



Utah health status update

Key findings

- Lack of stable employment, secure housing, food security, and childcare and healthcare costs all create parental stress which impacts parental and child well-being in Utah.
- Eight percent of children in Utah live in “working poor” households, 13% have encountered unstable housing, and 25% live in households having some kind of food insufficiency.
- Parents of children with special health care needs may need extra support.
- Utah can strengthen connections and provide material and emotional resources to parents who are dealing with stress by investing more in families.

Parental stress in Utah

Many parents face high stress, financial distress, and mental health problems that affect their own well-being and their children’s physical and mental growth. While parenting has always required strength, some new and constant stressors are the rising cost of living such as housing and food costs, the rising costs of or limited access to childcare and healthcare, and social isolation. In 2024, the U.S. Surgeon General published an advisory on the mental health and well-being of parents in the U.S. This advisory was a call to action. It focused on addressing parental stress, mental health and well-being, and the relationship between parental mental health and child development. The advisory outlined what the government, employers, communities and schools, health and social services, researchers, and family and friends can do to provide support to parents.¹

The first step toward strengthening families and improving child outcomes is knowing where Utah parents are struggling. This report uses data from the National Survey of Children’s Health (NSCH) to look at stressors in Utah for parents of children aged 0 to 17 years. The NSCH is an annual survey led by the U.S. Census Bureau. It provides estimates of child and family well-being at the state and national levels. Data for this report come from the 2022–2023 combined NSCH.²

Material stressors

Raising a family costs a lot of money. A lack of steady work, stable housing, food supply, and budget-friendly childcare and healthcare options can be sources of stress for parents and caregivers. Utah families face slightly less financial strain compared to families nationwide. Parents and caregivers in Utah are more likely to: have full-time jobs, report they have stable housing, be able to afford healthy food, and manage the hurdles of childcare. Even so, some families still struggle and these issues create stress that can limit options for both parents and children.

In Utah, 94% of children have at least one parent or caregiver who is employed full-time. About 3% of children in Utah live in households





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where none of the caregivers has full-time employment. However, having a parent or caregiver who is working full- or part-time does not mean that children always have what they need to thrive. Eight percent of children in Utah live in “working poor” households. This means the family income falls below the poverty line even when at least one caregiver works full- or part-time.

Having safe and secure housing can be a big stressor for parents. In Utah, 13% of children have encountered unstable housing, including:

- parents and caregivers who are unable to pay the rent or mortgage in the past 12 months
- living in 3 or more homes over the past 12 months
- experiencing homelessness or living in a shelter at any point since the child was born

Some Utah families face real concerns when it comes to secure housing. Four percent of children in Utah live in homes where their parents or caregivers were concerned or worried about being evicted, foreclosed on, or having their housing condemned.

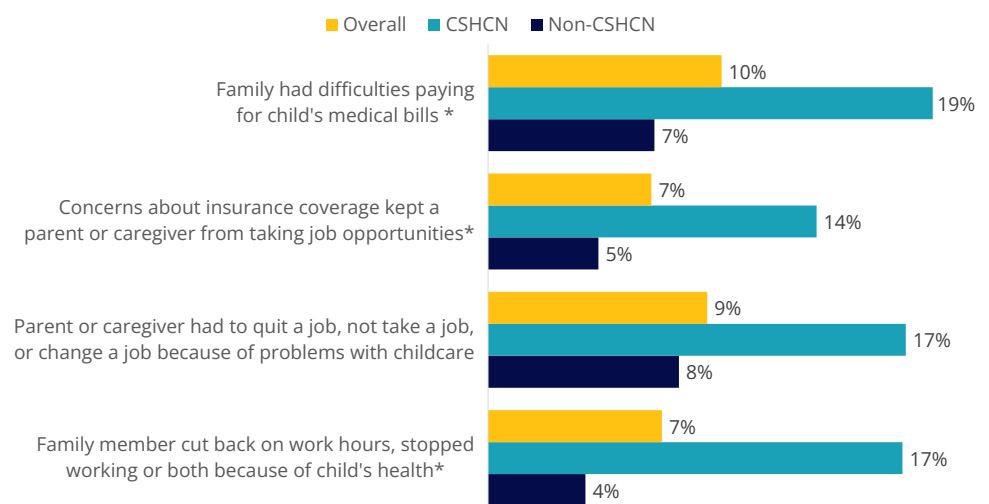
Hunger and food insecurity are growing problems for the U.S. overall and in Utah.³ Food security means families are always able to afford to eat healthy meals. In Utah, 28% of children live in households with some kind of food shortage. This includes 3% of Utah children who sometimes or often do not have enough to eat. Unstable housing and food insecurity often go hand-in-hand. Six out of 10 Utah children who had unstable housing also had some level of food insecurity in the past 12 months.

Having young children who are not yet in school can be an added stressor for parents. Nine percent of Utah children younger than age 5 years had parents or caregivers who had to quit a job, not take a job, or change their job because of problems with childcare.

Families of children with special health care needs (CSHCN) have higher rates of common parental stressors. In Utah, 17% of children with special health care needs have parents who reported they needed to cut hours or stop working because of the child’s health. Concerns about changes to insurance can also prevent parents from job growth. Fourteen percent of CSHCN (7% overall) have a parent or caregiver who reports they did not change a job because of concerns about health insurance. This impacts

Figure 1. Common stressors parents faced by special health care needs status of children, Utah, 2022-2023

A higher percentage of parents of children with special health care needs (CSHCN) encountered stressors compared to the overall population.



* Significant difference between CSHCN vs non-CSHCN families
Source: National Survey of Children's Health



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31,000 CSHCN and 100,000 children overall. The cost of a child's medical bills is also a parental stressor. Ten percent of Utah children have parents who report their family had problems paying for their child's medical bills. This is much higher for parents of CSHCN (19%).

These factors can take a toll on the health and well-being of parents and their children, especially when the child has special health care needs (Figure 1).

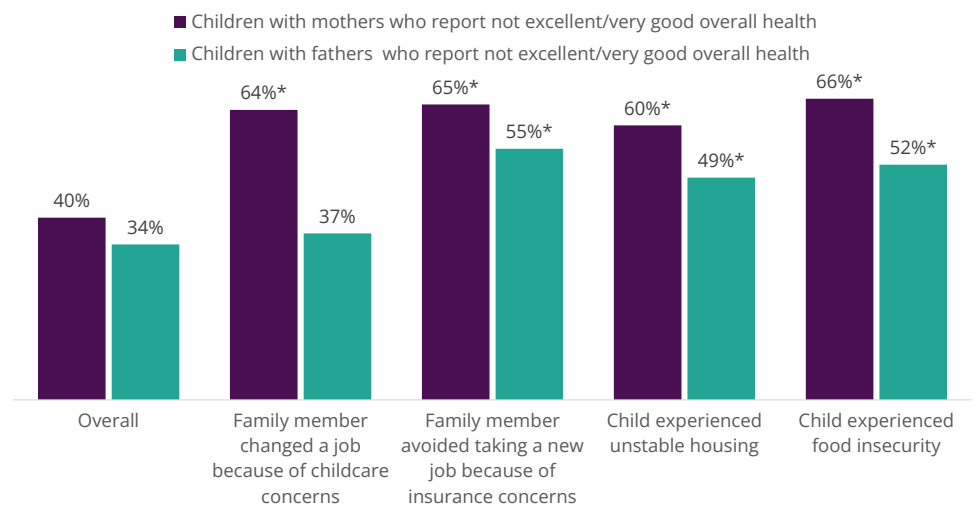
Parental health, coping, and family resilience

Overall, Utah children have parents who report good overall physical and mental health. However, 40% of mothers and 34% of fathers do not report good overall health. Parents are also less likely to report good overall health if they have dealt with stressors such as a job change because of childcare costs, not taking a job because of insurance concerns, unstable housing, or food insecurity (Figure 2).

It can be hard to handle parental stressors, but most parents are resilient. Most children (94%) in Utah have parents who report being "seldom or never" aggravated about the challenges of parenting. Children in Utah (87%) also have parents who report they have someone they can turn to for day-to-day emotional support with parenting or raising children. Most children in Utah (97%) also have parents who report they think they are handling the day-to-day demands of raising children either "very"

Figure 2. Parent physical and mental health by common stressors, Utah, 2022–2023

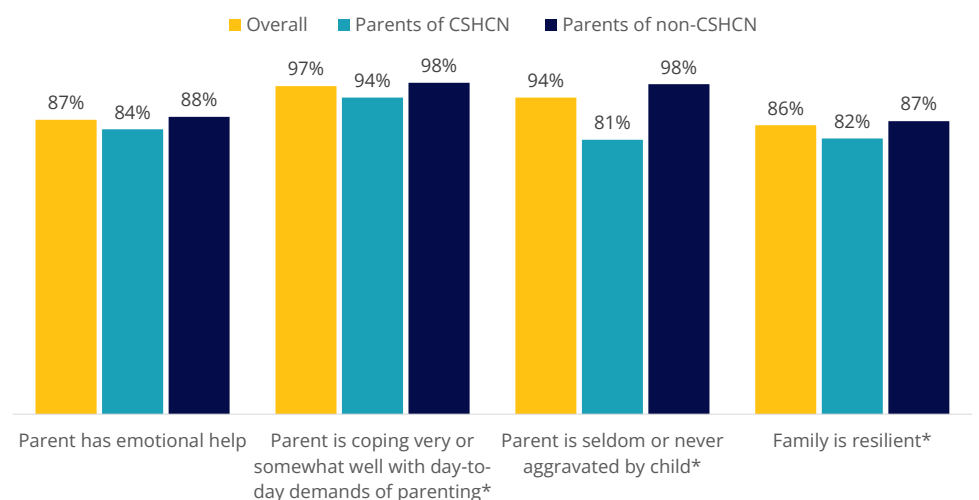
A higher percentage of parents experiencing stressors report not excellent or very good mental and physical health than the overall population.



* Significant difference from the overall rate
Source: National Survey of Children's Health

Figure 3. Parent strengths and resilience by special health care needs status of children

Slightly fewer parents of children with special health care needs reported strengths and resilience compared to non-CSHCN parents.



* Significant difference between CSHCN vs non-CSHCN families
Source: National Survey of Children's Health



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or “somewhat” well. Additionally, 86% of children in Utah live in homes where the family shows traits of resilience during tough times. Family resilience is measured with questions that ask whether the family talks and works together to solve problems, knows they have strengths they can draw on, and stays hopeful in tough times.

And while parents of children with special health care needs also show resilience, the data also suggests they may need more support (Figure 3).

Conclusion

While most Utah families are doing well, some continue to face barriers that increase parental stress, especially those experiencing lower incomes, unstable housing, food insecurity, or caring for CSHCN. Utah’s strong sense of community, high rates of parental resilience, and broad access to social support are important strengths to build upon. Still, ongoing attention and coordinated system action are needed to make sure that every family can meet basic needs and feel supported in the hard work of raising children.

Employers can help by offering family-friendly policies and flexible work options. Schools, healthcare providers, and community organizations can connect parents to resources and reduce isolation. Local and state agencies can continue to strengthen systems that promote stability and well-being. Family members, neighbors, and friends also play a vital role by checking in, offering help with childcare or errands, or simply listening.

When communities, workplaces, and families come together to reduce stress and strengthen connection, parents are better able to care for themselves and their children. When we build on Utah’s current strengths and invest in families who need the most support, we can make sure that every parent has the chance to thrive. We can help every child to grow up in a stable, caring, and healthy environment.

Below is a list of state and local resources that may be useful to parents in Utah:

- Office of Early Childhood—Offers state and local resources. This website was developed to provide a tailored list of local resources (earlychildhood.utah.gov)
- Office of Children with Special Health Care Needs, Integrated Services Program—Provides care coordination for families, young children, and children with special health care needs, early screening, and access to community-based services (familyhealth.utah.gov/cshcn)
- Maternal Resource Guide—Offers state and local resources for childcare and parenting classes, healthcare, employment and financial assistance, legal assistance, accessible transportation services, and food and housing resources (mihp.utah.gov/maternal-resource-guide-utah)
- Utah Parent Center—Offers resources and training to help families manage the daily demands of caregiving (utahparentcenter.org)
- Utah Family Voices—Helps families navigate and access healthcare and family support services (utahparentcenter.org/projects/ufv)
- Utah Kids Foundation—Offers information and support, medical supply assistance, and community-building events (utahkidsfoundation.org)



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- Utah Food Bank—The Utah Food Bank provides emergency food assistance through a statewide network of partner agencies and direct service programs. It also provides after-school and summer meal programs for children and a diaper program (<https://www.utahfoodbank.org/how-we-help/>)

1. Parents Under Pressure: The U.S. Surgeon General's Advisory on the Mental Health & Well-Being of Parents. Office of the Surgeon General (OSG). Washington (DC): US Department of Health and Human Services (US); 2024. <https://www.hhs.gov/sites/default/files/parents-under-pressure.pdf>

2. Child and Adolescent Health Measurement Initiative. 2022–2023 National Survey of Children's Health (NSCH). Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved from [www.childhealthdata.org].

3. The Cold Truth of Hunger in Utah. Utah Food Bank. <https://www.utahfoodbank.org/the-cold-truth-of-hunger-in-utah/>



Using the SHARP data to help Utah kids thrive

Key findings

- The latest SHARP data show Utah youth are making healthier choices and feeling more connected to their families and school.
- More than 78,000 students participated in the 2025 SHARP survey, a 52% increase over the 2023 survey. Parent consent is—and has always been—required to participate.
- Youth who eat at least one meal a week with their family are 32% less likely to feel depressed, 49% less likely to vape, and 34% less likely to consider suicide.
- 82% of students report their parents have rules about screen time—but almost 1 in 3 say their parents never enforce the rules.

The Utah Student Health and Risk Prevention (SHARP) survey is the most comprehensive source of information about the challenges and opportunities our youth face—because the data comes straight from the students themselves. For more than 20 years, parents, schools, teachers, public health, local prevention coalitions, and community leaders have used SHARP data to build stronger families and communities. This is done through educational campaigns, evidence-based interventions, policy and legislation, and local community coalitions.

The survey is administered every other year to students in grades 6 through 12 in Utah schools. **Parent consent is—and has always been—required to participate.** The survey consists of two different survey instruments, the Prevention Needs Assessment (PNA) given to students in 6, 8, 10, and 12 grades and the Youth Risk Behavior Survey (YRBS) given to students in grades 9 through 12. The set of questions for 6th graders has been modified and changed to better meet younger students' abilities and needs, based on feedback from parents, school administrators, and public health professionals. This article focuses on data from the SHARP PNA.

This year, students from 590 schools representing 39 school districts, 16 charter schools, and 1 private school participated in the SHARP PNA survey, representing students from all local health departments. More than 78,000 students participated, a **52% increase** from the 2023 survey. Participation in the SHARP PNA survey remained relatively steady between 40,000–50,000 participants from 2005–2017, then dramatically increased in 2019. We saw a decrease in participation in 2021 and 2023, then we saw our second highest participation rate in this year's administration (Table 1). This survey gives parents, teachers, and community coalitions an important glimpse into teen's behaviors, what they are feeling, and some of the challenges they may be facing. This information is essential for continuing to support teens and their families across Utah.

Table 1. SHARP PNA participation 2005–2025

There was a 52% increase in survey participation from 2023 to 2025.

2005	2007	2009	2011	2013	2015	2017	2019	2021	2023	2025
46,527	46,152	40,831	49,707	47,137	48,975	50,237	86,346	71,001	51,890	78,705





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The latest SHARP data show Utah youth are making healthier choices and feeling more connected to their families and school. **This is a sign that what we're doing as parents and in our communities is making a difference in the lives of our kids.**

Fewer kids are using drugs and alcohol. Only 3.8% of students report drinking in the last 30 days, compared to 12.5% nationally. The number of students in Utah who experiment with alcohol continues to trend down. The number of students who have ever used marijuana decreased from 9.5% in 2023 to 6.2% in 2025 (Table 2). Those reporting marijuana use in the last 30 days decreased from 4.3% in 2023 to 2.9% in 2025 (Table 2).

The number of students experimenting with vape products decreased from 12.2% in 2023 to 8.1% in 2025 (Table 2). About 42% fewer students used vape products in the last 30 days (6.0% in 2023 to 3.5% in 2025, Table 2). However, we've seen an increase in the number of youth using nicotine pouches over the last few years. Of concern, the number of Utah youth who used a nicotine pouch to try tobacco for the **first time** increased by 300% for all grades (from 1.6% in 2023 to 6.4% in 2025, Table 2).

Table 2. Notable behavior trends that changed from SHARP PNA 2023 to SHARP PNA 2025

Data shows that fewer kids are using drugs and alcohol and mental health is improving for Utah youth.

Substance use	
Youth experimenting with alcohol	22% decrease since 2021 ↓
Youth experimenting with marijuana use	35% decrease since 2023 ↓
Youth reporting marijuana use in the previous month	33% decrease since 2023 ↓
Youth experimenting with vape products	34% decrease since 2023 ↓
Youth who reported using nicotine pouches to try tobacco for the first time	300% increase since 2023 ↑
Mental health	
Youth who reported no symptoms of depression	56% decrease since 2023 ↓
Youth who seriously considered suicide	28% decrease since 2023 ↓
Youth who made a suicide plan	28% decrease since 2023 ↓
Youth who attempted suicide	23% decrease since 2023 ↓

Mental health is improving. Data shows a positive trend in mental health for Utah youth, with trends for depression and suicide returning to or improving from pre-pandemic levels. Fewer students report having symptoms of depression. The number of students who report no symptoms of depression increased 55.8% from 2023 to 2025 (Table 2). Students with high or moderate symptoms of depression are also down.

Parents play a critical role in their child's success. SHARP data highlights opportunities to help kids thrive, including rules around screen time, encouraging healthy sleep habits, and eating family meals together. Most students (82%) report their parents have rules about screen time—but almost 1 in 3 say their parents never enforce the rules. These rules help with important issues like getting enough sleep, finishing schoolwork, and spending time with family. Sleep is essential for healthy development and academic success. When kids get the sleep their bodies and brains need, they report better grades, and experience better mental health. They're also less likely to report using substances like alcohol or drugs, and spending less time on screens and devices. Having regular family meals are also an important way parents can help their children thrive, with 60% of kids reporting they eat at least 1 meal together with their family 5 or more



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times a week. Kids who have regular family meals make healthier food choices, feel closer to their families, and do better in school. Utah youth who eat at least one meal a week with their family are 32% less likely to feel depressed, 49% less likely to vape, and 34% less likely to consider suicide. While many factors contribute to these outcomes, SHARP data highlights the importance of family engagement, family meals, and rule setting in promoting healthy behaviors in Utah youth.

How can parents use SHARP data to build stronger families?

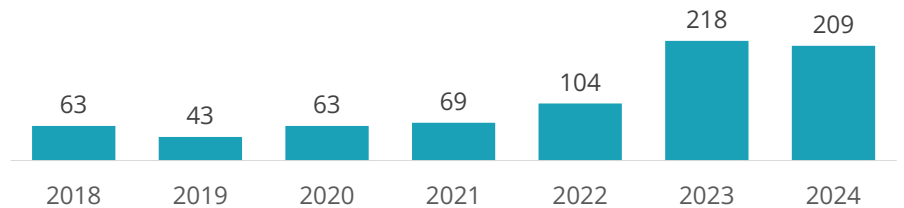
- Make a goal to connect with your child every day—even 10 to 15 minutes of time together can make an impact. Family meals are a great way to connect!
- Set clear expectations when it comes to substance use, screens, and sleep time. SHARP data show kids are less likely to experiment with **any** substance when their parents have discussed clear rules and expectations about substance use.
- Remind your kid it's OK to ask for help when life gets hard. There are many free resources to help if you're worried about your child's mental health—a good place to start is by calling or texting 988. It's free and confidential.

Get more insights into the things kids are experiencing, download the statewide and region-specific SHARP data reports, and find educational resources for parents: <https://sharp.utah.gov>.

Violence against healthcare workers in Utah

Court filings involving violence against healthcare workers in Utah have risen in recent years. From 2018–2021, filings ranged from 43 in 2019 to 69 to 2021. In 2022, filings increased to 104. In 2023 they more than doubled again, reaching 218 (Figure 1). This rise may reflect more events as well as more willingness to file charges. The passage of House Bill 32 in 2022 increased legal protections and penalties for assaults or threats against healthcare workers. This likely contributed to the rise in reported cases. Even with this law in place, the sharp increase in cases is a concern. It shows that violence against healthcare workers is still a serious problem.

Figure 1. Number of case filings involving violence against healthcare workers, Utah, 2018–2024

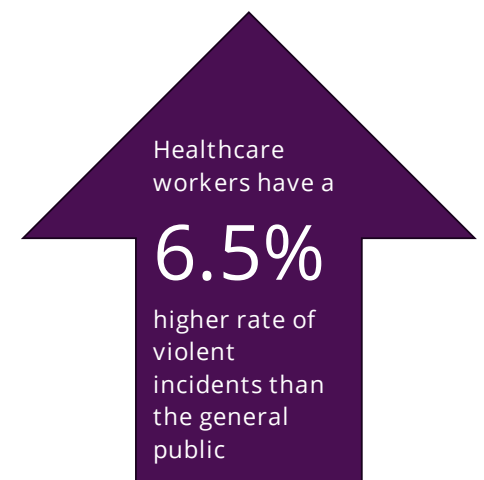


Source: Criminal Records Database; Utah State Courts, 2025

Violence against healthcare workers is higher compared to the general public (247 vs. 232 per 100,000).^{1,2} That's about a 6.5% higher rate than Utah overall. Because these figures rely on court filings, they likely still minimize the full scope of events.

During the COVID-19 pandemic patients and families endured long wait times, lack of staff, and high tensions. This led to increased stress in healthcare settings and a rise in violent incidents against healthcare workers.³ Violence leads to healthcare worker burnout and job discontent—both key factors for providing quality care. It also hurts workforce retention. This could cause problems in Utah where the state may be facing shortages in vital fields like primary care. Efforts to address high job stress, understaffing, and patient dissatisfaction can help reduce these incidents. Examples include improving:

- Organizational practices (workflow improvements, de-escalation and conflict management staff training, staff wellness support)
- Staffing levels (adequate coverage, balanced workloads, retention efforts)
- Communication strategies (training staff on how to give clear updates with empathy and transparency between leadership and staff)



For more data, reports, and information visit the Health Workforce Information Center (HWIC) website at <https://hwic.utah.gov/>.

1. Utah State Courts. (2025). *Criminal Records Database*.

<https://www.utcourts.gov/en/court-records-publications/records/request-a-court-record.html>

2. Utah Department of Workforce Services. (2025). *Unemployment insurance database*. <https://jobs.utah.gov/wi/wiexperts/>

3. Ramzi, Z. S., Fatah, P. W., & Dalvandi, A. (2022). Prevalence of workplace violence against healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Frontiers in Psychology*, 13, 896156. <https://doi.org/10.3389/fpsyg.2022.896156>