Spring 2019

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Letter from the Editors

Dear Council on School Health (COSH) Member,

We are hoping this issue finds you well, inspired from a year full of learning and growing among students and staff, and ready to be re-energized during the summer months. We know this year has likely brought with it a myriad of challenges, and hope that the pieces in this issue help provide guidance, support, and ideas in how to help address some of these challenges, including chronic absenteeism and mental health conditions among our students. We also hope this newsletter helps to inspire increased exposure to nature this summer and throughout the year, as a way to build wellness and resilience in ourselves and our students, and provides a fun reading list for those rare moments of being able to take a breath before the next school year begins.

We are thrilled to be coming on as the new COSH Newsletter Editors, and look forward to providing information, inspiration, and ideas on school health issues that are important to you. Our vision is to include and serve the voices of the many incredible professionals working to promote student health and education, including nurses, teachers, school staff and leadership, physicians, advance practice providers, trainees, mental health professionals, and of course students and parents themselves. We look forward to working with all of you, and please do not hesitate to contact us if you have hopes and dreams for future issues, we are all here to learn together!

Wishing you and your students a safe, restful, and interesting summer!

Best regards,

Anna Zuckerman, MD, and Barb Frankowski, MD, MPH, FAAP

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About the Editors:

Anna Zuckerman, MD, is a rising Chief Resident in Pediatrics at the University of Vermont Children's Hospital. Her work in the realm of school health thus far has included research on school-based health centers in the Dominican Republic, establishing and leading a new school-based health center in an area with a large refugee population in Vermont, and work on the Vermont state-wide SBHC Peer Collaborative. She is incredibly excited to be taking on the COSH Newsletter Editor role and is looking forward to working with all COSH members!

Barbara Frankowski, MD, MPH, FAAP, is a primary care pediatrician and Professor of Pediatrics at the University of Vermont Larner College of Medicine. She is a former Chair of COSH (2003-07), and had the pleasure of being on board for the merging of the Committee and Section on School Health. She has been active in school health in VT, and is the immediate past president of the VT AAP Chapter. Recently retired from clinical practice after 33 years, she is excited to have time to be more engaged with COSH again!

COSH NEWSLETTER

HIGHLIGHTING CHRONIC ABSENTEEISM

Chronic Absenteeism Policy Statement in a Nutshell

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The AAP policy statement, "The Link between School Attendance and Good Health" (*Pediatrics*, February 2019), suggests that pediatricians ask about the number of missed school days in the past month at every visit for school-aged children, when appropriate, because this question can yield a wealth of information to optimize patient care. In addition to being a useful diagnostic indicator, asking about school attendance is important because chronic school absenteeism puts students at risk for poor school performance and dropout, which in turn, put them at risk for unhealthy behaviors as adolescents and young adults as well as poor long term health outcomes.

Chronic absenteeism refers to missing too much school for any reason, including excused and unexcused absences and suspensions. Chronic absenteeism is often defined as missing 10% (or around 18 days) of the entire school year or 2 or 3 days of school per month. Students miss school for a wide variety of reasons including: illness; feeling unsafe at school; family responsibilities such as having to watch a younger sibling or care for an ill adult; housing instability; transportation difficulties; not seeing the value in attending school and lacking a responsible adult to require school attendance; and not realizing that missing school can be a problem because absences can quickly add up. Significant disparities in chronic absenteeism exist based on income, race, and ethnicity.

Pediatricians have opportunities at the individual patient, practice, and population levels to promote school attendance and reduce chronic absenteeism and resulting disparities. The policy statement describes evidence for physical and mental health interventions to improve school attendance and provides recommendations for how pediatricians could address school attendance in their office-based practices and communities, states, or nationally as advocates using a tiered approach.

Some key recommendations to promote school attendance for all youth include:

- Ask about school attendance (number of missed school days in the past month) at every visit, when appropriate;
- Promote school attendance by using materials such as handouts, posters, or videos in the office setting, communicating via the practice website or social media, and praising patients and caregivers for regularly attending school; and
- Provide firm guidance on when a child should stay home if sick, when to return to school, and how to avoid absences from minor illness or anxiety.

Some key recommendations to improve school attendance for patients who are missing 2 or 3 days of school per month (10% of total school time) or more include:

- Prevent, identify, and treat physical and mental health conditions that are contributing to school absences;
- Avoid writing excuses for school absences when the absence was not appropriate and avoid backdating to justify absences; and
- Avoid contributing to school absences by offering extended office hours, encouraging families to make preventive care appointments and follow-up appointments for times outside of regular school hours, and strongly encourage patients who are well enough to attend to return to school immediately after their medical appointments.

For those who want to dive deeper, the policy statement includes an extensive literature review and additional ideas and resources for promoting school attendance and addressing chronic absenteeism.

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When Should Kids Stay Home from School?*

* Please note: this is meant as a general brief guide based on AAP recommendations, 1,2 for more details please refer to the references cited below. Rules and policies may vary by state and school district. Please check with your local and state resources when counselling patients.

Can stay in school	• Common cold, runny nose, cough • Any eye discharge or conjunctivitis without fever, eye pain, or eyelid redness • Fever without other signs of illness if >4 months old • Rash with no other symptoms • Thrush	• Parvovirus B19 if normal immune system • Minor staph skin infection if treated with topical or oral antibiotics • MRSA carriers/colonizers • Molluscum contagiosum • CMV, Hepatitis B, HIV (do not restrict athletes from contact sports)
Can stay in school until end of day, start treatment before returning the next day	• Impetigo (cover lesions while in school) • Lice or nits • Ringworm	• Scabies • Tinea capitis, corporis, and cruris
Temporarily exclude In general, if illness: • makes it uncomfortable for child to participate in school • leads to greater need for care than staff can provide • poses risk of harm to others	• Fever in under 4-month-old • Group A Strep pharyngitis: exclude until at least 12 hours since start of antibiotic therapy, can then return to school if afebrile and feeling better • Rash with fever • Open or draining skin lesion if cannot be covered • Diarrhea, if: 1. in diapers and leaking out 2. toilet trained but having 'accidents' 3. blood in stool • Stool *E. Coli*, *Shigella*, *Salmonella*: until stool cultures negative, number of negative cultures varies by state • Vomiting more than twice in past 24 hours, unless thought to be not due to infection	• Abdominal pain: if >2 hours, or with fever • Epidemic of vaccine preventable disease, if unvaccinated • Mouth sores with drooling • Chickenpox until all lesions have dried or crusted and no new lesions for 24 hours • Rubella until 7 days after rash appears • Pertussis until 5 days of antibiotic treatment, or 21 days if untreated • Mumps until 5 days after onset of parotid gland swelling • Measles until 4 days after rash onset • Hepatitis A virus infection until 1 week after onset of illness or jaundice • Mycoplasma until respiratory symptoms have resolved

1. American Academy of Pediatrics. Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide, 4th Edition. Aronson SS, Shope TR, eds. Elk Grove Village, IL: American Academy of Pediatrics; 2016.

2. American Academy of Pediatrics. School Health. In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. Red Book: 2018 Report of the Committee on Infectious Diseases. 31st ed. Itasca, IL: American Academy of Pediatrics; 2018: 136-146.

Pediatrician and School Nurse Collaboration: Addressing Chronic Absenteeism

Laurie G Combe, MN, RN, NCSN
National Association of School Nurses (NASN) President-Elect

Background
Chronic absenteeism, missing 10% or more days of school, regardless if excused or unexcused, is an indicator of potential academic risk and school dropout (Jacob & Lovett, 2017). Kindergarteners and first-graders who are chronically absent struggle to master grade level reading skills by third grade and are four times more likely to drop out (Healthy Schools Campaign). Students living in poverty, students of color, and disabled students are at greater risk for school absence (Attendance Works, 2017).

Students and families report that the majority of school absences are related to physical and mental health concerns (Brundage, Castillo, & Batsche, 2017). Children are at higher risk for absence if they have chronic health conditions or social factors impacting attendance such as "socioeconomic distress, health barriers, cultural and social exclusion, housing instability, food insecurity, unsafe or violent living conditions, avoidance of bullying harassment, school phobia, and family responsibilities such as caring for younger siblings" (Black, Seder, & Kekahio, 2014; NASN, 2018, p.1; RWJF, 2016).

School Nurse Interventions for Chronic Absenteeism
School nurses utilize the Attendance Works 5-part strategy to address student chronic absenteeism (Attendance Works, 2018). They engage families and provide education about the risks associated with high absence rates, provide positive feedback for good attendance, check attendance data for patterns of absence, conduct early outreach, intervene to mitigate barriers to school attendance, and work proactively with populations at risk to address potential barriers to attendance (NASN, 2018).

Collaboration is Key
Unlike other practice environments, school nurse collaboration with pediatricians may be limited by lack of parent consent or lack of access to the pediatrician. Pediatricians can assist schools by encouraging parents to consent to communication with the school nurse and by proactively seeking communication with the school nurse before excusing absences or requesting homebound services. Even when consent is secured, the pace in pediatrician and school nurse offices can present a barrier to communication. Offering specific times for collaborative communication will help the school nurse better plan their day.

Pediatricians can help by working proactively with populations at risk to address potential barriers to attendance. Ask parents to bring report cards to office visits to review attendance and identify patterns of risk. Communicate with the school nurse or other school official to seek solutions for your patient.

In my practice as a School Nurse and district-wide Health Services Coordinator, I have encountered pediatricians who did not understand the structure and function of homebound services, nor the accommodations the school nurse could put in place for a student with a chronic condition. For example, a pediatrician ordered homebound services because of a complex tube-feeding schedule. As I communicated with her, she was surprised to learn that we employed a full time school nurse on every campus who could easily provide the necessary care, that homebound services were provided for a maximum of 5 hours each week, and that the homebound teacher was a generalist and may not be an expert in the content the student needed most. When it is imperative that a student be placed on homebound services, frequent homebound status evaluation by the pediatrician, parent and school nurse or other school official can help determine the least restrictive environment for education and ensure more positive outcomes for students.

School nurses welcome the opportunity to collaborate directly with a student's pediatrician to formulate a plan to address student health and educational needs.

School nurses and pediatricians –partners in student success!

References for this piece can be found in the References Supplemental File.

COSH NEWSLETTER

The Absent Child

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I recently asked a friend (a mother of two) what she thought were the most common reasons for kids frequently missing school. She said exactly what I expected her to - being sick, or even more likely, pretending to be sick. Throughout decades, children have earned the infamous reputation of going to great lengths to perform a one-act play of deceit and drama in order to skip school (Bueller, anyone?). From the thermometer warmed under a superhero nightlight to the on-demand cough that vibrates only when mom is walking by, ingenious techniques of trickery have come to be unfairly associated with kids who often miss school. While it's easy to brush off frequent absences as just "that kid," we as pediatricians know better than most that any pattern of a child's behavior is neither coincidental nor that simple, and it is our job to formulate a differential of possible etiologies to better address chronic absenteeism.

It will come as no surprise to say that school attendance cannot be understated. Countless data from years of research have shown that students' absences can influence outcomes such as class failures, graduation rates, grade point averages, and long-term successes. The problem is multi-factorial, and most, if not all, aspects of children's lives have the potential to interfere with their education. However, we often fail to make the deductions that a single mother with depression may not always be able to drop off her son at the bus stop, or that an adolescent with a chronically ill sister may not be able to leave her bedside, or that a preschooler's family with financial concerns may not be able to afford permanent housing within a specific school district. Although illnesses certainly play a role in frequent school absences, social determinants of health also have a significant impact on school attendance.

One of the first places we as pediatric residents can intervene is from our cartoon-donned clinic rooms. We ask our patients daily about their favorite subjects at school, which foods they like to eat and which they feed to the dog, what they like to watch (and of course, how long), who their best friends are, and what they want to be when they grow up. But few of us were taught to ask, "How many days of school have you missed in the past month?" This simple and direct question can quickly screen for absenteeism and may even raise more serious issues that have not been addressed before. As training pediatricians, we must be aware of the prevalence of chronic absenteeism, its causes, and its consequences, so that we can provide the support and resources all children deserve for their education. After all, taking care of children requires not only an understanding of pathophysiology and pharmacology, but also of after-school programs, family resource centers, early interventions, and sometimes even superheroes.

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Chronic Absenteeism Web Resources

Attendance Works

The mission of Attendance Works is to advance student success and help close equity gaps by reducing chronic absence. It offers an array of effective, free, affordable and proprietary consultation, technical assistance and coaching services to states, districts and schools across the country that are seeking ways to reduce chronic absence. A comprehensive set of Resources and Tools are provided free of charge, or choose a personalized consultation for your school district and community.

Healthy Schools Campaign

Healthy Schools Campaign (HSC) is a nonprofit organization based out of Chicago, which works on a local, state, and national level to promote policies and implement programs that address issues such as healthy school environment, school health services, school educational policies, school food, and chronic absenteeism, among others. HSC is currently collaborating with Attendance works on the Here + Healthy initiative, raising awareness about health-related causes of chronic absenteeism and proven solutions. Their website providers a Resource Center for additional ways to address chronic absenteeism, including the Chronic Absenteeism Toolkit for Action, aimed at educators and school district decision-makers.

America's Promise: GradNation

The GradNation campaign, started in 2010, provides those working to increase high school graduation rates with data, best practices and opportunities to connect and learn from one another. The website has an interactive map where you can check your own state's graduation rates, information about what supports on-time high school graduation, and ways that your community can participate in GradNation, including grant opportunities.

Everyone Graduates Center

The mission of the Everyone Graduates Center at the Johns Hopkins School of Education is to develop and disseminate the know-how required to enable all students to graduate from high school prepared for college, career, and civic life. The website offers analysis of the causes, location, and consequences of the nation's dropout crisis, provides tools and models designed to keep all students on the path to high school graduation and college and career readiness, and assists with capacity building efforts to enable states, communities, school districts, and schools to provide all their students with the supports they need to succeed. There are podcasts you can watch, and links to numerous resources, including success stories from a variety of schools.

National Center for Education Statistics (NCES)

NCES is the primary federal entity that collects and analyzes US education data. Among a myriad of interactive data tools and publications, it provides a free publication called "Every School Day Counts: *The Forum Guide to Collecting and Using Attendance Data*," which provides "best practices" on how to collect high-quality education and attendance data. The overall goal is for school districts to gather data that is timely and actionable, guiding interventions to improve attendance and academic achievement.

National Center for School Engagement (NCSE)

Established in 2004, the NCSE works with various stakeholders to promote the "three A's of school success: attendance, attachment, and achievement." NCSE provides schools, law enforcement agencies, courts, community partners, and state and federal agencies with invaluable resources such as training, technical assistance, research, and evaluation tools. The overall goal is to help stakeholders promote student and family engagement at school, with the goal of preventing truancy, dropout, and bullying.

COSH NEWSLETTER

SUMMER THEMED ARTICLES

Summer Support in SBHCs for Students with Mental Health Need Needs

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AAP COSH Executive Committee

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AACAP Schools Committee

Models of school-based health clinics (SBHC) vary across the US, and many SBHCs offer behavioral and mental health services. School-based mental health services provide a unique opportunity to bridge the gap between youth who are struggling and access to providers. SBHC services are frequently more accessible to students than traditional community mental health services because SBHCs can decrease stigma, increase access by providing care where students are available, and offer more comprehensive, coordinated services within the school community. Diverse children and families often prefer ethnically specific community clinics or clinics located within schools or ethnic neighborhoods.[2] SBHC services are available to students regardless of their ability to pay, and in some instances, parent consent is not required; for example, in California, students 12 and older may seek mental health care (psychotherapy) without parental consent (although pharmacotherapy still requires parental consent for students 17 and under).

Compared to community mental health centers, school-based clinics are 10 times more likely to evaluate and follow-up with youth for treatment of mental health or substance use disorders.[1] As an example, after Hurricane Katrina, youth were much more likely to attend trauma-focused services and groups in New Orleans and Houston schools compared to similar services in community clinics.[2] With asthma or other physical health conditions youth will often seek care in available clinic settings, including urgent care facilities during the summer months. However, with mental health concerns, youth are often unable to walk into a community mental health clinic to receive services due to barriers such as long wait lists, parent consent issues, and other challenges. To this end, questions often arise regarding how to provide care to students who need mental health support over the summer months, when schools are out of session.

Two examples from California and Colorado address these issues:

In Northern California, one SBHC operates out of a mobile van, and provides pharmacotherapy services and "active support" counseling from primary care providers. Active support is in accordance with the Guidelines for Adolescent Depression in Primary Care (GLAD-PC)[3,4] and refers to the act of seeing a student regularly in clinic for brief visits (20-30 min) to inquire about strengths and challenges, consolidate gains, build skills, and assess safety using specific algorithms and known parameters (the GLAD-PC and HEADS frameworks).[3-5] Mental health clinicians are available onsite at the van, and also through the Children's Hospital Pediatrics Residency and Child & Adolescent Psychiatry Fellowship (trainees provide services free of charge through an MOU with the university-based training program and supervising faculty have a portion of their FTE covered by the hospital, university or a local foundation).

At Denver Health (Denver, CO), the medical clinics in the SBHCs close but mental health services continue. Therapists provide ongoing mental health support in the school during

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Summer Support in SBHCs for Students with Mental Health Need Needs (Continued)

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summer months as long as the school building is open. If the school is closed for summer construction, the therapist will relocate to the nearest school-based clinic in the community to ensure continuity of care for their patients. For pharmacotherapy, patients and families continue to receive services throughout the summer at their school clinic. Thus, mental health services remain consistent in the summer though the show rate does decrease compared to the academic year. Clerks and therapists conduct outreach to patients and families through the duration of the summer months to encourage the continuation of appointments. Despite their efforts to assure youth and families receive ongoing care, not everyone responds. Some therapists have reduced hours in the summer (eg working 2 days, rather than 5 days a week), whereas others may continue to work 4-5 days a week, covering multiple schools.

Mental health conditions among children are of great concern among pediatricians and other PCP's. SBHCs are an important and growing model of care that allows providers to deliver critical mental health treatments to vulnerable populations. Satisfaction with services from SBHCs tend to be very high.[6] SBHCs frequently meet criteria of a medical home from adolescents' and parents' perspectives. Policymakers and communities should recognize that SBHCs play an important role in the medical community, especially for underserved adolescents during both the school year and also the summer months.[6]

References for this piece can be found in the References Supplemental File.

COSH NEWSLETTER

Stay Healthy In Nature Everyday (SHINE™): Community Partnerships for Pediatric Well-being

Nooshin Razani, MD, MPH, FAAP, Jenifer Mathews, MD, Maoya Alqassari, Amaka Agodi, Morgan Green, MD, Kelley Meade, MD, FAAP
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Health starts outside the clinic walls.
Evidence continues to mount that getting patients outdoors can help children be more physically active, better connected to their families and communities, and more resilient. Improved health outcomes have been demonstrated through nature contact in childhood. Empirical evidence of the benefits from contact with nature range from improved maternal health in pregnancy,[1] decreased preterm labor,[2] improved birthweight and head circumference,[3] to improved acquisition of normal childhood motor skills and social-emotional developmental milestones,[4] to improvements in myopia,[5] asthma,[6] obesity,[7] and ADHD symptoms.[8] The mechanism for these multiple benefits may be that nature contact serves as a buffer to stress,[9] and through providing opportunities for stress relief, social contact,[10] physical activity,[11] fresh air and sunshine, and bolstering resilience in children.[12] In adults, nature contact is associated with improved stress[13] and long term improvements in cardiovascular disease, depression and mortality, at every income level.[14] These associations argue that, over the life span, and starting in childhood, nature contact lays the groundwork for health and well-being.

Clinicians and families often know that spending time outdoors, and especially in nature, can be good for you. The issue is often *how*.
Lifestyle change is complicated and difficult to address within the constraints of a clinical visit. In addition, the highest health need patients are often those with the least access to nature: low-income neighborhoods and neighborhoods with minority residents often have less tree cover and fewer parks near their homes.[15] For other families, time constraints may be prohibitive. Still for others, having a child with special needs or a chronic illness may make going outside easier said than done. Taken in isolation, a physician's recommendation does not address barriers in time, time management, resources, and access that many families face.

We need allies.
In 2012, Children's Hospital Oakland became one of the first clinics in the nation to screen patients for access to nature and to refer them to nature as a clinical intervention. As part of that effort, in 2014, the Stay Healthy In Nature Everyday (SHINE™) clinic was started. SHINE™ is collaboration between a clinic and a regional park district with the mission to support families in getting outdoors and into nature for health. Our goals were to encourage physical activity, foster social connections, and extend a warm welcome to new visitors to parks. Now with more than 70 park outings, and thousands of park visits for health, our two agencies remain committed to a long-term collaboration for the health and resilience of our community's children. Through trial and error, we have learned some lessons that can help get you started to support your patients in getting outdoors for health:

Know your clinic's "backyard." i.e. know the community you work in and the nature they may or may not have access to.
It is important that the health care provider know where local parks are, and which parks are acceptable to the community. Simply printing a map based on where a family lives, is not

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Stay Healthy In Nature Everyday (SHINE™): Community Partnerships for Pediatric Well-being (Continued)

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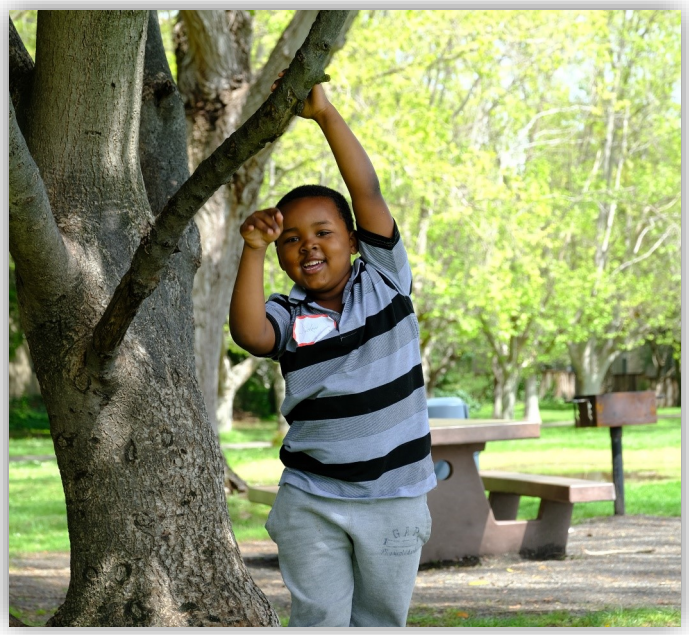
always effective. One of the most useful tools we created were simplified maps of local neighborhood nature with lists of bus routes. This simple tool makes it easier for me to work in partnership with my patient to get them outdoors. Community groups and leaders are invaluable partners to have around the table in deciding where, when, and how to get patients to nature for health.

Community partners want to work with you.
Our partnership with our local park district (East Bay Regional Parks District) was created through relationship building, trust, and with a commitment to collective action. Parks can play an essential role in health, as they are free, local, readily available, and sometimes the only nature accessible to families. Other potential community partners who work with nature include community gardens, agencies and non-profits who care for street trees, greenways, green schoolyards, local woodlands, hospital garden, natural play-scapes, and water features. The agencies running these sites often seek health partners as they need ongoing and new visitors in order to stay relevant, and foster the next generation of natural stewards. When you help these agencies make themselves accessible to a diversity of people – including those with high health needs – you help them serve the greater public health.

Bring nature into your clinic.
Our clinic walls have been decorated with maps of local parks. This allows nature to speak for itself and allows us to show patients the natural resources available to them. It often gives patients a sense of pride and place in their own neighborhood.

Make it easy for health care providers to know where, when, and what.
Clinicians are busy. Staff turnover is high; opportunities to train few and far between. Some strategies that have helped us encourage clinicians to recommend nature have been: 1) having specific park programming to recommend, that it be 2) reliable and consistent, and 3) have some value-added benefits besides a simple park visit. Health clinics need information that is consistently available for patients regardless of where the patients live and a schedule that will outlast the flyer posted in the waiting room. Having SHINE™ means that we can integrate nature access into our EMR, and



refer to SHINE™ as "join us at SHINE™" without having to sift through a variety of websites.

It's all about the "warm handoff."
In encouraging a family to invest the time and resources necessary to spend half a day in nature, it makes all the difference if I can say: "This is the naturalist who will meet you there, this is what you will do, how long it will take. Tell her I say hi." Even better, if the clinician can say "I will be there with you every third Saturday of the month." Culturally appropriate programming, which includes relaxation and social connection gives a specific reason for the doctors and other providers to make the special recommendation to patients with critical health and social needs. Use local talent, enthusiasm, and resources. Build the relationship with the agency you work with and advocate for the specific needs of the population that you are working with.

Have fun.
While our long-term goals are to impact mental and physical health, the first challenge is to engage patients in the outdoors and in nature and to allow them to feel ownership not only over their own health, but also over the parks in their

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Stay Healthy In Nature Everyday (SHINE™): Community Partnerships for Pediatric Well-being (Continued)

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neighborhood. Our goal is health, our method is fun and relaxation. When patients are enrolled in the nature clinic, they meet us on the first Saturday of the month at our clinic. We then get on a bus and travel to our local East Bay Regional Parks. At the park, we play games, we eat a picnic, we play, and have light physical activity and opportunities to engage with nature. Our goals are for children to have fun and parents to relax.

You need nature too.
Our program allows physicians, their families and pediatric residents to participate in the nature outings. The second story here is the health benefit that we receive. Remember that you need rest also.

Your role as nature advocate also extends outside your clinic walls.
As pediatricians, we have a potential role in advocating for park facilities and programs that support families and high health needs populations and encourage them to feel comfortable in nature, encourage physical activity, foster social connections, and extend a warm welcome to new visitors. We also have a role in advocating for systems changes, such as increasing the number of neighborhood parks, their safety and quality of programming and ensuring public transportation is available to park. Through partnerships with community organizations that introduce our patients to nature, we can serve as catalysts for broad policy change that advances the physical and mental health of our population.

We encourage you to reach out to your local community to find out who is working in nature, and to start talking about how to work together, and how to support each other in improving community health.

We hope to see you, and our patients, outdoors and in nature!

For more information visit www.centerfornatureandhealth.org *or contact nrazani@mail.cho.org*

References for this piece can be found in the References Supplemental File.

Camp Policy Statement Announcement

A policy statement, "Improving Health and Safety at Camp" will be published in the July 2019 issue of *Pediatrics*, and will be released early online near the end of June. The policy, authored by Michael J. Ambrose, MD, FAAP, and Edward A. Walton, MD, FAAP, updates the 2011 statement, "Creating Healthy Camp Experiences." We will share a link to the policy and other materials as soon as it is published.

COSH NEWSLETTER

Go Outside and Play!

Jean S. Coffey PhD, APRN, CPNP
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Acknowledgement: I have to thank my mom for sending me outside to play because it fostered my love of nature.

"GO OUTSIDE AND PLAY!" How many of you heard your parents shout this when you were young? Do you remember sunny spring days watching bees landing on beautiful flowers? Maybe you can recall warm summer nights watching the fireflies light up the sky, or sitting next to a brightly burning campfire. Can you reminisce about jumping into piles of wet leaves or snowball fights? This year why not help your families recreate these experiences with their children? Playing in the outdoors will make great memories while improving a child's physical and mental health. Going outside to play is fun and healthy yet many children rarely get free time outdoors.

Never in history have humans spent so little time in physical contact with the natural environment. Richard Louv, author of Last Child in the Woods, coined the term "nature-deficit disorder" to describe children's lack of outdoor activity and lack of connection to nature. A 2010 national study of media use among children aged 8-18, sponsored by the Kaiser Family Foundation, revealed that children in this age group spend an average of 7.5 hours daily in front of media. Perhaps the most alarming of all, in a typical week only 6% of children ages 9-13 play outside on their own. Children, who spend most of their time indoors in front of a screen, risk the potential for obesity and chronic illnesses such as diabetes and early heart disease. Today's youth may be the first generation at risk of having a shorter lifespan than their parents due to illness from a sedentary lifestyle.

Children who have a nature deficit due to overscheduling in organized activities and being tethered to technology lose the connection to the outdoors and can put their health at risk. Research has found both exposure to and connectedness with nature to be associated with improved well-being. Substantial evidence connects health to physical activity and several recent studies suggest that children who spend time outdoors are more active.

Some children do not get outside due to parental fear. Parents often worry about child safety including concerns about abduction or injury when playing outdoors. In order to reduce the risk of harm, children must be offered safe places to play with adult oversight. Places to play safely include a back yard away from the traffic, a playground, or a state or local park with a parent nearby.

Once families have decided they are going to go out to play, where do they go, what do they do? There are several excellent websites to help locate parks and playgrounds. There are also many apps families can purchase for a nominal fee to help in the search for the best place to go outside and play.

- The State Parks Websites are a great place to start (vary by state).
- National parks can be located by state using the National Park Service Website.
- The Trail Links app locates local multiuse trails and provides a great overview with trail mileage and what sights to see along the way.
- Oh Ranger is an app that locates parks as small as the local playground or as large as Yellowstone National Park.
- Websites such as the National Environmental Education Foundation or National Wildlife Federation (Kids & Families) can supply ideas on what to do once families are at a park or in their own back yard.

Playing outside can be as simple as looking at insects in the grass or more complex such as building forts with sticks and leaves. Children develop a connection with nature and build skills (such as decision making, leadership, and navigation) when they have the opportunity to experience free, unstructured time in the outdoors. Outdoor play can provide lasting, enjoyable memories and good health for a lifetime, so GO OUTSIDE AND PLAY!

Editor's Note: In 2013, Dr Coffey started the Park Rx program, in conjunction with VT State Parks. Pediatric clinicians were provided with prescriptions that served as free park passes. Originally used for children aged 6-10, the program continues and is available for children and adults of all ages. Read more about this pilot here.

SUMMER READING LIST

The House on Henry Street
Author: Lillian D. Wald, 1911
This book for history buffs tells the first-hand story of the establishment of the Henry Street Settlement in NY's Lower East Side, the beginnings of visiting nursing, and the early advocacy efforts to have nurses in public schools.

Turtles All the Way Down
Author: John Green, 2017
A young adult novel about 16 year old Aza who struggles with OCD and anxiety, written by an author whose own life has been affected by this.

***Last Child in the Woods: Saving Our Children from Nature-Deficit Disorder* 2005, 2008**
Author: Richard Louv
This book highlights research indicating that direct exposure to nature is essential for healthy childhood development, and offers practical solutions, including 100 actions you can take to create change in your community, school, and family.

Refugee
Author: Alan Gratz, 2017
A gripping young adult historical fiction novel chronicling the stories of three young people who are forced to flee their country - a Jewish boy in 1930s Nazi Germany, a Cuban girl in 1994, and a Syrian boy in 2015. Despite being separated by geography and time, their stories intertwine to show common themes of struggle, resilience, and hope.

The Newcomers: Finding Refugee, Friendship and Hope in an American Classroom
Author: Helen Thorpe, 2017
This book follows twenty two immigrant teenagers and their dedicated teacher throughout a school year in a Denver high school. Helen Thorpe, a journalist and author, spent a year in the high school English Acquisition Class, observing first-hand the difficult process of immigrating, learning English, and living in a new culture. With her observations and commentary, she provides insight into the experience of these young immigrants and their families and the broader refugee crisis.

The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma
Author: Bessel van der Kolk, MD 2014
As a psychiatrist with more than three decades of experience in working with survivors of trauma, in this book Dr. van der Kolk shares research, theory, and patient stories that show the current scientific understanding of the impacts of traumatic stress on the body and the brain. The second half of the book describes effective therapies that target the physiological changes caused by traumatic stress, including mindfulness, neurofeedback, play, yoga, and others, providing an avenue for progress and hope for those affected by trauma, including children.

Attending: Medicine, Mindfulness, and Humanity
Author: Ronald Epstein, MD, 2017
This book provides an inspiring and insightful exploration of the importance of mindfulness in clinical practice. Through research and touching patient stories, Dr Epstein explores how four foundations of mindfulness - Attention, Curiosity, Beginner's Mind, and Presence - set the stage for physicians who are compassionate, present, safe, and patient-centered. He describes how mindfulness and compassion can be trained, providing a way to focus on the humanity in medicine and foster resilience within physicians and trainees. An inspiring read for anyone who has ever been a clinician, patient, or loving family member.

COSH NEWSLETTER

WE WOULD LOVE TO HEAR FROM YOU!

Do you have any feedback for us on this newsletter? Any ideas for future COSH Newsletter themes? Are there additional perspectives you would like us to include? Would you like to contribute to the COSH Newsletter in the future? Please let us know!

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