

# Establishing a Healthy Lifestyle in Childhood and Adolescence

**Establishing a healthy lifestyle in childhood and adolescence is our fourth gateway to a life of opportunity. Kids who develop healthy habits early are more likely to enjoy good health throughout their adult lives and into their senior years than kids who develop unhealthy habits.**

Sound physical and mental health in childhood and adolescence are important to building self esteem and to establishing the habits of a lifetime.

Teens who establish healthy lifestyles and have their mental health and substance abuse problems addressed early are likely to experience greater physical and mental health in adulthood, leading to long and productive lives and careers.

Those who do not establish healthy lifestyles or who do not address developing mental illnesses early are more likely to encounter debilitating and costly health problems in adulthood, curtailing their productivity and the quality of life for them and their families.



### **Indicator 1: Percentage of children and adolescents who are overweight.**

Overweight or obese kids are likely to become overweight or obese adults who suffer greater health challenges, reduced productivity and shorter lives.

### **Indicator 2: Depression among Colorado teens.**

Depression is often debilitating – it can hurt a child’s ability to succeed in school and in social networks and can lead to self-destructive behavior, including suicide, or serious mental health problems in adulthood.

### **Indicator 3: Access to treatment for serious emotional and behavioral problems.**

Without access to effective and affordable treatment, kids with serious emotional and behavioral problems suffer at school and in the home, and end up in child welfare or youth correction programs.

### **Indicator 4: Drug, alcohol and tobacco use and abuse.**

Tobacco, drug and alcohol use in the teen years can lead to a lifetime of addiction and abuse and can cause life-threatening health complications.



## Indicator 1: Percentage of children and adolescents who are overweight

Even though Colorado is one of the leanest states in the country, the portion of children and adolescents who are obese or overweight is increasing. Being overweight or obese can impact the mental, social and physical well being of a child.

Illnesses associated with being overweight now outrank smoking and drinking in their adverse effects on health and health care costs. According to the U.S. Surgeon General, an overweight or obese child has a 70 percent chance of becoming an overweight or obese adult.

**In 2003, more than 20 percent of high school students in Colorado were either overweight or at risk for becoming overweight.<sup>1</sup> A 2004 survey conducted by the Colorado Department of Public Health and Environment found that nearly 15 percent of children aged 2-14 were overweight.<sup>2</sup>**

Overweight and obese kids face a higher risk of developing debilitating chronic diseases such as high-blood pressure, type 2 diabetes and heart disease. Overweight and obesity can also lead to social stigmatization, academic and job discrimination, lower self-esteem and depression.

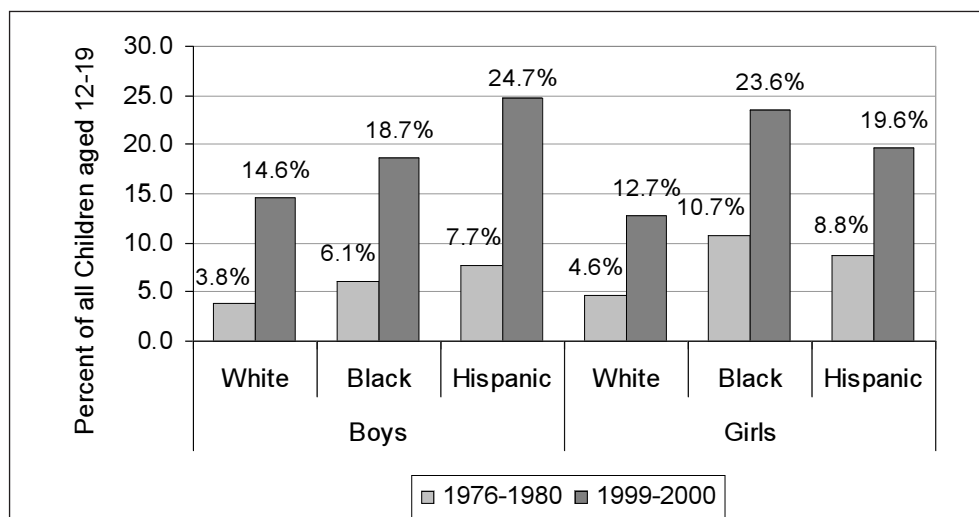
Nationally, the percentage of overweight teenagers increased dramatically in the last two decades of the 20th Century. The rate among boys of all races more than tripled, while the rate among girls more than doubled. By 2000, nearly a quarter of the nation's Hispanic boys and African-American girls were overweight.

According to the U.S. Surgeon General, the economic cost of obesity in the United States was about \$117 billion in 2000. The U.S. Centers for Disease Control estimated the costs of obesity in Colorado at \$874 million a year between 1998 and 2000.<sup>3</sup>

Today's youth eat worse and are more sedentary than previous generations. Kids get less physical education in school, eat food high in fat and low in nutritional value, and spend more time in front of the television or computer.<sup>4</sup>

The Surgeon General reports that children in low-income and minority families are at a higher risk for becoming overweight or obese. The reasons for this are not entirely clear, though it is possible that higher rates of poor nutrition and limited physical activity can be found in some low-income neighborhoods.

Figure 1. Overweight children age 12-19 in the U.S. by race and gender



Source: U.S. Department of Health and Human Services, Centers for Disease Control, National Center for Health Statistics. "Health, United States 2004". p 245.

## Indicator 2: Depression among Colorado teens

Depression can lead to serious problems for children and adolescents, including breakdowns in relationships, poor academic performance and even suicide.

Depression often leads to a life with fewer educational and work opportunities, fewer friends and a continuing sense of hopelessness.<sup>5</sup>

**According to the Youth Risk Behavior Survey conducted by the Colorado Department of Public Health and Environment for the Centers for Disease Control in 2003, 25.6 percent of high school students surveyed reported they had felt so “sad or hopeless” at some point that they had stopped doing usual activities.**

**More troubling, 18.6 percent (nearly one out of every five students) reported they had “seriously considered suicide” during the preceding year, and 14.6 percent had actually made a suicide plan during the preceding year.**

The suicide rate among Colorado teens is high compared to the national average. Suicide is the second leading cause of death for those aged 15 to 19 years old in Colorado. It accounts for 17 percent of all deaths for this age group.<sup>6</sup>

Depression is treatable, and kids who get help have a better chance of living happier and more productive lives.

Many intervention and treatment programs are successful and many others show great promise. Cognitive behavioral therapy and the use of safe and effective drugs can help kids who are at risk for severe depression and suicide.<sup>7</sup>

According to a comprehensive study done by the Surgeon General’s Office, minority children have less access to mental health services and receive poorer quality care. In addition, the report states that low-income children have a higher risk for developing mental illness and receive less care.<sup>8</sup>

### Mental health is as important as physical health

“When we think about a healthy start, we often limit our focus to physical health. But, as clearly articulated in the Surgeon General’s Report on Mental Health, mental health is fundamental to overall health and well-being. And that is why we must ensure that our health system responds as readily to the needs of children’s mental health as it does to their physical well-being.”

– David Satcher  
former U.S. Surgeon General

Report of the Surgeon General’s  
Conference on Children’s Mental Health:  
An Action Agenda  
2000





### Indicator 3: Access to treatment for serious emotional and behavioral problems.

Some children and adolescents have emotional or mental health problems so severe that their functioning is significantly impaired or they can't live at home. This condition is known as serious emotional disturbance, or SED. Kids with SED can suffer from hallucinations, delusions, mania, depression and severe anxiety.

Early treatment for SED helps many kids stay in their homes and in school. For many, it improves quality of life and increases their potential to grow into productive adults.

But treatment is expensive and not often covered by health insurance. Because of the cost and lack of coverage, public officials assume that any child with SED who lives in a household with income less than 300 percent of the federal poverty level is likely to need public services for treatment.

**A study funded by the state Legislature estimated that in 2000 there were 67,822 youth with SED in Colorado living below 300 percent of poverty. Of those, 37,781 were receiving services, or 56 percent, while 30,041, or 44 percent, were not.<sup>9</sup>**

Kids with untreated mental illness often end up in the juvenile justice system.<sup>10</sup>

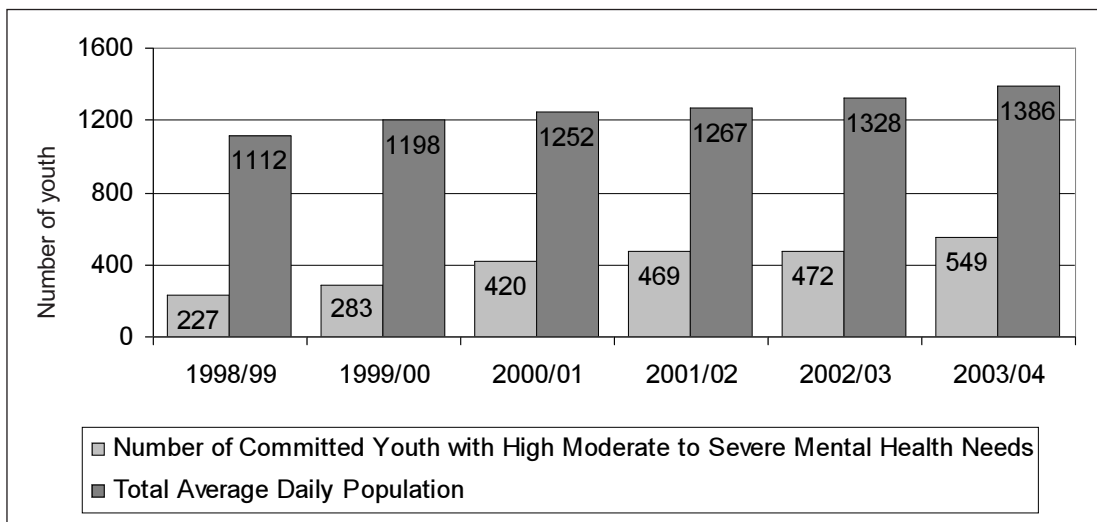
From 1998-99 to 2003-04, the number of youth committed to the Department of Youth Corrections who were diagnosed to have moderate to severe mental health needs increased by 142 percent.

By comparison, the average daily population in the juvenile corrections system increased by less than 25 percent. In 2003-04, 40 percent of committed youths had moderate to severe mental health needs.<sup>11</sup>

According to the staff of the Joint Budget Committee, it is possible that budget reductions to prevention and intervention programs in recent years pushed up the number of youth being committed to the Division of Youth Corrections. The growth is disproportionately high among youth with mental health needs.

When mental health problems are not picked up early, they can lead to serious problems that are not addressed until the child gets into trouble. Treating at-risk youth early helps keep them out of the juvenile justice system and keeps the doors of opportunity open.

Figure 2. Average daily population of youth in corrections and youth in corrections with mental health needs.



Source: Colorado Division of Youth Corrections. "2005-06 Staff Budget Briefing." 2005.

### Indicator 4: Drug, alcohol and tobacco use and abuse

Studies show the age when a person first uses alcohol is a powerful predictor of the potential for lifetime alcohol abuse and dependence.

Adolescents who use alcohol before the age of 15 are more likely to abuse it later in life compared to those who first use alcohol at age 21 or older.<sup>12</sup> Adolescents can become addicted to substances more quickly than adults.

Substance abuse has been shown to negatively impact school performance, and often co-exists with other mental health problems such as depression.<sup>13</sup>

Alcohol abuse and drug and tobacco use all have serious health effects that can greatly reduce a person’s quality of life and productivity, and frequently lead to premature disability or death.

**In 2002-2003, just over 20 percent of Colorado kids aged 12-17 who were surveyed reported that they had used alcohol during the preceding month.**

**Eleven percent reported binge drinking during the preceding month, and nearly 7 percent reported alcohol dependence or abuse within the preceding year.**

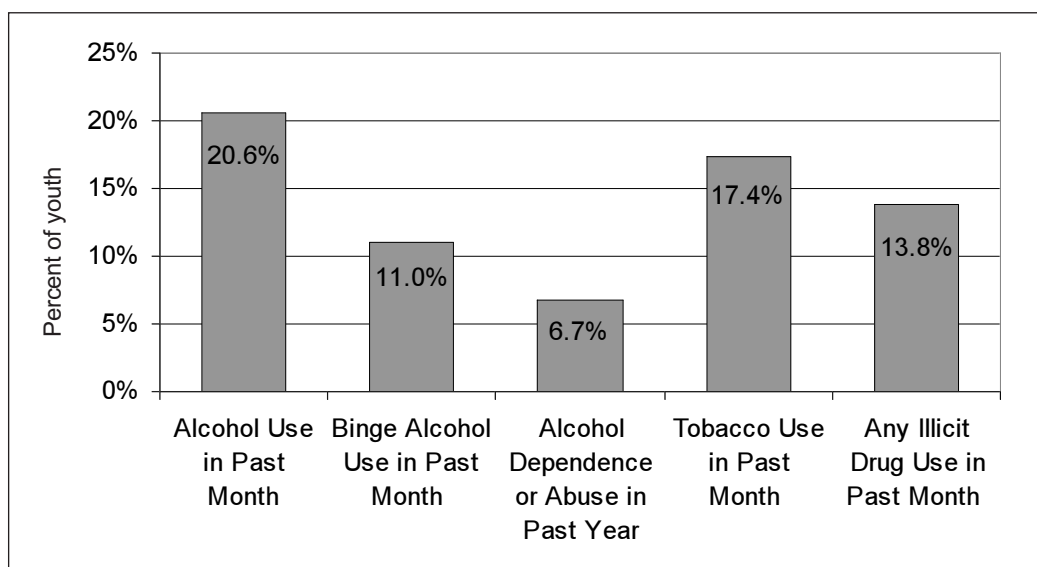
**In that same survey, over 17 percent reported using tobacco and nearly 14 percent reported using illicit drugs during the preceding month.**

These numbers were high compared to the national average. Colorado showed the seventh highest rate of illicit drug use, the 11th highest rate for alcohol use, the 14th highest rate for tobacco use and the 15th highest rate for alcohol dependence or abuse.

Kids who take part in risky behavior like alcohol, drug or tobacco use increase their risk for using or abusing alcohol and drugs later in their life. Of course, some will experiment and stop, but some will develop dependencies or move on to other substances.



Figure 3. Substance use and abuse among Colorado youth aged 12-17, percent of total youth population



Source: United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. “Substance Use from the 2002-2003 National Surveys on Drug Use and Health.” 2005.



## What is Colorado doing?

### Overweight and obese youth

The Colorado Department of Public Health and Environment developed the Colorado Physical Activity and Nutrition Program. It recommends that schools:

- Require students to participate in at least three hours and 45 minutes of moderate to vigorous physical activity each week.
- Serve students fruits, vegetables and whole grain foods.
- Update staff on nutrition guidelines.<sup>14</sup>

In 2004, the Legislature passed SB 04-103, recommending that by 2007, at least half the foods in school vending machines meet strict nutritional guidelines.

### Mental health care

Colorado provides little state funding for mental health programs for children or adults. Adjusted for inflation and population growth, public mental health spending in Colorado fell by 8 percent from 1980 to 2001.<sup>15</sup> In 2001, Colorado spent \$64 per capita for public mental health services, 21 percent below the U.S. average of \$81 per capita.<sup>16</sup>

The high cost of mental health care has forced some parents to relinquish custody to the state so their children can be treated for mental illness. The National Alliance for the Mentally Ill reports that nationwide, 20 percent of families with children with mental illness relinquished custody so their child could receive services.<sup>17</sup> The Bazelon Center for Mental Health Law reports that Colorado is one of the six states with the most frequent incidence of custody relinquishment.<sup>18</sup>

In 1999, the state Department of Human Services used a federal grant to create the Colorado Cornerstone Initiative. The project uses a community system of integrated care to serve families with children who have serious emotional disorders and are at risk for involvement in the juvenile justice system.

Cornerstone operates in Denver, Jefferson and Clear Creek counties, and served 311 families up to 2003. Data shows that after just six months in the program, enrolled youth showed improvement in their school performance and overall mental health.<sup>19</sup>

### Substance abuse and juvenile diversion

Colorado uses federal funds to pay for community programs that focus on prevention, intervention and treatment of substance abuse, particularly for programs that target low-income and minority youth. The block grant paid for \$4.3 million in services in FY 2003-4 and \$4.5 million in FY 2004-05.<sup>20</sup>

With shortfalls in state general fund revenues, state-run intervention and prevention programs for youth have been cut or eliminated. They include:

- The Tony Grampas Youth Services program: funds local prevention and intervention programs for at-risk youth and their families, including early childhood education, youth mentoring, student dropout prevention, and juvenile diversion programs. The state funded the program at \$7.2 million in FY 2000. Funding fell to \$3.5 million by FY 2005.
- Community Accountability program: A short-term program based on restorative justice, aimed at youth making the transition from juvenile corrections back into the community. The program still exists in statute, but there is no funding for it.
- Juvenile diversion programs: In 2002, Gov. Owens vetoed \$2.5 million in juvenile diversion programs that funded community based alternatives to incarceration and support and treatment for at-risk youth. Some programs in large cities survived using local dollars, but some programs in smaller cities and towns were eliminated.<sup>21</sup>

## What more should Colorado do?

### Overweight and obese youth

Colorado has made a good start with legislation that encourages schools to limit unhealthy snacks sold in vending machines on campus, along with the Colorado Physical Activity and Nutrition Program and its recommendations. Colorado should continue to monitor the effectiveness of these efforts.

**Recommendation: Local school districts should ensure students are participating in moderate to vigorous physical activity consistently throughout the school year, and they should train teachers and administrators to understand and implement programs that promote physical fitness and healthy eating habits.**

In Arkansas, a statewide effort in 2003 measured and collected weight and height data for public school students. The results showed an alarming rate of overweight and obesity in Arkansas' children, with higher rates for minorities.

In response, community organizations, school districts, civic leaders and nutrition experts created a blueprint to address overweight and obesity through Arkansas public schools. This initiative has been widely praised for raising awareness and for giving schools and parents useful tools to change the eating and exercise habits of children.<sup>22</sup>

**Recommendation: Colorado should explore a statewide school-based program to measure and collect weight and height data for students to better understand the scope of the problem.**

**The program should also inform parents of the health status of their children and provide parents with information on improving fitness and eating habits.**

### Mental health care

State funding for mental health programs for youth falls far short of need. Among other things, this means too many youth with mental illnesses end up in the juvenile corrections system – a costly and potentially destructive outcome. The state should do much more to support early detection and community-based treatment programs. HB 05-1350 authorizes the use of some money retained under Referendum C for such mental health programs.

**Recommendation: The state should dedicate funds from Referendum C to expand those community-based mental health programs that work to meet more of the need. As a start, the state should attempt to raise its investment in mental health to a level much closer to the national average.**

The Colorado Cornerstone Initiative helps improve the school performance of kids at risk for mental health problems and keeps kids out of the juvenile justice system. Currently the program is only available in three counties and is funded through a federal grant to the Colorado Department of Human Services.

Colorado's children with mental illness or at risk for developing mental illness are best served in community-based programs. Too many are moving through the corrections system instead. Prioritizing funding for programs that provide prevention, intervention and treatment, such as the Cornerstone Initiative, could keep kids out of the juvenile justice system and improve their home and school life.

**Recommendation: Colorado should support expansion of programs like the Cornerstone Initiative to other parts of the state. The Legislature should explore a state-run program that could provide a comprehensive, community-based streamlined system of care that targets at-risk youth.**

