



Utah health status update

Key findings

- Housing insecurity and homelessness are growing problems in Utah. About one-quarter of Utah households (27%) experience at least one of four housing problems.
- Until recently, Utah did not have standard definitions or data standards for either housing insecurity or homelessness. This makes it challenging to make data-driven decisions.
- The DHHS Office of Health Equity created recommended standards to improve consistency in data collection around housing insecurity and homelessness. Data standards help give policymakers and public health experts the high-quality data they need to make informed decisions about housing and health.

Data standards help connect the dots between housing insecurity and health

Shelter is a basic human need. The place where we live shapes our lives, including our health. When we have adequate housing, we're less likely to get sick, and we feel safe and secure.¹ When we don't have adequate housing, our physical and mental health suffers. Housing problems can cause a ripple effect that can lead to multiple health and economic impacts.²

There is a housing shortage in Utah right now.^{3,4} This shortage makes it harder for Utahns to afford safe, good-quality housing. Lower-quality housing, like homes without a working stove or fridge, leaky plumbing, or mold, can harm people's health.^{3,5} The U.S. Census Bureau estimates that 6,800 households in Utah (0.6%) live in homes without adequate kitchens. More than 3,100 households (0.3%) live without adequate plumbing.⁶ And more than 102,000 Utah households (10%) spend more than half of their income on housing costs.⁷

Housing insecurity can mean trouble paying rent, mortgage, and utility bills. It can also mean living in unsafe conditions, moving often because of economic hardship, or living in an overcrowded place. In the toughest situations, housing insecurity can lead to homelessness. Recent data shows that, on average, about one-quarter of Utah households (27%) experience at least one of the four following housing issues: lack of complete kitchen facilities, lack of complete plumbing, household crowding, or cost burden (where housing costs exceed 30% of household income).⁷

Housing insecurity can take a big toll on physical health and mental well-being. For example, when a large share of income pays for the rent or mortgage, it's harder for families to afford groceries, medicines, and doctor's appointments.^{5,8,9} It's especially hard on children and those who have fewer economic and social resources.^{5,8,10,11} It's important that public health professionals take action to ease housing insecurity, but



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there are challenges. One problem is we don't have a lot of data about housing insecurity in Utah, how it affects health, or who is most affected. In addition, different groups define and measure housing insecurity differently. This makes the little data we do have about housing insecurity difficult to compare. It also makes it hard to use these data to recommend policies for more secure and healthy housing. Data standards are an important tool we can use to help connect the dots between housing insecurity and health.

Data standards are a set of rules that establish a consistent way to measure and collect certain types of information. The Utah Department of Health and Human Services (DHHS) Office of Health Equity (OHE) worked closely with the DHHS Office of the State Epidemiologist, the Department of Workforce Services Office of Homeless Services, and other partners to create a standard definition and measure for housing insecurity and homelessness. This means that if any groups in Utah decide to collect data on housing insecurity and homelessness, ready-made questions are already available. If all groups use the same questions, the collective data will be much more comparable and useful.

The standard definition for housing insecurity in Utah uses the latest research from the U.S. Department of Housing and Urban Development and academia which shows that the most accurate way to think about housing insecurity is to divide it into three parts: a lack of affordability, a lack of adequacy, and a lack of stability. The DHHS definition of housing insecurity matches these three dimensions.

The DHHS data collection standards for housing insecurity and homelessness includes three versions of the same measure: a condensed version, a version with examples, and a detailed version which allows users to choose the level of detail needed for their data collection depending on the situation.

The condensed version (Figure 1) is recommended when you need a space-saving format on a survey. It provides a concise set of questions to capture essential information about housing insecurity and homelessness.

The version with examples includes illustrative examples to help interpret the response categories and accurately classify housing situations.

Figure 1. DHHS housing insecurity and homelessness data collection standard, condensed version

In the past 6 months, which of the following have you experienced or are you currently experiencing?
(Select all that apply.)

- Unaffordable housing** (costly housing, sharing housing, frequent moving)
- Inadequate housing** (poor housing conditions, overcrowding)
- Unstable housing** (eviction, fleeing domestic violence)
- Homelessness** (unsheltered or sheltered)
- None of the above**



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The detailed version (Figure 2) offers a more comprehensive set of response options, which allows for a deeper analysis of housing instability and may better inform public health actions. Use this version with care since respondents might have to reveal sensitive facts, such as being a victim of domestic violence.

Figure 2. DHHS housing insecurity and homelessness data collection standard, detailed version

**In the past 6 months, which of the following have you experienced or are currently experiencing?
(Select all that apply.)**

Unaffordable housing

- Paying more than one-third of your household's monthly income towards housing costs
- Sharing housing with others due to economic hardship (doubled-up)
- Moving frequently due to economic hardship (moving more than twice in 6 months)

Inadequate housing

- Living in substandard housing (such as lacking heat, clean running water, or electricity; infestation with pests or mold; leaky roof or ceiling; lacking stove or refrigerator)
- Living in overcrowded housing
- Living in a hotel or motel as your primary residence, paid for by yourself or your family

Unstable housing

- Eviction (threatened, in progress, or completed)
- Fleeing or attempting to flee domestic violence (and not living in a shelter)*

Homelessness

- Living in a place not meant for humans to live in, such as a car, park, abandoned building, on the street, bus/train station, or camping ground
- Staying in temporary shelter (including drop-in center, congregate shelter, domestic violence shelter, transitional housing, and hotel or motel paid for by government or charitable organizations)
- Exiting an institution without secure housing to transition into (examples include correctional facilities/programs, healthcare facilities, mental/behavioral health facilities, substance use disorder treatment facilities, foster care)

None of the above

*If you or someone you know needs help with domestic violence, call the National Domestic Violence Hotline at 1-800-897-LINK (5465).

The full DHHS housing insecurity and homelessness definitions and data collection standards can be found in the "Guidelines for the collection of data on housing insecurity and homelessness," at the DHHS OHE Data collection standards website: <https://healthequity.utah.gov/data-and-reports/data-collection-standards/>.



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You can also find data collection standards for language, geography, race/ethnicity, and disability data here. Implementation guidance will be released soon.

If programs are interested in starting to collect these data, the OHE can help you get started. Contact us at healthequity@utah.gov.

We encourage those collecting data on housing insecurity and homelessness in the state of Utah to use the DHHS data standards. These standards will give policymakers and public health experts the high-quality data they need to help improve lives.

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A preliminary comparison of Utah stillbirth and live birth data, 2019–2023

Between 2019 and 2023 there were 1,402 stillbirths and 236,393 live births in the state of Utah. We compared a number of variables to identify any disparities between stillbirth and live birth data. The variables we compared were the weight of the mother at the beginning of pregnancy, the diabetes status, race and ethnicity of the mother, the number of previous live babies born to the mother, the number of previous birth terminations the mother had, the smoking status of the mother during pregnancy, whether the mother received prenatal healthcare, the amount of prenatal healthcare the mother received during pregnancy, and others. The largest disparities are seen when you look at the smoking status of the mother during pregnancy, whether the mother received prenatal healthcare, and the amount of prenatal healthcare visits the mother received during pregnancy.

Mother’s smoking status

Women who had a stillbirth were between 1.76 and 2.6 times more likely to have smoked during pregnancy, when compared with mothers whose babies were born live (Figure 1). These findings support existing research that highlights a strong correlation between stillbirths and smoking.¹

Mother’s prenatal care status

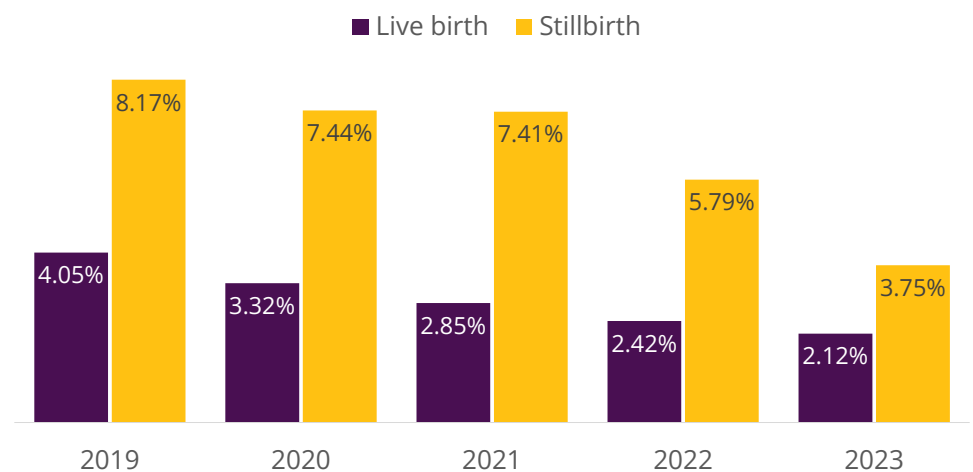
There was a strong gap between the live birth and stillbirth groups when it came to whether the mother had received any prenatal care. The mothers who had a stillbirth were between 3 and 10 times more likely to have not received any prenatal care, depending on the year (Figure 2).

Mother’s prenatal care amount

For mothers who did receive prenatal care, the stillbirth group averaged a little more than 6 prenatal care visits, depending on the year, while the live birth group had nearly 11 visits (Figure 3). These findings emphasize the importance of prenatal care to identify, and treat certain factors that increase the risk of stillbirth.²

While there is a large amount of research that highlights the contributing factors of stillbirths,

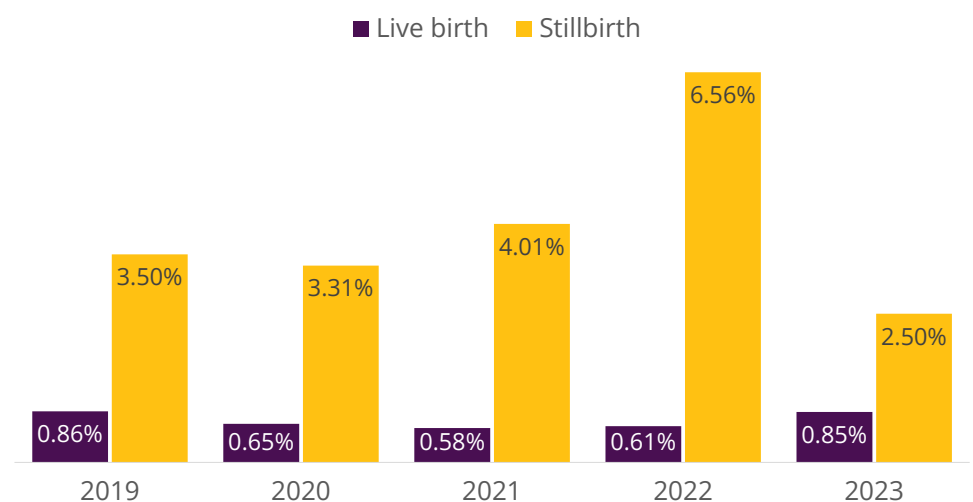
Figure 1. Percentage of mothers who smoke cigarettes by year, Utah, 2019–2023



Chi-square significance by year: 2019 p Value = 0.0008; 2020 p Value = 0.0008; 2021 p Value = <.0001; 2022 p Value = 0.0008; 2023 p Value = 0.0577

Sources: Utah Birth Registration Database, Utah Fetal Death Registration Database

Figure 2. Percentage of mothers who received no prenatal care by year, Utah, 2019–2023

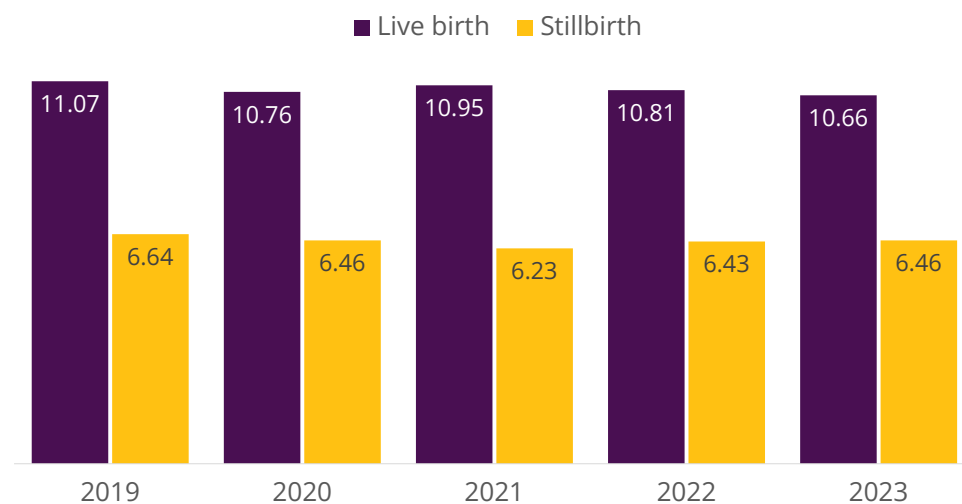


Chi-square significance by year: 2019–2022 p Value = <.0001; 2023 p Value = 0.0021

Sources: Utah Birth Registration Database, Utah Fetal Death Registration Database

our analysis points to these two factors as particularly important for Utah interventions that seek to reduce stillbirths on a local level. Initiatives to increase prenatal care are crucial, as they both make sure that specific contributing factors to stillbirth are identified and treated, but are also strongly associated with smoking cessation among pregnant mothers.³ As this research is part of a larger project under the umbrella of SOARS (Study of Associated Risks of Stillbirth), in partnership with the CDC, our ongoing analysis will be used to inform parents, educators, stakeholders, and policymakers on all levels.

Figure 3. Average number of prenatal visits by year, Utah, 2019–2023



T-test significance for all years, 2019–2023, p Value = <.0001

Sources: Utah Birth Registration Database, Utah Fetal Death Registration Database

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Teen dating violence in Utah

Teen dating violence is abuse between a current or former dating partner, where at least one person is younger than 20 years of age. It can involve stalking or physical, emotional, or sexual abuse. Teen dating violence (TDV) is widespread and severe and can be just as dangerous as domestic violence and intimate partner abuse among adults.¹ Unhealthy dating relationships can negatively affect young people throughout their lives such as causing feelings of depression, guilt, anger, loss, and even symptoms of posttraumatic stress disorder.²

Data collection and source

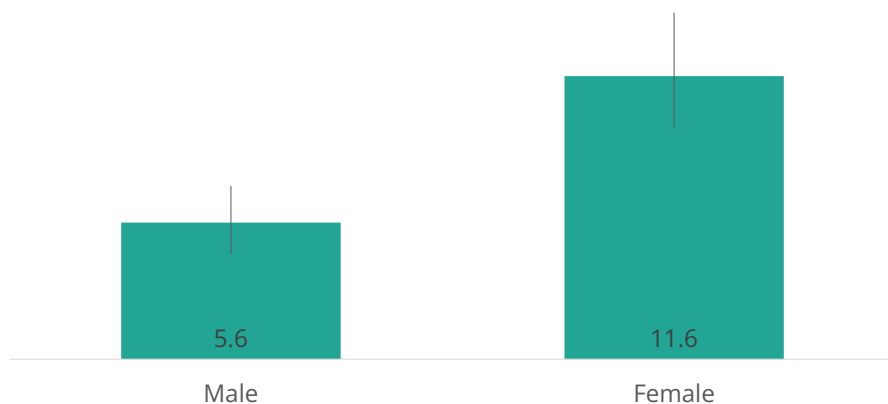
Data on TDV comes from the Utah Student Health and Risk Prevention (SHARP) survey. The SHARP survey has been conducted in Utah public schools for more than 20 years. There are two assessments that fall under the SHARP survey, the Youth Risk Behavior Survey (YRBS) and the Utah Prevention Needs Assessment (PNA); they are conducted among middle school and high school students. It asks questions about substance use; safe and healthy relationships; connection to family, school, and community; physical, social, and mental health; risky or harmful behaviors, and what protects kids from these things.¹

From 2017–2023, nearly 1 in 4 (23.4%) Utah high school students said they were verbally or emotionally harmed by someone they were dating or going out with during the past year.¹

In 2023, 9.5% of Utah high school students said they were hit, slapped, or physically hurt on purpose by the person they were dating, during the past year.³

The overall percentage of students in Utah who experience forced sexual intercourse is 8.6%.¹ More than 1 in 10 female students (11.6%), and almost 1 in 15 male students (5.6%) reported being forced to have sexual intercourse (Figure).⁴

Percentage of high school students who experienced forced sexual intercourse by sex, Utah, 2017–2023



Source: Utah Youth Risk Behavior Survey

TDV is preventable

Primary prevention strategies reduce risk factors and increase protective factors. Risk factors are things that increase the chance a person will experience or do something negative, like dating violence. Protective factors are things that protect you from a negative behavior or health outcome.¹

Percentage of high school students who were verbally or emotionally harmed by sexual orientation, Utah, 2017–2023

Sexual orientation	% of Utah students reporting verbal/emotional abuse	95% confidence interval, lower level	95% confidence interval, upper level	Relative standard error coefficient of variation
Bisexual	35.9	26.0	47.2	15.3
Gay or lesbian	27.2*	13.3*	47.8*	33.2*
Heterosexual (straight)	19.1	15.7	23.0	9.8
Other or don't know	40.7	29.0	53.6	15.7
Overall	23.4	21.3	25.7	4.8

*Use caution in interpreting; the estimate has a coefficient of variation >30% and is therefore deemed unreliable by Utah Department of Health and Human Services standards.

Source: Utah Youth Risk Behavior Survey

Percentage of high school students who experienced physical harm by race/ethnicity, Utah, 2017–2023

Race/ethnicity	% of Utah students reporting physical harm	95% confidence interval, lower level	95% confidence interval, upper level	Relative standard error coefficient of variation
American Indian or Alaska Native	13.7	9.7	19.1	17.3
Asian	9.6	6.5	13.9	19.2
Black	9.3	6.3	13.6	19.4
Hispanic/Latino	14.5	13.1	16.0	5.2
Multiple races	11.9	9.5	15.0	11.7
Native Hawaiian or Pacific Islander	11.9	8.3	16.7	18.0
White	9.2	8.7	9.8	2.8
Overall	10.3	9.8	10.7	2.4

*Use caution in interpreting; the estimate has a coefficient of variation >30% and is therefore deemed unreliable by Utah Department of Health and Human Services standards.

Source: Utah Prevention Needs Assessment (PNA) Survey

Some examples of risk and protective factors for sexual violence include¹:

Risk factors for perpetrating sexual violence

Poverty

Community tolerance for violence

High levels of crime and violence in the community

Protective factors for preventing perpetration of sexual violence

Economic stability

Promoting healthy attitudes toward consent, respectful, and healthy relationships

Addressing underlying reasons for crime and violence, as well as implementing community-based interventions that promote positive social norms and community cohesion



For more information, see the [Teen dating violence in Utah factsheet](#).

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