

## NEA: National Education Association

Great Public Schools for Every Child

### Cover Story

March 2005

## Growing Pains

You can't miss it. America's children are expanding. Those energetic preteens who once just needed to drop a little "baby fat" have been replaced with a profoundly alarming picture—rotund fifth graders with diabetes and hefty high school seniors graduating with a heightened risk of cancer and heart disease. Health experts call it a national crisis, but educators are fighting back—and in a big way.

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Photo by Sean Connelley

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*By Sheree Crute*

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Deborah Morris began seeing the telltale signs in her Oakland, California, classroom years ago. "The kids came to school every morning with soda, a bag of Doritos, and a candy bar—that was their breakfast of champions," says this resource specialist for special education students at Fremont's Youth Empowerment High School. A stickler for healthy eating, she knew it was all wrong—and the impact became evident the longer she taught. "Their diet was affecting their energy levels and ability to concentrate"—not to mention their waistlines, she says. Now, Morris is facing this stark reality every day: "Almost one-third of the kids in our school," she says, "are overweight."

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***Epidemic is absolutely the correct word for what we're seeing.***

—David Ludwig

Disturbing, yes. But Morris knows her students are not alone. Nationally, some 9 million children are overweight or obese, and the numbers are growing so fast that some health experts are calling it a national crisis.

"Epidemic is absolutely the correct word for what we're seeing," says David Ludwig, M.D., director of the obesity program and the Children's Optimal Weight for Life (OWL) program, at Children's Hospital in Boston, Massachusetts. "In children ages 6 to 19, of all genders and races, we've seen a three-fold increase [since the late 1970s] in the number who are overweight or obese," says Ludwig. And in children 8 to 10 years old, he says, there's been an "extraordinary" increase in type II diabetes—once, but no longer, called adult-onset diabetes.

While the epidemic touches children of all cultures, a disproportionately high number of Hispanic and African-American children are overweight, and now even the youngest of children appear to be at risk. In December 2004, the American Heart Association reported 10 percent of American children ages 2 to 5 are also overweight, a 7 percent increase since 1994.

***Nationally, 9 million children are overweight or obese.***

The situation has become so dire that across the country, school districts like Oakland and educators like Morris are taking matters into their own hands—banning junk food, starting new fitness and nutrition programs, and saying no to high-fat cafeteria fare. What they understand: the healthier students are, the more vulnerable their chances for academic success.

## A High Price



Photo by Nathan Ham

"If kids aren't healthy, their learning suffers," says Jerry Newberry, executive director of the NEA Health Information Network, "and research shows that sedentary kids who eat high-sugar, high-fat meals may have poorer cognitive skills, higher anxiety levels, and problems with hyperactivity."

Not surprisingly, unhealthy kids also miss school more. Action for Healthy Kids, a group of 40 health and education agencies (including NEA) that partners with schools in every state, recently reported that "tens of millions of dollars" are lost because of absenteeism caused by inactivity and poor nutrition.

Then there are the emotional downsides: overweight children who can't play sports, who can barely fit in their chairs at school, who can't get through a school day without being bullied and ostracized by their peers. "The psychological risks of obesity can be as great as the physical risks," warns Ted Feinberg, assistant executive director of the National Association of School Psychologists. "Low self-esteem and depression can undermine children's learning, behavior, and well-being."

## A Cultural Shift

### Kids In Trouble

**8 percent** of elementary schools, 6.4

Unfortunately, say health experts, the current crisis only portends graver days ahead. "The rate of obesity in childhood predicts adult obesity," explains David Katz, M.D., a nutrition expert and director of the Yale Prevention Research Center at

percent of middle schools, and 5.8 percent of high schools have daily physical education.\*

**9 million children** over age 6 are obese. Another 15 percent are borderline and at risk.\*\*

**60 percent** of children ages 5 to 10 had at least one risk factor for cardiovascular disease.\*\*

**13 percent** of white children ages 12 to 19 are overweight, 21 percent of African-American children ages 12 to 19 are overweight, and 23 percent of Mexican-American adolescents are overweight.\*\*\*

\*National Association of State Boards of Education

\*\*2004 data from the Institute of Medicine report, *Childhood Obesity: Health in the Balance*, 2004.

\*\*\*The National Center for Health Statistics.

the Yale School of Medicine. And that, he says, can spell a lifetime of ill-health—in the form of heart disease, high blood pressure, diabetes, and other diseases. Indeed, some experts estimate that children in the nation's youngest generation may be the first to have shorter lives than their parents.

It all begs the question: How did it come to this? Experts say there are several factors—and for educators, many are obvious. "Genetics may play a role for some," says Ludwig, "but there's the lowering of physical activity and the loosening of family ties. Fewer kids are sitting down to a family dinner with a parental supervisor."

With working parents busier than ever, he says, fast, processed, and prepackaged foods have become the gastronomical delight of choice—but at a price. A 15-year study by Ludwig and Mark Perreira at the Minnesota School of Public Health found that fast food increases the risk of obesity and type II diabetes and that people who chowed down on fast food two or three times a week gained 10 more pounds than those who ate fast food less than once a week.

Over the years, schools have been hard-pressed to help. Cash-strapped, many have cut vending deals with soda companies and brought high-fat, high-revenue fare into cafeterias to balance shaky budgets. Even where schools have tried to buck the trend, it's a financial struggle. It still costs a school district more than twice as much to provide a high-fiber, low-fat,

veggie burger than it does to provide a higher-fat, fiber-free hamburger, according to a report by the Physicians Committee for Responsible Medicine, a Washington-based group that promotes healthy eating. That's because the federal government subsidizes hamburger and other meats but not alternatives like soy, or in the case of milk, calcium-rich, non-dairy beverages.

## Kicked to the Curb: Exercise

It hasn't helped that kids are getting less physical activity—at home and at school. Video games have replaced the playground as kids' favorite pastime, and more than 50 percent of the nation's schools have eliminated physical education classes altogether. Once a regular part of nearly every school day, P.E. programs have become rare to nonexistent in many parts of the country, even though researchers have found that just one additional hour of P.E. per week is significant in addressing obesity for 5- and 6-year-olds, especially girls.

Bruce Hanson, a physical education teacher at Fairview Elementary School in Westminster, Colorado, says he's seeing the results of inactivity every day: many of his kids can't run a minute around the track without stopping. "They could do it a decade ago but today's kids can't handle it," he says. "They're struggling."

Compounding matters: the so-called No Child Left Behind law, which has put pressure on schools to spend less time on P.E. and more time preparing students for make-or-break standardized tests. Educators say the shift is ironic given the link between fitness and academic success. A University of Miami survey, for example, found that fit high school seniors had higher grade point averages and less depression than their peers.

## Junk-free Heaven

Luckily, many educators are getting the message, and have begun doing



Photo by Sean Connelley

battle to reclaim the health of their students. Several years ago, Deborah Morris' Oakland school district, along with Berkeley and San Francisco, began tackling the problem with innovative—some would say even revolutionary—ideas.

Declaring its schools junk-free zones, Oakland banned the sale of sugary drinks and candy in vending machines. It even outlawed that staple of every school fund-raiser, the half-pound chocolate bar. Not everyone was ecstatic about the changes, officials there note. The students wanted their soda, candy, ice cream, and cookies back. And the sports coaches and art teachers worried about losing the vending machine funds that paid for P.E. and art classes.

But at Morris' school, Fremont High, the staff got on board. Teachers chatted with students about the connection between their health and their diets and modeled healthy eating habits. Now, Morris says, "When I eat my tofu salad in front of the kids, they ask 'What's that?' They're really fascinated. It gives them something to think about. I've even heard kids say—gasp!— they're sick of McDonald's."



Photo by Marc Coplan

## A Discipline Fix?

### Fit for Life

**"Even small steps in the classroom can contribute to healthier students and school environments," says Alicia Moag-Stahlberg, executive director of Action for Healthy Kids. She offers these tips for teachers:**

**Be role models for healthy habits.** Talk to students about the physical activities they enjoy, such as walking or riding a bike. Be aware of foods and drinks you consume in front of students. Are you sending healthy messages?

**Use healthy incentives.** Use a walk or playtime outside as a reward for individual students or an entire class. Take a break for movement (stretching, running, or jumping in place) to rekindle energy on a stressful day.

**Bring brain food.** Incorporate healthy snacks (for example, veggie sticks, whole grain crackers and cheese, fruit, low-sugar cereal) into test-day regimens. And party smart by replacing soft drinks with flavored milk or 100 percent juice at pizza parties. Bring carrot and celery sticks with dip to offer on the side.

**Stage a challenge.** Have students track their activity and meals daily, challenging each other to increase the number of minutes they are active.

**Stay committed.** Helping students develop healthy habits now will benefit them for life.

But change comes slowly, Morris found, and when she realized some of her students were still clinging to their old habits, she decided to open The School Store. "I started out with my own money and stocked it with water, low-fat granola bars, and other healthy snacks." She charges 50 cents for snacks but extends credit to any kid who needs it. "I give away a lot of food," she concedes, but notes that the store turns enough of a profit for her to buy more food, help fund the school's art club, and buy other books and supplies.

Still, the real benefit has been in the classroom.

"Since we've opened the store and given the kids healthy nutrition breaks in the morning and afternoon, we have fewer discipline issues," says principal and former teacher Maureen Benson. "Teacher referrals for problems are down 10 to 12 percent." The connection may not be coincidental. A Brooklyn College study found that children with behavior problems, especially attention deficit/hyperactivity disorder, could be sensitive to certain foods, including refined sugars and food additives that cause them to act out even more.

And so, at Oakland's Roosevelt Middle School, students trained as peer health educators talk to their classmates about topics like fat and sugar in a cool way. "They talk about things teenagers can relate to," says Samantha Blackburn, school nurse and director of the school-based health center, "like making healthier choices at fast food restaurants or the corner convenience store."

Across the bridge in the San Francisco school district, a tough "no more empty calories" policy

Research shows that healthy habits translate into more success in the classroom right now: better attendance, better behavior, and overall better performance.

**Stay committed.** Helping students develop healthy habits now will benefit them for life. Research has shown that healthy habits will also translate into more success in the classroom right now: better attendance, better behavior, and over-all better performance.

nutrition into core subject areas.

In other parts of the country, some school districts are taking the controversial step of including students' body mass index (a measure of body fat) on their report cards—an effort to involve parents.

## A Role for Everybody

Whatever the approach to reform, teachers and support professionals are showing support in many places and taking leading roles in others. Take Brockway Elementary School in Pennsylvania. Visit Brockway any Wednesday morning and you'll see 100 to 200 kids and 10 to 30 adults walking to school as part of their "Walking Wednesdays" program.

"We realized that our students' academics could only improve if they felt good about themselves," explains Kim Faulk, fifth-grade teacher and volunteer wellness coordinator. To fund "Walking Wednesdays" and other wellness activities, the school applied for and received a \$10,000 grant from Blue Cross Blue Shield along with several mini-grants. Now Brockway enjoys a Fun and Fitness after-school program with noncompetitive games and activities, hand sanitizers in every classroom, a nutritional curriculum that one teacher at every grade level is trained to use, and after-school cooking demonstrations.

Health activists say initiatives like these get everybody at a school plugged in, not just P.E. teachers and nutritionists. They note there's no shortage of advice on how the science teacher or even the school secretary can make their marks (see "[Fit for Life](#)"). "There's definitely a role here for educators," says Mary McKenna, a nutritionist and health scientist at the Division of Adolescent and School Health (DASH) of the Centers for Disease Control and Prevention in Atlanta. As one of a group of experts working on Making It Happen! School Nutrition Success Stories (a report on 32 public schools and districts with innovative meal programs), McKenna's seen firsthand what educators can do when they decide to bring about change. NEA HIN's Newberry echoes the sentiment. It's one reason his organization has created [SmartBODY, a fitness and nutrition Web site](#) for educators and parents (see "'[Get Fit' Online!](#)").

It's all about getting informed and inspired, says Newberry.

*NEA Today* found a few members who are doing just that.

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## Summer Fitness Fun

**Ross Darner** has pulled off an amazing feat; he's made school the coolest place to be in Kalispell, Montana, in the summertime. In a town of hardworking parents, with 61 percent of kids on free or reduced-price lunch programs, Darner, an Evergreen High School physical education teacher, realized that "lots of the kids were idle in the summer" while their parents were at work and most often unable to afford expensive trips or camps.

sets maximum levels for sugar, fat, and saturated fat and allows only snacks with a minimum of 5 percent of eight essential nutrients in the schools' vending machines and à la carte cafeteria selections. Suspensions have dropped 50 percent since the policy was implemented, officials say.

In the nearby Berkeley Unified School District, the nutrition policy includes organic gardens, salad bars, and cooking classes. And as part of a pilot program that will be the first of its kind in the country, the district will revise its curriculum to integrate lessons on farming, cooking, and



Photos by Jennifer Demonte

"I'd also read about obesity being the number two preventable cause of death, just below tobacco," says Darner. "I thought that if we could get kids healthy at a young age, they had a better chance of being healthy adults." His idea: create the summer Evergreen Fitness Team and get those kids out of the house and on their feet.

To create a state-of-the-art fitness room, Darner and other Evergreen staff members, working with the guidance of Action for Healthy Kids, secured a Physical Education Program (PEP) grant for nearly \$90,000. A fund-raising carnival and help from local businesses did the rest. Evergreen High now boasts its very own climbing wall, fitness and weight machines, heart



monitors for kids, a summer staff, and a mountain of high-tech equipment that can measure students' blood pressure, body fat, strength, and flexibility. "We give kids a printout they can take home to mom and dad," says Darner.

For anyone who thinks kids actually want to be sedentary, think again. In 2003, the program's first year, close to one-half of the fifth and sixth graders and some seventh and eighth graders, including obese kids, volunteered for two-and-one-half hours of weights and cardiovascular workouts. The demand for this year has already exceeded last year's numbers. "It's great for the kids," Darner says. "They look forward to it and have somewhere to go." More important, the students became healthier. "Across the board, we saw a drop in blood pressure in kids who completed the program," Darner proudly proclaims.

## Running for Life



Photo by Jonathan Olson

**Carol Goodrow's** regular duties as a special education resource room teacher had little to do with safeguarding kids' health and wellness, but that didn't stop her from wanting to help. "I thought I'd share my passion," says Goodrow, who fell in love with running in her 40s. So she created Happy Feet, Healthy Food, a running, writing, and nutrition program for the students at her school, Birch Grove Primary in Toland, Connecticut.

Each Friday morning, and after school on Mondays and Thursdays, Goodrow and her students hit the road. After each run, they settle down and write their thoughts in their running journals in Goodrow's colorful classroom—a space where marathon-running fruit spell out the alphabet across the ceiling and snapshots of her runners proudly enjoying healthy snacks decorate the walls. "I don't force

anything," she says, "but we talk about nutrition informally and I praise kids for bringing in healthy foods."

As for the journals, Goodrow asks kids, especially those who have trouble writing, to just tell what they did, what they saw or felt. "Healthy eating makes you skinny," one little boy wrote, "and it makes you run like lightning." Another little girl explained, "Before I came to the club, I used to eat only candy. I talked about it with my Dad and he said fruit is just as sweet and good for you. Now, I only eat fruit."

"There are a small number of high-risk kids in my program," Goodrow explains, "but this is different from gym. This is fitness for life that I'm teaching."

## Food For Thought

Food service workers often find themselves in the eye of the storm when the alarm is sounded for better cafeteria fare, but often their hands are tied by district food policies. Rest easy. "Food service

personnel have more power than they might think," says Amy Joy Lanou, nutrition director for the Physicians Committee for Responsible Medicine.

She offers some hands-on tips for cafeteria workers:

**Encourage children** to choose the healthiest options—fresh fruit rather than gelatin and carrots rather than french fries.

**Speak positively** about healthy food choices such as whole grains, bean dishes, fruits, and vegetables and avoid glamorizing less healthful choices such as ice cream, fried foods, sweets, and meaty, cheesy dishes.

**When you can**, cook with less oil. When possible bake or grill rather than fry or pan-fry. Serve fresh foods rather than canned, breaded, or sweetened. Test recipes that have lower fat, sugar, and salt content.

**Keep your salad bar** well-stocked, attractive, and encourage kids to choose meals from it.

## Globe-Trotting



Photos by Peter Zuzga

**Getting kids moving**—in body, mind, and spirit—is Barbara Wentworth's special gift. In 1991, Wentworth, a physical education teacher at Magee Elementary School in Genesee Depot Wisconsin, came up with the idea of calculating the actual miles to a destination, such as Jamaica, then giving her students activities—everything from mowing the lawn to aerobics—they could use to "earn" miles toward that destination. As a bonus, maps and other activities could be coordinated with the students' other teachers and integrated into the curriculum. Arrival at a destination would be celebrated with a fun physical activity, like a limbo party. "It worked so well," Wentworth says, "that I tried a new destination each year, until I came up with my biggest hit—the Mt. Everest climb."

If Wentworth's idea sounds familiar, it should. "The Department of Education heard about my work and asked me to talk about the Everest program with staff from the Centers for Disease Control and Prevention (CDC) and the Department of Public Instruction," Wentworth recalls. Months later, Wentworth was proud to find her program was part of the CDC's health initiative for kids ages 9 to 13.



Now that obesity is a nationwide concern, Wentworth talks to her students about their activity level and comes up with ideas to encourage healthy eating. For example, she asks kids to choose between fruits and M&M's. Once they choose, they have to walk off the amount of calories they'd gain from eating their choice. "The kids who choose M&M's can't believe how far they have to walk," Wentworth says.

Wentworth also gets parents on their feet. Children earn miles with the following formula: one mile for each half-hour of moderate activity and two miles for each half-hour of high activity. They earn double miles if they can get their parents to "work out" with them or if they volunteer for an activity, like cleaning up the lawn of an elderly person. "It teaches kids to be community members," says Wentworth, "and now we have lots of parent participation." Perhaps best of all, Wentworth's program embraces a new concept of physical fitness. "In our program, a child, no matter what weight, can find an activity and be as successful as the other children—every child can do something," says an enthusiastic Wentworth. The days of gym class for athletes and the bench for everyone else are definitely over.

## Taking A Stand



Photo by Peggy Visio

Starr County, Texas, is hardly a household name, but it could easily be ground zero for any childhood obesity researcher. Tucked into a rough and tumble stretch of land at the border of Rio Grande City, this community of primarily Mexican immigrants sees 24 percent of its children become overweight or obese by age 4. After kindergarten, the number rises to 28 percent; and by elementary school the number is 50 percent for boys and 35 percent for girls. But Starr County is also a place where life is shaped by hard work and love is often defined by what you can give to your children—even if that's just their favorite treats. This traditional culture where food equals love has made Roel Gonzalez's job that much harder.

As Starr County's superintendent of schools, Gonzalez was more than happy to overhaul the school's nutrition plan when the University of Texas health science center offered funds and assistance through DiRReCT (Diabetes Reduction via Community-based Telemedia), their diabetes risk-reduction program.

"Our rate of diabetes is so high, we had to do something," says Gonzalez. So the program's pediatric nutritionist Peggy Visio began working with food service director Edna Ramon to modify—but still honor—the traditional Mexican menu.

Gonzalez didn't count on the initial opposition, however. As soon as menu changes went into effect, industrious, round-faced fourth and fifth graders posted signs outside their cafeterias demanding the return of their pizza, nachos, and burritos.

Some parents thought Gonzalez, a local boy, had turned his back on his culture. "An angry mom wanted to know why we were feeding her child specially made small, low-fat, high-fiber bagels instead of four or five of her homemade flour tortillas for breakfast," Gonzalez says. "And we still have parents who stuff kids' bags with Cheetos.

To address parents' concerns, Gonzalez formed a team that included Alicia Longoria, a 27-year home economics teacher who's now the district's assistant food service director for parental involvement. "We now have food and nutrition classes for parents in low-fat cooking. And even though the kids had never seen food like English muffins, they love the food program now," she says.

"They also get 45 minutes of physical education three times a week. The kids are active—they're outside and they're running—and many of the parents are now very thankful. They tell us they see a difference in their children."

*Additional reporting by Sabrina Holcomb and Mike Tucker*

## Candy or Carrots?

**33 percent of children eat fast food every day.**

They lure school kids with the promise of sweets, tempt administrators with the promise of money, and draw ire from health experts who see nothing but the promise of overweight kids.

Vending machines. They're increasingly drawing fire in the obesity wars because they expose a bottom-line dilemma: Americans want healthier children but may not be willing to pay the financial cost. Despite calorie-laden offerings that erode health and fitness, vending offers a fiscal lifeline to school systems drowning in red ink.

"Many school districts have tried to close budget deficits by peddling soft drinks to kids," says David Ludwig, M.D., director of the Children's Optimal Weight for Life (OWL) program at Children's Hospital in Boston, Massachusetts. But this, he maintains, "is one of the worst investments a society could make."

Why all the fuss? The answer is in the machine.

A May 2004 study by the Center for Science in the Public Interest (CSPI) found that of 9,723 school vending machine slots surveyed:

- 70 percent held soft drinks with sugar
- 42 percent held candy
- 5 percent offered milk (and less than half of those offerings were low-fat).

This is bad news to health and fitness advocates who want healthier choices for kids. Sugary food is a problem, according to the American Academy of Pediatrics' Committee on School Nutrition. "Sweetened soft drinks in the schools," it says, "contribute to overweight or obesity, displacement of milk consumption, dental cavities, and enamel erosion."

Other health experts say vending is a direct assault on burgeoning attempts to improve breakfast and lunch fare in the cafeteria. "I don't think there should be vending machines at all, because it undermines what you can do in the cafeteria," says Marion Nestle, a child nutrition expert who chairs New York University's Department of Nutrition. "It also separates kids who can't afford it from those who can. Everyone should eat the cafeteria offerings."

Studies show many taxpayers agree. But getting there—well, that's the problem. A recent study by RTI, a firm that conducts surveys on public health policy, found that while the public overwhelmingly supports adding nutrition curricula to schools and likes the idea of healthy food in vending machines, less than 50 percent were willing to fork over an additional \$100 per year in taxes to support such anti-obesity efforts.

The solution, many school administrators think, is finding ways to make good nutrition pay—by improving kids' health and contributing to school expenses at the same time. Making It Happen! School Nutrition Success Stories, highlights activities at 16 schools that have changed vending machine content and experienced either no change in revenue or increased revenue:

In Southington, Connecticut, for example, the Southington school lunch program installed a milk vending machine with low-fat and fat-free choices. They cut a deal to keep 20 percent of monthly sales, gaining extra income for programs without any extra labor costs.

At Hampden Academy, a public school in Hampden, Maine, administrators maintained vending machine income levels by letting the kids choose. "We had students choose the healthy foods they wanted," says Richard Lyons, superintendent of schools. "We had taste-test sessions with low-fat yogurt and other choices."

Babcock Middle School, in Westerly, Rhode Island, modified vending machine content "by giving all vendors strict calorie and fat limits," says school nurse Michelle Iacoi. "Coke machines once supported the sports booster program, now there's water instead."

Experts concede such inroads are good, but say more aggressive solutions still are needed to make healthy vending more widespread.

"We're very encouraged," says Margo G. Wootan, nutrition policy director at CSPI, "but [improvement] is really only happening in 30 or so schools out of 90,000 nationwide. It's a select snippet. Most vending machine content is of poor quality. We still need to make a lot of changes."

—S.C.

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## Health Care:

## Let's Insure Every Kid

**127 million Obesity-associated hospital costs for young people have more than tripled in 20 years, growing from \$35 million to \$127 million in 2004.**

Obesity-linked illnesses are sending growing numbers of children to doctors' offices and hospitals. That's the sad truth. Even worse: without adequate health insurance coverage, many wouldn't get any treatment at all.

Most experts will tell you: Success at school starts with good health coverage, and children who don't have it are compromising their immediate health and long-term development. Students who don't have health insurance have more untreated health problems, get sick more often, and miss school 25 percent more than their insured classmates, says the Children's Defense Fund.

Moreover, poor students, who need the most help, are least likely to have adequate health insurance. About one-fourth of all low-income children are uninsured, according to a policy brief from the Henry J. Kaiser Family Foundation.

For those and other reasons NEA supports universal health coverage—for children and adults alike. NEA's legislative program affirms NEA's support for "a national health care policy that will mandate universal coverage with the highest quality health care at the lowest possible cost."

And we're not alone. NEA belongs to the National Coalition of Health Care, along with other labor groups, health care and medical non-profits, and even a few corporations. Last year, the Coalition published *Building a Better Health Care System*, a report laying out principles for reforming the health care system. "Every American should have health care coverage," the report says. "Participation should be mandatory."

Programs like Medicaid and the State Children's Health Insurance Program (SCHIP) have helped reduce the number of poor children without health coverage, even as the number of all uninsured Americans rose to 45 million. But more progress is essential.

"There's no doubt the situation has improved overall, but we still have anywhere from 7 to 9 million uninsured children in this country," says Jeanne Lambrew, who teaches health policy at George Washington University in Washington, D.C.

If the Bush Administration goes ahead with its plan to cap Medicaid spending by giving states fixed sums of money in the form of block grants, states will have to cut back on their existing insurance programs, Lambrew says.

Some states are already having problems. Connecticut is considering eliminating 7,000 children from its Medicaid program, for example, and Arkansas is considering increasing eligibility standards and eliminating Medicaid coverage for eye exams and eyeglasses.

Such rollbacks suggest it's up to all of us to make sure policy makers know that kids should come first.

"It will take a tremendous amount of political will to push for coverage for all uninsured children," says Carol Malone, NEA's senior health policy specialist. "Once politicians see the link between health insurance and a child's success in school, then we'll start to make progress."

—Carolyn White

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Starving for good nutrition and fitness information? Go to [NEA Today Extra!](#)

Visit the [SmartBODY Fitness Information Center](#), an NEA Health Information Network Web site devoted to fitness, weight management, and stress reduction.

Chat online with nutrition expert **David Katz, M.D.**, who will answer your questions on how to eat healthier later this month. Submit your questions by March 10.

**Calculate your body mass index.** Stop guessing whether you or your students are in the danger zone. Learn what it really means to be overweight or obese.

**Answer our survey question:** Do you think a student's body mass index (BMI) should be included in his or her report card?

**Link up with Action for Healthy Kids and lots more resources** on obesity, nutrition, and fitness, including an executive summary of Making it Happen! School Nutrition Success Stories.

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