



Utah health status update

Key findings

- Utah consistently has one of the highest death rates for Parkinson's disease (PD) in the U.S.
- Of those with Parkinson's disease in Utah, 63% are older than age 65. By the year 2065, the number of adults aged 65 and older in Utah is expected to nearly double, growing from 13% to almost 24% of our population. This could increase rates in a state with already higher rates.
- Research shows that people living in areas with poor air quality have a 56% higher risk of developing Parkinson's.
- The Utah Parkinson's Disease Registry (UPDR) has already collected and verified more than 15,000 records to help scientists find a cure.
- Share your story or register at updr.org to support Utah research.

The Utah Parkinson's Project—how Utah can lead the way in Parkinson's disease

Parkinson's disease (PD) is a condition that affects the brain.¹ It slowly makes it harder to move, speak, eat, or even think. When most people hear about it, they think of hands that shake called tremors, or people who move very slowly and lose their balance. But there is much more to the disease than just how a person moves. People with PD often deal with extreme pain every day and are more likely to have other long-term health problems or disabilities.¹

According to the World Health Organization, the number of people with PD has doubled in the last 25 years.¹ This has caused millions of people around the world to struggle with disabilities. Even though the disease is better understood now than 25 years ago, there is still no cure. Doctors focus on treating the symptoms. They use things like physical therapy, special medicines, and sometimes even surgery to help patients live more comfortably.

Utah and PD

Experts use surveys and death records to track PD in Utah. These records help show which counties are struggling the most and how the disease affects people over time.

Utah has some of the highest PD death rates in the U.S. Between 2018 and 2022, Utah was number one in the country.² In 2023, Utah moved down to second place after Nebraska, but numbers are still much higher than the U.S. average.²

PD rates in Utah have been climbing steadily for ten years (Figure 1).² Because this has been happening for a long time, it shows that this is a serious trend that needs attention. How we choose to handle this problem now matters for the future.





Feature article continued

Utah compared to other states

It's unclear why death rates are so high in Utah. However, experts from the National Institutes of Health say there are four main risk factors: age, sex, genetics, and the environment.³ Utah's population is getting older very quickly. As Figure 2 shows, in 2025, about 13% of Utahns were older adults (ages 65 and older), but by 2065, that number is expected to jump to nearly 24%.⁴ Since PD is more common in older adults, we should expect PD deaths to increase.

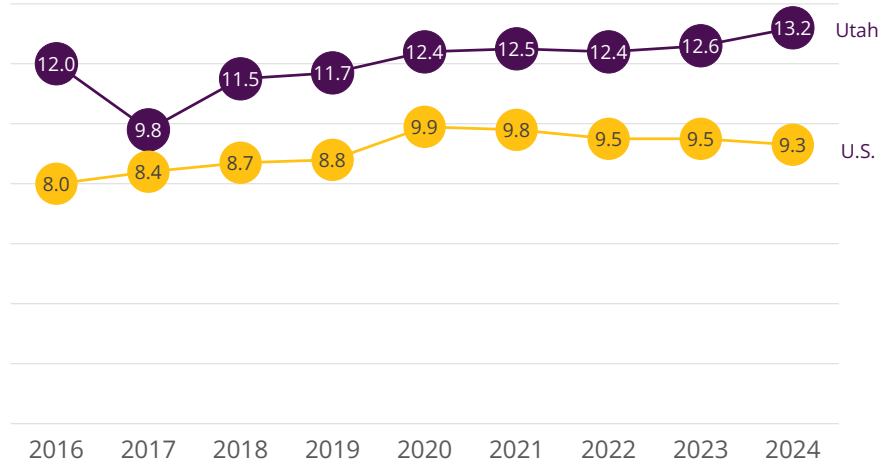
Utah doctors should prepare to treat more patients in the future. Utah has a complex environment with a lot of mining, drilling, and metal melting. It also deals with poor air quality, especially during the winter inversion months, when smog gets trapped in the valleys. Scientists have found some links between these factors and the brain. For example, one major study found that people living in areas with high air pollution have a 56% higher risk of getting PD.⁵ Rates of PD are likely higher than the death rates show, because PD may not be included as a cause of death, even if the person had it. Understanding how many people in Utah have PD, and how many are being diagnosed with PD each year, would help us know what steps need to be taken and what resources Utahns need. The Utah Parkinson's Disease Registry was created to help us know exactly when people are being diagnosed, how long they are going between symptom onset and diagnosis, and other demographic information to make it easier to see if there are causes of PD we can prevent. The Utah Parkinson's Disease Registry will become extremely helpful as we see Utah's population age.

What is the UPDR?

The Utah Parkinson's Disease Registry (UPDR) is a secure database that collects patient data from people in Utah who have PD. After seeing that Utah has some of the highest rates of PD in the country, state

Figure 1. Parkinson's disease age-adjusted mortality rate per 100,000 by year, Utah and U.S., 2016-2024

Utah has some of the highest Parkinson's death rates in the nation; they have been climbing steadily for 10 years.



Source: CDC WONDER online database, Centers for Disease Control and Prevention, National Center for Health Statistics

Figure 2. Population growth among Utah adults ages 65 and older

In 2025, about 13% of Utahns were older adults (ages 65+), but by 2065, that number is expected to jump to nearly 24%.



Source: University of Utah Kem C. Gardner Policy Institute. (2025, November). Utah 2065: Long-Term Planning Projections Summary. Synopsis.



Feature article continued

leaders enacted new legislation in 2023 that requires doctors and hospitals to report every case of PD they diagnose.⁶

By gathering all this information in one place, experts can learn who is most at risk and how long it takes for a person to get diagnosed after they first start noticing symptoms.

A team from the University of Utah ensures no one is counted twice and that every person in the system truly has a diagnosis from a doctor. By 2026, this registry collected and checked more than 11,000 records.

Scientists can combine this registry data with other tools, like the Utah Population Database. This provides data on where people lived in the past and compares it to where PD cases are happening today, so researchers can look for "clusters" (groups of cases in one area). This helps them figure out if things in our environment—like air pollution or chemicals—have been causing health problems for a long time, or if new changes in Utah’s environment are creating higher risks today.

How can the UPDR help us?

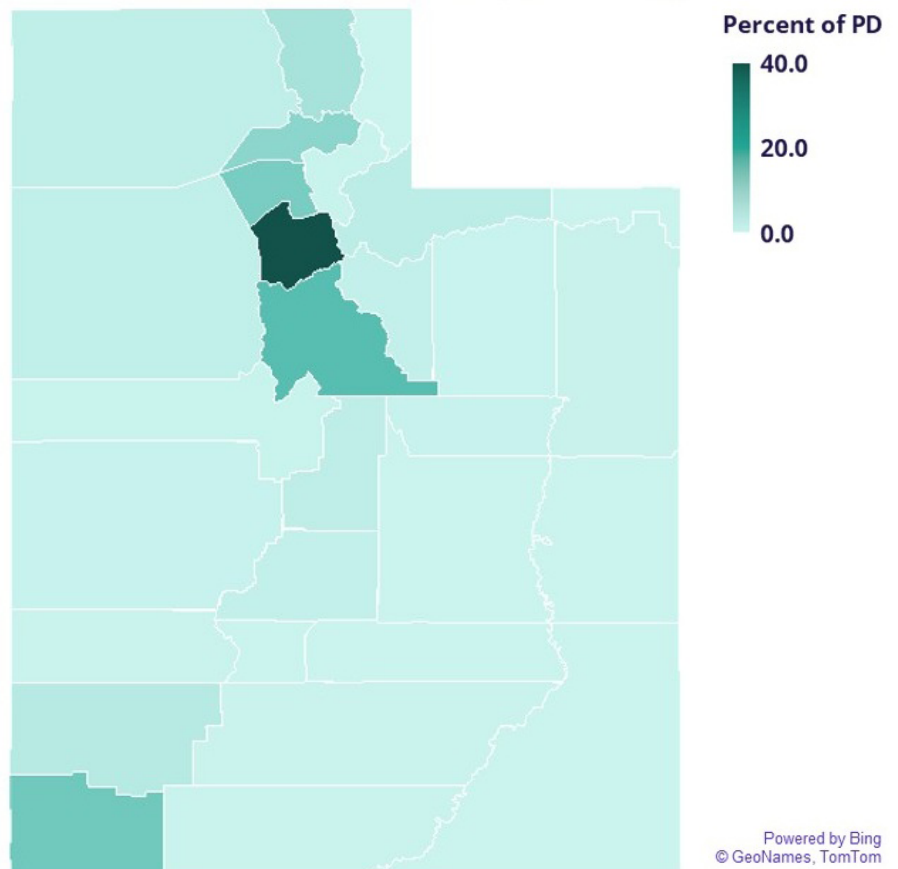
The UPDR is a tool that can change Utah’s future. Right now, Utah has a high risk for PD, but this registry can turn our state into a "living laboratory." Scientists can use Utah to learn about triggers in the environment and how to help patients feel better.

The registry collects data based on where people live through ZIP codes. Experts are already using this to make maps that show "clusters," or areas where there is a higher number of cases (Figure 3). The University of Utah Neurology program created maps that show where PD is in Utah. This informs healthcare organizations where we need to build more clinics or send more specialized doctors.

The registry could connect people who have PD with researchers. Patients can volunteer for clinical trials to help doctors learn more and find better treatments for future

Figure 3. Parkinson’s disease prevalence rates by county (only those registered on the UPDR), Utah, 2025

Mapping the UPDR data can show “clusters” or areas where many people have the disease.



Source: Utah Parkinson’s Disease Registry



Feature article continued

generations. Since genetics can play a part in PD, families with a high risk can use the registry's information to keep an eye on their own health and symptoms.

Leaders can use Medicaid claims to look at PD related costs. By looking at this data, leaders can figure out how to help people who are struggling with medical bills and provide the resources they need to live healthier lives.

If we use the UPDR correctly, Utah can become a national leader in PD medicine, research, and technology. To make this happen, researchers, lawmakers, and hospitals must keep working together and take action based on the data collected.

What can we do about it?

Everyone in Utah—from politicians to doctors to families—has a role to play in fighting PD.

Lawmakers:

State leaders need to keep providing money for the UPDR so it can continue its work. They can also use the information from the registry to pass new laws that improve health for everyone in the state. By making PD a top priority, they can help people in both big cities and small towns get the medical care they need to stay healthy as they get older.

Doctors and hospitals:

Hospitals must keep sending their data to the registry. When they share this information, scientists can spot trends and learn more about what causes the disease. Hospitals should also support new programs and research that have been proven to help patients. If Utah's medical systems work together, our state can become a national leader in finding the best ways to treat PD.

You and your family:

If you live in Utah, you can help by learning about the registry and telling others how it works. When more people understand that this data could help find a cure, it encourages leaders to do more. You can also add your own story to the registry! Sharing your experience helps researchers understand the disease even better. Sign up at updr.org



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1 World Health Organization. (2023, August 9). *Parkinson disease*. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/parkinson-disease>

2 Centers for Disease Control and Prevention. (2025, August 20). *Parkinson's disease mortality*. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/state-stats/deaths/parkinsons-disease.html>

3 U.S. Department of Health and Human Services. (2025, March 5). *Parkinson's disease*. National Institute of Neurological Disorders and Stroke. <https://www.ninds.nih.gov/health-information/disorders/parkinsons-disease>

4 University of Utah Kem C. Gardner Policy Institute. (2025, November). *Utah 2065: Long-Term Planning Projections Summary*. Synopsis. <https://d36oiwf74r1rap.cloudfront.net/wp-content/uploads/2025/11/LongTerm-Proj-Nov2025.pdf>

5 Krzyzanowski, B., Nielsen, S. S., Turner, J. R., & Racette, B. A. (2023, November 21). *Fine Particulate Matter and Parkinson Disease Risk Among Medicare Beneficiaries*. *Neurology*. <https://www.neurology.org/doi/10.1212/WNL.0000000000207871#F1>

6 *Utah rule R384-324*. Utah Office of Administration Rules. (2023, November 5). <https://adminrules.utah.gov/public/rule/R384-324/Current%20Rules>

Key findings

- Autism diagnosis rates in frontier counties (1.05%) are less than half the rates of urban (2.28%) and rural (2.25%) areas.
- Autism diagnosis rates vary across local health districts (LHDs). Rates range from 3.1% in Tooele County to just 0.9% in San Juan County.
- Half of the providers who assess children for autism are based in Salt Lake County, which means many rural and frontier areas have limited access to services.

Autism diagnosis rates across Utah

Autism spectrum disorder (autism) is a developmental disability that can cause social, communication, and behavioral challenges. Autism can sometimes be noticed in children as young as 18 months and can be diagnosed by age 2.¹ But some people are not diagnosed until they are teenagers or adults. This delay means they might not get the early help they need.

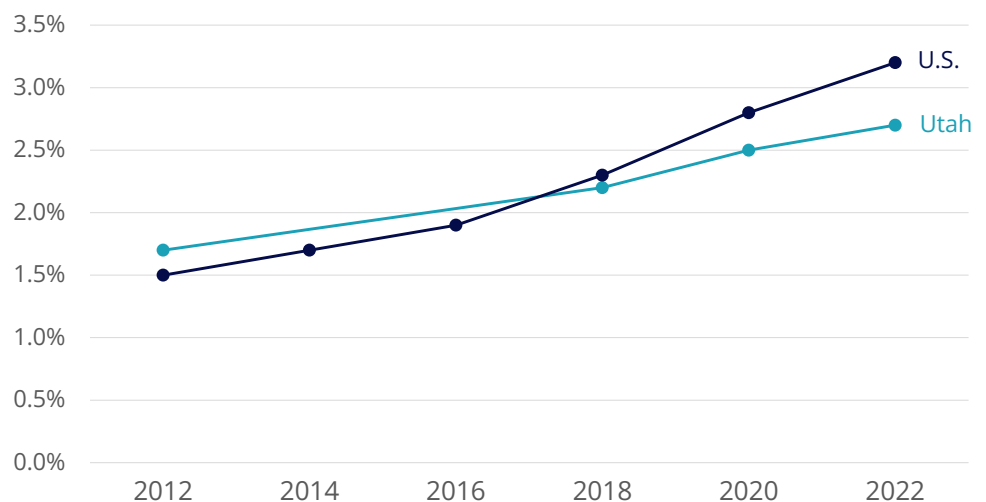
The Utah Registry of Autism and Developmental Disabilities (URADD) estimates the rate of autism in Utah. URADD identifies individuals with autism based on a medical diagnosis from autism diagnostic, treatment, or educational facilities in Utah. This information helps agencies and service providers work together to support people with autism.

Since 2002, URADD has been part of the CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network. ADDM tracks autism rates across the nation. In Utah, the ADDM Network studies autism rates in Salt Lake, Davis, and Tooele counties.

In these counties, the rate of autism diagnoses have gone up over time. For 8-year-old children, the rate was 1.7% in 2012. It rose to 2.2% in

Figure 1. Autism diagnosis rates among 8-year-old children nationally and in Utah (Salt Lake, Davis, and Tooele counties), 2012–2022

The rate of autism diagnosis has gone up over time for both Utah (Salt Lake, Davis, and Tooele counties) and the U.S.



Source: CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network



Feature article continued

2018 and 2.7% in 2022. National rates have also increased from 1.5% in 2012 to 2.3% in 2018 and 3.2% in 2022²⁻⁷ (Figure 1).

While autism diagnosis rates in these three counties offer valuable insight, it is also important to understand rates across the state. To better understand differences between areas, URADD measured the rates of children born between 2006 and 2022 who received an autism diagnosis.

Urban, rural, and frontier areas

For children and youth born between 2006 and 2022, the rate of autism diagnosis was almost the same in urban counties (2.28%) and rural counties (2.25%). The rate in frontier counties (6 or fewer people per square mile) was lower at 1.05% (Figure 2).

This lower rate suggests that children and youth in frontier counties are less likely to be diagnosed with autism. One reason may be that families in frontier counties have a harder time reaching doctors or specialists because there are fewer services close to home.

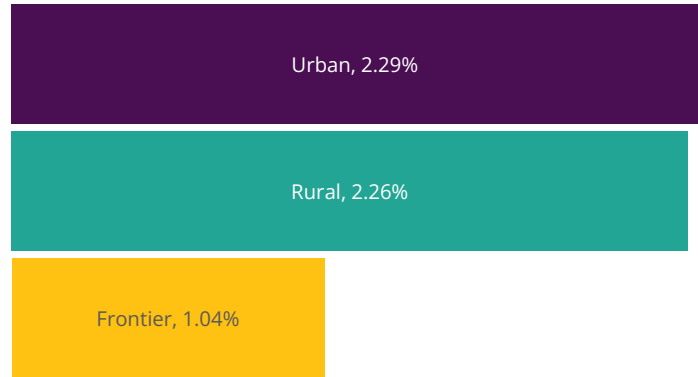
The differences in autism diagnosis rates between urban and rural counties vs frontier counties are striking. However, it does not tell the full story of what areas of Utah are underserved. By looking at autism diagnosis rates at the local health district (LHD) level, Utah can target support and services to meet the needs of each community.

Local health districts

Autism diagnosis rates differed across local health districts (LHDs). Rates ranged from as low as 0.9% in San Juan County to as high as 3.1% in Tooele County. Salt Lake County has a rate of 2.9%, while Davis County's rate is 2.4%.

Figure 2. Autism diagnosis rates for Utah children born between 2006 and 2022 by county type

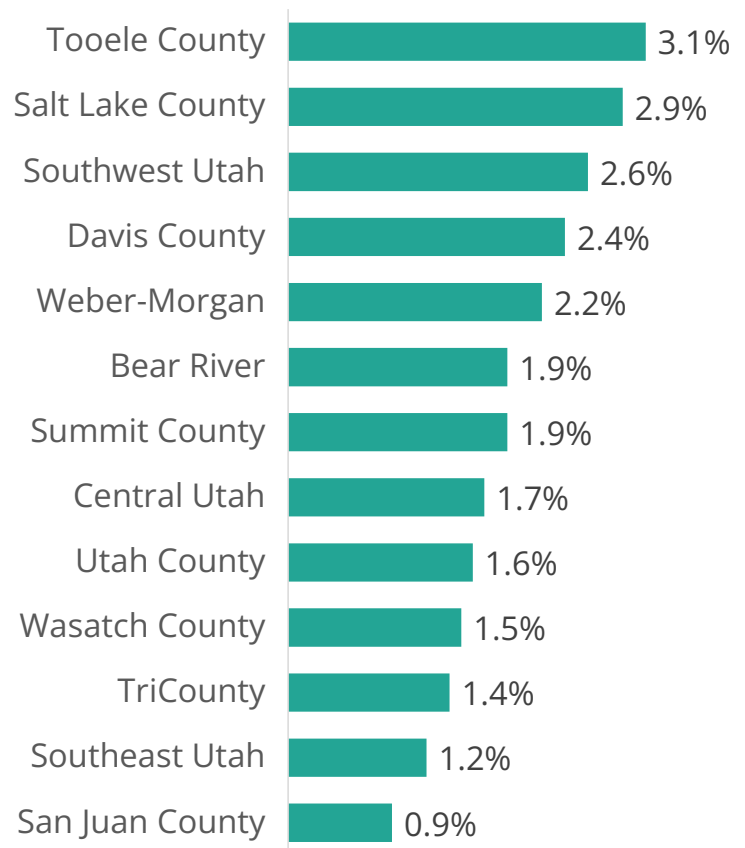
The rate in frontier counties was lower than the rate for urban and rural counties, suggesting that they are less likely to be diagnosed with autism.



Source: Utah Registry of Autism and Developmental Disabilities (URADD) and Public Health Indicator Based Information System (IBIS)

Figure 3. Autism diagnosis rate by local health district, Utah, 2024

Autism diagnosis rates differed across LHDs, ranging from a low of 0.9% in San Juan County to a high of 3.1% in Tooele County.



Source: Utah Registry of Autism and Developmental Disabilities (URADD) and Public Health Indicator Based Information System (IBIS)



Feature article continued

In contrast, Utah County's rate is only 1.5%, which is closer to the rates in Wasatch County (1.5%) and the TriCounty health district (1.4%) (Figure 3).

Access to services

Since 2018, the Utah Department of Health and Human Services Office of Children with Special Healthcare Needs (CSHCN) has been tracking providers who assess children and youth for autism. The list of providers has grown from 20 in 2018 to 55 in 2025. While the number of autism providers has increased, many rural and frontier areas still don't have access to an autism provider to help with a diagnosis. More than 76% of autism assessment providers are based in urban counties, with over half based in Salt Lake County.

To help address these needs, CSHCN has been working to expand autism clinics to rural and frontier areas. Since early 2024, CSHCN has hosted 22 traveling clinics, serving more than 160 children and youth. While most clinics have been held in Price (Carbon County), clinics have also occurred in Richfield (Sevier County), Moab (Grand County), and San Juan (San Juan County).

Local resources and support

Utah has made progress in the identification of children and youth with autism. But there is still more to do. Families can discuss autism screening with their pediatrician. If families do not have a pediatrician, the Integrated Services Program Birth through age 8 Care Coordination program offers free autism screenings and referrals. Families concerned about autism can contact the Integrated Services Program for help getting a diagnosis. Care coordinators are based in 10 of the 13 LHDs and ready to help families find local resources. If families already have a diagnosis and need more help, they can contact the Utah Parent Center.

Autism screening and referral

Integrated Services Program Birth through age 8 Care Coordination

Email: care.coordination@utah.gov

Phone: (801) 273-2804

Website: <https://familyhealth.utah.gov/cshcn/integrated-services-program/#zeroto8>

Autism assessment services

Integrated Services Program

Phone: (801) 273-2988

Website: <https://familyhealth.utah.gov/cshcn/integrated-services-program/>

Autism assessment providers list

Autism Systems Development

Website: <https://familyhealth.utah.gov/cshcn/asd/>

Utah Parent Center

Phone: 1-800-468-1160

Website: utahparentcenter.org/disabilities/autism/



Feature article continued

- 1 Lord C, Risi S, DiLamore PS, Shulman C, Thurm A, Pickles A. Autism from 2 to 9 years of age. *Arch Gen Psychiatry*. 2006 Jun;63(6):694-701. doi: 10.1001/archpsyc.63.6.694. PMID: 16754843.
- 2 Christensen DL, Baio J, Braun KV, et al. Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years—Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2012. *MMWR Surveill Summ* 2016;65(No. SS-3)(No. SS-3):1–23.
- 3 Baio J, Wiggins L, Christensen DL, et al. Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years—Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2014. *MMWR Surveill Summ* 2018;67(No. SS-6):1–23.
- 4 Maenner MJ, Shaw KA, Baio J; EdS1; Washington A, Patrick M, DiRienzo M, Christensen DL, Wiggins LD, Pettygrove S, Andrews JG, Lopez M, Hudson A, Baroud T, Schwenk Y, White T, Rosenberg CR, Lee LC, Harrington RA, Huston M, Hewitt A; PhD-7; Esler A, Hall-Lande J, Poynter JN, Hallas-Muchow L, Constantino JN, Fitzgerald RT, Zahorodny W, Shenouda J, Daniels JL, Warren Z, Vehorn A, Salinas A, Durkin MS, Dietz PM. Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years—Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2016. *MMWR Surveill Summ*. 2020 Mar 27;69(4):1–12.
- 5 Maenner MJ, Shaw KA, Bakian AV, et al. Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years—Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2018. *MMWR Surveill Summ* 2021;70(No. SS-11):1–16
- 6 Maenner MJ, Warren Z, Williams AR, et al. Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years—Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2020. *MMWR Surveill Summ* 2023, 72 (No. SS-2): 1–14.
- 7 Shaw KA, Williams S, Patrick ME, et al. Prevalence and Early Identification of Autism Spectrum Disorder Among Children Aged 4 and 8 Years—Autism and Developmental Disabilities Monitoring Network, 16 Sites, United States, 2022. *MMWR Surveill Summ* 2025;74(No. SS-2):1–22.

Diabetes during pregnancy in tribal communities

Diabetes

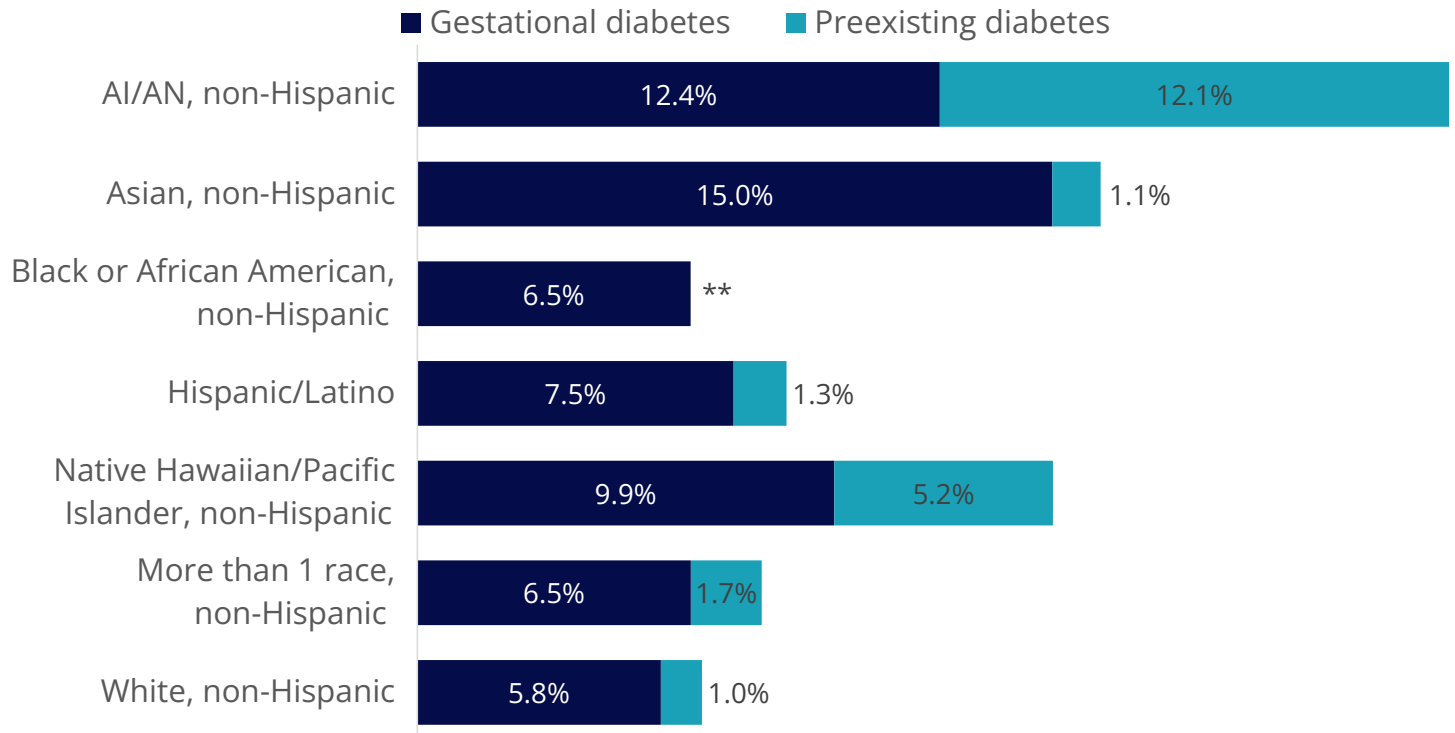
Diabetes causes people to have high levels of sugar in their blood.¹ During pregnancy, high blood sugar can increase the risk of birth defects, stillbirth, and preterm birth. High blood sugar also raises the chance of having a c-section. There is also an increased risk that the baby will grow up obese or have type 2 diabetes.¹

Seeing a doctor early in pregnancy can help women manage diabetes and keep themselves and their baby healthy.²

What we are seeing in Utah

Among American Indian/Alaska Native (AI/AN) in 2024, 1 in 4 live births were to women with diabetes (Figure 1).³ Of pregnant AI/AN women with diabetes, fewer than half saw a doctor about their pregnancy in the first 3 months.³

Figure 1. Percentage of births to mothers with diabetes by race/ethnicity, Utah, 2024



** The estimate has been suppressed because the observed number of events is very small and not appropriate for publication.

Source: Utah Birth Certificate Database

Recommendations

Diabetes treatment and prevention is a priority of the Indian Health System, which includes the Indian Health Service, tribal health organizations, and the Urban Indian Center of Salt Lake.⁴ Public health agencies and healthcare providers should work with these groups to make sure that pregnant women who have or are at risk for diabetes see a doctor early in their pregnancy.

Spotlights



1 Centers for Disease Control and Prevention. (n.d.). *Diabetes during pregnancy*. Centers for Disease Control and Prevention. <https://www.cdc.gov/maternal-infant-health/pregnancy-diabetes/index.html>

2 U.S. Department of Health and Human Services. (n.d.). *What is prenatal care and why is it important?* Eunice Kennedy Shriver National Institute of Child Health and Human Development. <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care#f5>

3 Utah Birth Certificate Database. Retrieved on 2/19/2026 from Utah Department of Health and Human Services, Division of Data, Systems and Evaluation, Indicator-Based Information System for Public Health website: <https://ibis.utah.gov/ibisph-view/>

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Supporting Utah families with basic needs

Basic needs like stable housing and healthy food affect everyone's health, but have an especially strong impact on families with children.^{1,2} When one need is not met, it becomes harder to meet other needs. For example, high housing costs can make it hard to afford healthy food, child care, health care, or transportation.

46%

of Utah families have struggled to meet basic needs

12%

of Utah families **always or often** struggle to meet these needs

Data from the 2023–2024 National Survey of Children's Health (NSCH) shows that 44% of families in the U.S. have struggled to meet basic needs at some point since their child was born, and 15% have "often or always" struggled to meet these needs. In Utah, 46% have struggled at some point, and 12% have "often or always" struggled.³

Parents and professionals who serve women, infants, children, adolescents, and children with special health care needs in Utah identified basic needs as an

important issue to address over the next 5 years in a needs assessment conducted by the DHHS Division of Family Health.⁴

"We're sitting here living to survive and not enjoying our life because taking care of our kids feels like we're doing the bare minimum just to survive."

- Community member from needs assessment

What Utah data says about basic needs for families

We used multiple data sources to better understand how families with children afford food and housing compared to adults who do not have children younger than 18 years living in the home. We also wanted to see how benefits, such as Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), are being used (Table 1). We specifically wanted to know which areas in Utah face the biggest gaps for families with children.

Using data from the 2022–2024 Utah Behavioral Risk Factor Surveillance System (BRFSS), we found that families with children younger than age 18 are more likely to struggle paying their mortgage, rent, or utilities compared to adults who do not have children (11% vs. 7%). This gap is even wider in certain areas. Families with children living in San Juan (22%), Salt Lake (13%), and Tooele (13%) health districts are significantly[†] more likely to struggle with housing costs compared to the state average (all Utahns with and without children) (9%).⁵

BRFSS data also show that families with children are about as likely to "always or usually" not have enough food compared to adults who do not have children (4% vs. 3%). Families with children in San Juan (27%) and adults who do not have children in Weber-Morgan (6%) health districts are more likely to face food shortages compared to the state overall (3%).⁵

SNAP is a federal program that helps people with lower incomes buy food. BRFSS data show that, in general, qualified families with children are more likely to sign up than qualified adults who do not have children at home (37% vs. 28%).[‡] San Juan (97%) and Weber-Morgan (55%) health districts have higher enrollment rates for families than the state average (32%).⁵

[†] We performed tests of significance and found nearly all estimates to be significantly different from the state average. We used confidence intervals to identify areas with the biggest differences.

[‡] We estimated how many eligible adults are *not* signed up for SNAP by dividing the percentage of adults enrolled in SNAP by the percentage of adults earning less than 133% of the federal poverty level and taking the inverse (subtracting from 100%). We used the delta method on a log-transformed scale^{8,9} to calculate the 95% confidence interval for the ratio of these percentages. We used the reported relative standard errors in this approach.

WIC is another federal program that helps families buy food, but it has extra conditions. Pregnant women, new mothers, and parents of children younger than age 5 who meet income limits must complete nutrition classes and go to regular appointments. The most recent data (2021) show that about 37% of eligible Utahns participated in WIC, which is lower than the national rate (51%).⁶ The Utah WIC program is working to identify and connect with families who qualify for WIC but have not signed up.

WIC program data show that most families enrolled in WIC meet the participation requirements and receive their benefits (91%). Only 9% stop participating and receiving benefits at some point after signing up. In Tooele health district, however, 14% of enrolled families have stopped participating and are not receiving benefits. Wasatch and Bear River health districts have better participation, with only 5% and 6% not participating. More research is needed to understand why some women stop going to appointments after they sign up.⁷

Table 1. Measure of access to basic needs by local health district and compared to the state overall

	Statewide	Bear River	Central	Davis	Salt Lake	San Juan	Southeast	Southwest	Summit	Tooele	TriCounty	Utah County	Wasatch	Weber-Morgan
Unable to pay mortgage, rent, or utilities, compared to the state overall: 8.9% (8.5-9.3)														
Adults with children under 18	▲ 11%	10%	12%	9%	▲ 13%	▲ 22% *	10%	11%	6% *	▲ 13%	10%	8%	9%	12%
Adults without children	▼ 7%	7%	7%	▼ 6%	8%	10% *	10%	▼ 5%	▼ 4% *	9%	11%	▼ 6%	▼ 4%	8%
Always or usually not enough food, compared to the state overall: 3.4% (3.1-3.7)														
Adults with children under 18	4%	2% *	4% *	2%	4%	▲ 27% *	5%	5%	**	5%	**	3%	**	▲ 6%
Adults without children	3%	3%	3% *	1%	4%	7% *	5%	3%	1% *	▲ 6%	4%	3%	2% *	4%
Percentage eligible and receiving SNAP, compared to the state overall: 31.9% (29.4-34.7)[^]														
Adults with children under 18	37%	37%	32%	41%	36%	▲ 97% *	31%	26%	19% *	33%	54%	38%	24% *	▲ 55%
Adults without children	▼ 28%	21%	26%	38%	33%	18% *	34%	25%	**	43%	36%	▼ 17%	**	46%
Percentage enrolled but not receiving WIC, compared to the state overall: 8.9% (8.5-9.3)														
All individuals enrolled in WIC	9%	▼ 6%	8%	10%	8%	10%	10%	9%	10%	▲ 14%	9%	14%	▼ 5%	10%

▲/▼ The rate in this population is worse than the state overall (for adults with and without children). Confidence intervals do not overlap.

▲/▼ The rate in this population is better than the state overall (for adults with and without children). Confidence intervals do not overlap.

* 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.

** The estimate has been suppressed because the relative standard error is greater than 50% or the observed number of events is very small and not appropriate for publication.

What can we do to help families in need?

The following actions can help families meet their basic needs:

- The [Maternal Resource Guide](#) and [Early Childhood Utah](#) tools can help providers and families find available resources across the state.
- Health care and service providers should ask about food and housing insecurity and know about referral resources.
- The WIC program is working to identify and connect with eligible families. More research could help us understand why some families stop attending their appointments after they enroll.
- In addition to SNAP and WIC, schools can expand and promote existing programs like [summer food service programs](#) and [universal free meals](#) to support family food access.
- The Division of Family Health is increasing efforts to address food and housing needs. We will continue to study data and build partnerships to better support Utah families.

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2 Gallegos D, Eivers A, Sondergeld P, Pattinson C. Food Insecurity and Child Development: A State-of-the-Art Review. *Int J Environ Res Public Health*. 2021 Aug 26;18(17):8990. doi: 10.3390/ijerph18178990. PMID: 34501578; PMCID: PMC8431639.

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