

Utah Health Status Update:

Utah Adolescent Health

September 2003

Utah Department of Health

This Update summarizes findings of a new report of the Utah Maternal and Child Health Bureau, *How Healthy are Utah Adolescents?* The report was developed with three major purposes:

- To compile available data to describe the health status of Utah's adolescents
- To build the foundation for a statewide needs assessment in regard to major health and health-related issues and health care needs among Utah teens
- To identify major health and health-related issues among this age group in Utah.

Using available statewide and national data relative to key health status indicators, this report is intended to present a snapshot of the health status of Utah's adolescents.

Overall

Adolescents (ages 10-21) make up more than 22% of Utah's overall population compared to 17.3% nationally. In the U.S., 10% to 15% of children and adolescents are overweight. In fact, the percentage of overweight youth has almost doubled in the last 20 years. Obesity is not a benign condition. Risk factors for cardiovascular disease, such as type 2 diabetes, high blood lipids, and high blood pressure occur more often in overweight youth.

- In 2001, 15% of Utah high school students were overweight or at risk of becoming overweight compared to 24% of U.S. high school students.
- The number of youth with diabetes increased nearly two-thirds, from 1,132 in 1991 to 1,800 in 2001.
- Preliminary data for 2001-2002 indicate that 98.3% of Utah adolescents have had two measles vaccinations.

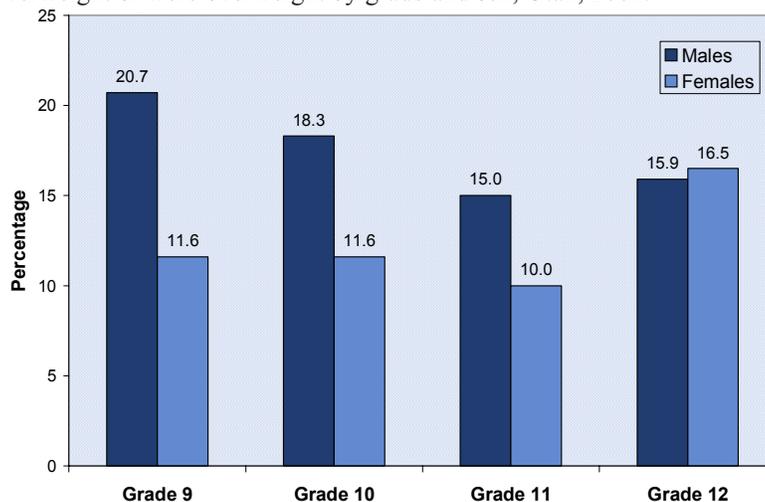
Health Behaviors

Adopting positive health behaviors during adolescence impacts health practices and future health later in life.

- The percentage of students who attended physical education class on one or more days a week decreased as teens got older. Among 9th grade students, 59% reported

Overweight

Figure 1. Percentage of high school students who were at risk of becoming overweight or were overweight by grade and sex, Utah, 2001.



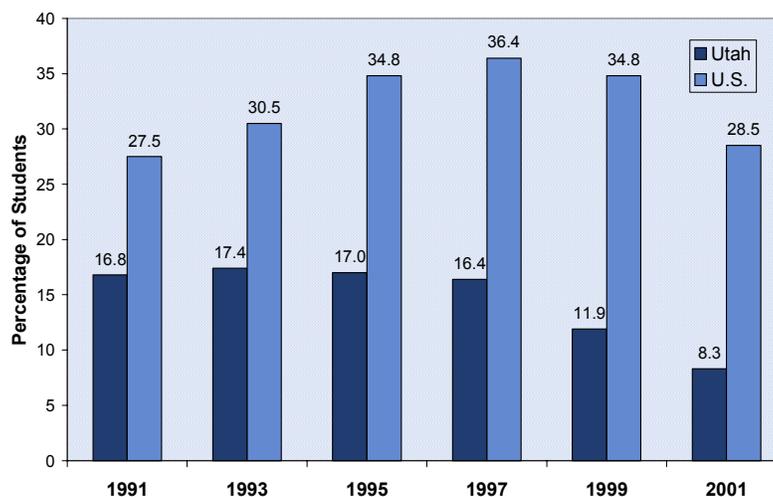
Source: National Center for Chronic Disease Prevention and Health Promotion. Adolescent and School Health. (2002). Youth 2001 online. Retrieved from: <http://www.cdc.gov/nccdphp/dash/yrbs/2001/youth01online.htm>

attending physical education class at least once each week compared to 42% of students in the 12th grade.

- Smoking among Utah youth declined from 11.9% in 1999 to 8.3% in 2001. However, use of chewing tobacco increased from 2.8% to 3.8%.
- More than 40% of Utah high school students reported ever using alcohol, with 18% reporting current use, 11% reporting heavy, episodic drinking during the past month, and 17.1% reporting having ridden with a driver who had been drinking. Almost 6.5% of students reported driving after drinking alcohol.

Current Cigarette Use

Figure 2. Percentage of students who reported current cigarette use, Utah and U.S., 1991-2001.



Source: National Center for Chronic Disease Prevention and Health Promotion (2002). YRBS: Youth 2001 Online. Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/nccdphp/dash/yrbs/2001/youth01online.htm>

- Approximately 18% of Utah youth reported that they had done something that might have put them at risk for HIV.

Safety

The importance of safety for Utah adolescents is underscored by the fact that the leading causes of adolescent death are intentional and unintentional injury, including motor vehicle fatalities, suicides and homicides.

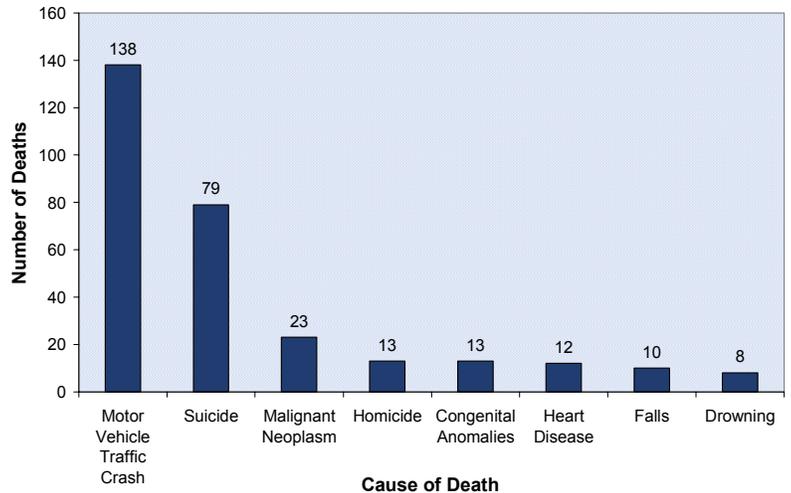
- More than 8% of Utah students indicated that they had carried a weapon on school property and more than 5% of students reported that they did not go to school on one or more of the previous 30 days because they felt unsafe at school, or on their way to or from school.
- The rate of child abuse and neglect during 2000 among Utah youth ages 12-15 was 11.2 per 1,000, and for youth ages 16-17 was 6.2 per 1000, slightly higher than the national rates of 10.4 and 5.8 per 1000 respectively.
- Adolescents have the highest rate of traumatic brain injuries and second highest rate of spinal cord injuries compared to all other ages in Utah.
- Utah's motor vehicle traffic crash fatality rate for adolescents is lower than the national rate (21.9 per 100,000 adolescents in Utah in 1999-2001 vs. 28.4 per 100,000 adolescents nationally in 1999).
- Utah ranked 8th highest in the country for bicycle fatality rates among all ages between 1992 and 2000. Utah has one of the lowest rates of bicycle helmet use.
- Suicide is the leading cause of death for Utah males aged 15-19, with a rate of 24.9 per 100,000 persons compared to the U.S. rate of 13.3 per 100,000.
- More than 27% of Utah youth reported that during the past 12 months they had felt so sad or hopeless almost every day for two or more consecutive weeks that they stopped doing some usual activities.
- Although Utah's adolescent homicide rate is lower than the national rate, homicide is currently the fifth leading cause of death among Utah's adolescents. Nationally, homicide is the 4th leading cause of death for adolescents aged 10-14 and the second leading cause of death for adolescents aged 15-19 years of age.

Sexual Health

- The chlamydia incidence rate for females aged 15-19 years in Utah was 658.99 cases

Leading Causes of Death

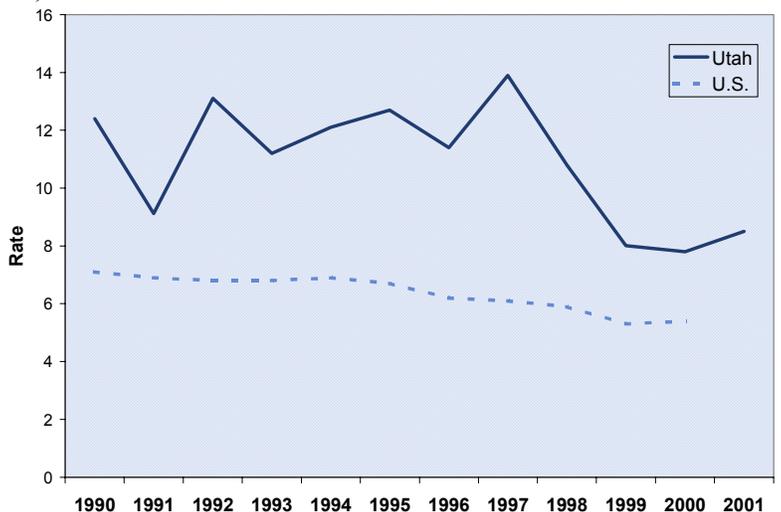
Figure 3. Leading causes of death, aged 15-19, Utah, 1999-2001.



Source: Utah Department of Health, Office of Vital Records and Statistics

Suicide

Figure 4. Suicide rate among adolescents 11-19 years of age, Utah and U.S., 1990-2001.



Source: Centers for Disease Control, November 21, 2002. Utah Data Source: IBIS, Available: <http://health.utah.gov/ibisph>

per 100,000 persons compared to 2,406 cases per 100,000 persons in the U.S.

- Teen pregnancy rates in Utah are lower than national rates, with Utah ranking among the lowest ten in the nation.

September 2003 Utah Health Status Update

For more information about this topic, please contact Jenny Mayfield, Adolescent Health Coordinator, Child Adolescent and School Health Program, 801-538-9459, FAX 801-538-9409, email: jmayfield@utah.gov, or the Office of Public Health Assessment, Utah Department of Health, P.O. Box 142101, Salt Lake City, Utah 84114-2101, (801) 538-6108, FAX (801) 538-9346, email: phdata@utah.gov.