

News Release

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HealthTeacher Announces 2nd Annual SoHealthi Rankings for State Health Education and Outcomes

HealthTeacher Findings Show Health Education Improves
Health Status and Graduation Rates

NASHVILLE, Tenn, April 7, 2008 – HealthTeacher today announced the release of new state health rankings and data supporting the need for mandatory K-12 health education to improve the long-term health status of those residing in the United States.

This year's rankings found a significant correlation between health education and improved health outcomes. The results also showed a strong relationship between health education and higher graduation rates. The SoHealthi research analyzed the impact of health education and 19 health variables—such as state required health education courses, student cigarette use, and adult diabetes—on state health outcomes.

All 50 states and the District of Columbia were assigned a health ranking from one to 51 based on the 19 health variables, with one being the healthiest and 51 being the least healthy. Montana ranked No. 1 healthiest overall in the 2008 SoHealthi rankings, taking top state in four individual criteria categories, including fewer ER visits and inpatient admissions. Montana also ranked No. 1 in offering two or more health education courses. Utah, 2007's top state, slipped to No. 2, followed by Vermont, New Hampshire, and Minnesota.

The Western states, which have higher physical activity levels, fared well in the rankings, with Utah showing the lowest smoking rates for adults and students. However, several Eastern and Southern states ranked No. 1 within selected rankings, including Maine, which had the lowest violent crime rate, Connecticut for highest dental visits, Oklahoma for lowest rates of skipping school due to threat of violence, and Florida for the lowest suicide rates among teens. Tennessee ranked first for lowest binge drinking rates. **Complete rankings follow the announcement.**

"In our second year of the SoHealthi rankings, it is clear that K-12 health education continues to have a lifelong impact on health outcomes," said J. Tod Fetherling, vice president of business development at ConnectivHealth, parent of HealthTeacher. "As the

cost of health care rises and presidential candidates look for solutions, the public needs to point to our schools as part of the solution.”

The SoHealthi rankings, developed by HealthTeacher to examine the impact of health education on health outcomes, were created from several state health outcomes reports by federal agencies and other organizations. The SoHealthi methodology included more than 1,700 health data elements, which were analyzed via a correlation analysis.

From the correlation analysis, 19 items were selected that had a high correlation to health education, were impacted by lifestyles, and contributed to disproportionately higher health costs. This year’s study also included statistical analysis conducted via a regression model to test the strength of the relationship in the variables. Results showed that health education had a strong correlation to high school graduation rates. In addition, the research found that high school graduation, and health education standards are associated with lower inpatient admissions per population, after adjusting for demographic differences among the states.

“I think one of the most compelling findings was that just the requirement by school districts that there be certain health education standards is associated with a substantial and significant decrease in inpatient admissions per capita,” said Bruce Cooil, Ph.D., The Dean Samuel B. and Evelyn R. Richmond Professor of Management, Owen Graduate School at Vanderbilt University. “This is true even when you correct for differences in socio-economic and racial demographics, and overall high school graduation rates, across the states.”

The SoHealthi rankings also revealed that states requiring health education spent less overall on health. Additionally, the research found that while health education offered in all grades had a positive impact on health outcomes, education offered specifically in 10th grade had the most significant impact on health outcomes.

Reviewed survey data included:

- 2004 Centers for Disease Control and Prevention (CDC) School Health Profiles
- 2006 CDC School Health Policies Profiles System
- 2006 CDC Behavioral Risk Factor Surveillance System
- 2005 CDC Youth Risk Behavioral Surveillance System
- 2007 ESRI Census Demographics
- 2007 ESRI Tapestry Psychographics
- 2007 Planning 2.0 Health Service Demand
- 2007 United Healthcare Annual Healthcare Utilization Data
- 2006 Substance Abuse and Mental Health Services Administration (SAMHSA) National Surveys on Drug Use and Health

About ConnectivHealth

ConnectivHealth is a network of powerful health information brands that enables the delivery, distribution and organization of important health information for physicians, health care professionals, hospitals and schools through customized channels. Each brand serves a critical information need in the marketplace with the single goal of improving health. Privately held, the ConnectivHealth network includes: PeerClip, HealthTeacher, VerusMed and Discovery Hospital. HealthTeacher is a leading provider of health education resources for kindergarten through 12th grade with more than 8,000

schools in 60 countries. The company's investors include Petra Capital Partners of Nashville, Chrysalis Ventures of Louisville, Ky., and members of the management team. For more information, please visit www.connectivhealth.com.

SoHealthi State Rankings and Scores

Fifty states and the District of Columbia were assigned a ranking from one to 51 based on 19 health variables, with one being the healthiest and 51 being the least healthy.

| <u>State</u> | <u>Ranking</u> | <u>Score</u> | <u>State</u> | <u>Ranking</u> | <u>Score</u> |
|---------------------|-----------------------|---------------------|----------------------|-----------------------|---------------------|
| Montana | 1 | 11.95 | New Mexico | 27 | 25.53 |
| Utah | 2 | 12.84 | Ohio | 28 | 25.53 |
| Vermont | 3 | 13.00 | Kansas | 29 | 25.74 |
| New Hampshire | 4 | 13.63 | Arizona | 30 | 27.26 |
| Minnesota | 5 | 14.05 | Missouri | 31 | 27.26 |
| North Dakota | 6 | 14.32 | Pennsylvania | 32 | 27.26 |
| Maine | 7 | 15.11 | West Virginia | 33 | 27.47 |
| Wisconsin | 8 | 15.16 | Michigan | 34 | 27.53 |
| Nebraska | 9 | 15.26 | North Carolina | 35 | 28.32 |
| Connecticut | 10 | 16.05 | Kentucky | 36 | 28.37 |
| Idaho | 11 | 16.11 | Nevada | 37 | 28.84 |
| Massachusetts | 12 | 16.79 | Arkansas | 38 | 29.95 |
| Iowa | 13 | 17.00 | South Carolina | 39 | 30.00 |
| South Dakota | 14 | 17.47 | California | 40 | 30.05 |
| Oregon | 15 | 17.95 | Oklahoma | 41 | 30.05 |
| Colorado | 16 | 19.21 | Indiana | 42 | 30.32 |
| Hawaii | 17 | 20.16 | Texas | 43 | 30.63 |
| Washington | 18 | 20.21 | Florida | 44 | 30.89 |
| Rhode Island | 19 | 20.79 | Georgia | 45 | 30.95 |
| New Jersey | 20 | 20.84 | Illinois | 46 | 31.16 |
| Wyoming | 21 | 22.21 | District of Columbia | 47 | 31.74 |
| Virginia | 22 | 22.53 | Louisiana | 48 | 33.11 |
| Delaware | 23 | 23.74 | Mississippi | 49 | 34.37 |
| New York | 24 | 24.68 | Tennessee | 50 | 35.21 |
| Alaska | 25 | 24.95 | Alabama | 51 | 36.11 |
| Maryland | 26 | 25.11 | | | |

SoHealthi State Rankings by Individual Health Criteria

States that had the most positive outcome by health variable

| <u>Criteria</u> | <u>States With Best Outcomes</u> | <u>Criteria</u> | <u>States With Best Outcomes</u> |
|--|----------------------------------|---|----------------------------------|
| Binge drinking (percent of population) | TN | Expenditures per population | MT |
| Required two or more health education courses | MT | Cardiovascular deaths (Deaths per 100,000 pop.) | HI |
| 10th grade Health Ed. | UT | Adults: Diabetes | CO |
| Premature Death (Years lost per 100,000 population) | MN | Adults: Health status very good | MN |
| Violent crime (offenses per 100,000 population) | ME | Adults: Participated in exercise in past month | MN |
| High school graduation (percent of incoming ninth graders) | NE | Adults: Current smokers | UT |
| Cocaine use past age 26+ | ND | Adults: Dentist visit past year | CT |
| ER visits per population | MT | Students: Did not go to school due to safety concerns | OK |
| Inpatient admissions/per pop. | MT | Students: Seriously considered attempting suicide | FL |
| | | Students: Current cigarette use | UT |