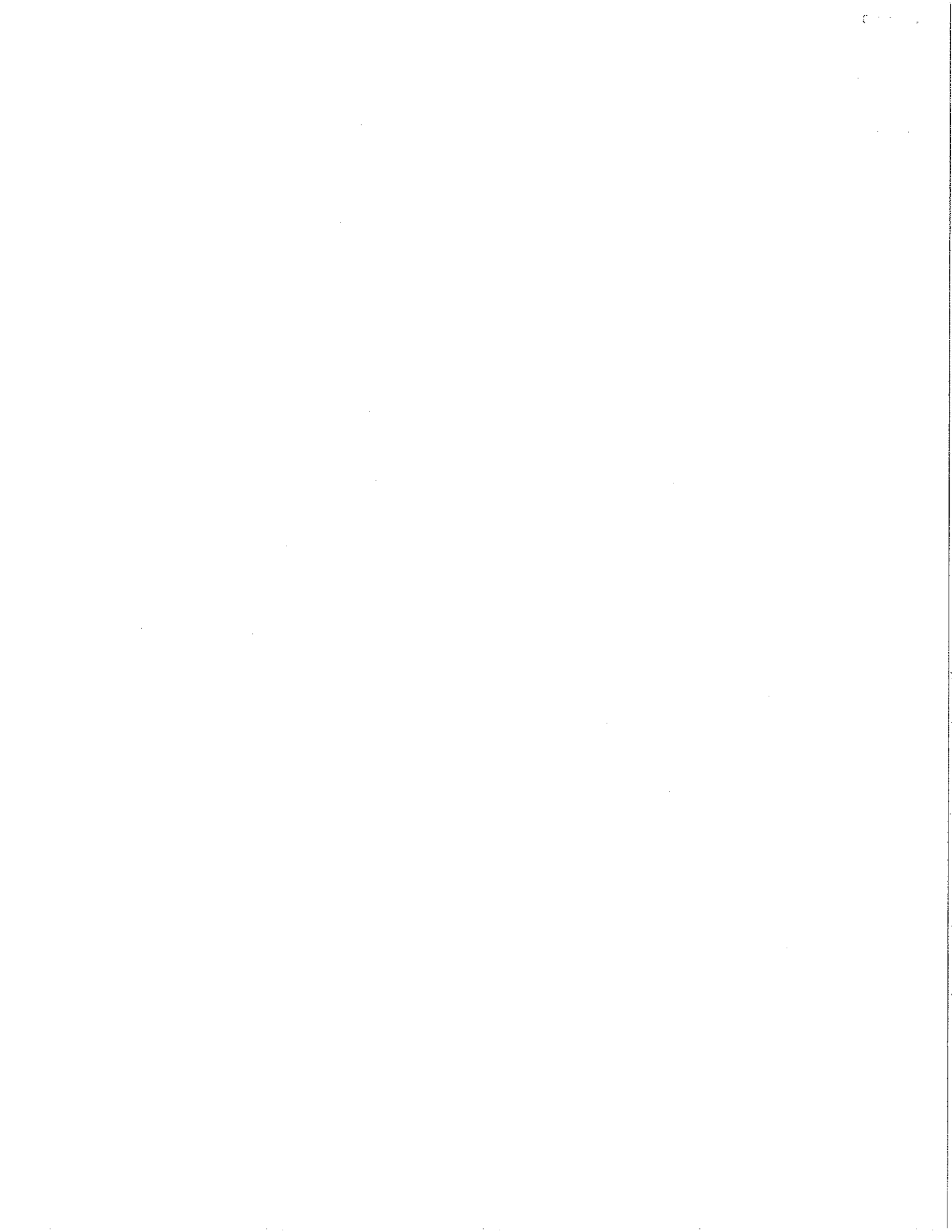
Insuring our children, seeing that they have a medical home and making sure they get enough exercise will better prepare them for the challenges of adolescence and adulthood.

Health Indicator	Rank among states
13.8 percent of children are not covered by private or public health insurance	45 th
14.6 percent of children live in families with incomes below the federal poverty level	13 th
59.3 percent of children have a medical home that is accessible, continuous, comprehensive, family-centered, coordinated and compassionate	30 th
77.0 percent of children received all the routine dental preventive care needed in the past 12 months	38 th
64.1 percent of school-age children participated in vigorous physical activity for four or more days per week	34 th
14.2 percent of children are obese	23 rd

Average Rank 30.5

Average Grade

D+



Vigorous Exercise

Healthy Children

Most recent CO value (2007)	CO rank (2007)	CO value (2007)	Best state (2007)	Best state value (2007)	HP2010 target
64.1%	34/50	64.1%	Minnesota	72.8%	NA

Indicator Definition

Children (ages 6–17 years) who participate in at least 20 minutes of vigorous physical activity (i.e., physical activity that made them sweat and breathe hard for at least 20 minutes) at least four days per week.

Indicator Significance

As the number of children who are overweight and obese increases, so does the number of children who have low levels of physical activity. Inactive children are more likely to become inactive adults. A lack of physical exercise results in an increased risk for overweight, obesity and chronic disease. Participating in frequent vigorous physical activity is a protective factor for children that results in psychological and social well-being and reduces the risk of premature death as adults.¹

Colorado Specifics

National data from the National Survey of Children's Health indicate Colorado's children rank 34 out of 50 states for reported vigorous physical activity. Although the percent of children engaging in vigorous physical activity rose from 57 percent to 64 percent between 2003 and 2007 in Colorado, many states have higher levels. Children living in families with incomes below the poverty level engage in much lower levels of physical activity compared to children in higher income families.

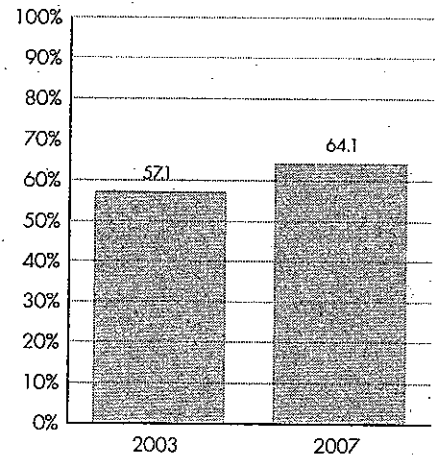
Promising Initiatives

Safe Routes to School (SRTS) is a national program that creates safe, convenient and fun opportunities for children to bicycle and walk to and from school by improving sidewalks and traffic safety. The national SRTS program is federally funded and the management and administration of the program is delegated to state departments of transportation.²

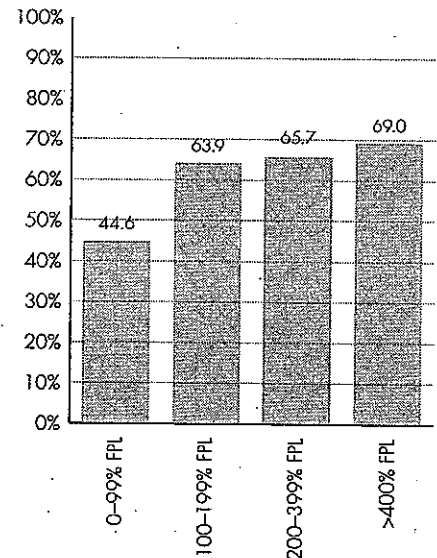
In Colorado, funds have been distributed to school districts, schools, cities, counties, state and tribal entities for projects that encourage physical activity opportunities for students in grades K-8 as they travel to and from school. Nonprofits are required to partner with a state subdivision to apply for funding.

One promising Colorado SRTS program is based in Boulder. In 2007, the City of Boulder received \$193,000 from SRTS to improve sidewalks, paths and ramps, and Boulder Valley Schools received an additional \$36,000 to promote physical activity

Children who participated in vigorous physical activity in Colorado⁴



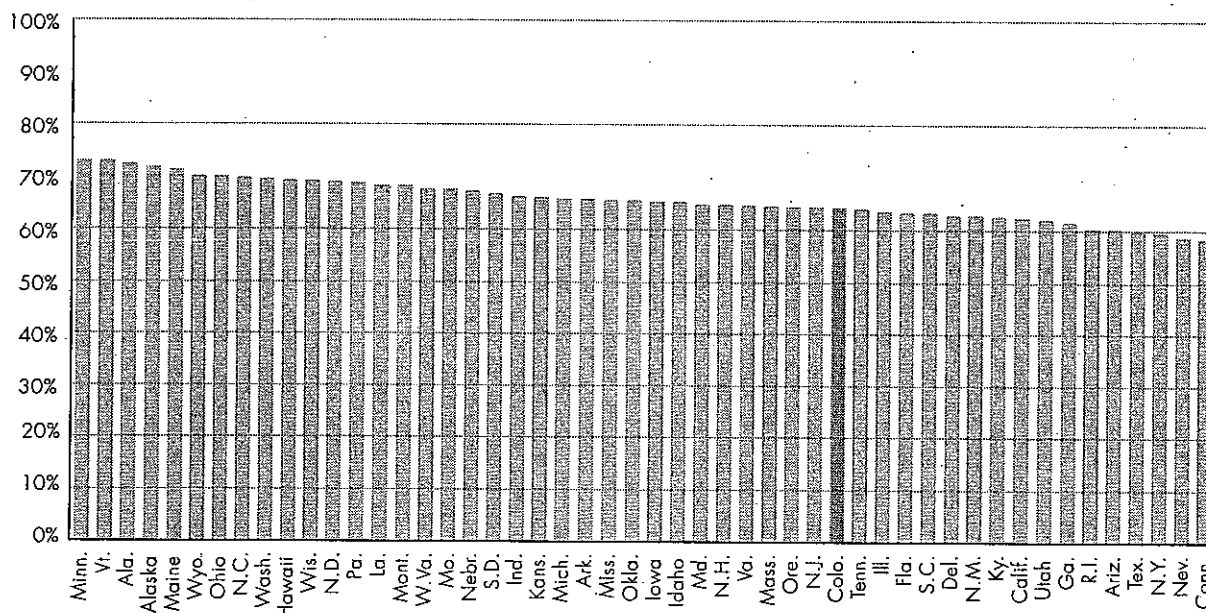
Children who participated in vigorous physical activity by income in Colorado⁵



Vigorous Exercise (continued)

programs. Foothill Elementary in the Boulder school district used the grant to expand “Walk and Wheel Wednesdays,” a program developed in 2005 designed to increase students’ interest and participation in walking or biking to school. The school also made infrastructure improvements to increase pedestrian and bicycle safety on sidewalks and crosswalks. Between November and May of the 2006–2007 school year, the number of students walking and bicycling to school increased by 8 percent.³

Children who participated in vigorous physical activity⁶



Text

- Centers for Disease Control and Prevention. “Healthy Youth.”
- National Center for Safe Routes to School.
- Colorado Department of Transportation, *Safe Routes to School Program*.

Charts

- Source: National Center for Health Statistics, National Survey of Children’s Health, 2003 and 2007, Centers for Disease Control and Prevention.
- Source: National Center for Health Statistics, National Survey of Children’s Health, 2007, Centers for Disease Control and Prevention.
- Source: National Center for Health Statistics, National Survey of Children’s Health, 2007, Centers for Disease Control and Prevention.



Poverty

Healthy Children

Most recent CO value (2006–2008)	CO rank (2006–2008)	CO value (2006–2008)	Best state (2006–2008)	Best state value (2006–2008)	HP2010 target
14.6%	13/50	14.6%	New Hampshire	7.7%	NA

Indicator Definition

The percentage of children (ages 0–12 years) who live in a family with an annual income below the federal poverty level, which in 2007 was \$20,650 for a family of four.

Indicator Significance

Low-income children are at risk for a range of health-related problems that stem from not having health insurance coverage or access to comprehensive health care services.¹ Nationwide, more than 10.7 million children 12 years and younger (20 percent) lived in families with incomes that fell below the federal poverty level in 2008.²

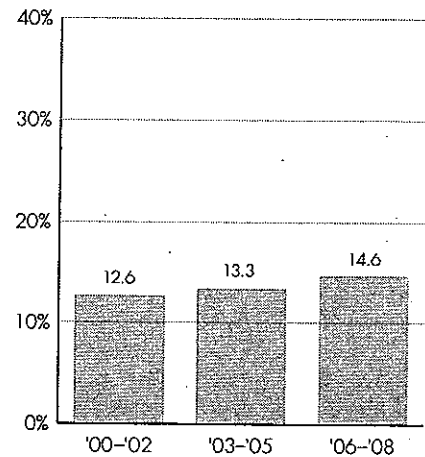
Colorado Specifics

Poverty dramatically affects Colorado's children and their overall well-being, contributing to poor health and low academic performance. Colorado ranks 13th out of 50 states for children living below the federal poverty level, with 15 percent or approximately 127,000 children living in poor families.³ Colorado's child poverty rate has inched up slightly in recent years. Child poverty rates are four times higher for black and Hispanic children compared to white children. While the poverty rates for Colorado black and Hispanic children are higher than national levels, the poverty level for white children is much lower than the national average, creating greater ethnic and racial disparities in Colorado.

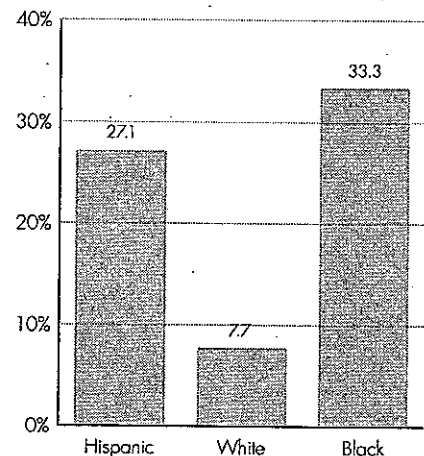
Promising Initiatives

The *Harlem Children's Zone* (HCZ) has developed a comprehensive and holistic approach to combating childhood poverty in New York City by responding to the social, health and educational needs of low-income children and their families. The HCZ began as a one-block pilot in the 1990s in a neighborhood with high rates of childhood poverty (39 percent) and has now expanded to 60 city blocks in Harlem. The HCZ model is based on five core principles: engage the entire neighborhood to transform the physical and social environment in which children grow and develop (culture change); create a pipeline of support through programs inside and outside the schools that link children, their families and the community in an uninterrupted support network; build community partnerships between residents, institutions and stakeholders to create a healthy environment; evaluate program outcomes and build in an informed outcomes-based decision-making process; and reinforce a culture of success based on accountability, teamwork and community leadership.⁴

Children living in families with incomes below the federal poverty level in Colorado⁵



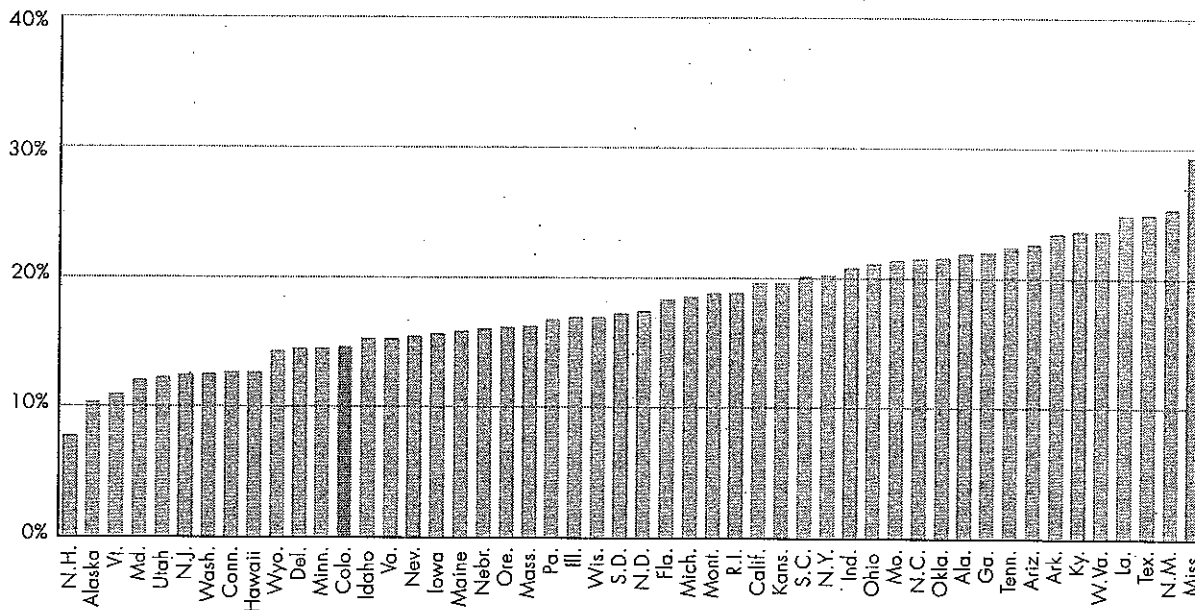
Children living in families with incomes below the federal poverty level by race/ethnicity in Colorado⁶



Poverty (continued)

One of the main goals of the HCZ is to intervene as early as possible in the lives of children by laying the foundation for healthy growth and development and ensuring that children are fully engaged in success-oriented activities as they grow. Baby College is one strategy that includes workshops for expectant parents and those with infants up to 3 years old. The "college" provides parents with the skills and knowledge necessary to raise healthy children in a healthy environment. There are also school-based programs for all children between preschool and senior high school. A related goal is to educate parents about what it takes to help their children succeed. Activities such as community-based coalitions to improve housing conditions and assist families to access counseling, financial and legal services are integral to the program.

Children living in families with incomes below the federal poverty level⁷



Text

1. Institute of Medicine. "America's Children: Health Insurance and Access to Care"; 1998.
2. U.S. Census Bureau. Current Population Survey, CY 2008.
3. Population estimates in this sentence come from the Current Population Survey (2006–2008) and refer to children ages 0 to 12 years.
4. The Harlem Children's Zone.

Charts

5. Source: Colorado Health Institute analysis of the U.S. Census Bureau's Current Population Survey, 2000–2008.
6. Source: Colorado Health Institute analysis of the U.S. Census Bureau's Current Population Survey, 2006–2008.
7. Source: U.S. Census Bureau, Current Population Survey, 2006–2008.



Obesity

Healthy Children

Most recent CO value (2007)	CO rank (2007)	CO value (2007)	Best state (2007)	Best state value (2007)	HP2010 target
14.2%	23/50	14.2%	Oregon	9.6%	5%

Indicator Definition

Obesity for children (ages 10–17 years) is defined as having a Body Mass Index (BMI) at or above the 95th percentile on the Centers for Disease Control and Prevention's gender- and age-specific revised Growth Charts for the United States. The BMI for children and adolescents is a number calculated from a child's weight and height. BMI measurements for children and adolescents reflect normal differences in body fat between boys and girls while considering differences in body fat at various ages. It provides a reliable indicator of body fat and is used to screen for excessive weight gain that may lead to health problems. BMI-for-age calculated from the National Survey of Children's Health is based on parent-reported height and weight of children. Past comparisons with independent height and weight measurements of the same children in the survey reveal that children under 10 years of age generally had underreported height and overreported weight measurements by their parents. Therefore, BMI for children under 10 years of age has not been included as part of this indicator.

Indicator Significance

The proportion of children ages 6–11 in the United States who are obese increased from 7 percent during 1976–1980 to 17 percent during 2003–2006.¹ The growing proportion of children who are obese has been described as an epidemic requiring an immediate policy response. For the first time in history, children in the United States may have a lower life expectancy than their parents due to the increased incidence of obesity and related conditions such as diabetes, hypertension and heart disease. Using the *Healthy People 2010* guidelines, all states are far from achieving the goal of a childhood obesity rate of 5 percent or less.²

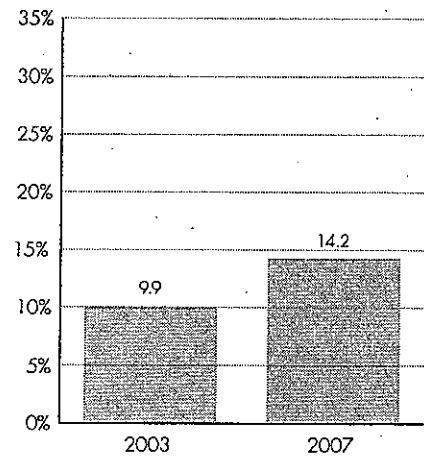
Colorado Specifics

Data from the National Survey of Children's Health indicate Colorado ranks 23rd compared to other states in the proportion of children who are obese. Between 2003 and 2007, the number of children between the ages of 10–17 years who are obese rose from 48,000 to 72,000 in Colorado. Hispanic children were three times more likely to be obese than white children.³

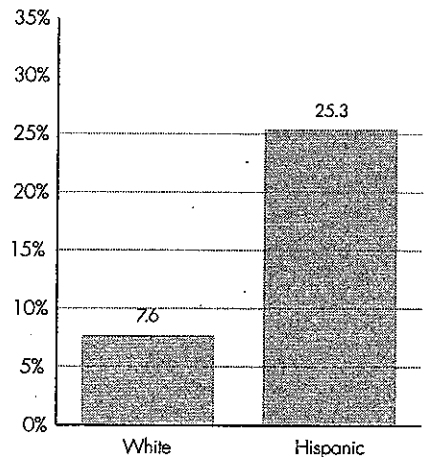
Promising Initiatives

In 1998, the U.S. Department of Agriculture (USDA) launched a childhood obesity prevention initiative through the Women, Infants and Children Supplemental Nutrition Program (WIC) called *FIT WIC*. Five *FIT WIC* projects were funded over three years in California, Kentucky, Vermont, Virginia and the Inter Tribal Council of Arizona. Each project team developed tailored programs to increase healthy eating behaviors and physical activity levels among their WIC participants.⁴

Obese children in Colorado⁵



Obese children by race/ethnicity in Colorado⁶

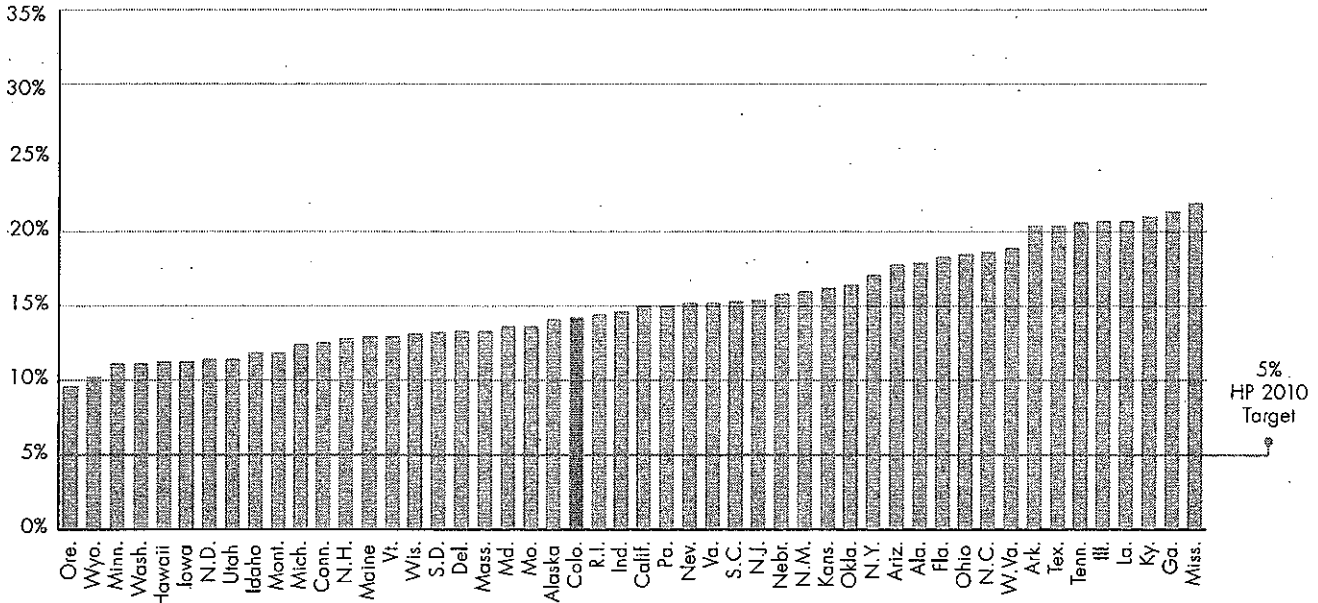


Obesity (continued)

In Vermont the WIC program serves half of all pregnant women and infants in the state and about 35 percent of all children under the age of 5 years. The Vermont *FIT WIC* project developed the "FIT WIC Activity Kit" to increase active physical playtime and decrease sedentary time for 3- and 4-year-olds. WIC mothers were given an activity kit with information about the important relationship between cognitive and physical development, ideas for incorporating physical activity into everyday routines, specific skill-building activities designed to enhance physical development and learning among young children and information about active community resources for family outings.

Within two weeks of receiving the activity kit, almost three-fourths of WIC mothers reported using it at least four times throughout the week. WIC mothers also reported increased confidence in their ability to teach play skills to their children and increases in the time their child spent in active play throughout the day.

Obese children⁷



Text

- Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.
- Centers for Disease Control and Prevention. "Overweight Prevalence"; June 20, 2008.
Arkansas Center for Health Improvement. "Tracking Progress: Third Annual Arkansas Assessment of Childhood and Adolescent Obesity"; August 2006.
- Colorado Department of Public Health and Environment. Child Health Survey, 2008.
- The Center for Weight and Health, *FIT WIC*.

Charts

- Source: National Center for Health Statistics, National Survey of Children's Health, 2003 and 2007, Centers for Disease Control and Prevention.
- Source: National Center for Health Statistics, National Survey of Children's Health, 2007, Centers for Disease Control and Prevention.
- Source: National Center for Health Statistics, National Survey of Children's Health, 2007, Centers for Disease Control and Prevention.

