Utah Department of Health & Human Services

January 2025

Utah health status update

Key findings

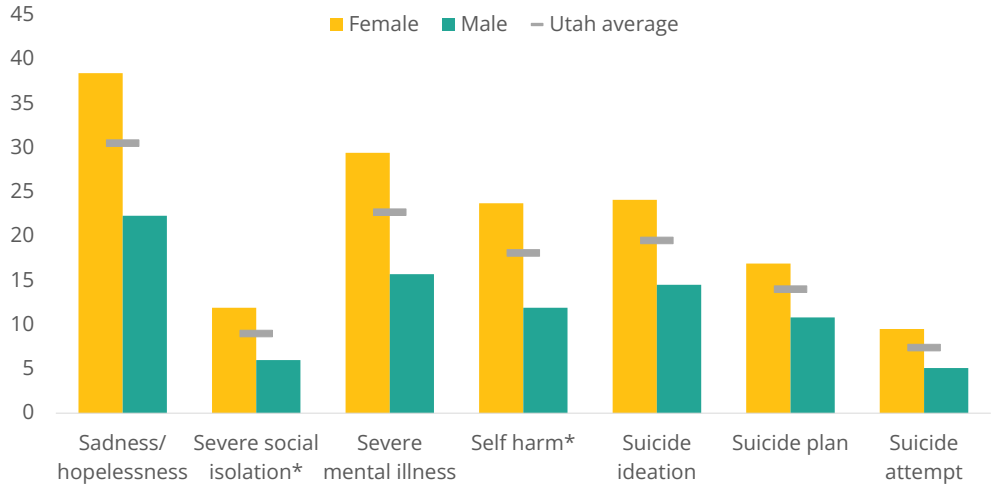
- Young people who are female report higher levels of poor mental and behavioral health outcomes compared to young people who are male.
- The highest mental and behavioral health challenges are reported by young people who are female and are Hispanic/Latino/a/x, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander.
- Female youth who live in urban areas report higher rates of mental and behavioral health issues compared to those who live in rural areas.

Disparities in mental and behavioral health outcomes among youth in Utah

An important part of improving public health in Utah is working on the health of young people. The Utah Health Improvement Plan (UHIP)[1] aims to reduce health gaps and improve outcomes for all Utahns, with a focus on youth. A key goal is to increase mental, physical, and economic support for groups who face challenges. UHIP recognizes the importance of belonging to a group and feeling connected to them. That social connection plays a big role in the support of teen well-being, how we build resilience, and address mental health issues. This report looks at mental and behavioral health disparities among teens with a focus on sex, race, ethnicity, and geography. When we address these differences and meet the needs of certain groups, UHIP can give young people the tools to live healthier lives and advance better health outcomes for all Utah young people.

Figure 1. Percentage of youth reporting health outcomes by sex, Utah, 2015–2023*

Female youth report higher rates of poor mental and behavioral health outcomes.



*Severe social isolation is reported for years 2019–2023 and self harm is reported for years 2017–2023.

Source: Utah Prevention Needs Assessment Survey (PNA), part of the Student Health and Risk Prevention (SHARP) statewide survey

Utah Department of Health & Human Services

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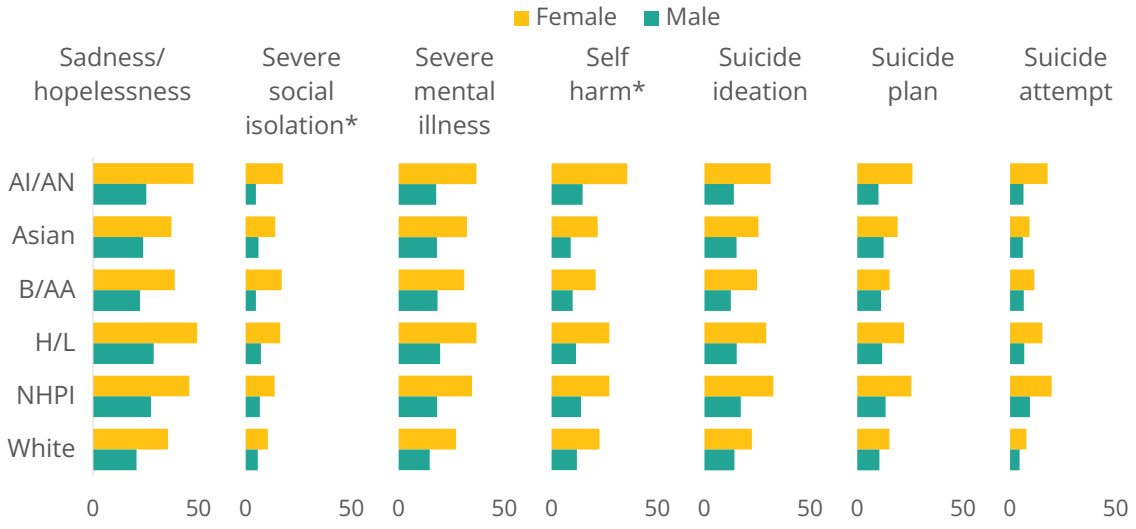
Data from the Utah Prevention Needs Assessment (2015–2023) shows that young people who are female report higher levels of mental and behavioral health challenges compared to peers who are male (Figure 1). Between 2015 and 2023, the percentage of female youth who said they felt sadness or hopelessness for 2 weeks or more during the past year increased from about 1 in 3 (32.8%) to nearly half (42.4%). The rates among males were lower and rose from about 1 in 6 (16.9%) to 1 in 4 (25.8%). Likewise, the rate of serious mental illness among females increased from about 1 in 4 (22.5%) to 1 in 3 (34.9%). The percentage of females who seriously thought about a suicide attempt grew slightly from 21.7% to 23.1%, while male rates increased from 11.5% to 14.6%. Female youth also reported higher rates of suicide plans and attempts over time compared to males.

The data shows disparities in mental and behavioral health among young females who are part of racial and ethnic minority youth in Utah (Figure 2). Nearly half (49.3%) of females who are Hispanic/Latino/a/x (H/L) reported the worst levels of sadness or hopelessness. This is followed by young females who are American Indian/Alaska Native (AI/AN) at 47.5%, and Native Hawaiian/Pacific Islander (NHPI) at 45.6%. Serious mental illness was also most common among AI/AN and H/L females, both with 36.8% affected, with NHPI females close behind at 34.7%. For suicidal thoughts, NHPI females had the highest rate (32.6%), followed by AI/AN females (31.3%) and H/L females (29.2%). When it comes to making suicide plans, females who are AI/AN had the highest rate (26.1%), with NHPI females at 25.6%, and H/L females at 22.2%. Finally, suicide attempts were most common among NHPI females (19.7%), followed by AI/AN females (17.8%) and H/L females (15.3%).

Figure 2. Percentage of youth reporting health outcomes by sex and race/ethnicity, Utah, 2015–2023*
Racial/ethnic female youth commonly report higher rates of poor mental and behavioral health outcomes.



*Severe social isolation is reported for years 2019–2023 and self harm is reported for years 2017–2023.
Source: Utah Prevention Needs Assessment Survey (PNA), part of the Student Health and Risk Prevention (SHARP) statewide survey

The data also shows disparities in mental and behavioral health outcomes between female young people in urban and rural areas (Figure 3). Urban females commonly reported worse outcomes than their rural peers. Lasting sadness or hopelessness was more common among females who live in urban areas (39.3%)

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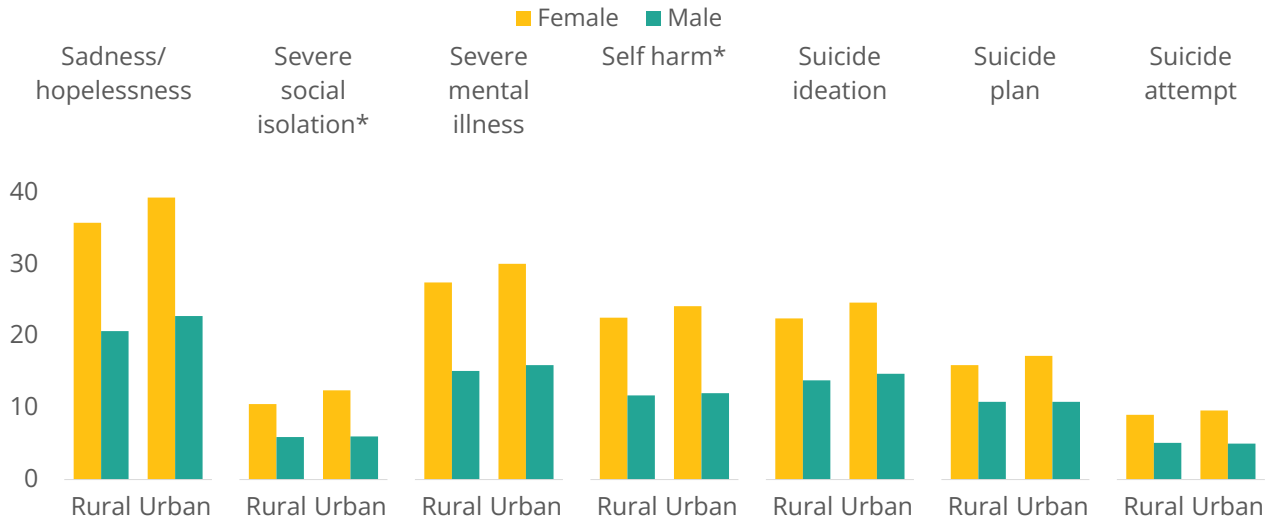
compared to females who live in rural areas (35.8%). Serious mental illness was also higher among urban females (30%) than rural females (27.4%). Urban females reported higher rates of self-harm (24.1%) and suicidal thoughts (24.6%) compared to rural females (22.5% and 22.4%, respectively). Suicide plans and attempts were also more likely among urban females, with 17.2% and 9.6%, compared to 15.9% and 9% for rural females.

Figure 3. Percentage of youth reporting health outcomes by sex and geography, Utah, 2015–2023*
Female youth in urban areas report slightly higher rates of poor mental and behavioral health outcomes.



*Severe social isolation is reported for years 2019–2023 and self harm is reported for years 2017–2023.
Source: Utah Prevention Needs Assessment Survey (PNA), part of the Student Health and Risk Prevention (SHARP) statewide survey

The data shows ongoing disparities in mental and behavioral health among young people in Utah, namely across sex, race/ethnicity, and geography. Females reported higher rates of sadness, hopelessness, serious mental illness, and suicidal behaviors than males. Specifically, females who are H/L, AI/AN, and NHPI reported the highest rates of poor mental and behavioral health outcomes. Females who live in urban areas also have worse mental health outcomes compared to those who live in rural areas. These findings highlight the need to address different groups when we work on youth mental and behavioral health in Utah. It is important to create solutions that address these disparities to improve health among youth in the state.

UHIP works to create positive experiences, build stronger social connections, and support the overall well-being of young people. The program works to raise awareness and educate communities across Utah. These efforts help young people form strong relationships, achieve financial stability, and grow up in safe and caring homes. UHIP also brings together different groups to share resources, collect information, and involve communities in supporting youth health. This report builds on these efforts by sharing 3 recommendations based on the data to help further UHIP's goals:

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Expand tailored mental health support:[2] When we provide services that fit the diverse needs of young people from different areas we can make them more accessible. This includes outreach efforts and adapting services for different demographic and geographic groups.

Foster social connections:[5] When we promote supportive relationships we can help reduce isolation, mainly in areas with high levels of disparity. Mentoring and community programs are key in these efforts.

Improve health access:[6] When we partner with schools we can help make sure all young people, mainly those who face disparities, have access to core health resources.

1. Utah Department of Health and Human Services. (2023). Utah health improvement plan, 2023–2028. https://dhhs.utah.gov/wp-content/uploads/FINAL-Utah-Health-Improvement-Plan-2023.pdf.

2. Blakemore, S.-J. (2019). Adolescence and mental health. The Lancet, 393(10185), 2030–2031. https://doi.org/10.1016/S0140-6736(19)31013-X.

3. Lu, W., Todhunter-Reid, A., Mitsdarffer, M. L., Muñoz-Laboy, M., Yoon, A. S., & Xu, L. (2021). Barriers and Facilitators for Mental Health Service Use Among Racial/Ethnic Minority Adolescents: A Systematic Review of Literature. Frontiers in public health, 9, 641605. https://doi.org/10.3389/fpubh.2021.641605.

4. Morales, D. A., Barksdale, C. L., & Beckel-Mitchener, A. C. (2020). A call to action to address rural mental health disparities. Journal of Clinical and Translational Science, 4(5), 463–467. doi:10.1017/cts.2020.42.

5. Huang, Y., Edwards, J., & Laurel-Wilson, M. (2020). The shadow of context: Neighborhood and school socioeconomic disadvantage, perceived social integration, and the mental and behavioral health of adolescents. Health & place, 66, 102425. https://doi.org/10.1016/j.healthplace.2020.102425.

6. García-Carrión, R., Villarejo-Carballido, B., & Villardón-Gallego, L. (2019). Children and Adolescents Mental Health: A Systematic Review of Interaction-Based Interventions in Schools and Communities. Frontiers in psychology, 10, 918. https://doi.org/10.3389/fpsyg.2019.00918.

Spotlights

Utah Department of Health & Human Services

January 2025

Revised guidelines for race and ethnicity data collection

The Utah Department of Health and Human Services (DHHS) Office of Health Equity (OHE) released revised guidelines for collecting race and ethnicity data. They were updated to match new federal rules announced in March 2024.[1] The guidelines do not require any group to collect race and ethnicity data. They make sure that when race and ethnicity data is collected, it is more consistent, complete, and comparable. Public health leaders can make better decisions to improve our health when we have reliable data.

Key updates to the race and ethnicity guidelines include:

1. **Combined race and ethnicity question:** There is now one combined question instead of asking about race and ethnicity separately. This treats race and ethnicity equally.
2. **New category for Middle Eastern or North African (MENA):** MENA was part of the 'White' category before. It is now a separate category.
3. **More detailed data:** There are 3 versions of the standard for race and ethnicity data collection with different levels of details. Federal standards favor the most detailed version. OHE suggests the user choose the version that best fits a project's needs.

The U.S. Census Bureau is also updating race and ethnicity codes and is asking for public feedback. Comments can be submitted until February 18, 2025 by going to the U.S. Census Bureau website (https://www.census.gov/newsroom/blogs/random-samplings/2024/11/race-ethnicity-code-list-acs-2030-census.html).

You can find the revised DHHS race and ethnicity guidelines and additional guidelines on the DHHS OHE website (https://healthequity.utah.gov/data-and-reports/data-collection-standards/). OHE will release more guidelines on analyzing and reporting race and ethnicity data soon.

Figure 1. DHHS/OMB race and ethnicity data collection standard with detailed categories*

What is your race and/or ethnicity?
Select all that apply and enter additional details in the spaces below.

☐ **American Indian or Alaska Native** — *Provide details below.*
Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

☐ **Asian** — *Provide details below.*
☐ Chinese ☐ Asian Indian ☐ Filipino
☐ Vietnamese ☐ Korean ☐ Japanese
Enter, for example, Pakistani, Hmong, Afghan, etc.

☐ **Black or African American** — *Provide details below.*
☐ African American ☐ Jamaican ☐ Haitian
☐ Nigerian ☐ Ethiopian ☐ Somali
Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

☐ **Hispanic or Latino/a/x** — *Provide details below.*
☐ Mexican ☐ Puerto Rican ☐ Salvadoran
☐ Cuban ☐ Dominican ☐ Guatemalan
Enter, for example, Colombian, Honduran, Spaniard, etc.

☐ **Middle Eastern or North African** — *Provide details below.*
☐ Lebanese ☐ Iranian ☐ Egyptian
☐ Syrian ☐ Iraqi ☐ Israeli
Enter, for example, Moroccan, Yemeni, Kurdish, etc.

☐ **Native Hawaiian or Pacific Islander** — *Provide details below.*
☐ Native Hawaiian ☐ Samoan ☐ Chamorro
☐ Tongan ☐ Fijian ☐ Marshallese
Enter, for example, Chuukese, Palauan, Tahitian, etc.

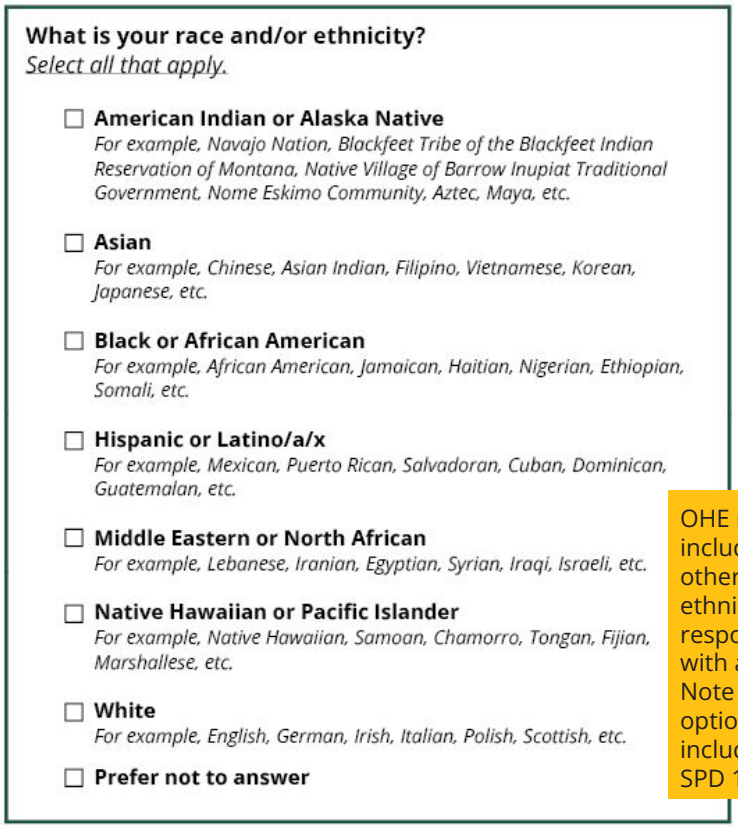
☐ **White** — *Provide details below.*
☐ English ☐ German ☐ Irish
☐ Italian ☐ Polish ☐ Scottish
Enter, for example, French, Swedish, Norwegian, etc.

☐ **Prefer not to answer**

OHE recommends including "Some other race or ethnicity" as a response option, with a checkbox, an instruction to 'provide details below,' and a text box for a write-in response. Note this response option is NOT included in OMB's SPD 15.

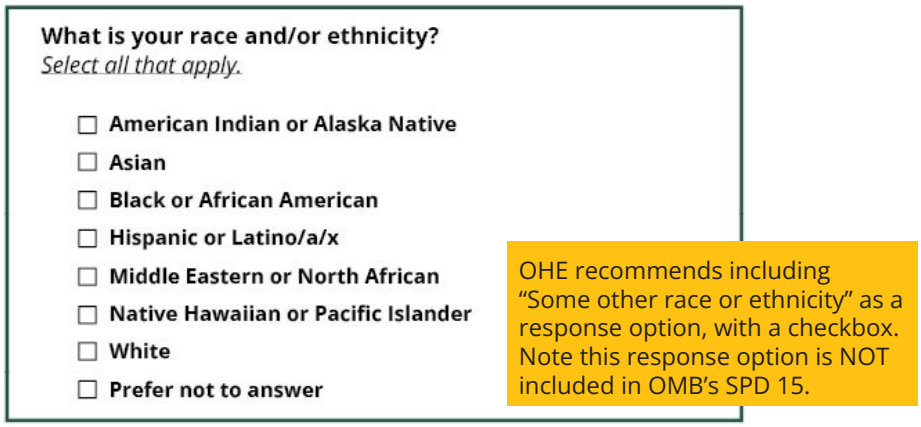
*This figure is adapted from the Office of Management and Budget's Revisions to OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity.[1]

Figure 2. DHHS/OMB race and ethnicity data collection standard, condensed version with examples*



*This figure is adapted from the Office of Management and Budget's Revisions to OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity.[1]

Figure 3. DHHS/OMB race and ethnicity data collection standard with detailed categories*



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1. Office of Management and Budget. (2024, March 29). *Revisions to OMB's Statistical Policy Directive No. 15: Standards for maintaining, collecting, and presenting federal data on race and ethnicity.* Federal Register. https://www.federalregister.gov/documents/2024/03/29/2024-06469/revisions-to-ombs-statistical-policy-directive-no-15standards-for-maintaining-collecting-and

Spotlights

State health priorities: build connectedness and improve access to health

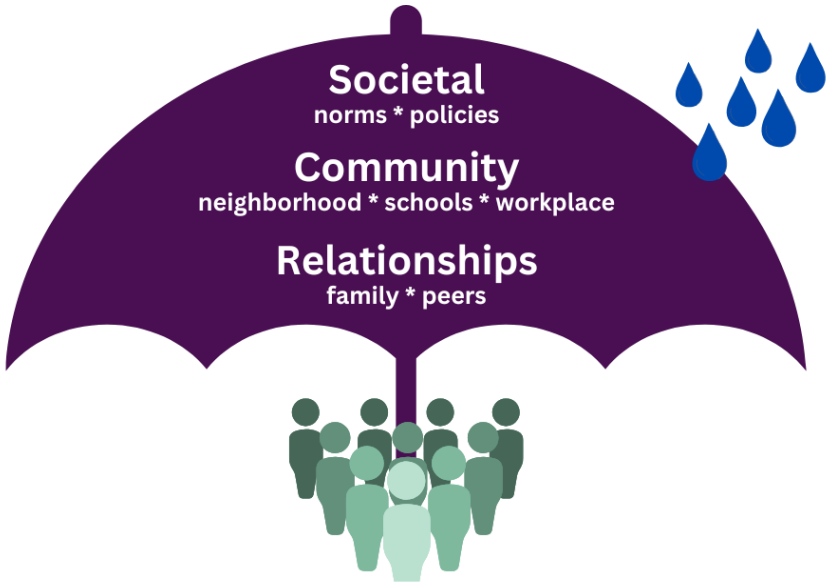
The Utah health improvement plan (UHIP) is a statewide shared plan to address the top health priorities with people and agencies in Utah who work to make health better for all Utahns. UHIP partners include state, local, and tribal public health departments; community groups and advocates; healthcare providers; education organizations; and businesses. The goal of the UHIP is to address serious health concerns and work together to align goals and maximize resources. Health partners in Utah have worked together for more than a decade to focus on key health concerns and team up to tackle some of the state's biggest issues. Past plans focused on health issues such as obesity and related chronic conditions, prescription drug misuse and abuse, and suicide prevention. A new version of the UHIP was released at the end of 2023 with these priorities:

Increase mental, physical, and economic health protective factors by:

- Building connectedness
- Improving health access

We reviewed data from dozens of health measures and gathered information in a series of 21 community meetings held across the state before we chose these priorities. UHIP partners worked together and ranked the health priorites and gave input on top issues. The decision to work on connectedness and health access is different from past approaches to UHIP, when the focus was to improve certain health outcomes. The idea for the new UHIP plan is to affect many physical, mental, and emotional outcomes in Utah through a focus on upstream community protective factors (see figure). The U.S. Surgeon General says building connectedness is a protective factor for many conditions, such as cardiovascular disease, dementia, depression, and premature death. The access to care priority focuses on social drivers of health (SDOH) which have a big impact on people's health and well-being. The plan includes ways to improve SDOH like food security, transportation, housing, access to healthcare and employment.

Focusing on community protective factors will positively affect the physical, mental, and emotional health of communities



We reviewed data more to assess the impact on certain groups of people in terms of connectedness and health access after we finalized the two priorities. We narrowed the focus to three groups of people who have crucial needs in these areas. We created UHIP workgroups for each of these groups. We also formed one more workgroup to help support data and messaging needs. The workgroups include:

- Low income populations
- Youth
- Individuals with disabilities
- Deepening our knowledge (data and messaging)

Spotlights

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Workgroups have been busy learning more about the priorities, collecting more data, and taking steps toward implementation since the UHIP plan was launched earlier this year.

If you want to learn more about the UHIP, including access to the latest version of the plan and learning how to get involved, visit https://dhhs.utah.gov/uhip/.