



The Colorado Health Foundation™



REPORT

Healthy Schools: Key to a Healthier Colorado

January 2009



Overview

If the 156 third-graders at Mountain View Elementary School in Broomfield, Colo., follow state health trends, 40 students 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 a regular primary care provider.

One thing all of these children have in common is that they spend almost half of their waking hours in school,¹ making it the ideal place to focus efforts to make them healthier. In school, children are a captive audience. And since it's easier to change behaviors in children than in adults, schools are an excellent setting to cultivate healthy habits that persist into adulthood.

Schools are also the best place to identify adolescents who are at risk of, or who are already engaging in, unhealthy behaviors. Many of the most costly health problems stem from behaviors established during adolescence. Applying statewide estimates to the 447 tenth-graders at Denver's Abraham Lincoln High School suggests that 88 kids are overweight or obese, 310 don't eat enough fruits and vegetables, 137 abused alcohol in the past month and 132 are sexually active. Behaviors such as these affect attendance, grades, test scores and concentration. High school students who are binge drinkers or use marijuana, for example, are 20 percent more likely to have low grades.² Health-risk behaviors also increase the likelihood of dropping out of school. Academic success is associated with college graduation, and college graduates are much more likely to have higher incomes and health insurance. Income is also strongly correlated with better health.

Why are Colorado School Children So Unhealthy?

Despite its reputation as a lean and healthy state, too many of Colorado’s children and adolescents are either unhealthy or engaging in unhealthy behaviors (Table 1). The problem is multidimensional and includes an increased prevalence of obesity, poor nutrition, inadequate physical activity, lack of access to health care and the built environment. Parental knowledge and attitudes play a role as well.

Table 1. *Health Status of Children and Adolescents in Colorado*

Health indicator	Children (age 0-12 years)	Adolescents (age 13-17 years)
No health insurance	14.2%	12.1%
Overweight	12.8%	9.8%
Obese	9.9%	9.8%
Insufficient physical activity	42.9%	29.9%
No primary care physician/did not receive all needed care in past 12 months	54.2%	na
Did not receive all routine preventive dental care in past 12 months	39.5%	na
Does not eat 5 or more servings of fruits and vegetables per day	na	69.4%
Depressed	na	25.0%
Attempted suicide in past 12 months	na	6.7%
Abused alcohol in past 30 days	na	30.6%
Sexually active in past 3 months	na	29.5%

na = data not available

Sources: The Colorado Health Foundation. *2008 Colorado Health Report Card: Understanding the Numbers*; Colorado Department of Public Health and Environment. *2006 Colorado Health Watch: Adolescent Health* and *2007 Child Health Survey*.



Obesity

Colorado has some of the lowest rates of obesity in the country, but historic trends have generally followed the upward slope of the nation as a whole. More than one in 10 Colorado children is currently obese, which spells disaster for both their future and the future of our health care system. This is because the majority of obese children are destined to become overweight or obese adults, with the attendant health—and health care cost—consequences.³

Obese children are at increased risk for medical conditions such as asthma and diabetes and for psychosocial problems such as depression and low self-esteem.⁴ Obese children are also more likely to perform poorly in school. Well-designed clinical trials have shown a consistent relationship between higher academic achievement and lower body mass index (a measure of weight relative to height), physical activity and good dietary habits.⁵ One study found that, compared with normal-weight middle school students, overweight students have significantly lower grade point averages (0.4 letter grade lower on a 4.0 scale) and 11 percent lower reading scores.⁶

Nutrition and Physical Activity

The two leading causes of obesity are poor diet and inadequate physical activity. Like the rest of the nation, children and adolescents in Colorado spend too much time watching television and using the computer and not enough time exercising.

Poor diet can be the result of a variety of factors. In the typical low-income neighborhood, it is easier to find a fast food restaurant than a store that stocks affordable fresh produce. In many schools, children are served high-fat and high-sugar foods. They can buy beverages loaded with empty calories in school vending machines. And their parents may not know how to shop for and cook healthy meals.

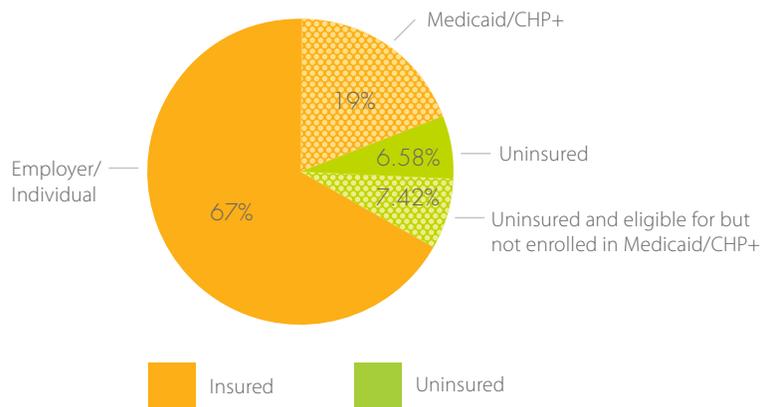
Diet too affect academics. A study of fifth-graders found that those with a poor diet—too much fat and refined sugar and not enough fruits, vegetables and whole grains—were from 26 to 41 percent more likely to fail standardized reading and writing tests than their peers who consumed healthier diets.⁷

Health Care Access

Health care access is often a function of insurance status. In Colorado, an estimated 175,000 children and adolescents do not have health insurance. About 53 percent, or 92,750 of them, are eligible for but not enrolled in Medicaid or CHP+⁸ (Figure 1). The effects of uninsurance are staggering. Children without health insurance are 2.5 times more likely to go without needed medical, dental or other health care than children with insurance.⁹ Even having insurance doesn't guarantee access to health care services. Colorado is experiencing a chronic shortage of health care providers, and many providers won't accept new patients on Medicaid/CHP+. Some children are underinsured, i.e., despite having coverage, their parents still can't afford needed care for their children. And underinsured children face the same health care access problems as uninsured children.

Limited access to health care is particularly detrimental to children with chronic conditions. Between 12 and 13 percent of Colorado children and adolescents have a chronic condition; 38 percent have asthma and 22 percent have depression, anxiety, an eating disorder or other emotional problem.¹⁰ Four in 10 of these children have problems at school due to increased absenteeism, disease symptoms or treatment side effects.¹¹ Children with asthma, for example, miss an additional 4.3 days of school compared with children without asthma.¹²

Figure 1. *Insurance Status of Colorado Children*



Sources: Kaiser Family Foundation. "State Health Facts: Colorado"; The Lewin Group. "Colorado Baseline Coverage and Spending"; June 19, 2007.

Built Environment

In low-income and urban neighborhoods, children may not have access to safe and convenient places to play and exercise, and can't walk or bike to school. They are victim to their "built environment," a term used to describe the man-made surroundings that provide the setting for human activity. Underserved areas rarely have parks and playgrounds. Even when these venues are available, being in them—or getting to them—may be too unsafe to risk. Emerging research suggests a link between the built environment and academics, with one study showing that children who live in unsafe neighborhoods have lower grades.¹³

Just as school may be the only place a child can eat a nutritious meal, school may also present the only opportunity for exercise. Yet, Colorado is one of only four states that does not mandate physical education in schools.¹⁴

Parents

Parents who model healthy behaviors raise healthy children. Unfortunately, many parents don't understand the benefits of nutritious foods. Limited knowledge of the health care system may keep them from getting care for their children. Other problems include transportation difficulties, cultural or language barriers, and work schedules. Some parents are unaware that their children qualify for Medicaid/CHP+, while others are intimidated by the application process.

What Are Healthy Schools?

Healthy Schools provide children from birth through grade 12 with nutritious meals, opportunities for exercise and access to basic health care. A Healthy School can be a model for the traditional PK-12 school. It can also be adapted for early childhood education and care centers. When children attend a Healthy School, they can take full advantage of their learning opportunities. However, building a Healthy School is no small feat. It requires:

- Enthusiastic and sustained leadership from educators
- Involvement of parents
- Appropriate facilities
- Sufficient resources.

Why don't we have more Healthy Schools? Among the barriers are:

- Lack of statewide leadership on merging health and education
- Heavy emphasis on Colorado Student Assessment Program (CSAP) testing, leaving insufficient time for other activities
- Not enough funding to sustain efforts.

The first step to becoming a Healthy School is understanding its components (Table 2).

Table 2. *Characteristics of a Healthy School*

Provides nutritious meals, snacks and beverage options
Offers and promotes only healthy foods and beverages to students and staff through meal programs, vending machines and non-cafeteria food
Offers a healthy universal breakfast program
Incorporates nutrition education into school curricula for all grade levels
Has necessary kitchen facilities to prepare healthy foods or has nutritious breakfasts and lunches
Sources food locally when possible
Requires that children are physically active every day
Ensures that children can walk safely to school
Makes physical activity a part of the school day
Has the infrastructure necessary for physical activity, e.g., access to bike paths, sports fields, playgrounds, gymnasiums, etc.
Teaches students what it means to be healthy
Offers comprehensive health education that includes nutrition education, high-risk behavior prevention and sex education
Provides access to health care services
Ensures access to health services students need (either on-site or by referral to community providers)
When health care services are offered on-site, ensures they are of high quality, tailored to meet student needs, integrated with existing school services that promote healthy kids and linked with the existing health services in a community
Provides access to preventive health care services, guidance for at-risk children and teens to prevent unhealthy behaviors such as substance abuse, chronic disease management and care coordination
Enrolls eligible students in public programs, especially Medicaid/CHP+



Strategies to Achieve Healthy Schools

There is growing interest in seeking partnerships with schools and early childhood centers interested in changing the health of Colorado's children. A variety of methods can be used to make schools healthier.

Policy Change and Coalition Building

One strategy is to work with legislators and school leaders to change school policies governing the types of food, snacks and beverages available in school, along with the amount of physical activity. It is also important to build coalitions among school leaders, parents and members of the community to create a united effort to advocate for change. An example of this is The Colorado Health Foundation's Beverage Campaign, which commissioned a poll to survey Colorado voters' views on nutrition in schools. Results showed overwhelming support for increasing nutritional standards for school meals (94 percent of voters), replacing unhealthy vending machine snacks with healthy snacks (82 percent) and having only healthy beverages in vending machines (80 percent).

Working with Individual Schools

Many schools are operating under tight budgets. Funding may be barely adequate to cover academic requirements. Funds from independent organizations can be used to establish pilot programs that test various components of Healthy Schools, for example, equipping school kitchens to prepare healthy meals. The Namaste Charter School in Chicago is an inspirational example. This elementary school was created to address the problem of childhood obesity and has made physical fitness and nutrition core components of its academic curriculum.

School-Based Health Centers

SBHCs are health care facilities located within or on school grounds. They are staffed by a multidisciplinary team of medical, behavioral and sometimes dental health professionals. There is striking evidence of their effectiveness. For example, elementary students with access to an SBHC:

- Are almost twice as likely to have a physician visit and significantly more likely to have a dental exam during the school year¹⁵
- If on Medicaid, are more likely to receive preventive services and less expensive to insure because of lower rates of hospitalization and emergency room use¹⁶
- If they have asthma, are half as likely to require hospitalization for it, and they miss 3 fewer school days than asthmatic children without SBHC access.¹⁷

The benefits of SBHCs may be even more pronounced in adolescents, who despite their propensity to engage in health risk behaviors are less likely to seek needed care for the consequences of these behaviors than other age-groups. The reasons for this include embarrassment, fear that their parents will find out and concern about the reaction of their peers. One study credited SBHCs for the decline in pregnancy among black Denver high school students in the 1990s, when the teen fertility rate dropped from 165 births per 1,000 in 1992 to 38 births per 1,000 in 1997.¹⁸ Another study found that pregnant teens from low-income families who received prenatal care at an SBHC missed 12 fewer school days and were half as likely to drop out as girls receiving non-school-based prenatal care.¹⁹

Adolescents with SBHC access are also 10 times more likely to make a mental health or substance abuse visit and from 38 to 55 percent less likely to have an emergent or urgent care visit.²⁰ They are also more likely to receive coordinated care,²¹ to have at least one comprehensive health supervision visit where they are screened for high-risk behaviors and receive anticipatory guidance,²⁰ and to receive an influenza vaccine, tetanus booster and hepatitis B vaccine.²² And they are significantly more likely to stay in school and graduate.²³

However, despite their proven efficacy, SBHCs are financially vulnerable, particularly in these tough economic times.

Parent Education

Parent education is very important to the success of Healthy Schools. Parents who understand the value of nutrition and exercise are likely to provide healthy role models for their children. Surveys indicate that Colorado adults respond positively to messages relating to health and fitness, and to messages that we need to work together to address the issue of unhealthy snacks and beverages in schools. Education may also be needed to dispel misconceptions. For example, some parents believe that adding physical activity to the school curriculum would take time away from other subjects and hinder their child's academic performance. In fact, overwhelming evidence shows that taking time from "academic" subjects for physical activity has no effect on grades.²⁴



Why Healthy Schools are Important to The Colorado Health Foundation

Healthy Schools can help the Foundation achieve its vision that Colorado will be the healthiest state in the nation. The healthier our schools, the healthier our future. The impact of Healthy Schools crosses over into all three of the Foundation's goal areas.

Healthy Living

Access to nutritious meals, snacks and beverages, and physical activity equips children with the components of **Healthy Living**. There is clinical evidence that Healthy School practices can help the Foundation achieve its goal of reducing the incidence of obesity in school children. In one large study, a two-year school-based nutrition and physical activity intervention reduced the prevalence of obesity by almost 30 percent.²⁵ Healthy Schools can affect all six **Healthy Living** measurable results:

- Increase number of children and adults engaging in moderate or vigorous physical activity.
- Increase number of children and adults eating adequate amounts of fruits and vegetables daily.
- Increase number of children who receive healthy meals at school and have access to healthy vending choices.
- Increase number of underserved Coloradans who have convenient access to recreational exercise and fruits and vegetables.
- Increase number of parents educated on child development, nutrition and preventive health care.
- Increase number of Coloradans educated on chronic disease management.

The measurable results that include adults can be affected by Healthy Schools that stay open during non-school hours for community members to exercise and learn about nutrition and health. And schools with an SBHC can provide education about chronic disease self-management.

Health Coverage

Healthy Schools also play a major role in ensuring that all Coloradans have **Health Coverage**. SBHCs ensure adequate coverage because they treat uninsured and publicly insured children. SBHCs can also identify uninsured children who are eligible for public programs and help enroll them. As a result, there can be dramatic effects on both **Health Coverage** measurable results:

- Increase number of children and adults who have adequate health coverage.
- Increase enrollment of eligible Coloradans in Medicaid/CHP+.

Health Care

SBHCs can deliver quality, coordinated **Health Care** to children and to adults in the surrounding community. In this way, Healthy Schools can affect three of the four **Health Care** measurable results:

- Increase the number of underserved Coloradans who receive integrated care.
- Increase the number of underserved Coloradans who regularly receive primary, mental and oral health care.
- Increase the number of patients who receive evidence-based care for chronic disease.

What The Colorado Health Foundation is Doing

The Foundation funds a wide range of projects to support and encourage Healthy Schools. Here are examples of some of these grants.

Colorado Association for School-Based Health Care

The Colorado Association for School-Based Health Care (CASBHC) is a nonprofit established in 1996 whose mission is to “keep children healthy, in school and ready to learn.” The organization provides leadership, training and technical assistance, and quality assurance programs to the 45 SBHCs in Colorado. Of students who use these SBHCs, 45 percent do not have insurance and 28 percent are on Medicaid/CHP+.²⁶ The Foundation granted CASBHC a total of \$170,000 in 2007 and 2008 to support the expansion of school health services throughout Colorado.

Children’s Health Foundation

The Children’s Health Foundation is a Colorado nonprofit whose goal is to “create systemic changes in schools and communities to ensure school safety, prevent childhood obesity and reduce stress-related pathologies in children.” It focuses on childhood obesity and school safety. In 2008, the Foundation granted this organization almost \$135,000 for its “Healthy Nutrition in Schools Project.” The goal of this program is to increase the nutritional quality of the food served to the nearly 5,000 students in Garfield School District RE-2 by:

- Increasing the consumption of fresh fruits and vegetables
- Eliminating 95 percent of all processed foods from school meals
- Creating a sustainable “cook from scratch” food service program
- Obtaining as much school food and drinks as practical from local sources.

The Garfield School District’s modest size made it an attractive candidate for school meal reform, a task that would have been much more difficult in a larger school district. In addition, the superintendent of the Garfield School District offered his full commitment to the project.



Planning for Healthy Schools

The Foundation initiated the first phase of its “Healthy Schools” program in 2008. It benefits two rural school districts: Garfield RE-2, which has 4,848 students, and Montrose RE-1J, with 6,512 students. The initial investment of \$182,500 is being used to assemble a multidisciplinary team of experts to develop plans for promoting health and delivering health care services to these two school districts. There are two main goals:

- Develop a plan to improve the school lunch program, increase physical activity and establish SBHCs in both the Garfield RE-2 and Montrose RE-1J School Districts.
- Create a replicable plan that can be used by other schools interested in promoting the health of their students.

This grant can have measurable effects on all three of the Foundation’s goal areas.

Healthy Schools Partnership

The three-year, \$1.6 million grant the Foundation awarded to Community Health Services in 2007 is being used to expand the number of SBHCs, integrate primary care and mental health care, and support the use of SBHCs to promote healthy living for the 7,000 students in Adams County School District 14. This project, “Healthy Schools Partnership: A Prototype for School-Based Health and Prevention,” is the direct result of an earlier planning grant from the Foundation. Partners in the planning and implementation of this project include the Colorado Foundation for Families and Children, Adams County School District 14, City of Commerce City and the Tri-County Health Department.

Colorado Healthy Living School Beverage Campaign

In 2008, the Foundation joined a diverse coalition of organizations, including the American Heart Association, Colorado Children’s Campaign and Kaiser Permanente, to campaign for new, healthier beverage rules in Colorado schools. Part of the Foundation’s \$115,000 grant was used to hire an independent consultant to conduct a survey of Coloradans’ views on nutrition standards in schools. Results released in October 2008 showed overwhelming support for strict nutritional standards. More than 80 percent of the 600 registered voters polled supported efforts to remove high-fat and high-sugar snacks and drinks from school vending machines, even if it meant losing revenues. In December 2008 the Colorado State Board of Education approved strong new standards that eliminated the sale of soda and high-sugar drinks in schools.

America SCORES Denver

In 2008, the Foundation awarded \$93,000 to America SCORES Denver, a 10-year-old nonprofit whose mission is to use soccer and creative writing to inspire K-12 students in urban schools to lead healthy lifestyles, stay in school and become agents of change in their communities. The three-year grant for the “Healthy Habits, Healthy Lives” program provided after-school soccer programs three days per week in eight elementary schools (256 students) in year one, 10 schools (320 students) in year two and 12 schools (384 students) in year three. The goal of this program is to engender healthy attitudes toward eating and exercise and increase physical activity among children.

Federal Government Activities

In 2004, the Child Nutrition and WIC Reauthorization Act of 2004 was signed into law. The act made nutritious meals and snacks available to more children in school, in after-school programs and in child care. It also improved the quality of food available in schools and simplified the process of applying for school meals. This law, which covers all Federal child nutrition programs—including the School Breakfast and the National School Lunch Programs—is set to expire on September 30, 2009. Congress will review it during the current legislative session.

In addition to federal legislation, a range of government agencies provide funding and resources to encourage states and local communities to adopt Healthy Schools practices (Table 3).

Table 3. *Federal Government Efforts to Encourage Healthy Schools*

Funder	Actors	Project
Centers for Disease Control and Prevention	Local communities across the nation	KidsWalk-to-School <ul style="list-style-type: none"> Provides resources for schools or communities to encourage children to walk and bicycle to and from school, and to mobilize communities to create safe routes to school
Centers for Disease Control and Prevention	State departments of education	Connections for Healthy Schools <ul style="list-style-type: none"> Statewide initiative to coordinate programs, resources, messages and training to make children healthy students and better learners
U.S. Department of Agriculture	State agencies that administer the National School Lunch Program and/or Child and Adult Care Food Program	Team Nutrition Training Grants for Healthy School Meals <ul style="list-style-type: none"> Provides funding to establish or enhance sustainable infrastructures for implementing Team Nutrition, a program that uses nutrition education for children to improve lifelong eating and physical activity habits
U.S. Department of Education	Local education agencies and community-based organizations	Carol M. White Physical Education Program <ul style="list-style-type: none"> Provides grants to initiate, expand or enhance physical education programs, including after-school programs for K-12 students Range of awards: \$100,000-\$500,000
U.S. Department of Transportation	Departments of transportation in all 50 states	Safe Routes to School Program <ul style="list-style-type: none"> Planning, design and construction of projects that will substantially improve the ability of students to walk and bicycle to and from school Each state receives at least \$1 million



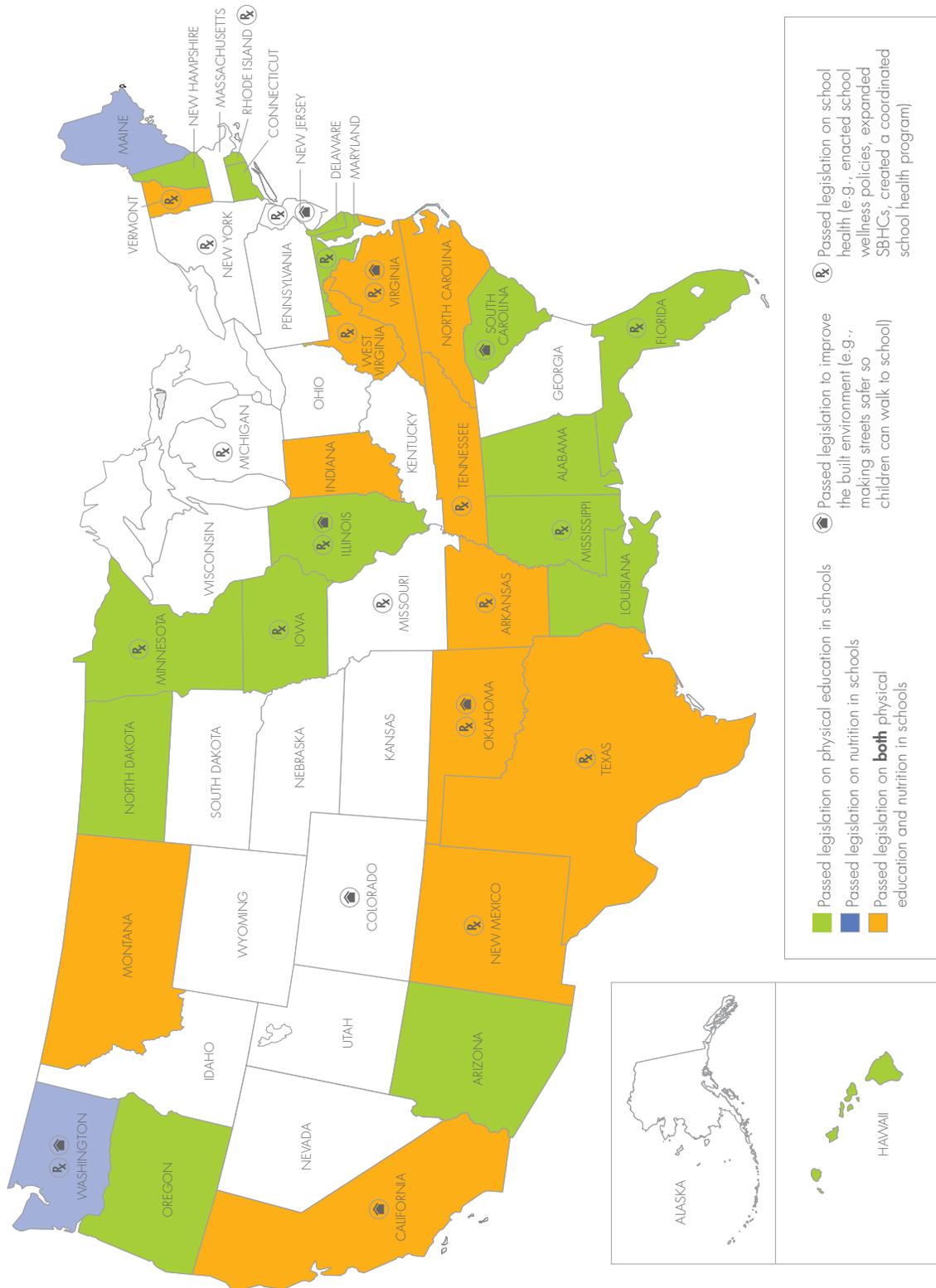
What Other States are Doing

Initiatives have been implemented in a number of states that address the various elements of Healthy Schools (Table 4). Most state-level activity, however, has been in the form of legislation to create or change school policies aimed at making school children healthier (Figure 2).

Table 4. *Other States' Efforts to Encourage Healthy Schools*

Funder	Actors	Project
Arkansas (state tobacco settlement funds), Robert Wood Johnson Foundation, American Diabetes Association	Arkansas Public Schools	Arkansas Body Mass Index Initiative <ul style="list-style-type: none"> State public health officials collected and analyzed BMI data for every child in public school, raising parents' awareness of overweight and obesity in their children Robert Wood Johnson Foundation granted \$1.1 million
Hawaii Department of Education (state tobacco settlement funds)	Hawaii public schools	Healthy Hawaii Initiative Partnership for School Health <ul style="list-style-type: none"> Promotes healthy living, tobacco control, exercise and nutrition Funding: \$10 million per year for 3 years
Mississippi Department of Education' Office of Healthy Schools	State public schools	Health is Academic Initiative <ul style="list-style-type: none"> Promotes health and wellness in public schools Thirty schools receive \$3,000 each over a 1-year period to form a School Health Council, conduct pre- and post-assessments, and implement at least one sustainable intervention
Robert Wood Johnson Foundation	Boston University Department of Environmental Health	Boston Schoolyard Initiative <ul style="list-style-type: none"> Provides funds and technical support to community groups dedicated to renovating schoolyards in Boston to increase physical activity and reduce childhood obesity Funding: \$29,653
Texas (state budget)	Texas middle schools	Texas Fitness Now <ul style="list-style-type: none"> Supports in-school physical education, nutrition and fitness programs for students in grades 6-8 \$20 million in grants available; minimum grant, \$1,500

Figure 2. State Healthy Schools Legislation Passed Since 2001



Other Healthy Schools Projects in Colorado

Federal and state government agencies in Colorado, as well as foundations, are pursuing a variety of programs to make state schools healthier (Table 5).

Table 5. *Other Colorado Efforts to Encourage Healthy Schools*

Funder	Actors	Project
Colorado Department of Public Health and Environment (CDPHE)	Colorado Physical Activity and Nutrition Program	Colorado Physical Activity and Nutrition State Plan 2010 <ul style="list-style-type: none"> A roadmap to address obesity and related chronic disease that includes increasing physical activity and improving nutrition in schools
CDPHE	Colorado schools and local organizations	School-Based Health Center Program <ul style="list-style-type: none"> Offers one-year planning grants to communities interested in establishing an SBHC or expanding SBHCs into additional schools
CDPHE and the Colorado Physical Activity and Nutrition Program	Rocky Mountain Center for Health Promotion and Education, Colorado Department of Education and CDPHE	Coordinated School Health Programs <ul style="list-style-type: none"> Implemented coordinated school health programs in 22 schools in the 2006-07 school year
Colorado School Nutrition Association	Elementary schools in Colorado	Champions for Healthy Kids <ul style="list-style-type: none"> Supports groups that have developed new and creative ways to help children improve their diet and incorporate physical activity into their lifestyle
The Colorado Trust	Colorado Children's Campaign	Colorado School Health Leadership Task Force <ul style="list-style-type: none"> \$250,000 awarded to create a plan to strengthen and sustain the system of integrated, quality school health
The Colorado Trust	CDPHE	Colorado School Health Improvement <ul style="list-style-type: none"> \$1 million granted to expand care provided in the state's existing SBHCs and establish new SBHCs
The Colorado Trust and others	Metro Denver Health and Wellness Commission	Lean and Green Schools <ul style="list-style-type: none"> Hosted a symposium in Sept. 2008 to explore promising programs and policies that incorporate environmentally friendly practices, physical activity and nutrition into school culture; is now planning for next steps
The Daniels Fund, Donnell-Kay Foundation and the Piton Foundation	Colorado Public Schools	Get Smart Schools <ul style="list-style-type: none"> Working to create 100 new high-performing schools—with an emphasis on academics and good nutrition—that serve low-income students on the front range
Donnell-Kay Foundation and others	Five metro Denver charter schools serving 1,000 students	Revolution Foods Pilot <ul style="list-style-type: none"> Six-month pilot to provide tasty, healthy meals and snacks to school children

What Other Foundations are Doing

There has been widespread support of Healthy Schools from the philanthropic community. In 2006, a group of high-profile organizations came together to create the Healthy Eating Active Living Convergence Partnership. The goal is to change policies and environments to improve the health of people and places in the United States. One focus is Healthy Schools. The partnership, which is still in the planning stages, is made up of The California Endowment, Centers for Disease Control and Prevention, Kaiser Permanente, Nemours, the Robert Wood Johnson Foundation, the W.K. Kellogg Foundation and the Kresge Foundation.

Table 6 presents an overview of Healthy Schools programs supported by other foundations.

Table 6. *Other Foundations' Efforts to Encourage Healthy Schools*

Funder	Actors	Project
Allen Foundation, Inc.	Nonprofits across the United States	<p>Various initiatives and programs</p> <ul style="list-style-type: none"> The Allen Foundation funds nutritional research, trains educators on good nutritional practices and disseminates information about healthful nutritional practices \$2.5 million awarded to a K-12 nutrition initiative and an elementary school nutrition education initiative
The California Endowment and the California Wellness Foundation	Coalition of nutrition and physical activity advocates in California	<p>Strategic Alliance for Healthy Food and Activity Environments</p> <ul style="list-style-type: none"> Works to change policies about nutrition and physical activity in California schools and to improve the built environment Total funding: \$530,000
EnergyNow!, an alliance of leading authorities in the physical education, nutrition and fitness technology fields	Schools across the United States	<p>EnergyNow!</p> <ul style="list-style-type: none"> Helps schools purchase physical education equipment and provides training on the National Association for Sport and Physical Education National Standards for Physical Education Grants range from \$2,500 to \$12,000
General Mills Foundation	Community-based nonprofit and not-for-profit organizations	<p>Champions for Healthy Kids</p> <ul style="list-style-type: none"> Supports groups that have developed new and creative ways to help children improve their diet and incorporate physical activity into their lifestyle Fifty \$10,000 grants awarded per year
The Health Foundation of Greater Cincinnati	National Assembly on School-Based Health Care	<p>Developing a Successful Business Plan for a New SBHC</p> <ul style="list-style-type: none"> Constructing a Web-based, interactive tutorial roadmap designed to help new SBHCs navigate the business planning steps for a successful new SBHC One-year, \$75,000 grant



Funder	Actors	Project
Hidden Valley	Elementary schools across the United States	<p>Love Your Veggies</p> <ul style="list-style-type: none"> • Supports increased access to, and consumption of, fresh produce during school meals • Awards \$15,000 nutrition grants to 10 elementary schools that demonstrate creativity and innovation in their proposed vegetable programs, and that demonstrate a financial need
Kellogg's Corporate Citizenship Fund	Nonprofit groups in various states, including Colorado	<p>Action for Healthy Kids</p> <ul style="list-style-type: none"> • Helps underserved schools improve nutrition and physical activity policies and practices to reduce obesity and overweight in children • Individual grants of \$25,000
Robert Wood Johnson Foundation	Local nonprofit community-based organizations across the United States	<p>Healthy Kids, Healthy Communities</p> <ul style="list-style-type: none"> • A \$44 million initiative supporting local action to increase opportunities for physical activity and access to healthy, affordable foods for children and families • Awards up to \$400,000 per community
Robert Wood Johnson Foundation	Universities and research organizations	<p>Healthy Eating Research</p> <ul style="list-style-type: none"> • Supports research that explores how federal, state and local school food policies can prevent childhood obesity, especially among low-income and minority populations • Awarded 14 grants totaling \$3 million
Robert Wood Johnson Foundation (major funder)	Alliance for a Healthier Generation, a partnership between the American Heart Association and the William J. Clinton Foundation	<p>Healthy Schools Program</p> <ul style="list-style-type: none"> • Offers schools free electronic and telephonic support and access to resources to implement programs and policies that promote physical activity and healthy eating among students and staff; also provides on-site support to schools that serve vulnerable populations • \$28 million in funding
Robert Wood Johnson Foundation and Sports4Kids	650 low-income schools	<p>Program to bring safe and healthy playtime and recess to a million low-income children a day</p> <ul style="list-style-type: none"> • \$18 million in funding
W.K. Kellogg Foundation	California School Health Centers Association	<p>School-Based Health Centers</p> <ul style="list-style-type: none"> • Explore models that financially secure the future of SBHCs • Eight-year \$1.5 million grant

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