

# Vigorous Exercise

## Healthy Children

Most recent CO value (2003)	CO rank (2003)	CO value (2003)	Best state (2003)	Best state value (2003)	HP2010 target
57.1%	37/50	57.1%	Alabama	69.2%	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) on at least four days per week.

### Indicator Significance

As the number of children who are overweight 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.<sup>1</sup>

### Colorado Specifics

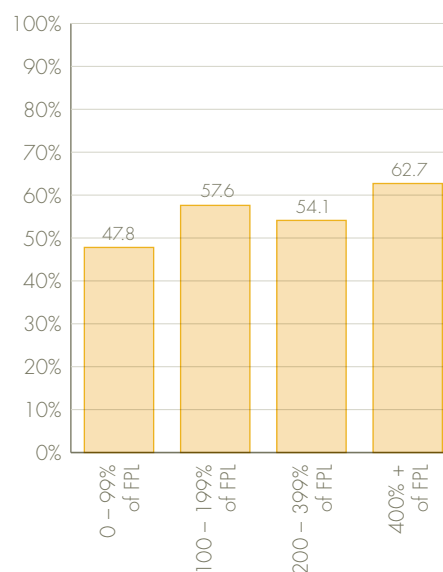
Colorado's children rank near the middle of other states that report childhood physical activity. Health disparities exist in Colorado with regard to childhood physical activity, as fewer girls report engaging in vigorous physical activity (51 percent) than do boys (62 percent). Also, children living in poverty are less likely to engage in frequent vigorous physical activity than those in families at 400 percent or more of the federal poverty level.

### Promising Initiatives

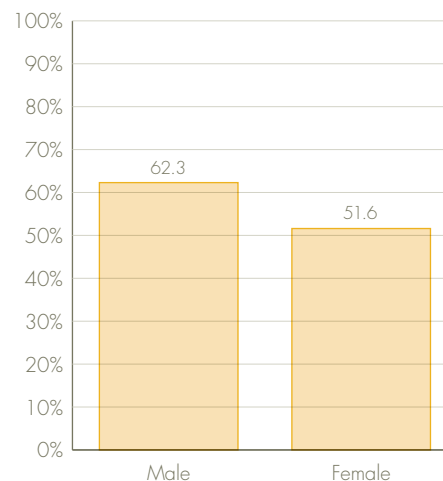
#### In Colorado

Stapleton has been transformed from Denver's former airport into a model community for healthy living, with an urban design plan that encourages children and adults to engage in regular physical activity. Adopting programs such as Passport to Healthy Living and the Healthy Neighborhoods Initiative, Stapleton designers have teamed up with University of Colorado at Denver and Health Sciences Center to provide programs that educate residents on how to maintain more healthy and active lifestyles. The Transport Management Association works with the Stapleton community to provide alternatives to car transportation through a shuttle service and improved bicycle paths throughout the community. Bike, Walk, Roll promotes non-car trips to school where children are treated to breakfast and given further information about safety while riding a bicycle.<sup>2</sup>

*Children who participated in vigorous physical activity by income in Colorado<sup>4</sup>*



*Children who participated in vigorous physical activity by sex in Colorado<sup>5</sup>*

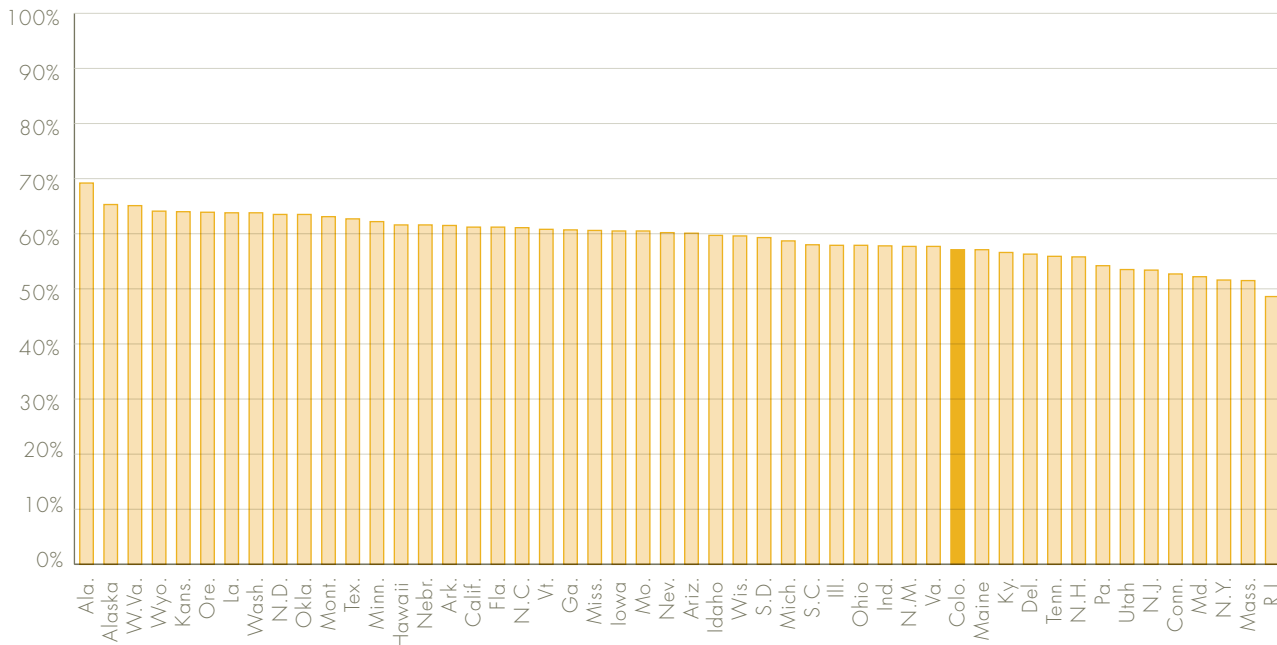


# Vigorous Exercise (continued)

## Elsewhere

The Harvest Foundation has made a three-year, \$1.56-million grant to support Virginia's National Complete Streets Coalition. It is the largest investment of such kind given in the country. The streets in Martinsville and Henry Counties will be re-designed to promote walking and biking in attractive and engaging ways. A local coalition is working to revitalize entire communities and therefore to improve economic development. The University of North Carolina and the Centers for Disease Control and Prevention will be evaluating the initiative.<sup>3</sup>

Children who participated in vigorous physical activity<sup>6</sup>



## Text

1. "Obesity in Youth," American Obesity Association, <obesity1.temppdomainname.com/subs/fastfacts/obesity\_youth.shtml>  
 "Healthy Youth," National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, <www.cdc.gov/HealthyYouth/physicalactivity/facts.htm>
2. Stapleton Foundation, <www.stapletonfoundation.org/default.asp>
3. "Harvest to fund initiative," Harvest Foundation, <www.theharvestfoundation.org/news.cfm?ID=245>

## Charts

4. **Source:** National Center for Health Statistics, National Survey of Children's Health, 2003, Centers for Disease Control and Prevention, <nschdata.org/DataQuery/SurveyAreas.aspx>
5. **Source:** National Center for Health Statistics, National Survey of Children's Health, 2003, Centers for Disease Control and Prevention, <nschdata.org/DataQuery/SurveyAreas.aspx>
6. **Source:** National Center for Health Statistics, National Survey of Children's Health, 2003, Centers for Disease Control and Prevention, <nschdata.org/DataQuery/SurveyAreas.aspx>



# Medical Home

## Healthy Children

Most recent CO value (2006)	CO rank (2003)	CO value (2003)	Best state (2003)	Best state value (2003)	HP2010 target
52.2%	28/50	45.8%	New Hampshire	61%	97%

### Indicator Definition

Children (ages 0 – 17 years) who have a regular primary health care provider and have made a preventive care visit to that provider at least once during the past 12 months.

### Indicator Significance

Children with a “medical home” have a place in which they can receive comprehensive, family-centered and coordinated health care. This promotes healthy development, and allows minor problems to be identified and treated before they become serious. Especially important for children are age-appropriate screenings and immunizations. Without a regular source of primary health care, children are nine times more likely to be hospitalized for preventable problems. Uninsured children are 13 times more likely to lack a regular source of primary care.<sup>1</sup>

### Colorado Specifics

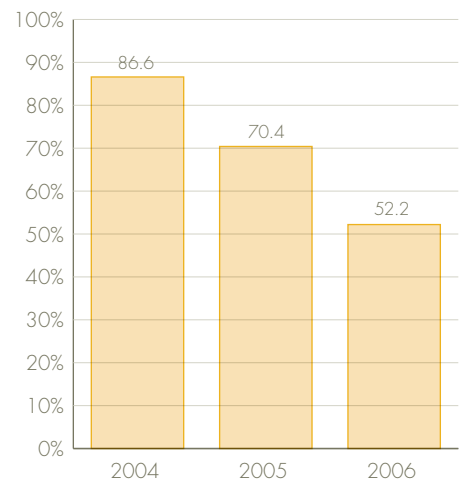
Colorado ranks 28<sup>th</sup> among states for children with a reported regular source of primary health care. The proportion of children who have a personal doctor has been declining over the past three years in Colorado. Children who live in families with incomes below the federal poverty level (\$20,614 for a family of four in 2006) are almost three times more likely to lack a personal doctor than children in families at or above 400 percent of the federal poverty level.

### Promising Initiatives

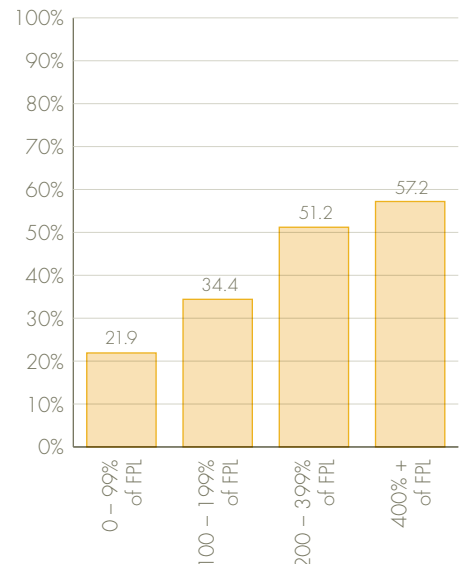
#### In Colorado

The Colorado Children’s Healthcare Access Program (CCHAP) seeks to ensure that every child in Colorado has a high quality medical home. CCHAP encourages and enables pediatricians and family physicians in private practice to devote 10 – 20 percent of their practices to children enrolled in Medicaid or Child Health Plan Plus (CHP+). To date, CCHAP has expanded to 28 practices in 34 pediatric locations around the Denver Metro Area. CCHAP is also establishing a demonstration program with the Department of Health Care Policy and Financing to provide higher reimbursement and incentives to physicians that provide comprehensive care to publicly-insured children. Three years ago, only 20 percent of private pediatric practices in the Denver area accepted Medicaid or CHP+ children; today the number has increased to almost 50 percent. CCHAP envisions expanding to the rest of the state over the next two years.<sup>2</sup>

*Children with a regular source of primary health care in Colorado<sup>4</sup>*



*Children with a regular source of primary health care by income in Colorado<sup>5</sup>*

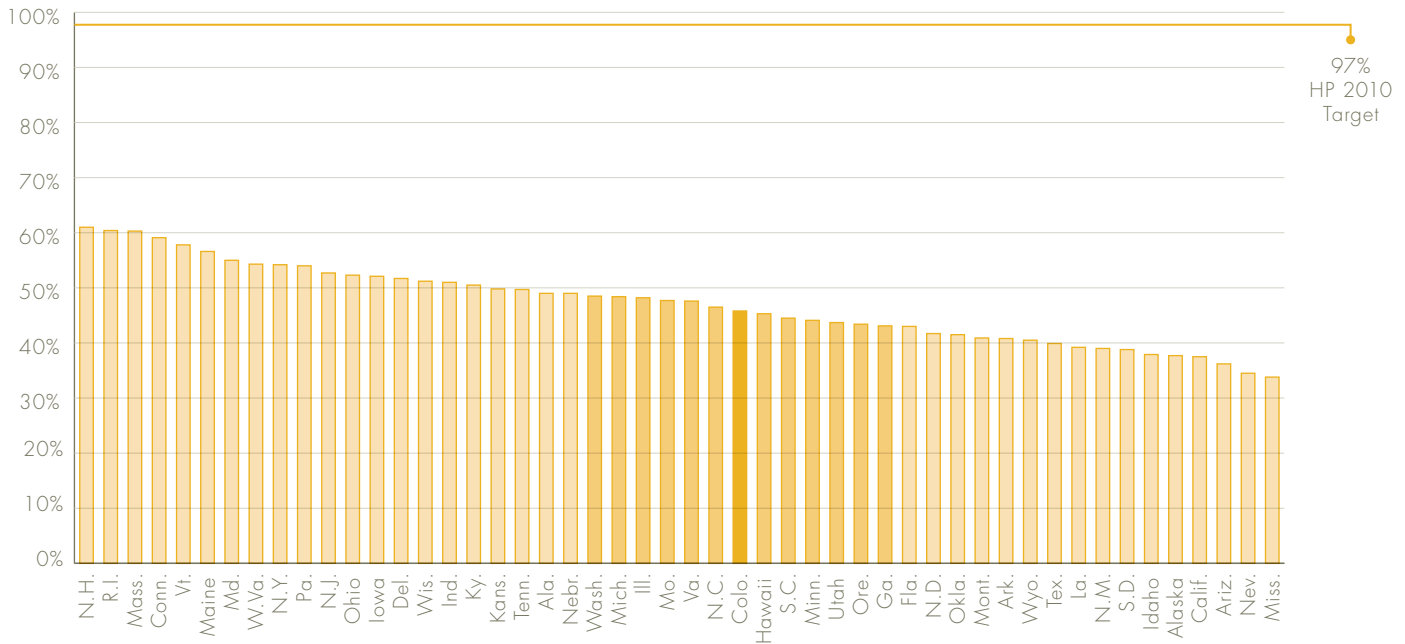


# Medical Home (continued)

## Elsewhere

The Integrated Mental Health Primary Care Program (IMP) in New York has helped close the gap between primary care and mental health services. Both adults and children are treated by a bilingual staff in eight primary care sites serving in the New York Presbyterian Hospital Ambulatory Care Network. It is the first and largest program of its kind in New York City, incorporating mental health exams into regular child health care. IMP attempts to destigmatize treatment of mental health by placing it within the same environment as a primary care physician. Physicians are trained how to identify psychiatric disorders and to effectively refer patients to an appropriate psychiatrist or psychologist, making access to mental health care immediate.<sup>3</sup>

### Children with a regular source of primary health care<sup>6</sup>



## Text

1. "No Shelter from the Storm: America's Uninsured Children," Campaign for Children's Health Care, <[www.childrenshealthcampaign.org/tools/reports/no-shelter-key-findings.html](http://www.childrenshealthcampaign.org/tools/reports/no-shelter-key-findings.html)>  
 "Regular Doctor Visits a Healthy Practice," Safety.com, <[www.safety.com/articles/regular-doctor-visits-a-healthy-practice.html](http://www.safety.com/articles/regular-doctor-visits-a-healthy-practice.html)>  
 "Children's Coverage and SCHIP reauthorization," Kaiseredu.org, <[www.kaiseredu.org/topics\\_im.asp?id=704&imlD=1&parentID=65](http://www.kaiseredu.org/topics_im.asp?id=704&imlD=1&parentID=65)>
2. Colorado Children's Health Care Access Program, <[www.cchap.org/](http://www.cchap.org/)>  
 "A Conversation with Steve Poole," CHI HealthTalk, <[www.coloradohealthinstitute.org/newsletter/aug/healthtalk\\_aug\\_07.html](http://www.coloradohealthinstitute.org/newsletter/aug/healthtalk_aug_07.html)>
3. "Innovative Health Care in a Primary Health Care Setting Available through New York Presbyterian," New York-Presbyterian, <[www.nyp.org/news/hospital/813.html](http://www.nyp.org/news/hospital/813.html)>

## Charts

4. **Source:** Colorado Department of Public Health and Environment, Child Health Survey, 2004 – 2006, <[www.cdph.state.co.us/hs/yrbs/childhealth.html](http://www.cdph.state.co.us/hs/yrbs/childhealth.html)>
5. **Source:** National Center for Health Statistics, National Survey of Children's Health, 2003, Centers for Disease Control and Prevention, <[nchsdata.org/DataQuery/SurveyAreas.aspx](http://nchsdata.org/DataQuery/SurveyAreas.aspx)>
6. **Source:** National Center for Health Statistics, National Survey of Children's Health, 2003, Centers for Disease Control and Prevention, <[nchsdata.org/DataQuery/SurveyAreas.aspx](http://nchsdata.org/DataQuery/SurveyAreas.aspx)>

