

Youth Risk Behavior Survey

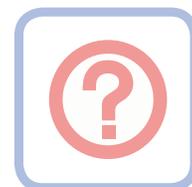
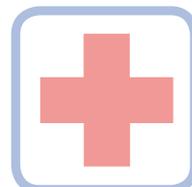
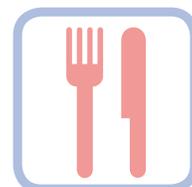
2013 Results

Key findings and recommendations for creating healthy, safe, and supportive environments where students can stay healthy and focus on learning.



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INTRODUCTION

The health and well-being of Utah's youth are important. Schools should provide a safe and healthy environment and make it easy for adolescents to make healthy choices and adopt healthy behaviors. Students' health, safety, and social situation can all impact their success in the classroom as well. Students who live healthy, stay safe, and appropriately manage their chronic illnesses do better academically. They are able to focus on what they're learning and are free from other distractions.

This report is designed to provide school administrators and staff with the information they need regarding Utah students' health and safety in order to promote healthy behaviors, a safe environment, and to better address barriers to education.

The key findings contained in this report describe the health-related behaviors of Utah students in grades 9 through 12 collected through the 2013 Youth Risk Behavior Survey (YRBS). The Utah Department of Health has conducted the YRBS for more than twenty years, and uses the results to guide health promotion efforts on a variety of issues ranging from lifestyle choices to violence and injury prevention. Resources for addressing each of the topics addressed in the report are also included. School personnel may be interested in using these resources to help their students live healthier lives.

The survey is conducted at the state level through a grant made available through the Centers for Disease Control and Prevention. Specific information may be found at <http://cdc.gov/HealthyYouth/yrbs/index.htm>. For questions regarding survey administration in Utah, contact Mike Friedrichs at the Utah Department of Health at 801-538-6244. Summaries of past survey results may be found at cdc.gov. This website also contains information regarding all of the topics YRBS analyzes biennially. Utah-specific information may also be found through the Utah Department of Health's Indicator-based Information System for Public Health (IBIS-PH), which may be accessed online at <http://ibis.health.utah.gov>. Some indicator reports on IBIS-PH include YRBS data. Website users may query all YRBS data at <http://ibis.health.utah.gov/query/selection/yrbs/YRBSSelection.html>.

What Schools Can Do

By being aware of the choices teens are making, as well as the health and safety threats they face, school administrators and staff can better provide a nurturing and safe environment where teens can focus on learning. After reviewing the information contained in this report, school personnel should consider which changes to their policies, systems, or the school environment will help teens live healthy, active lives and reduce exposure to experiences that distract from their learning and well-being. Changes to consider are shared below.

Tobacco

- Implement a comprehensive tobacco policy in your school or district.
- Require that students or staff caught violating the tobacco policy be referred to cessation services for help quitting.
- Use permanent signs as an easy, non-

threatening way to inform parents and visitors that school property is a tobacco-free zone.

Nutrition

- Develop or strengthen a comprehensive school wellness policy.
- Implement national recommendations for nutrition standards for foods in schools.

Physical Activity

- Use the federal Let's Move! program, along with other comprehensive resources for physical activity breaks in classrooms.
- Employ Let's Move! and its resources to direct the development of physical activity programs and aid in improving the health and academic performance of students.
- Implement national and state recommendations for physical activity and physical education standards.
- Implement a comprehensive school physical activity program in schools or districts.

Exposure to Ultraviolet Radiation

- Adopt a sun safety policy that includes allowing students to wear hats, sunglasses, and sunscreen when outside.
- Install shade structures on school property, such as shade-providing trees, canopies, or other structures.
- Require that uniforms for physical education classes include sleeves and either long shorts or pants.
- If your school allows advertisements in school publications (e.g., newspaper, yearbook), consider banning advertisements by tanning salons.

Suicide Ideation and Attempts

- In accordance with Utah law, intervene and notify parents if a student has suicidal thoughts, physically self-harming behavior, or thoughts of harming others.
- Implement an evidence-based or best practices suicide prevention program, such as the HOPE Squad (www.hope4utah.com).
- Train staff to recognize the signs and symptoms of depression and suicide in teens. Don't be afraid

to ask students what they are feeling, thinking, and doing and refer students at risk for suicide to the appropriate resources in accordance with your school's policies and Utah law.

Sports Concussions

- Adopt a concussion policy in accordance with Utah law.
- Require coaches, trainers, and student athletes to take the CDC *Heads Up to Clinicians* online training available at <http://preventingconcussions.org/>.
- Replace damaged equipment promptly, especially helmets and other protective head gear. Some helmets require replacing after any impact, even if there are no visible signs of damage.
- Participate in the Student Injury Reporting System (SIRS). (To enroll your school in SIRS visit <http://www.health.utah.gov/vipp/schoolInjuries/reporting.html>.)

Dating Violence

- Utilize curricula such as *Dating Matters: Strategies to Promote Healthy Teen Relationships* (<http://www.cdc.gov/violenceprevention/datingmatters/>) or *Utah's Healthy Relationships Toolkit* (<http://health.utah.gov/vipp>) to educate students about dating violence and how to build healthy relationships.

Asthma

- Assign school office staff to keep a list of students with asthma on file and track absenteeism for students with asthma.
- Work with school nurses to (a) have an asthma action plan completed yearly by parents of children with asthma, and (b) keep forms readily accessible in case of emergency.
- In accordance with Utah law, allow students to carry and self-administer their asthma medications.



LIFESTYLES

Lifestyle choices affect our health in many ways. Poor choices can increase our risk of heart disease, diabetes, chronic respiratory problems (such as emphysema or chronic obstructive pulmonary disease), and cancer, among other things. Staying away from or quitting tobacco, staying physically active, making healthy food choices, maintaining a healthy weight, and avoiding exposure to ultraviolet radiation help us stay healthy and avoid unintentionally increasing our risk for chronic illness. Schools have a special role to play in helping students establish lifestyle patterns that will help keep them healthy. It's important for school administrators and staff to be aware of teens' lifestyle choices and establish policies, systems, or environmental changes that will reinforce the habits and behaviors taught in health education classes. This section presents information critical to understanding the health risks students may be facing now and in the not-too-distant future.

Tobacco Use

Since 1999, there has been a 64% decline in cigarette use among youth. The drop can be linked to tax increases, marketing efforts, and an increased use of alternative products such as electronic cigarettes, hookah, etc. In the U.S. in 2013, 22.4% of students reported they had used tobacco products such as cigarettes, cigars, snuff, cigarillos, and chewing tobacco in the past 30 days.

In 2013, among Utah high school students in grades 9-12:

- 6.7% of male students reported they had used tobacco products such as cigarettes, cigars, snuff, cigarillos, and chewing tobacco in the past 30 days, whereas 4.3% of females reported that they had used tobacco in the past 30 days.
- 3.8% of males and 1.2% of females reported using smokeless tobacco such as chewing tobacco.
- From 1999 to 2013, the number of students who smoked cigarettes on school property dropped from 6.3% to 1.4%.

However, between 2011 and 2013, the percentage of Utah high school-age students who use e-cigarettes tripled (Utah Prevention Needs Assessment, 2013). Currently, 5.9% of 8th, 10th, and 12th graders in Utah use e-cigarettes while only 3.8% smoke cigarettes. E-cigarettes are the new preferred nicotine delivery device for youth in the state. The data also show that 31.7% of students who reported ever using e-cigarettes say they have never tried conventional cigarettes. This raises concerns that e-cigarettes could serve as a gateway drug for conventional cigarettes.

Since 1999, there has been a **64% decline in cigarette use** among Utah youth due to:

- tax increases,
- marketing efforts, and
- an increased use of alternative products, such as electronic cigarettes and hookah.



Resources for Addressing Tobacco Use

A School's Guide to Comprehensive Tobacco Control (<http://www.tobaccofreeutah.org/pdfs/schoolguide.pdf>)

Walks school district personnel through implementing CDC guidelines for School Health Programs. The guide also provides ideas and suggestions for accomplishing required activities, includes evaluation tools, and links to additional resources.

Current Utah Tobacco Facts (<http://www.tobaccofreeutah.org/pdfs/tpcpfy12report.pdf>)

Current data on tobacco use in Utah.

Fun Sheets, Brochures, Videos, Order Forms (<http://www.tobaccofreeutah.org/education.html>)

Grade-specific Tobacco-Free Fun Sheets are designed to be used in classrooms to supplement lessons on tobacco prevention.

Ending Nicotine Dependence (END) (<http://www.tobaccofreeutah.org/end.html>)

All junior and senior high school students caught using tobacco products should be referred to an Ending Nicotine Dependence (END) Class. Students can also choose to voluntarily attend. END is a tobacco cessation program designed especially for youth that builds skills and knowledge concerning quitting tobacco. END specifically focuses on developing a wide variety of social skills including communication, stress management, decision making, goal setting, nutrition, and physical activity. These skills provide techniques to increase self-efficacy, confidence, and self-awareness.

Way to Quit (<http://waytoquit.org/>)

Utah has a lot to offer when it comes to quitting tobacco—but no two people quit in the exact same way. The Utah Department of Health has launched a new resource entitled “way to quit.” At www.waytoquit.org, individuals can find a wealth of information about why they should quit tobacco, how to make a fresh attempt at quitting, or even how to help a loved one quit tobacco.

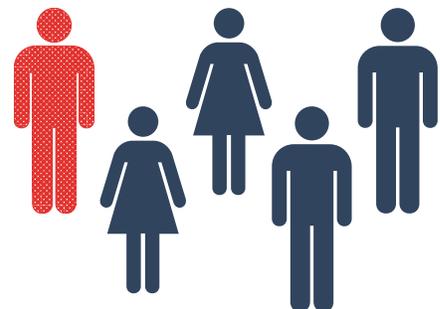
Physical Activity

Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, increases self-esteem, and may improve blood pressure and cholesterol levels (U.S. Department of Health and Human Services, 2008). In the U.S. during 2013, 27.1% of students reported they met physical activity recommendations of getting at least 60 minutes of physical activity each day of the week.

Among Utah youth in grades 9-12:

- In 2013, 19.7% of youth grades 9-12 met physical activity recommendations of getting at least 60 minutes of physical activity each day of the week. This is similar to 2011, when 20.8% met the physical activity recommendation.

Only *one in five* Utah students get the recommended amount of physical activity each day of the week.



- Also in 2013, noticeably more males met physical activity recommendations of getting at least 60 minutes of physical activity each day of the week (27.6%) than females (11.5%).
- The percentage of males getting recommended physical activity remained similar for the years 2011-2013; however, the percentage of females getting recommended physical activity decreased from 14.0% in 2011 to 11.5% in 2013.
- Slightly more youth in grades 9-12 enrolled in physical education classes in 2013 (57.0%) compared to 2011 (55.0%).

Nutrition

Schools are in a unique position to promote healthy eating and help ensure appropriate food and nutrient intake among students. Schools provide students opportunities to consume an array of foods and beverages throughout the school day and to learn about and practice healthy eating behaviors. In the U.S. during 2013, 33.2% of students reported they had eaten fruit or drunk 100% fruit juice two or more times per day; 27.0% reported they had drunk soda or pop daily, and; 40.3% reported they had drunk milk at least daily.

- In 2013, 34.3% of students in grades 9-12 ate fruit or drank juice two or more times per day, while only 14.2% ate vegetables three or more times per day.
- In 2013, 13.5% of students in grades 9-12 drank soda daily, 2.3% drank energy drinks daily, and 8.2% drank sports drinks daily. Boys were nearly twice as likely to drink soda daily (17.2%) than girls (9.5%).
- In 2013, 23.2% of students in grades 9-12 reported eating at fast food restaurants at least 3 times per week.
- In 2013, less than half of students (48.7%) in grades 9-12 reported drinking milk at least daily.

Schools are in a unique position to promote healthy eating.



Obesity

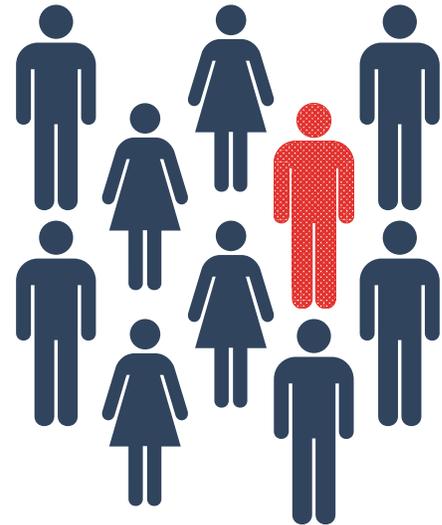
Between 2011 and 2013, the percentage of overweight and obese adolescents did not change. In the U.S. in 2013, 16.6% of students were overweight and 13.7% were obese. In the same year, 11.0% of Utah students were overweight and 6.4% were obese.

- The percent of overweight males showed a slight decline, dropping from 13.6% to 11.0%, while the percent of females remained relatively unchanged at 11.1%. Obesity among males fell from 12.2% to 8.3%; the percent of obese females remained relatively unchanged at 4.8% and 4.5%, respectively.
- The percentage of overweight or obese students was similar in grades 9, 10, 11, and 12.

Although these data suggest the epidemic of adolescent obesity may have leveled off in Utah, over 11% of Utah adolescents remain overweight or obese.

Overweight and obesity are the results of “caloric imbalance,” meaning too few calories are expended for the number of calories consumed, and are affected by various genetic, behavioral, and environmental factors. Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases (Office of the Surgeon General, 2010).

More than *one in ten* Utah students are overweight or obese.



Resources for Addressing Physical Activity, Nutrition, and Obesity

School Health Programs (<http://www.choosehealth.utah.gov/prek-12/schools/health-programs.php>)

A list of nutrition and physical activity programs that can create opportunities for students in the school setting to eat healthy and be active by implementing policy and environmental changes.

Height-Weight Measurement Project Report (<http://www.choosehealth.utah.gov/documents/pdfs/HW%20Elem%20Project%202012%20final.pdf>)

The report describes results of the height/weight measurement project, trends in overweight and obesity among elementary school students statewide, health and other implications of obesity, and what schools can do to reduce obesity.

School Resources (<http://www.choosehealth.utah.gov/prek-12/schools/tools-and-resources.php>)

Tools and resources to help staff create a healthy school environment.

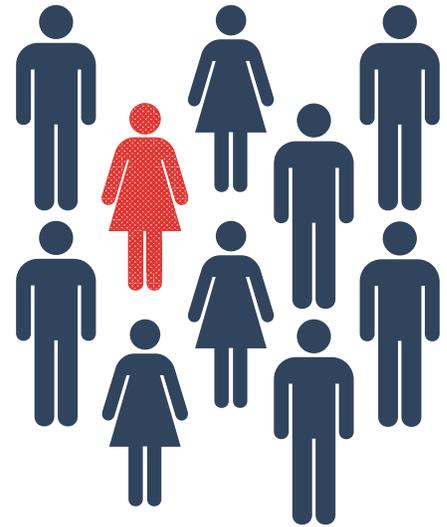
Exposure to Ultraviolet Radiation

Approximately 600 Utahns are diagnosed with the deadliest form of skin cancer, melanoma, each year. Melanoma is becoming more and more common among young adults. Exposure to ultraviolet radiation from both the sun and tanning beds significantly increases a person's risk of developing melanoma. In the U.S. during 2013, 12.8% of students reported they had used a tanning device one or more times in the past 12 months.

In 2013, among Utah students in grades 9 through 12:

- 9.5% of all students used a tanning device one or more times in the past 12 months.
- 6.1% of male students used a tanning device one or more times in the past 12 months.
- 12.8% of female students used a tanning device one or more times in the past 12 months.

Nearly *one in ten* Utah students used a tanning device in the last 12 months.



Resources for Addressing Exposure to Ultraviolet Radiation

Skin Cancer Foundation: Teacher Resources (<http://www.skincancer.org/prevention/education-program>)

Resources to help teachers educate students about skin cancer and how to protect their skin from ultraviolet radiation.

National Council on Skin Cancer Prevention: Teacher and School Resources (<http://www.skincancerprevention.org/resources/teachers-and-schools>)

Links to several resources to assist teachers in educating students on skin cancer and sun safety. Also includes resources to help schools make changes to policies and the built environment that will help protect students from ultraviolet radiation.



VIOLENCE AND INJURIES

Injuries and violence can have a dramatic effect on a person's ability to lead an active, fulfilling life. Every day in Utah, five people die from an injury or violence. Research shows that most injuries are predictable and preventable. Injury and violence-related concerns among youth in Utah include suicide ideation and attempts, traffic safety, sports concussions, dating violence, school safety, and other issues like bicycle helmet use and use of prescription drugs. Findings from the 2013 Youth Risk Behavior Survey show injury and violence continue to greatly impact adolescents in Utah.

Suicide Ideation and Attempts

In 2012, 71.5% of the deaths among Utah youths aged 10-24 years were attributed to injuries. The top three causes of injury related deaths among youths aged 10-24 years in Utah were: suicide (28.1%), unintentional and undetermined poisonings (15.9%), and unintentional motor vehicle traffic crashes (15.6%). Utah ranks 5th in the U.S. for youth suicide deaths. In the U.S. during 2013, 29.9% of high school students reported they felt sad or hopeless, 17.0% reported they seriously considered attempting suicide, 13.6% reported that they made a suicide plan, and 8.0% said they had attempted suicide.

In 2013, among Utah high school students in grades 9-12:

- 25.7% felt sad or hopeless almost every day for two weeks or more in a row (19.7% males and 32.0% females).
- 15.5% seriously considered attempting suicide during the past 12 months (13.5% males and 17.4% females).
- 12.8% made a plan about how they would attempt suicide during the past 12 months (11.3% males and 14.3% females).
- 7.3% attempted suicide one or more times during the past 12 months (7.4% males and 7.3% females).

One in four Utah students...



felt so sad or hopeless almost every day for two weeks or more in a row they stopped doing some usual activities.

Teen Driving

Motor vehicle crashes are a leading cause of death for Utah teens ages 15-19. Teenage drivers represented just 8% of all licensed drivers in Utah in 2010, yet they were in nearly one-fourth (21%) of all crashes. Teens were 1.7 times more likely to be in a crash than drivers of other ages (2010 Crash Summary Report). In the U.S. during 2013, 7.6% of students reported they rarely or never wore a seat belt when riding in a car driven by someone else, 21.9% reported they rode in a car driven by someone else who had been drinking alcohol one or more times during the past 30 days, and 10.0% of students who drove a car reported they drove after drinking alcohol.

In 2013, among Utah high school students in grades 9-12:

- 5.6% rarely or never wore a seat belt while most students (93.5% males and 95.5% females) sometimes, most of the time, or always wore a seat belt when riding in a car driven by someone else.
- Non-White/Non-Hispanic students were more than twice as likely to never or rarely wear a seat belt when riding in a car driven by someone else compared to White/Non-Hispanic students.
- 12.4% rode in a car driven by someone else who had been drinking alcohol one or more times during the past 30 days (12.8% males and 12.0% females).
- Most students did not drive after drinking alcohol (97.5% males and females), meaning 2.5% did drive after drinking.

Cell Phone Use and Texting While Driving

Drivers who talk on a handheld or hands-free cell phone are just as impaired as drunk drivers with a 0.08 blood alcohol content level (Strayer, 2006). In the U.S. during 2013, 41.4% of students who drove a car reported they texted or e-mailed while driving.

In 2013, among Utah high school students in grades 9-12 who drove a car:

- 51.6% talked on a cell phone while driving during the past 30 days (54.1% males and 48.9% females).
- 40.5% used text messaging while driving during the past 30 days (41.9% males and 38.8% females).

In 2010, teenage drivers represented 8% of the licensed drivers in Utah,



yet they were in nearly *one in four* motor vehicle crashes.



Sports Concussions

Concussions are a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head. It's estimated that 75% of TBIs that occur nationally each year are concussions or other mild TBIs (CDC). Utah law requires the removal of a child from a sport activity if they get a head injury or show symptoms of a concussion until they receive written clearance from a qualified health care provider.

In 2013, among Utah high school students in grades 9-12 who played sports:

- More than a third (35.9%) had symptoms of a concussion and never told anyone.
- More than one in six (16.3%) said they were told by a doctor that they had a concussion or symptoms of a concussion.
- 15.3% reported they were removed from play by a coach because a concussion was suspected.

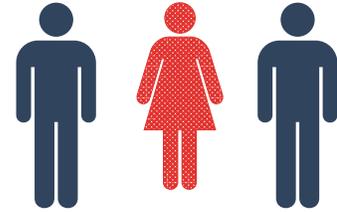
Dating Violence

Dating violence is verbal, emotional, physical, or sexual abuse in a dating relationship. Nearly 1.5 million high school students nationwide experience physical abuse from a dating partner in a single year. One in three adolescents in the U.S. is a victim of physical, sexual, emotional or verbal abuse from a dating partner, a figure that far exceeds rates of other types of youth violence¹.

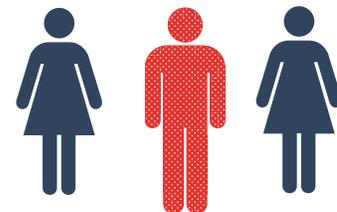
In 2013, among Utah high school students in grades 9-12 who were dating:

- 15.4% of students were verbally or emotionally harmed by someone they were dating or had gone out with one or more times during the past 12 months.
- More than twice as many females as males (15.1% vs. 6.4%, respectively) reported being forced by someone they were dating or going out with to do sexual things they did not want to during the past 12 months. In addition, 5.9% of males and 8.9% of females had been physically forced to have sexual intercourse when they did not want to.
- 7.0% of students were physically hurt on purpose by someone they were dating or going out with one or more times during the past 12 months.

More than *one in three* Utah students who played sports had symptoms of a concussion and never told anyone.



Nearly *one in three* Utah students in a dating relationship experienced dating violence.



1. Love is Respect. Is This Abuse? Dating Violence Statistics. Web. Retrieved July 2014 from <http://www.loveisrespect.org/is-this-abuse/dating-violence-statistics>

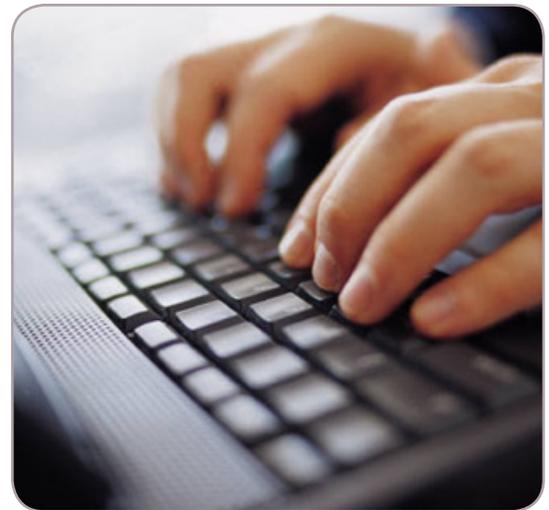
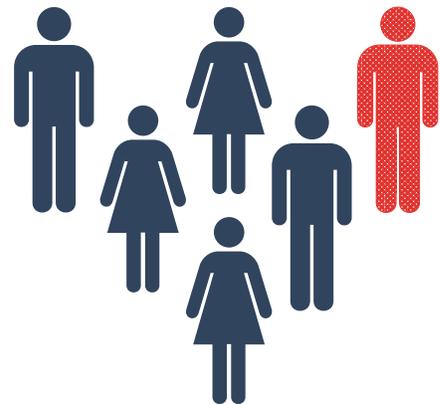
School Safety

While U.S. schools remained relatively safe, any amount of violence is unacceptable. Parents, teachers, and administrators expect schools to be a safe haven for learning. Acts of violence or school-related injury can disrupt the learning process and have a negative effect on students, the school, and the broader community.

In 2013, among Utah high school students in grades 9-12:

- 21.8% of students were bullied on school property during the last 12 months compared to 19.6% in the U.S.
- 16.9% of students were electronically bullied during the last 12 months compared to 14.8% in the U.S. Female students were electronically bullied nearly twice as much as male students (11.9% of males compared to 22.2% of females).
- 7.3% of Utah students did not go to school because they felt unsafe at school or on their way to or from school on one or more of the past 30 days compared to 7.1% in the U.S. Those who reported their race as being “Hispanic” or “Non-White/Non-Hispanic” were almost twice as likely as “White” students to not attend school because they felt unsafe.
- Overall, 17.2% of Utah students carried a weapon such as a gun, knife, or club on one or more of the past 30 days (26.6% males and 7.6% females) compared to 17.9% in the U.S. When on school property, 7.4% of males and 2.4% of females said they carried a weapon.
- 8.0% of males and 2.8% of females said they had been threatened or injured with a weapon such as a gun, knife, or club on school property one or more times during the past 12 months, compared to 7.7% of males and 6.1% of females in the U.S.
- 10.0% of males and 1.9% of females carried a gun on one or more of the past 30 days compared to 9.4% of males and 1.6% of females in the U.S. (This was not necessarily on school property.)
- 3.5% of males and 2.1% of females were injured in a physical fight and had to be treated by a doctor or a nurse one or more times during the past 12 months, compared to 3.8% of males and 2.4% of females in the U.S.

More than *one in six* Utah students were electronically bullied during the last twelve months.



Other Injury and Safety Issues

Injuries are the leading cause of death and disability for people aged 1 to 44 years in Utah and the U.S. (IBIS-PH, CDC). In Utah, 81% of all deaths among adolescents aged 10-24 years were attributed to injuries. In the U.S. during 2013, 17.8% of students reported they took a prescription drug without a doctor's prescription one or more times during their life and 87.9% rarely wore a helmet while riding a bicycle.

In 2013, among Utah high school students in grades 9-12:

- 8.7% of students reported they had taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life.
- 74.6% of students who rode a bike in the past twelve months rarely or never wore a helmet while riding.

Nearly *one in eleven* Utah students reported taking a prescription drug without a doctor's prescription at least once in their life.



Resources for Addressing Violence and Injury Prevention

School/Student Injuries (<http://www.health.utah.gov/vipp/schoolInjuries/overview.html>)

Learn about school/student injury concerns for your school (playground, shop, and sports injuries, etc.). Find information about tracking and reporting injuries.

Dating Violence Prevention (<http://www.health.utah.gov/vipp/dating%20violence/overview.htm>)

Download material to educate your students about healthy relationships, the risks of dating violence, and how to stay safe in a relationship.

Teen Memoriams (<http://health.utah.gov/vipp/motorVehicleSafety/TeenDriving.htm>)

Stories told by parents who've lost a teen in a motor vehicle crash, and what can be done to keep other teens safe on the road.

Don't Drive Stupid (<http://www.dontdrivestupid.com/>)

Find information for parents and teen drivers on Utah's Graduated Driver License laws and how to teach teens to drive.

Current Utah Violence and Injury Prevention Facts (<http://health.utah.gov/vipp/Data.html>)

Current data on a variety of topics including suicide, prescription drug overdoses, traumatic brain injuries, motor vehicle crashes, domestic and dating abuse, etc.



Asthma

Asthma affects people of all ages but most often starts during childhood. Asthma is a major, chronic lung disease that inflames and narrows the airways; however, with proper management, it can be controlled. Schools can play an important role in helping children manage their asthma, thereby reducing the number of missed school days due to the disease. The Centers for Disease Control and Prevention (CDC) encourages schools to do their part to help children manage their asthma by implementing policies and procedures that make schools “asthma-friendly.” Working together, school administrators, teachers, staff, students, and parents can increase the chance for successful management of children’s asthma. For more information on what your school can do to become “asthma friendly,” please go to: <http://www.cdc.gov/HealthyYouth/asthma/pdf/asthma.pdf>.

Asthma Prevalence

Asthma prevalence is an important indicator for tracking the burden of asthma in schools, and has been on an upward trend in Utah. This is similar to increasing trends nationwide. In the United States during 2013, 21.0% of students had ever been told by a doctor or nurse that they had asthma (i.e., ever had asthma)². This is similar to Utah, with 22.9% of students having been told by a doctor or nurse that they had asthma.

In 2013, among Utah high school students in grades 9-12:

- 23.4% of males and 22.3% of females had ever been told by a doctor or nurse that they had asthma.
- 11.4% of students had been diagnosed by a doctor or nurse with asthma and still have asthma (i.e., current asthma).
- 10.3% of males and 12.6% of females had been diagnosed by a doctor or nurse with asthma and still have asthma (i.e., current asthma).

More than *one in five* Utah students have been told they have asthma.



Asthma-related Emergency Department and Doctor Visits

Emergency department (ED) and non-routine doctor visits related to worsening asthma symptoms are indicators of uncontrolled asthma. When a child with asthma has poor asthma management, he or she may utilize the emergency department or the doctor's office to treat asthma symptoms. Not only is utilizing the ED and/or doctor's office to treat asthma symptoms a poor way of managing asthma, it is also costly. In Utah during 2011, a total of \$1.9 million dollars was charged for asthma-related ED treat-and-release visits for children ages 0-17. The median charge for these ED visits was \$827⁽³⁾.

In 2013, among Utah high school students in grades 9-12:

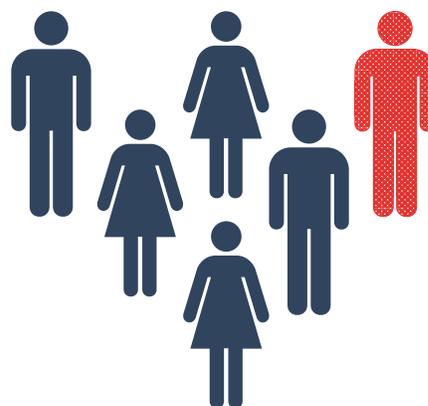
- 16.6% of students with asthma had gone to the doctor because of worsening asthma symptoms or for an asthma episode or attack within the last 12 months.
- 19.8% of males and 18.3% of females with asthma had gone to the doctor because of worsening asthma symptoms or for an asthma episode or attack within the last 12 months.

Asthma Management

The goal of asthma management is to control the disease so that children with asthma can live active, full lives while minimizing their risk of asthma episodes that require ED and non-routine doctor visits. Asthma action plans, which are a tool to help a person control asthma, and education on proper inhaler technique are important components of asthma management.

- 72.0% of students with asthma had been shown by a doctor or nurse how to use their inhaler.
- 69.1% of males and 75.1% of females with asthma had been shown by a doctor or nurse how to use their inhaler.
- 17.5% of students with asthma had been given an asthma action plan by a doctor or nurse.
- 15.9% of males and 19.6% of females with asthma had been given an asthma action plan by a doctor or nurse.

Approximately *one in six* Utah students with asthma have seen a doctor because of worsening asthma symptoms or an asthma episode or attack within the last 12 months.



3. Data for Total and Median Costs of Asthma-related ED visits for Children 0-17, Utah, 2011. Utah's Indicator Based Information System for Public Health. Retrieved January 2013, from <http://ibis.health.utah.gov/query/selection/ed/EDSelection.html>.

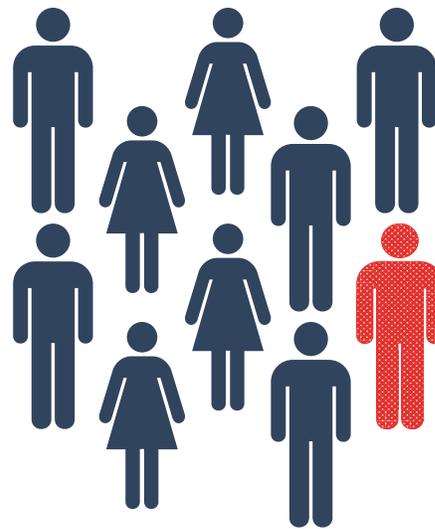
Asthma-related Missed School Days and Limited Activities

Missed school days and limited activities show the impact of asthma on a child's social functioning and educational opportunities. Missed school days can also lead to disparities in learning.

In 2013, among Utah high school students in grades 9-12:

- 12.6% of students with asthma missed at least one school day in the past year due to their asthma.
- 10.7% of males and 14.2% of females with asthma missed at least one school day in the past year because of their asthma.
- 9.7% of students with asthma limited their activities almost daily due to asthma.

More than *one in ten* Utah students with asthma missed at least one school day in the past year due to asthma.



Resources for Addressing Asthma

Action Plan (http://www.health.utah.gov/asthma/pdf_files/asthma_action_plan.pdf)

An individual guide, developed with the help of a doctor, that indicates triggers to avoid and what to do in an emergency or during an asthma attack.

Training (http://www.health.utah.gov/asthma/pdf_files/Schools/School_Resource_Manual.pdf)

A training for school staff about asthma. The training takes only 15-20 minutes and covers asthma symptoms, triggers, medications, and what to do in case of an asthma attack. To schedule a training, email asthma@utah.gov.

Winning With Asthma (www.winningwithasthma.org)

A free, 25-minute online training for students, athletic coaches, PE teachers, and referees.

Self-Administration Form (http://www.health.utah.gov/asthma/pdf_files/Schools/SelfAdministration_English.pdf)

This form provides the necessary written information to allow a student to carry an inhaler and should be signed by a health care provider and parent to allow students to carry their inhaler at school.

Recess Guidance (http://www.health.utah.gov/asthma/pdf_files/Air_Quality/recessguidance.pdf)

Guidelines for schools to determine when to move recess indoors on bad air days.

Ozone Recommendations (http://www.health.utah.gov/asthma/air%20quality/ozone_recomendations.html)

Recommendations for outdoor physical activities that avoid unhealthy exposure to summertime ozone air pollution.

Resources (<http://www.health.utah.gov/asthma/schools/resources.html>)

A list of resources, fact sheets, and programs for schools and parents to help students with asthma.



Additional Resources

Resources on additional topics that may be of interest to school personnel are listed below.

Arthritis

Juvenile Arthritis Facts

www.arthritis.org/ja-fact-sheet.php

Information regarding symptoms, types, and causes of juvenile arthritis.

School Success

<http://www.arthritis.org/ja-school-success.php>

Basic information for teachers, parents and students on making the school experience the best it can be for children with arthritis.

Communicable Disease Investigation and Response

Infectious Disease Information

www.health.utah.gov/epi/comdisease.html

Concise infectious disease information (signs/symptoms, spread, treatment, control, exclusion policies, and prevention) for a variety of audiences including health care professionals.

Infectious Disease Outbreaks and Clusters

www.health.utah.gov/epi/comdisease.html

Current information regarding infectious disease outbreaks or clusters occurring in Utah and nationwide.

Infectious or Communicable Disease Reporting

<http://health.utah.gov/epi/report.html>

Determining what diseases in the state are reportable and how to report them.

Infectious Disease Data

http://health.utah.gov/epi/CD_data_reports.htm

Monthly and yearly infectious disease reports for Utah. These reports can be viewed and downloaded.

Diabetes

Glucagon Information

www.health.utah.gov/diabetes/resourcesmain/glucagon.htm

The materials support Senate Bill 08 (the glucagon bill), which allows for emergency administration of glucagon to persons with diabetes, by trained volunteers, in Utah schools.

Insulin Management

http://ndep.nih.gov/media/SNN_March_2005.pdf

Information for school nurses on general insulin administration and management.

American Diabetes Association - Diabetes Care at School

<http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school>

How to manage diabetes at school, including written care plans.

Resources

<http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/safe-at-school/>

General diabetes information for school personnel.

Physical Activity

http://ndep.nih.gov/media/SNN_May_2004.pdf

How to incorporate physical activity for students with diabetes into schools.

Individual Diabetic Care Plan

<http://www.choosehealth.utah.gov/prek-12/school-nurses/guidelines/forms.php>

Information for school personnel and an individual diabetic care plan template for parents/school nurses.

National Diabetes Education Program School Materials

<http://www.ndep.nih.gov/publications/index.aspx?Keyword=School+Personnel&Go.x=17&Go.y=12>

Downloadable materials for school personnel and students.

Insulin Pump Forms

www.health.utah.gov/diabetes/formsmain/inspmpcp_guide.htm

General guidelines for school personnel to assist students with diabetes on insulin pump therapy.

Immunizations

Immunization Program Website

<http://health.utah.gov/immu/index.html>

Features the Immunization Guidebook each fall as a resource for schools to use as they assess students' immunization status. Educational materials are available on the site for school personnel as they prepare their annual immunization report. Links are provided for parents and school personnel for immunization schedules and vaccine information.

Maternal and Infant Health

Plan Your Health. Live Your Life.

http://health.utah.gov/mihp/pdf/Teen_RLP_082709.pdf

A plan to help teens decide when or if they want to become a parent, even if being a mom or dad is years away. This resource includes information on planning for things like college or a career, and goals to improve personal health.

Power Your Life, Power Your Health.

<http://www.poweryourlife.org>

Learn about the statewide effort to promote healthy lifestyles. Good health is the foundation of a happy life and a bright future. Power your life by powering your health.

Oral Health

Training Modules, Curricula, and Guides

<http://health.utah.gov/oralhealth/healthcareproviders.htm>

Different ways to teach dental health.

Dental Benefits-Clinics/Providers

<http://health.utah.gov/oralhealth/Benefits.htm>

List of providers and facilities.

School Nurses

<http://www.choosehealth.utah.gov/prek-12/school-nurses.php>

The Utah Department of Health and Utah State Office of Education work with school nurses in urban and rural public and private schools across Utah. Because children learn better when they're healthy, the services and resources provided by school nurses are critical for children's academic success. This site is a gateway to school health policies, procedures, and guidelines for the state of Utah.

Violence and Injury Prevention

<http://health.utah.gov/vipp>

Green Ribbon Month Packet

Pedestrian/Bicycle Safety

<http://www.health.utah.gov/vipp/pedestrianSafety/greenRibbonMonth.html>

A guide for planning a successful Green Ribbon Month. It includes educational activities and tips on how to get the community involved.

Safe Routes to School (SRTS) and Student Neighborhood Access Program (SNAP)

<http://www.udot.utah.gov/main/f?p=100:pg:0:::1:T,V:1388>,

Learn how to create a SNAP plan to get kids to school safely. Learn how schools can apply for SRTS funding to help improve safety conditions on routes your students use to get to school.

Walk to School Day

<http://www.walktoschool.org/>

Schools can register here for Walk to School Day. Find a professional resource person in your area. Download promotional and educational tools and other helpful resources.

Bicycle Skills Rodeo Packet

<http://www.health.utah.gov/vipp/pdf/BicycleSafety/Bicycle%20Skills%20Rodeo%20Packet.pdf>

Resource guide to setting up and conducting a bicycle skills rodeo.

Pedestrian Safety Resources

<http://www.health.utah.gov/vipp/pedestrianSafety/links.html>

Download scooter and pedestrian information for safety fairs.

Bicycle Safety Resources

<http://www.health.utah.gov/vipp/bicycleSafety/links.html>

Download bicycle safety information for safety fairs.

Child Passenger Safety

<http://www.safekidsutah.org>

Learn the right way a child should be riding in a vehicle, whether in a car seat, booster seat, or seat belt. Also, learn how to do a Safety Belt Fit Test and when a child is ready to ride safely in the front seat.