

Healthy Heart, Healthy Utah: Supporting Public Health Where It Matters Most

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National PTA Position Statement

- Entitled “The Health of Children and Youth and Family Access to Care”
- “Every child deserves the opportunity to grow into a happy and healthy adult, which includes mental, physical and overall well-being.”

Goals

- Share legislative “wins” that improve the life of Utah’s children and youth
 - American Heart Association supported legislation regarding cardiac emergencies in school
- Discuss other measures Utah PTA has supported in our schools and communities



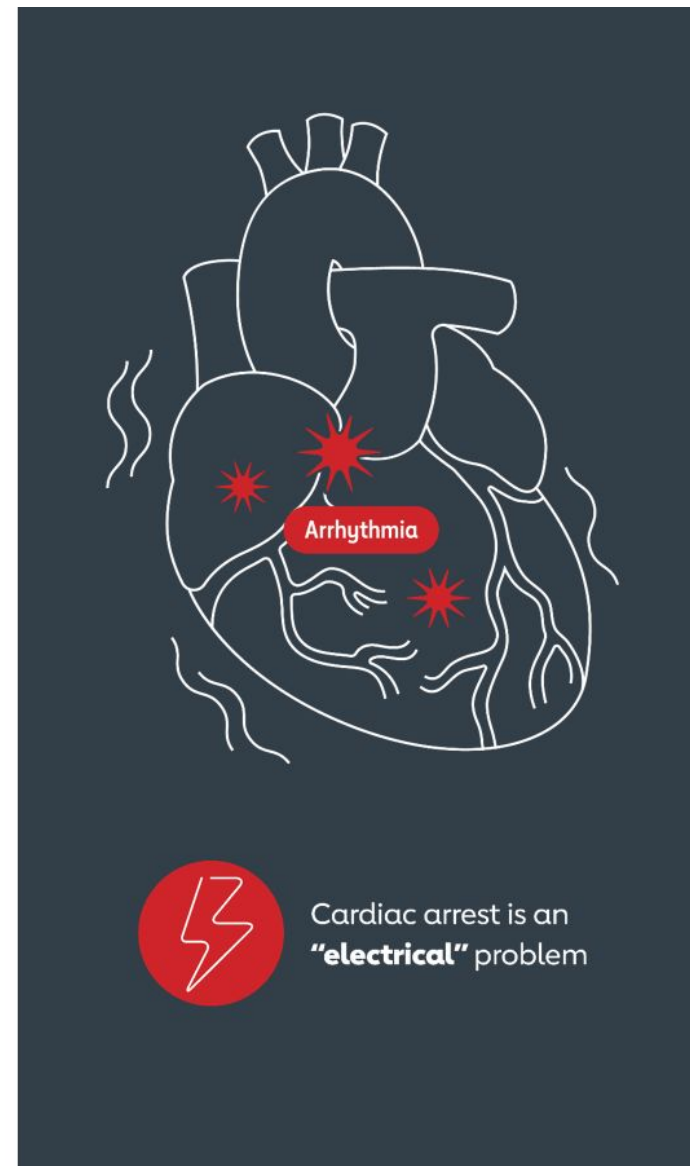
CARDIAC EMERGENCY RESPONSE PLANS **IN SCHOOLS**

Empowering a Nation of Lifesavers™



What is Sudden Cardiac Arrest?

- ▶ Sudden cardiac arrest occurs when the heart malfunctions and stops beating unexpectedly.
- ▶ An electrical malfunction in the heart causes an arrhythmia, or irregular heartbeat.
- ▶ In seconds, a person becomes unresponsive and cannot breathe.
- ▶ Death occurs within minutes if the person does not receive treatment.



Cardiac Arrest Is a Leading Cause of Death

Cardiac arrest can happen anywhere, to anyone, at any age.



356,000+

CARDIAC ARRESTS
occur outside of a hospital
annually in the U.S.



AMONG CHILDREN
23,000

experience cardiac arrest
outside of a hospital



40%

OF PEOPLE
get the immediate help
that they need

Cardiac Arrest in Utah

- ▶ In Utah, around 2,000 cardiac arrests occur outside of a hospital each year.
- ▶ In 2024, there were 25 Sudden Cardiac Arrests in children ages 1-12 in Utah outside of a hospital. Of these, zero survived to hospital discharge.
- ▶ In 2024, there were 24 Sudden Cardiac Arrests in children ages 13 – 18 in Utah outside of a hospital. Of these, only five survived to be discharged from the hospital.

That's Where CERPs Come In

- ▶ What is a CERP?
It's a written document that establishes specific steps to reduce death from cardiac arrest in school settings and ensures that school responders are trained on how to execute them.
- ▶ A CERP can be stand-alone guidelines or merged with a school's existing medical emergency response plans.



CERPs Save Lives!

- ▶ CERPs more than **DOUBLE survival rates from cardiac arrest** by empowering people to take action and dial 911, start CPR, and use an AED.
- ▶ We need CERPs in **every school and athletic event/facility**.
- ▶ CERPs should also be integrated into a community's local EMS responder protocols.



Did You Know?

Cardiac arrest can be reversed if lifesaving care is administered within a few minutes.

- ▶ CPR, if performed immediately, can **DOUBLE OR TRIPLE** a person's chance of survival.
- ▶ In schools with AEDs, approximately **70% OF CHILDREN** survive cardiac arrest – that's **7X** the overall survival rate for children.

Why Schools?

- ▶ Schools are a nucleus for community events. Parents and community members are often at schools for plays, concerts, or athletic events.
- ▶ Shared use agreements also allow communities to regularly access schools to vote, exercise, host group meetings, and more.

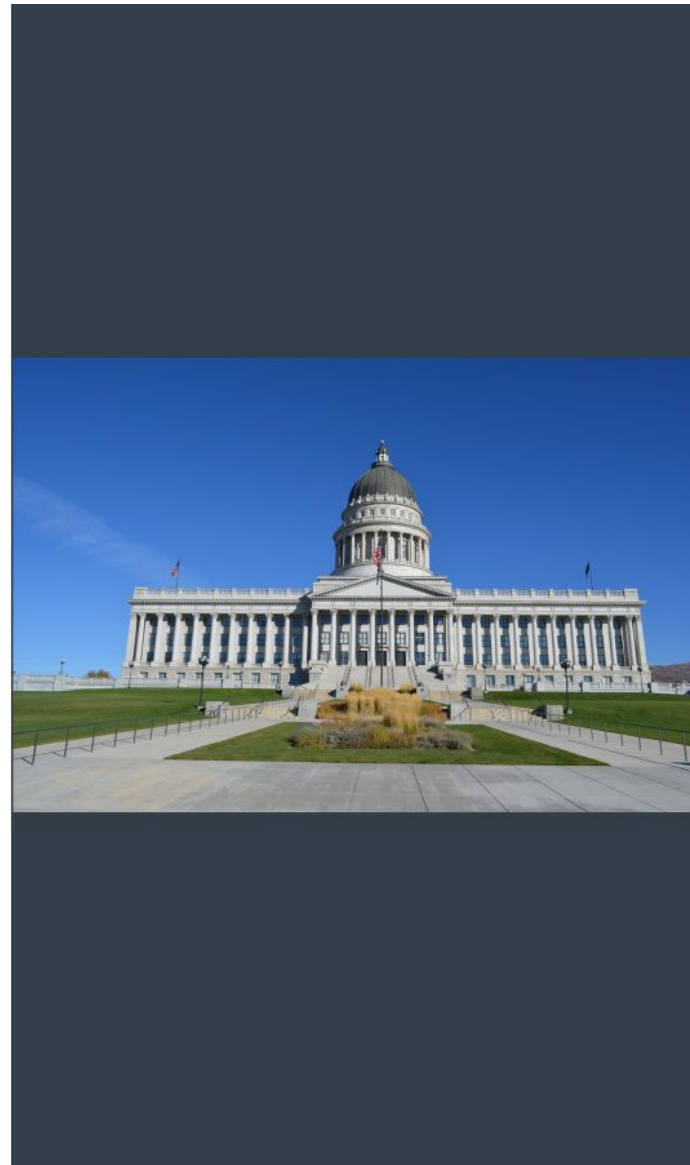


49.5 Million
students are
enrolled in U.S.
public schools

3 Million
teachers are
in the public
school system

What does SB 244, Cardiac Emergency Response Plans in Schools, Accomplish?

- ▶ Requires cardiac emergency response plans in all Utah public and charter schools.
- ▶ Ensures Utah schools have the appropriate number of maintained AEDs
- ▶ Ensures a team of responders within each school are trained in emergency response including CPR and AED use.
- ▶ Outlines what cardiac emergency response plans should include—such as policies, procedures, and training—based on nationally recognized guidelines.
- ▶ Funds \$200,000 to support the implementation of these plans in schools



What does a CERP Entail?

- ▶ Developing a Cardiac Response Team (CERT)
- ▶ AED Placement, Installation and Maintenance
- ▶ Communication of Cardiac Emergency Response Plan (CERP) protocol
- ▶ Training in Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) Use.
- ▶ Local Emergency Medical Services (EMS) Integration with the School Plan
- ▶ Conduct Practice Drills
- ▶ Activation of CERT During an Identified Cardiac Emergency
- ▶ Annual Review and Evaluation of the Plan

Case Study in Utah

Maria Montessori
Academy



HB 100 Food Security Amendments (2025)

- Utah PTA supported the bill
- Aim: Provided 2.5 million dollars in ongoing funding to reduce food insecurity in student attending Utah schools (K-12)
 - Provides free lunch to students who qualify for reduced-priced lunch
 - Eliminate stigma for student with food debt owed to the school
 - Created a share table for items not consumed by students

Why Is Food Insecurity An Issue?

- 1 in 5 children in Utah face food insecurity
 - Rising housing costs, grocery/food costs, and economic pressures
- Utah Food Bank reports that 1 in 7 Utahns are hungry
- Current demands for assistance is at an all time high
- Food insecurity disproportionately affects children and other vulnerable populations

HB 351 School Vision Screening Amendments (2026)

- Utah PTA supported the bill
- Aim: Requires LEAs to follow up with a parent / guardian after a student fails their initial vision screening
 - Ensures the family is aware of the issues
 - Opportunity to provide information on resources

Why Is Vision Screening So Important?

- 1 in 4 children may have visual issues affecting learning and behavior
 - Behavioral issues may be mislabeled as ADHD
- Center vision problems that are not corrected before age 7 or 8 may result in permanent vision loss and conditions like lazy eye can become irreversible
- Identifys children who may need corrective measure for nearsightedness, farsightedness, and/or astigmatism

HB 152 Educational Vaccine Exemption Amendments (2026)

- Utah PTA opposed the bill
- Aim: Repeals provisions requiring a parent to complete an online education module or in-person consultation to receive a vaccination exemption form
- About 12% of kindergartners have an exemption (in-person, homeschooled, and online learners)
 - Rates continue to rise!
- Bill failed to pass

Why Do We Care About Immunizations?

- Increasing number of Utah's children are not being vaccinated
 - 2024-2025 immunization rates for kindergarten was 86.9% - 88.6%
 - Need a rate of 95% for herd immunity in a community
- December 2025
 - Measles case in the childcare center at Bingham High School in an unimmunized individual with unknown exposure
- Current outbreak in Utah: Over 600 cases reported by mid-April 2026

Measles

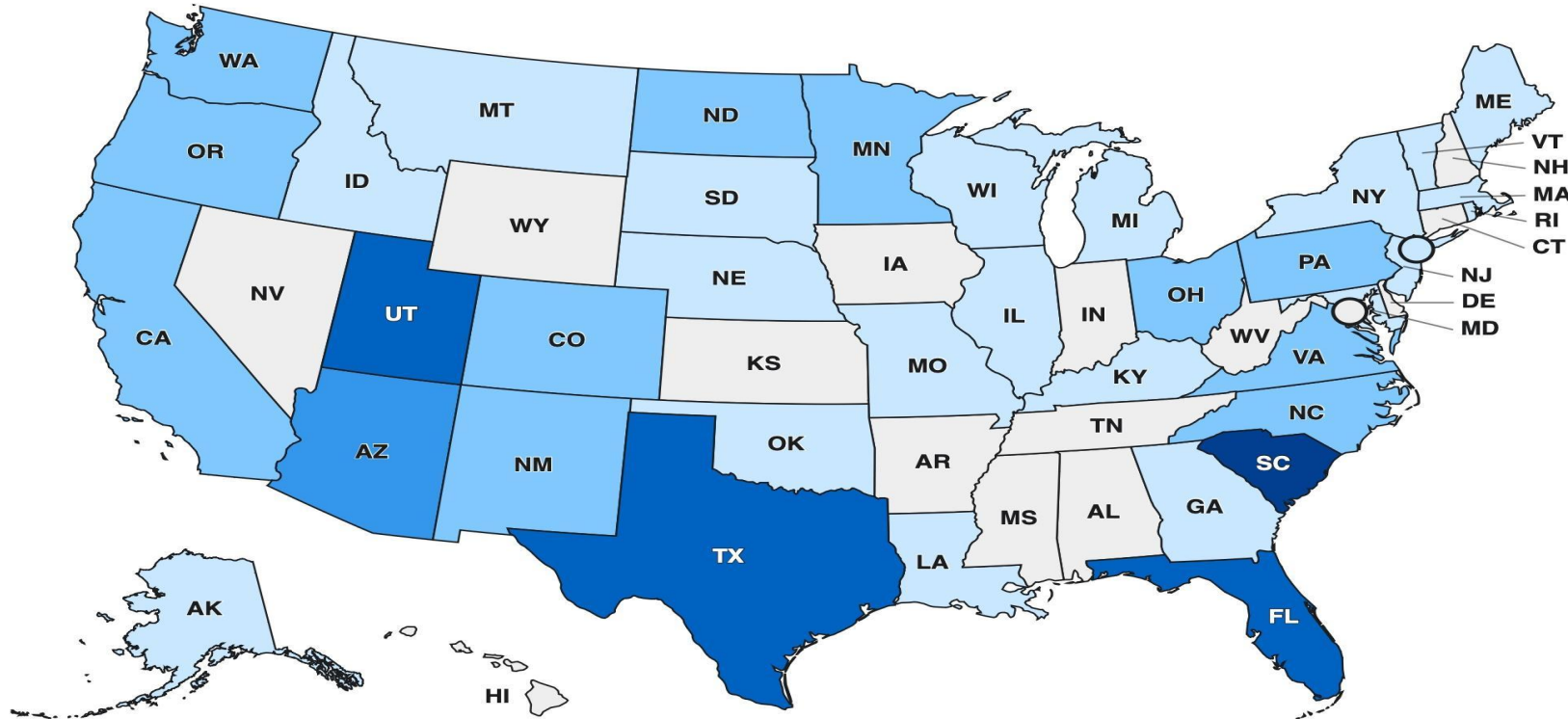
- One of the most contagious diseases
- In children, 1 in 5 who develop measles require hospitalization
 - Pneumonia
 - Most common cause of death in young children (1 in 20 cases)
 - Encephalitis
 - Occurance 1 in 1000 cases
 - Permanent brain damage, seizures, deafness, or blindness
 - Immune Amnesia
 - Measles destroys immune cells making children vulnerable to other infections
 - Rare, fatal complication
 - Subacute sclerosing panencephalitis
 - Can develop 7 -10 years after the measles infection
 - Caused by measles virus remaining in the brain



Map of measles cases among U.S. residents

as of April 23, 2026

2026 2025 2024



April 26, 2026

So. Carolina: 668 cases
Utah: 425 cases
Texas: 180 cases
Arizona: 77 cases

SB 170 Vitamin K Amendments (2026)

- Utah PTA supported the bill
- Aim: Requires a healthcare provider to educate a parent regarding the administration of vitamin K to a newborn infant and provides a process for a parent to decline administration of vitamin K
- Senator Plumb is a pediatric ER physician who has seen first hand the effects of Vitamin K refusal in the ER
- Bill passed

Why Is Vitamin K Important In The Newborn?

- Vitamin K is essential for proper blood clotting
- Newborn's intestines are unable to make enough Vitamin K for adequate clotting (0.25% to 1.7% of newborns)
- Parental refusal of newborn Vitamin K continues to rise (2.92% in 2017 to 5.18% in 2024)
- Newborns who do not receive Vitamin K after delivery are 81 times more likely to develop Vitamin K Deficiency Bleeding (VKDB) – (~1 in 400 to 1 in 60 newborns)
 - Highest risk during the first 6 months of life
 - Increased risk in breastfed infants
 - Includes life-threatening intracranial hemorrhage

Tooth Decay Screening

- Contacted in 2024 by the Oral Health Division at the Utah Department of Health and Human Services requesting support
 - 45 identified schools in Utah where 3rd graders would have their tooth decay visualized
 - Parents to complete a survey
 - Results to drive public policy in the state
 - Difficulty getting consent from parents

Sent an Email to Region Directors

Parents and their children at the schools listed below have an opportunity to assist in making public policy for pediatric dental care in Utah. The schools listed have been selected to have students within their schools screened. This is done by taking pictures of the mouth of the child. No information will be sent home to parents regarding the outcome of the photos or any identified dental issues. Identifying information will not be shared with the Department of Health and Human Services. This is how public health studies and information are handled. It is a way to assess the health of children's mouths to help direct policy for the health of all children in Utah. The health department is having a difficult time getting students enrolled. This is not like vision and hearing screening where the information obtained is used to benefit the child directly. We hope that parents can be informed within their schools and questions answered to help assist with the recruitment process.

Please take a minute to determine if a school in your region is on the list. If it is, can you send me the email of the PTA president at the school? Thank you for your efforts!!



Utah PTA Newsletter



Oral Health Survey in Utah Elementary Schools

Forty-five schools within Utah have been selected by the state epidemiology team to participate in the Basic Screening Survey (BSS). The BSS will help to determine the overall dental health and tooth decay among elementary children in Utah. The state health department is having a difficult time obtaining consent from families to participate in the program in the identified schools. If your school has been invited to participate, please help spread awareness as this survey will ultimately impact all Utah children as the data will be used to determine oral health policy.

If you have any questions about the program, please reach out to Lauren Neufeld at lneufeld@utah.gov.



Oral Health Status of Utah's Children

2024-2025

March 2026

Received a thank you for the support of PTA volunteers, including at the screenings, and a copy of the report detailing the results of the study

Important Findings

- 2 out of 3 of the 3rd graders screened currently have or have had a cavity.
- 3% of children screened had an urgent dental need due to pain or infection.
- Dental sealants are a safe and low-cost way to prevent cavities; however, only 36% of Utah 3rd graders screened have received a dental sealant.
- Children who receive free or reduced-price lunch were 4 times more likely to have not received needed dental care in the past year.
- The most common reasons for not receiving needed care were being unable to afford the cost (68%) and not having insurance (63%).

HB81 Fluoride Amendments

- Passed during 2025 legislative session
- Utah stopped adding fluoride to drinking water on May 7, 2025
 - Effecting over half the population in the state, including Salt Lake and Davis counties
- Advocates for the law cited parental choice as a major argument
- Opposition from the dental association

Fluoride in Drinking Water

- Scientific literature shows fluoride to be a safe and cost-effective method to prevent tooth decay
- Removing fluoride from drinking water is projected to worsen dental health, particularly in children
 - 7.5% increase in tooth decay and \$9.8 billion increase in dental costs over 5 years if all fluoridation stopped in the US
 - Higher cavity rates
 - Increased expenses for low-income populations
- In 2011, Calgary stopped fluoridation
 - Rapid increase in cavities, including cases requiring emergency IV antibiotics and surgery under general anesthesia
- In 2014, fluoride removed from the water in Juneau, Alaska
 - Medicaid-enrolled children experienced a 47% increase in cavity-related treated costs within 9 years

Fluoride

- Lawmakers were unwilling to listen to the experts from the dental community
 - Parent's choice!
- Given the experience of other states and countries, Utah is now set to see an increase in dental disease, particularly in children
- Could having a stronger advocacy voice from the community against removing fluoride from the water have been impactful?
- Will there be an opportunity in the future when this subject comes up again?

Takeaway

- Advocacy work can have a profound impact on the health and well-being of the children
- From supporting valued legislation to taking a stance on concerning bills, we can help to shape public policy
- PTA volunteers have an impact on their communities that reaches far beyond their schools

Thank You!

Contact Information

- Dr. Kelly Adams - Kelly@utahpta.org
 - Questions
 - Interest in being involved with the Utah PTA Health Commission

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