

## Utah Health Status Update:

# School Health Policies and Implementation

November 2014

In 2008, the U.S. Department of Health and Human Services issued Physical Activity Guidelines for Americans recommending that children and adolescents aged 6–17 years get 60 minutes or more of physical activity each day.<sup>1</sup> This should include moderate- or vigorous-intensity aerobic, muscle-strengthening, and bone-strengthening activities. While children and adolescents don't usually develop chronic diseases such as heart disease, hypertension, type 2 diabetes, or osteoporosis, risk factors for these diseases can begin to develop early in life. Regular physical activity makes it less likely that these risk factors will develop into disease and more likely that children will remain healthy as adults.

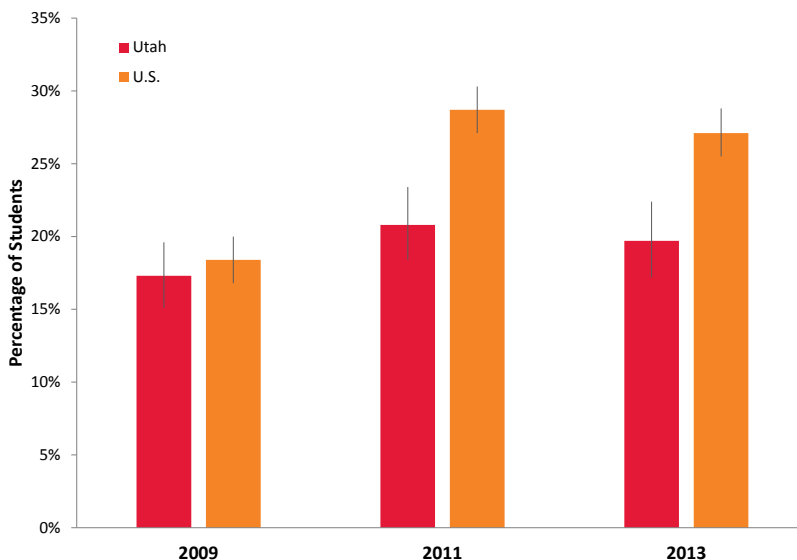
In 2013, only 19.7% of Utah adolescents reported getting the recommended amount of physical activity compared with 27.1% nationally. Utah adolescents have had consistently lower rates of recommended physical activity than the U.S. since 2009 (Figure 1).

The National Association for Sport and Physical Education and the Utah State Office of Education (USOE) recommend that students receive 150 minutes of structured physical activity each week.<sup>2</sup> The Utah Department of Health (UDOH) and USOE will work with

- **Only 19.7% of Utah adolescents received recommended physical activity compared to 27.1% nationally.**
- **Only 53.0% of schools provided opportunities for students to be physically active at least 60 minutes during each school day.**
- **Nearly all Utah schools (95.7%) provide physical education with standards-based instruction that includes moderate to vigorous physical activity for at least 50% of the class time.**
- **The Utah Department of Health is partnering with the Utah State Office of Education in four school districts to promote comprehensive physical activity programs.**

### Recommended Physical Activity

Figure 1. Percentage of students in grades 9–12 who were physically active at least 60 minutes/day on all 7 days, Utah and U.S., 2009–2013



Source: Youth Risk Behavior Survey

### School Policies on Physical Activity

Figure 2. Percentage of schools reporting each type of policy regarding physical activity for students, Utah, 2014

Policy	Percentage
Schools where students participate in physical activity breaks in classrooms (outside of physical education) during the school day	36.1%
Schools that offer opportunities for students to participate in physical activity before the school day through organized physical activities or access to facilities or equipment for physical activity	51.4%
Schools that provide the opportunity for students to be physically active at least 60 minutes during each school day	53.0%
Schools where staff are prohibited from excluding students from physical education or physical activity to punish them for bad behavior or failure to complete class work in another class	59.1%
Schools that offer opportunities for all students to participate in intramural sports programs	68.5%
Schools that provide physical education with standards-based instruction that includes moderate to vigorous physical activity for at least 50% of the class time	95.7%

Source: School Health Profiles, 2014

school districts to improve physical activity policies and environments in elementary and secondary schools throughout the state.

The Centers for Disease Control and Prevention's (CDC) School Health Profiles surveys assist state and local education and health agencies in monitoring and assessing the policies and characteristics of school health education, physical education, physical activity, and nutrition. The questionnaires were mailed to principals of 262 regular Utah public schools containing any of grades 6 through 12 during the spring of 2014.

In 2014, only 36.1% of schools allowed students to participate in physical activity breaks during the day and 51.4% offered opportunities for physical activity before school started. Only 53.0% of schools provided opportunities for students to be physically active at least 60 minutes during each school day. About half (59.1%) of schools prohibited excluding students from physical education as punishment. Two-thirds (68.5%) of schools offered opportunities for intramural sports. Nearly all Utah schools (95.7%) indicated that they provided physical education classes with standards-based instruction that includes moderate to vigorous physical activity for at least 50% of the class time (Figure 2).

The CDC's Comprehensive School Physical Activity Program (CSPAP)<sup>3</sup> was introduced as a national framework to capture physical activity in the schools and develop comprehensive programs that meet the recommended standards of 60 minutes per day per student.

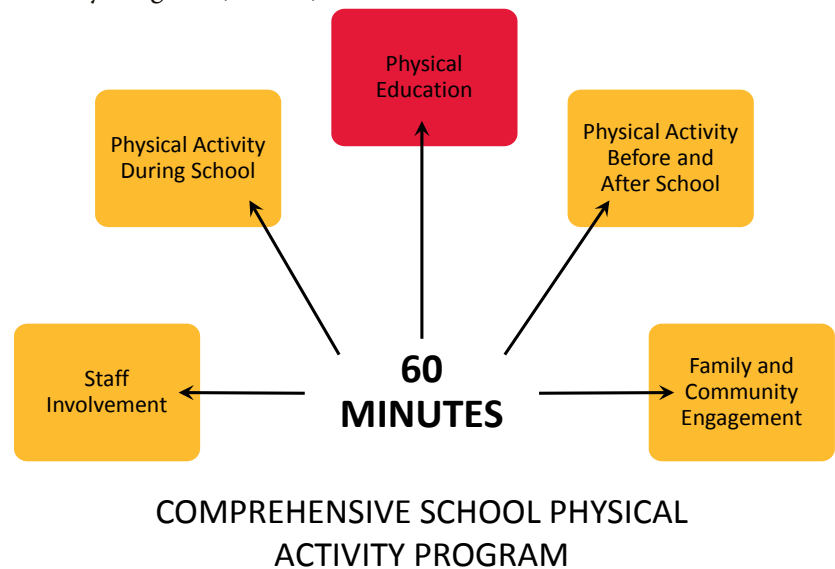
The five components of CSPAP (Figure 3) are:

- comprehensive physical education;
- physical activity during school;
- physical activity before and after school;
- family and community engagement;
- staff involvement.

The UDOH Healthy Living through Environment, Policy and Improved Clinical Care (EPICC) program is partnering with the USOE to work toward educating school districts and schools on the CSPAP model. To improve success and increase policy development, the EPICC program has targeted four school districts to implement CSPAP: Cache, Canyons, Granite, and Salt Lake City. Over the next four years, the EPICC program will work with the targeted districts to sustain, expand, and drive positive physical activity programs and implement CSPAP to increase physical activity opportunities for students. The districts will also receive education and training on how to develop, implement, and evaluate physical activity policies and practices.

## Five Components of CSPAP

Figure 3. The five components of the Comprehensive School Physical Activity Program (CSPAP) framework



### References

1. U.S. Department of Health and Human Services. *Physical Activity Guidelines for Americans*. Washington, DC: U.S. Department of Health and Human Services; 2008. <http://www.health.gov/paguidelines/pdf/paguide.pdf>.
2. Utah State Office of Education. *Elementary Physical Education Core Curriculum*; 2007. [http://www.schools.utah.gov/CURR/healthpe/Core/2007\\_Elem\\_PE\\_Core\\_Curr.aspx](http://www.schools.utah.gov/CURR/healthpe/Core/2007_Elem_PE_Core_Curr.aspx).
3. Centers for Disease Control and Prevention. *Comprehensive School Physical Activity Program*; National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, School Health Branch. 2013. <http://www.cdc.gov/healthyyouth/physicalactivity/cspap.htm>.

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## Breaking News, November 2014

### New Partnership for Children with Special Health Care Needs (CSHCN) Clinics

Approximately 13% of Utah children have a special health care need, which is defined as a chronic physical, developmental, behavioral, or emotional condition that requires health care and related services beyond that generally required by children.

The Utah Department of Health (UDOH) has provided CSHCN clinical services in urban and rural areas of the state for many years. The program is funded through federal and state funds and third party reimbursements. During the recession, CSHCN state funds totaling nearly \$1.5M were cut, reducing capacity to provide clinical services, especially in rural/frontier areas. Some clinic programs were closed; others were reduced to serve fewer children.

CSHCN clinical services include diagnostic services for children with developmental delays, follow-up of children born at very low birth weight or preterm, screening and diagnostic services in audiology and speech-language pathology, and some specialty evaluation services such as physical therapy.

In 2013, the UDOH initiated discussions with the University of Utah's (U of U) Department of Pediatrics about ways to increase capacity to serve more children with special needs. After many meetings and discussions, the Department of Pediatrics plans to begin operating CSHCN clinics in 2015 as the Developmental Assessment Center (DAC). The Department of Pediatrics will remodel space at 44 Mario Cappelletti Drive to create two clinical areas, DAC and General Pediatrics. The remodel will utilize the current space more efficiently, create more clinic rooms, and increase capacity to see children. With General Pediatrics co-located, families may avail themselves of primary pediatric care and specialty services as needed at one site.

Both the UDOH and U of U Department of Pediatrics believe this partnership will enable more children in the state with special health care needs to receive needed services in both urban and rural areas.

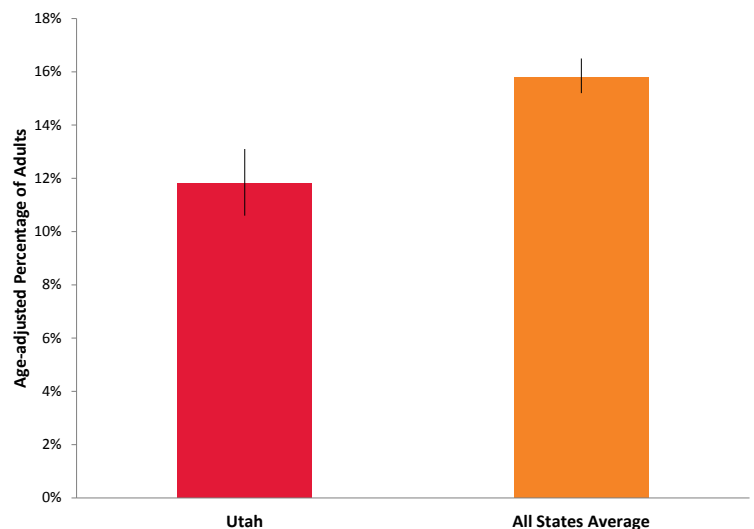
## Community Health Indicators Spotlight, November 2014

### Alcohol Use

Alcohol consumption in Utah is relatively low when compared with other states. According to results from the 2013 Behavioral Risk Factor Surveillance System (BRFSS), 4.5% of Utah adults were heavy drinkers (men having more than two drinks per day and women having more than one drink per day) and 12.3% were binge drinkers (males having five or more drinks on one occasion and females having four or more drinks on one occasion). Nationally, these figures were 6.2% and 16.8% respectively, with Utah ranking sixth and third lowest in those measures among all states.

Excessive alcohol consumption remains a leading preventable cause of death. The Utah Department of Health has identified excessive alcohol consumption as a priority for health improvement in Utah. In 2011, a question about communication with a health professional about alcohol use was included on the BRFSS in 44 states and the District of Columbia. Aggregate results showed that only about one in six adults (15.7%) reported that a health professional had ever discussed alcohol use with them. This changed very little in 15 years. Utah ranked below the study states' average with only 11.8% of adults reporting having this type of discussion. The U.S. Preventive Services Task Force recommends alcohol misuse screening and behavioral counseling by health care providers (also known as alcohol screening and brief intervention or ASBI) for adults with excessive alcohol use. Increased use of ASBI might reduce alcohol consumption and the harms related to it.<sup>1</sup>

**Age-adjusted Percentage of Adults Reporting Ever Discussing Alcohol Use With a Doctor or Other Health Professional, Utah and All States Average, 2011**



1. Centers for Disease Control and Prevention. Vital Signs: Communication Between Health Professionals and Their Patients About Alcohol Use — 44 States and the District of Columbia, 2011. MMWR 2014;63(01):16-22, [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6301a4.htm?s\\_cid=mm6301a4\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6301a4.htm?s_cid=mm6301a4_w).

# Monthly Health Indicators Report

(Data Through September 2014)

Monthly Report of Notifiable Diseases, September 2014	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	44	43	449	358	1.3
Shiga toxin-producing Escherichia coli (E. coli)	9	13	69	101	0.7
Hepatitis A (infectious hepatitis)	0	1	6	6	1.0
Hepatitis B, acute infections (serum hepatitis)	0	0	5	7	0.7
Meningococcal Disease	0	0	1	5	0.2
Pertussis (Whooping Cough)	16	63	680	597	1.1
Salmonellosis (Salmonella)	32	31	285	254	1.1
Shigellosis (Shigella)	3	5	21	29	0.7
Varicella (Chickenpox)	11	32	160	275	0.6
West Nile (Human cases)	1	2	2	4	0.5
Quarterly Report of Notifiable Diseases, 3rd Qtr 2014	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	27	23	65	79	0.8
Chlamydia	1,968	1,800	6,100	5,266	1.2
Gonorrhea	399	133	1,038	329	3.2
Syphilis	8	13	31	35	0.9
Tuberculosis	8	7	22	25	0.9
Medicaid Expenditures (in Millions) for the Month of September 2014	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 7.2	\$ 6.0	\$ 40.6	\$ 40.5	\$ 0.1
Inpatient Hospital	\$ 10.8	\$ 12.7	\$ 31.9	\$ 34.9	\$ (3.0)
Outpatient Hospital	\$ 4.7	\$ 5.0	\$ 11.9	\$ 13.7	\$ (1.7)
Long Term Care	\$ 14.2	\$ 13.6	\$ 38.5	\$ 37.3	\$ 1.2
Pharmacy	\$ 9.8	\$ 9.6	\$ 29.8	\$ 28.9	\$ 0.9
Physician/Osteo Services	\$ 5.1	\$ 8.4	\$ 9.5	\$ 14.0	\$ (4.5)
TOTAL MEDICAID	\$ 169.8	\$ 156.9	\$ 542.0	\$ 542.6	\$ (0.6)

Program Enrollment for the Month of September 2014	Current Month	Previous Month	% Change* From Previous Month	1 Year Ago	% Change* From 1 Year Ago
Medicaid	275,766	276,122	-0.1%	258,607	+6.6%
PCN (Primary Care Network)	19,829	17,155	+15.6%	15,485	+28.1%
CHIP (Children's Health Ins. Plan)§	15,640	15,577	+0.4%	34,364	-54.5%
Health Care System Measures	Number of Events	Rate per 100 Population	% Change* From Previous Year	Total Charges in Millions	% Change* From Previous Year
Overall Hospitalizations (2012)	281,605	9.2%	-1.2%	\$ 6,146.4	+5.6%
Non-maternity Hospitalizations (2012)	177,753	5.7%	-0.3%	\$ 5,208.7	+6.1%
Emergency Department Encounters (2012)	679,926	22.6%	+0.6%	\$ 1,447.3	+10.5%
Outpatient Surgery (2011)	376,054	12.7%	+2.5%	\$ 1,878.5	+6.5%
Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change* From Previous Year	State Rank** (1 is best)
Obesity (Adults 18+)	2013	483,800	24.1%	-0.5%	9 (2013)
Cigarette Smoking (Adults 18+)	2013	207,000	10.3%	-2.2%	1 (2013)
Influenza Immunization (Adults 65+)	2013	162,900	57.4%	+2.5%	39 (2013)
Health Insurance Coverage (Uninsured)	2013	336,500	11.6%	-12.1%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2013	192	6.6 / 100,000	-7.8%	14 (2012)
Poisoning Deaths	2013	630	21.7 / 100,000	-6.2%	48 (2012)
Suicide Deaths	2013	570	19.6 / 100,000	+2.9%	47 (2012)
Diabetes Prevalence (Adults 18+)	2013	142,500	7.1%	-1.1%	10 (2013)
Poor Mental Health (Adults 18+)	2013	328,700	16.4%	+4.6%	21 (2013)
Coronary Heart Disease Deaths	2013	1,515	52.2 / 100,000	+1.0%	3 (2011)
All Cancer Deaths	2013	2,961	102.1 / 100,000	+1.9%	1 (2011)
Stroke Deaths	2013	831	28.6 / 100,000	+3.1%	17 (2011)
Births to Adolescents (Ages 15-17)	2013	573	8.6 / 1,000	-16.3%	10 (2012)
Early Prenatal Care	2013	38,905	76.4%	+1.2%	n/a
Infant Mortality	2013	262	5.1 / 1,000	+6.7%	16 (2011)
Childhood Immunization (4:3:1:3:3:1)	2013	40,600	80.5%	+7.5%	16 (2013)

† Diagnosed HIV infections, regardless of AIDS diagnosis.

\* % Change could be due to random variation.

§ The 54.5% reduction in CHIP enrollment from 15,640 in the current month to 34,364 in CHIP monthly enrollment a year ago is due to the "ACA federal mandate ruling" allowing a large percentage of CHIP kids to qualify and transfer to the Medicaid program for expanded medical services.

\*\* State rank based on age-adjusted rates.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance has ended for influenza until the 2014-2015 season.