Utah health status update

Key findings

- Teen dating violence (TDV) is preventable.
- While TDV has decreased in Utah, prevention efforts need to continue.
- American Indian/Alaskan Native (AI/AN) and Black students experienced higher percentages of TDV than the overall state percentage.
- Students who experienced TDV were more than twice as likely to feel sad or hopeless compared to students who did not experience TDV.
- Students who experienced physical TDV were less likely to have support at home.

Teen dating violence in Utah

Teen dating violence (TDV) is abuse between current or former dating partners, where at least one person is younger than 20 years old. It can involve stalking, as well as physical, emotional, or sexual abuse. TDV is widespread and serious. It can be just as dangerous as adult domestic violence.[1] Unhealthy dating relationships can cause long-term harm, including depression, guilt, anger, loss, or post-traumatic stress disorder (PTSD).[2]

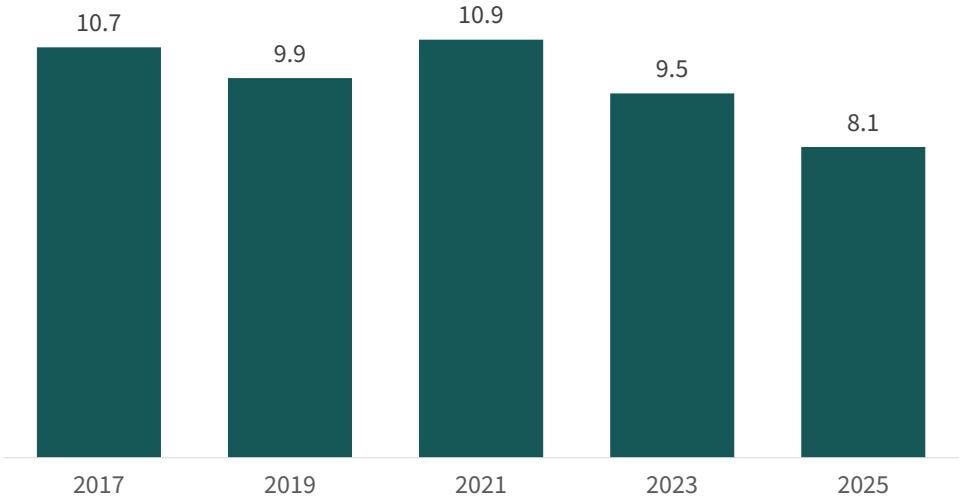
Data source

Data for this article comes from the 2025 Utah Student Health and Risk Prevention (SHARP) survey. The SHARP survey has collected information in Utah public middle and high schools for more than 20 years. It asks students about:

- Substance use
- Safe and healthy relationships
- Connections to family, school, and community
- Physical, social, and mental health
- Risky behaviors and factors that protect youth

Figure 1. Percentage of youth reporting teen dating violence by year, 2017, 2019, 2021, 2023, and 2025

In 2025, 8.1% of students reported experiencing dating violence in the past 12 months. Reports of physical dating violence have decreased over the past 3 survey cycles.



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

Feature article continued

Utah data

In 2025, 8.1% of students reported experiencing dating violence in the past 12 months. Reports of physical dating violence have decreased over the past 3 survey cycles (Figure 1).[3] We must continue prevention efforts to keep lowering these rates in future survey years.

While overall numbers are down, some students experience higher rates of TDV. American Indian/Alaskan Native (AI/AN) students experienced the highest rate at 19.5%, followed by Black students at 15.9%, and multi-racial students at 11.6% (Figure 2).[3]

Mental health impacts

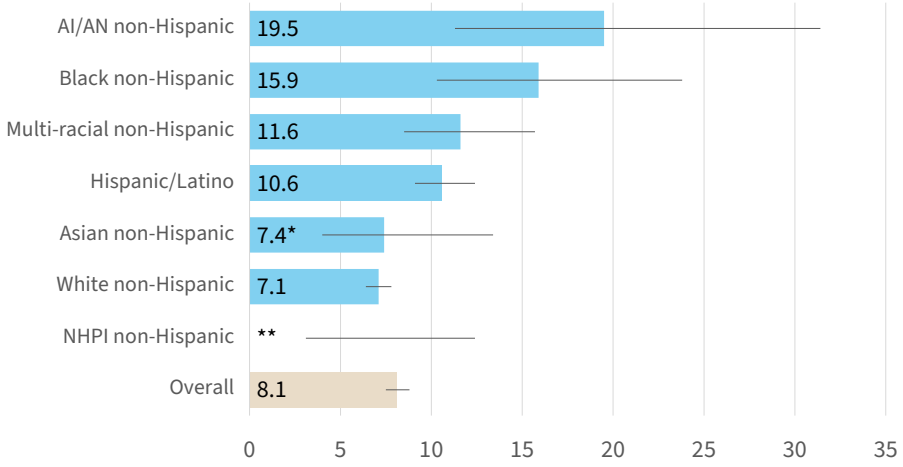
TDV can affect mental health throughout a person's life.[4] Students who experienced physical TDV were more than twice as likely to feel sad or hopeless almost every day for two weeks or more compared to students who did not (excluding students who reported they did not date). Specifically, 59% of students who experienced physical TDV reported feeling sad or hopeless, compared to 28.1% of students who did not experience physical TDV (Figure 3).[3]

Protective factors

Strong relationships with parents or trusted adults help prevent TDV.[5] The 2025 SHARP survey showed that students who experienced physical TDV were less likely to have support at home. For example, 51.8% of students who experienced dating violence said they share their thoughts and feelings with a parent or caregiver, compared to 73.5% of students who did

Figure 2. Percentage of high school students who experienced physical teen dating violence (TDV) by race/ethnicity, Utah, 2025

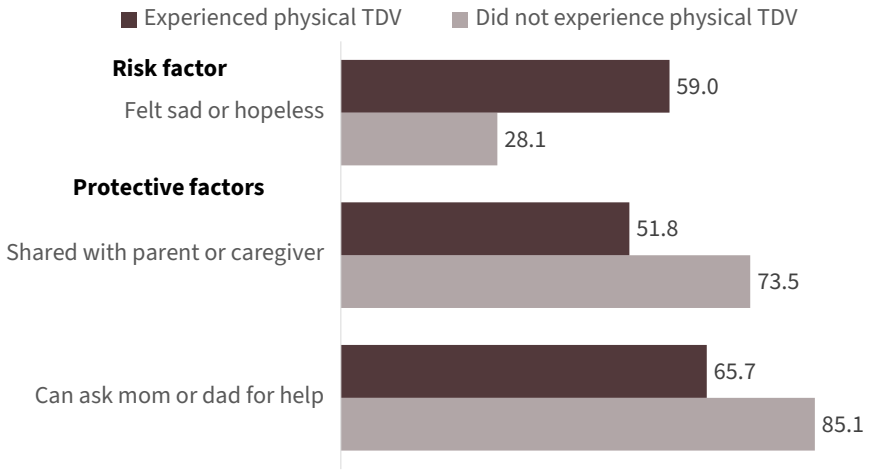
American Indian/Alaskan Native (AI/AN) students experienced the highest rate of TDV at 19.5%, followed by Black students at 15.9%, and multi-racial students at 11.6%.



*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 observed number of events is very small and not appropriate for publication.
Source: Utah Prevention Needs Assessment Survey, part of the Student Health and Risk Prevention (SHARP) Statewide Survey

Figure 3. Percentage of students reporting each risk or protective factor by whether or not they experienced physical teen dating violence, Utah, 2025

Students who experienced physical teen dating violence were more than twice as likely to feel sad or hopeless (risk factor) and less likely to report being able to share feelings and problems with parents/caregivers (protective factors), compared to those who did not experience teen dating violence.



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

Feature article continued

not experience TDV. Additionally, 65.7% of students who experienced dating violence reported they could ask a parent for help with a personal problem, compared to 85.1% of students who did not experience TDV (Figure 3).[3]

For more information, see the Teen dating violence in Utah factsheet.

Preventing teen dating violence

We can prevent TDV by reducing risk factors (things that increase the chance of violence) and building protective factors (things that protect people from violence).[6]

Risk factors to reduce	Protective factors to build
Poverty	Economic stability
Adverse childhood experiences (ACEs)	Positive childhood experiences (PCEs)
Lack of social skills for conflict	Emotional health and social connections
Social norms supporting hostility toward women	Empathy and respect for others
Family history of violence	Peaceful conflict resolution at home
Lack of job opportunities	Academic support and success
Community tolerance for violence	Promotion of healthy relationships and consent
High community crime rates	Community-based support and safety programs

Action steps to prevent violence

Youth need to learn how to build healthy relationships, manage emotions, and communicate well. Other ways communities can prevent violence include:[4]

- Promote tax credits like the federal Earned Income Tax Credit
- Improve housing stability
- Start bystander intervention programs
- Increase social connections and access to community resources
- Teach life skills and emotional intelligence
- Support and empower girls and women
- Build safe environments in schools and organizations.

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2 Love is Respect Empowers Teens to "Be About It" in Campaign to Promote Healthy Dating Austin, TX. Accessed February 5, 2025: https://www.loveisrespect.org/news/love-is-respect-empowers-teens-to-be-about-it-in-campaign-to-promote-healthy-dating/

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4 Teen Dating Violence. Center for Disease Control and Prevention. Accessed 8/24/2026: https://www.cdc.gov/intimate-partner-violence/about/about-teen-dating-violence.html

5 Intimate Partner Violence Prevention, Resource for Action. Center for Disease Control and Prevention. Accessed 8/24/2026: https://stacks.cdc.gov/view/cdc/158966

6 Centers for Disease Control and Prevention. Violence Prevention. Risk and Protective Factors. Accessed 09/14/2026: https://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html

Spotlights

Department of Health & Human Services

September/October 2026

Breast cancer screening for women

Breast cancer is the most frequently diagnosed cancer for women in Utah.[1] Between 2019 and 2023, there were 9,758 female breast cancer cases reported in Utah resulting in an age-adjusted rate of 126.3 per 100,000 women. At diagnosis, 6,330 cases were localized (confined to the primary site), 2,623 cases were regional (spread to nearby tissues or lymph nodes), and 658 cases were distant (spread to distant organs).[2]

In Utah, breast cancer is also the leading cause of death from cancer for women. There were 1,556 breast cancer deaths reported in Utah between 2020 and 2024. The age-adjusted rate of breast cancer death was 20.0 per 100,000 women.[2] If breast cancer is detected early, before it spreads, the chance a woman will still be alive five years later is higher as shown in Figure 1.

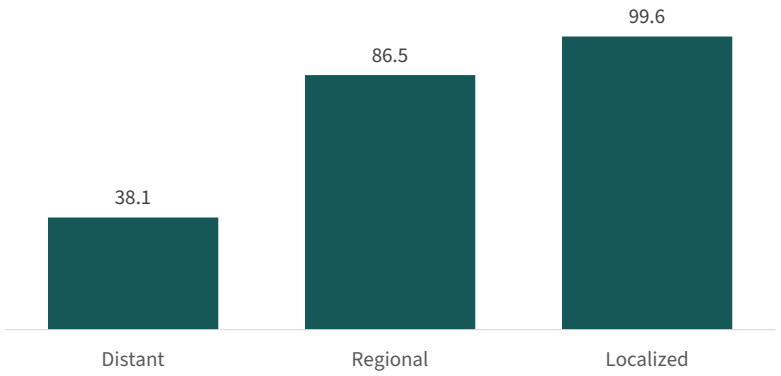
The best way to detect breast cancer is to be screened regularly. Breast cancer screening is done by checking a woman's breasts for cancer before there are any signs or symptoms. Women aged 40 or older should talk with their health care provider about the best screening options. The U.S. Preventive Services Task Force recommends that women aged 40–74 who are at average risk for breast cancer get a mammogram at least once every 2 years. A mammogram is an x-ray of the breast. Mammograms are the best way to find breast cancer early, when it is easier to treat.[3]

Although breast cancer screening cannot prevent breast cancer, it can help find breast cancer early, before it spreads.[3] Lifestyle choices like limiting alcohol, not smoking, staying active, eating a healthy diet and maintaining a healthy weight can reduce your risk of developing breast cancer.[4]

Breast cancer incidence rates have been slowly increasing since the mid-2000s; however, breast cancer death rates have slowly decreased over time. The decrease in death is largely due to early diagnosis and advanced treatments.[5]

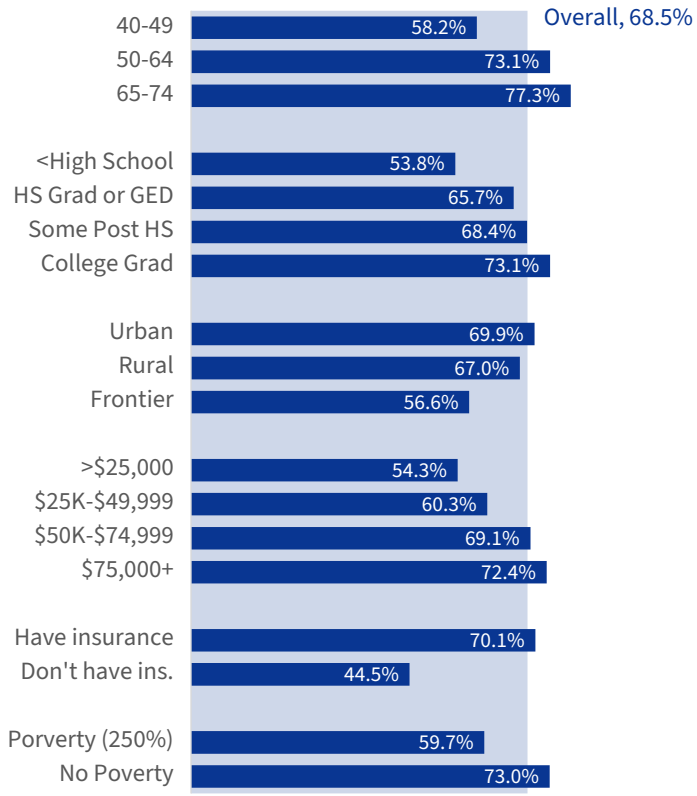
According to the Utah Behavioral Risk Factor Surveillance System (BRFSS) 2024 data, 68.5% of adult women aged 40–74 had a mammogram in the past 2 years in Utah; compared to 74.7% in the U.S. Figure 2 shows that these

Figure 1. Percentage of female breast cancer patients surviving 5 years after diagnosis by spread of disease, Utah, 2016–2022
If breast cancer is detected early, before it spreads, the chance a woman will still be alive 5 years later is higher.



Note: Estimates are based on cases reported by selected cancer registries from 2016-2022 and follow-up of patients through December 31, 2022
Source: U.S. Cancer Statistics Data Visualizations Tool

Figure 2. Percentage of women aged 40–74 who reported a mammogram in the past 2 years by demographics, Utah, 2024
Certain groups of women are less likely to get screened: ages 40–49, have less education, live in frontier areas, have an annual household income less than $50,000, are uninsured, or living in poverty.



Source: Utah Behavioral Risk Factor Surveillance System

groups of women in Utah are less likely to get screened: ages 40–49, have less education, live in frontier areas, have an annual income less than $50,000, are uninsured or are living in poverty.

You can find out if you or someone you know qualifies for free or low-cost screenings by visiting https://cancer.utah.gov/do-i-qualify/. In FY2026, the Utah Breast and Cervical Cancer Screening Program helped 8,440 women receive breast cancer screening services.

1 Utah Cancer Registry Database. Retrieved on August 17, 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/secure/query/builder/ucr/UCRCntyICD02/County.html

2 U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in June 2026

3 Screening for Breast Cancer. Centers for Disease Control and Prevention. https://www.cdc.gov/breast-cancer/screening/index.html

4 10 Ways to Help Prevent Breast Cancer and Reduce Your Risk. Breast Cancer Research Foundation. https://www.bcrf.org/about-breast-cancer/breast-cancer-prevention-risk-reduction/

5 Key Statistics for Breast Cancer. American Cancer Society. https://www.cancer.org/cancer/types/breast-cancer/key-statistics.html

Spotlights

Department of Health & Human Services

September/October 2026

Maternal mental health: the protective power of social connection

Pregnancy and the first year after birth bring big physical and emotional changes. Doctors call this time the perinatal period.

During this time, many mothers face mental health issues like anxiety and depression.[1,2] These conditions are common, and healthcare professionals can treat them.

Mental health in Utah mothers

Across the country, perinatal mental health issues affect up to 1 in 5 mothers (20%) during this period.[1,2] In Utah, the rates are higher. About 1 in 3 Utah mothers (33%) report symptoms of perinatal depression or anxiety.[3] Only 55% of Utah mothers with these symptoms ask a doctor for help.[4]

Mental health conditions are a leading cause of pregnancy-related deaths.[5,6] Without the right care and support, perinatal anxiety and depression can get worse. Over time, this can lead to serious health problems.

The power of social connection

Top health officials warn that feeling lonely or cut off from others is a public health crisis. In fact, social isolation can harm your health as much as smoking up to 15 cigarettes a day.[5]

The risk applies especially to mothers. Mothers with strong support networks have a lower risk of mental health problems.[7,8] Support from family, friends, and healthcare professionals helps mothers cope with the stress of pregnancy and caring for a baby. It lowers stress and builds confidence.[2,9] Because support and connection matter so much, Utah added social connection as a key goal in the 2023–2028 Utah Health Improvement Plan.

Community events for Utah mothers

The Utah Department of Health and Human Services (DHHS) Utah Women and Newborns Quality Collaborative (UWNQC) teamed up with local community groups to host social connection events for mothers.

Held in English and Spanish, these events gave mothers a chance to recharge and learn about free resources. Activities at the events included picnics, movie nights, spa days, and flower lei workshops.

Positive results for mothers

472 mothers who attended these events completed a survey. Their answers showed positive results across key areas of well-being:

- 63% said it was easier to talk about mental health with friends, family, and neighbors.
- 59% learned about free perinatal health resources.

Figure 1. Sample of written responses from mothers after attending social connection events, Utah, 2024–2026

Source: UWNQC Social Connection Event Survey for Mothers

- 58% felt more connected to their community.
- 49% felt more comfortable talking about issues related to their culture and community.

Written comments from mothers matched these positive survey findings (Figure 1).

Looking ahead: how we can support Utah mothers

Social connection and support is vital for perinatal health. Social connection events do not replace medical care. However, community spaces let mothers share experiences, build friendships, and find local health resources.

To protect maternal mental health, we must keep funding our local community groups. Public health agencies, healthcare systems, and communities can support Utah mothers by:

- Connecting mothers to local events and resources that build support networks.
- Funding community groups that create safe spaces for parents to gather.
- Encouraging open conversations about maternal mental health in our neighborhoods.

When we support mothers, we help families across Utah thrive.

1 Policy Center for Maternal Mental Health. (2025). A*bout Maternal Mental Health Disorders*. Policy Center for MMH. https://policycentermmh.org/mmh-disorders/

2 O'Hara MW, Wisner KL. Perinatal mental illness: definition, description and aetiology. Best Pract Res Clin Obstet Gynaecol. 2014 Jan;28(1):3-12. doi: 10.1016/j.bpobgyn.2013.09.002. Epub 2013 Oct 7. PMID: 24140480; PMCID: PMC7077785.

3 Utah Department of Health and Human Services. (n.d.). *Maternal mental health*. Maternal and Infant Health Program. https://mihp.utah.gov/maternal-mental-health

4 Utah Department of Health and Human Services. (May 2025). *Utah Health Status Update*. Resources to improve perinatal mental health conditions. https://ibis.utah.gov/ibisph-view/pdf/opha/publication/hsu/2025/2505_Arthritis.pdf#Spotlight1

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Spotlights

Department of Health & Human Services

September/October 2026

Supporting those that support others: How falls prevention gives caregivers something to lean on

Johns Hopkins Medicine defines a caregiver as anyone who "helps meet the daily needs of another person." These tasks include “bathing, dressing, feeding, and driving.” They also include “grocery shopping, housework, bathroom help, giving medicine, helping people move, cooking, and talking to medical staff.”[1]

In 2024, 1 out of 4 adults aged 60 and older cared for a friend or family member with a health problem or disability.[2] This adds up to almost 150,000 older caregivers.[3] This number will grow quickly as the older population increases. Out of those older caregivers, about 26% give care for 20 hours or more each week.[2]

Making this public health problem worse is the hard physical work older adults already do at home. Just like workers at a regular job, caregivers can get worn out from too much work. Caregiving takes a lot of time and hard physical work and caregivers must stay strong and healthy to do their job. If they are not strong, they cannot give safe care.

When an older caregiver falls, it causes a negative compounding effect for everyone. Sometimes, someone else must step in to care for both the caregiver and those they were caring for. Other times, the caregiver keeps working even though they are hurt. Keeping older caregivers strong and educated is vital to helping all older adults stay healthy.

One way caregivers can stay safe is by preventing falls. Falls are the main cause of injury for older adults.[4] In 2024, more than 32,000 people aged 60 and older fell in Utah and went to the emergency room. More than 23,000 of them were treated and sent home. However, more than 8,000 had to stay in the hospital because of severe injuries.[5] Bumps and bruises are not the only problems caused by falls. Some patients must stay in the hospital after a fall. Patients aged 60+ admitted to the hospital after being seen at the ED stay an average of 4.5 days. The median charges for these stays is more than $48,000.[5]

In 2024, emergency department visits due to falls led to more than 813 million dollars in medical charges (Table 1).

Falls prevention workshops: a solution to strengthen caregivers

The DHHS Healthy Aging Program (HAP) applied for its first fall prevention grant in 2022 which ended in 2025. HAP was awarded the grant to start workshops that prevent falls and have proven results. HAP and its partners offered three main programs to the community (Table 2).

Table 1. Emergency department (ED) encounter charges related to falls, Utah adults aged 60 and older, 2024

Fall result	Median charge	Total charge	# of encounters
Emergency room only	$6,977	$211,018,965	23,557
Admitted to hospital after ED visit	$48,116	$528,629,363	8,308
Total ED encounters	$10,026	$813,311,336	32,921

Note: Total figures include ED patients whose discharge status (released vs. admitted) was unknown. These patients are not shown as a separate row.

Source: Utah Emergency Department Encounter Database

Table 2. Programs offered by the DHHS Healthy Aging Program, 2022–2025

Program	Description	Audience	Time
EnhanceFitness	The EnhanceFitness® class focuses on stretching, flexibility, balance, low impact aerobics, and strength training exercises.	Adults of all fitness levels who want to establish an exercise routine.	1 hour class 3 classes/week
Stepping On	Stepping On is a falls prevention program that addresses medication, visual impairments, strength, balance, and the home environment.	Older adults who are at risk for falling, have recently fallen, or have a fear of falling.	2 hours/class 1 class/week 7 weeks plus a one-on-one follow up and a 1-hour reunion class
Tai Chi	Tai Chi is an art that is easy to learn, effective in improving health, and provides the participant with a sense of mindfulness when participating.	Anyone looking to move their body and meditate at the same time.	1 hour class

These workshops are best for individuals that are independent, do not use a walker outdoors, do not use a wheelchair, and do not have Alzheimer's or dementia. Visit https://healthyaging.utah.gov/find-workshop/#/ to see programs in your area.

During this time, HAP reached 3,951 people. One-fifth (20%) of these participants were active caregivers.

These programs can improve the strength and knowledge of how caregivers can help themselves and those they care for if a fall happens. These programs provided caregivers time to take care of themselves by giving them time to exercise, meditate, or learn about something they are interested in.

Workshop results and outcomes

These programs helped people improve their general health and stop falls. To see how well the workshops worked, participants filled out a form before the workshop started and another form when it ended. Respondents reported progress in four big areas: general health, physical confidence, mental strength, and safety actions.

General health and physical activity

How older adults feel about their health changes how much care they can give. The workshops quickly improved how people viewed their own health. Before the workshop, 44.0% of people said their health was “good” or “excellent.” That number rose to 48.1% after the workshops. Physical activity went up too. Before the workshop, 87.1% of people exercised during the week. Afterward, 93.0% reported doing exercise. Giving caregivers time to improve their health helps them keep doing their important daily work.

Building confidence

Building confidence in finding ways to reduce falls and understanding how to stop them can give caregivers some peace of mind. The workshop data showed big boosts in how confident participants felt:

- Reducing Falls: Confidence in finding ways to stop falls rose from 75.2% to 86.7%.
- Flexibility: Confidence in stretching and flexibility rose from 74.5% to 85.2%.
- Strength: Confidence in building physical strength rose from 78.3% to 86.5%.

Resilience and communication

Resilience, the skill to bounce back after tough events, is a skill many caregivers have. Many of them do not have other people at home to support them. Feeling safe enough to ask for help is important for their health. After the workshops, 81.4% of people felt happier with their lives overall. Participants also found it easier to talk to others. About 81% felt more comfortable talking to family about falling, and 78.7% felt better talking to doctors about medications and fall risks.

Actions

Feeling better is great, but taking action is what actually stops emergency room visits. During the workshops, participants took real steps to stay safe:

- 38.7% got their eyes checked.
- 34.4% had a doctor review their medicines.
- 20.2% talked to a healthcare provider about how to stop falls.
- 49.5% talked to a friend or family member about falling.

The impact lasted even after the workshops ended. About 32% of participants planned to take or were already taking another fall prevention class.

Keeping falls prevention going

Since participants find the workshops effective and enjoyable, HAP’s partners still offer these programs at no cost. Local workshops and info are at healthyaging.utah.gov/livingwell.

Fall prevention workshops are not just a good idea, they are a helpful tool for the safety of our caregivers. We must act now to ensure older caregivers can build their physical strength, protect their mental well-being, and take real action to keep themselves and their

loved ones safe. Doing this will create a safer, and better life for both the caregiver and the person they care for. Supporting these workshops is an effective way for communities to keep adult communities protected and safe.

1 Being a Caregiver, Johns Hopkins Medicine, https://www.hopkinsmedicine.org/health/caregiving/being-a-caregiver

2 Utah Behavioral Risk Factor Surveillance System, https://ibis.utah.gov/ibisph-view/query/selection/brfss/BRFSSSelection.html

3 Kem C. Gardner Policy Institute, Utah state and county annual population estimates by single year of age and sex, IBIS version 2025, https://ibis.utah.gov/ibisph-view/query/builder/pop/PopKemG/Count.html

4 Older Adult Falls Data, Centers for Disease Control and Prevention, https://www.cdc.gov/falls/data-research/index.html

5 Utah Emergency Department Encounter Database, https://ibis.utah.gov/ibisph-view/query/selection/ed/InjEDSelection.html