

2021 Utah Adolescent Health Report

Utah Department of Health
Bureau of Health Promotion



The following agencies planned, administered, and oversaw the **Prevention Needs Assessment (PNA)** survey:

Survey Administration:

- Bach-Harrison, L.L.C.

Planning and Oversight:

- Utah Department of Health (UDOH)
- Utah Department of Human Services,
Division of Substance Abuse and Mental Health (DSAMH)
- Utah State Board of Education (USBE)

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This report was prepared by the following staff at the Utah Department of Health:

- **Project Lead:** Morrison Donovan, BS, Bureau of Health Promotion
- Claudia Bohner, MPH, Tobacco Prevention and Control Program
- Celsa Bowman, MS, AAS, Healthy Aging Program
- Sarah Dash, BS, COVID-19 K-12 School Testing
- Michael Friedrichs, MS, Division of Disease Control and Prevention
- Maggie Graul, MPH, CPH, COVID-19 K-12 School Testing
- BettySue Hinkson, MSN RN-BC, NCSN, Healthy Environments Active Living Program
- Sarah Hodson, MS, Bureau of Health Promotion
- Caitlyn Jasumback, MSPH, Healthy Environments Active Living Program
- Wyatt Jensen, MHDSP, BeWise Program
- Hailey Judd, MPH, Cancer Genomics Program
- Brett McIff, PhD, Healthy Environments Active Living Program
- Gary Mower, MPH, Violence and Injury Prevention Program
- Nathan Malan, MPH, Violence and Injury Prevention Program
- Douglas Northcott, MSc, MALM, Tobacco Prevention and Control Program
- Brenda Ralls, PhD, Healthy Environments Active Living Program
- Holly Uphold, PhD, Asthma Program

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In Spring 2021, the Utah Department of Health (UDOH), Bureau of Health Promotion, the Utah Department of Human Services, Division of Substance Abuse and Mental Health (DSAMH), and the Utah State Board of Education (USBE) partnered to conduct the **School Health and Risk Prevention (SHARP) survey project** in public schools throughout Utah. This project included the Prevention Needs Assessment (PNA), the results of which are presented in this report. The PNA surveyed students in grades 6, 8, 10, and 12 on substance abuse, mental health, chronic conditions, healthy lifestyles, violence and injury, and the effects of COVID-19 on the students and their families. The survey was administered by a monitored web survey or a self-administered paper-pencil questionnaire. The SHARP partnership provided the UDOH an opportunity to create a new report that shows important health indicators among adolescents by local health district, grade, and sex. Additional information on the methodology used to conduct and analyze the survey data can be found on page 82.

Results on selected indicators from six overarching categories are presented in this report: chronic conditions (asthma, diabetes), lifestyles (physical activity, obesity, and family meals), mental health (feeling sad or hopeless, psychological distress, social isolation, and suicide), substance abuse (alcohol use, marijuana, prescription drug abuse, and tobacco use), violence and injury (motor vehicle safety, bullying, and dating violence), and COVID-19. The indicators in this report were selected by staff at the UDOH Bureau of Health Promotion. For each indicator, readers will find:

- information on the significance of the issue;
- a graph depicting the percentage of Utah students in grades 8, 10, and 12 who engage in the indicator by grade and sex; and
- a map depicting the percentage of Utah students in grades 8, 10, and 12 who engage in the indicator by local health district. These maps highlight counties reporting a percentage that was statistically significantly better or worse than the state percentage.

The data presented in this report are expected to help school administrators, teachers, public health practitioners, community leaders, and families identify health and safety needs of Utah students and take steps toward protecting and improving student health. Opportunities for change exist all around us, from using permanent signs as an easy way to inform parents and visitors that a school property is a tobacco-free zone to ensuring an asthma action plan is completed yearly by parents of children with asthma.

Key Findings

Chronic Conditions

- **16.8%** of students reported having lifetime asthma, and **11.1%** of students reported having current asthma. More females (**11.7%**) reported having current asthma than males (**10.4%**).
- **6.2%** of students reported having an asthma attack in the past year, and among those with asthma, **24.6%** reported having an asthma action plan. Females (**7.6%**) were significantly more likely to have an asthma attack than males (**4.6%**).
- **13.7%** of students reported missing at least one day of school due to asthma in the past year. More females (**15.1%**) reported missing school due to asthma than males (**12.0%**).
- **0.7%** of students reported having diabetes.

Lifestyles

- **16.8%** of students met the U.S. Department of Health and Human Services recommendations for physical activity (60 or more minutes per day). Males (**22.9%**) were physically active significantly more than females (**11.3%**), and physical activity decreased with increasing grade level.
- **10.3%** of students were obese. While this percentage is lower than the U.S. percentage, it is still too high, and many adolescents are at risk for developing high blood pressure and cholesterol.
- **57.9%** of students regularly ate meals with their family, which can reduce the risk for obesity and disordered eating. Family meals decreased significantly as students moved into higher grades.

Mental Health

- **18.6%** of students reported self-harm, **19.0%** of students seriously considered suicide, **14.4%** of students made a suicide plan, and **7.0%** of students made one or more suicide attempts.
- **35.1%** of students reported feeling sad or hopeless and **27.1%** of students reported psychological distress.
- Nearly all of the mental health indicators have continued a trend of significantly increasing in recent years. Percentages for all of the mental health indicators were higher among females.

13.7%

of students reported missing at least one day of school due to asthma in the past year.

57.9%

of students regularly ate meals with their family, which can help decrease the risk for obesity and disordered eating.

19.0%

of students seriously considered suicide.

5.9%

of students reported recently using marijuana. Use increases with increasing grade level.

48.4%

of students reported receiving anti-tobacco education in school.

7.9%

of students reported living in a household with someone who smoked cigarettes.

Substance Abuse

- **3.1%** of students reported binge drinking. Binge drinking increased with increasing grade level.
- **5.9%** of students reported recently using marijuana. Use increased with increasing grade level.
- **1.7%** of students reported recently using prescription medications without a prescription.
- The use of marijuana, prescription medication, and binge drinking all significantly decreased from 2019.
- **1.0%** of students reported cigarette smoking. Current cigarette smoking among Utah youth has steadily decreased in recent years. Cigarette smoking increased with increasing grade level.
- Use of vape products greatly increased in the past ten years until it peaked at **12.4%** in 2019. In 2021, **7.8%** of students reported that they had used a vape product in the past 30 days. Students in 12th grade reported the highest percentage of vaping at **9.7%**.
- Less than one percent (**0.5%**) of students reported use of smokeless tobacco. Smokeless tobacco use was higher among male students.
- To counter pro-tobacco messages, the UDOH funds an anti-tobacco marketing campaign. **81.2%** of students reported recent exposure to anti-tobacco ads.
- **48.4%** of students reported receiving anti-tobacco education in school. Students in 12th grade were significantly less likely to report exposure to anti-tobacco education than students in 8th and 10th grade.
- **7.9%** of students reported living in a household with someone who smoked cigarettes, and **11.6%** reported being in the same room as someone who was smoking a cigarette in the past seven days.

Violence and Injury

- **53.9%** of students reported talking on a cell phone while driving and **36.3%** reported texting while driving, both of which are forms of distracted driving. Students in 12th grade reported significantly more distracted driving than students in 10th grade.
- **66.5%** of students reported always wearing a seatbelt.

Executive Summary

- **19.8%** of students reported being bullied at school. Females and students in lower grades were significantly more likely to be bullied than males and students in higher grades.
- **27.2%** of students reported being bullied over the internet, by email, or by someone with a cell phone. Females and students in 8th and 10th grade were significantly more likely to be electronically bullied than males or students in 12th grade.
- **8.8%** of students reported feeling unsafe at school.
- **11.0%** of students reported experiencing dating violence in the past year.

COVID-19

- **29.0%** of Utah students reported getting sick with COVID-19 or having symptoms of the virus.
- **36.7%** of Utah students reported feeling anxious, sad, or hopeless in the past year due to COVID-19. Female students (**48.5%**) were significantly more likely to report having these feelings than male students (**23.3%**).
- Significant barriers to online instruction and learning were identified. **39.4%** of Utah students reported difficulty utilizing the online learning platform employed by their schools during periods of online instruction. **80.7%** of students reported that they did not stay focused while doing online school work. **32.4%** of students did not have a quiet space to use when doing online school work.

19.8%

of students in grades 8, 10, and 12 reported being bullied at school.

29.0%

of Utah students in grades 8, 10, and 12 reported getting sick with COVID-19 or having symptoms of the virus.

39.4%

of Utah students in grades 8, 10, and 12 reported difficulty utilizing the online learning platform employed by their schools during periods of online instruction.

Summary of Indicators by Local Health District

 = **"better"** than state rate = **"worse"** than state rate = suppressed, insufficient data

	State Total	Bear River	Central Utah	Davis County	Salt Lake County	San Juan County	Southeast Utah	Southwest Utah	Summit County	Tooele County	TriCounty	Utah County	Wasatch County	Weber-Morgan
Chronic Conditions														
Lifetime Asthma	16.8	14.1	17.4	17.1	16.3	23.7	20.7	14.1	22.4	16.8	16.9	17.1	22.3	18.7
Rank		2	8	7	3	13	10	1	12	4	5	6	11	9
Current Asthma	11.1	9.1	13.0	12.1	9.8	17.1	14.7	9.1	18.5	13.2	10.5	11.4	12.3	12.4
Rank		2	9	6	3	12	11	1	13	10	4	5	7	8
Asthma Attack	6.2	5.0	6.5	6.8	5.1	**	11.4	5.6	9.0	7.3	6.6	6.9	5.9	6.3
Rank		1	6	8	2	12	13	3	11	10	7	9	4	5
Asthma Management	24.6	21.4	16.9	27.8	29.5	**	15.7	19.9	23.5	24.1	19.6	21.3	28.0	21.6
Rank		8	12	4	2	1	13	10	6	5	11	9	3	7
Missed School due to Asthma	13.7	8.1	10.8	14.7	15.7	**	14.1	16.9	**	15.8	**	12.7	16.8	13.8
Rank		3	4	9	10	1	8	13	2	11	5	6	12	7
Diabetes	0.7	0.8	**	0.9	0.4	**	**	0.7	**	1.0	**	0.7	0.7	1.7
Rank		8	3	10	2	9	12	5	4	11	1	6	7	13
Lifestyles														
Physical Activity	16.8	20.5	22.1	17.6	15.3	21.8	20.7	18.6	24.1	20.2	16.3	15.4	17.2	15.1
Rank		5	2	8	12	3	4	7	1	6	10	11	9	13
Obesity	10.3	10.3	10.4	9.0	13.1	**	9.1	9.5	**	13.0	13.3	7.8	6.9	11.9
Rank		8	9	5	12	1	6	7	3	11	13	4	2	10
Family Meals	57.9	62.2	58.4	59.9	54.2	69.7	56.8	53.0	59.2	58.4	60.3	62.4	60.1	55.0
Rank		3	8	6	12	1	10	13	7	9	4	2	5	11
Mental Health														
Feeling Sad or Hopeless	35.1	29.7	31.2	31.3	39.0	31.7	35.6	34.3	31.6	38.2	35.3	33.2	29.8	39.8
Rank		1	3	4	12	6	10	8	5	11	9	7	2	13
Psychological Distress	27.2	22.5	25.6	24.6	31.2	14.2	29.0	23.7	28.5	32.6	27.7	25.5	21.6	28.6
Rank		3	7	5	12	1	11	4	9	13	8	6	2	10
Social Isolation	24.5	19.8	20.7	23.0	27.0	20.4	22.2	23.2	23.3	27.2	26.2	23.6	17.9	26.7
Rank		2	4	6	12	3	5	7	8	13	10	9	1	11
Self-harm	18.6	16.7	17.7	17.3	20.2	13.7	20.2	18.0	18.7	21.8	19.5	17.3	14.3	19.8
Rank		3	6	5	11	1	12	7	8	13	9	4	2	10
Suicidal Ideation	19.0	16.3	17.0	17.7	20.4	17.7	18.9	19.2	15.8	22.0	19.5	18.2	14.4	21.1
Rank		3	4	6	11	5	8	9	2	13	10	7	1	12
Suicide Plan	14.4	11.6	13.4	12.8	15.9	17.0	15.1	14.2	18.0	17.5	17.0	13.2	11.0	16.0
Rank		2	5	3	8	11	7	6	13	12	10	4	1	9
Suicide Attempt	7.0	5.8	6.8	6.0	8.2	11.1	7.0	6.4	6.4	9.3	9.1	5.8	5.2	7.7
Rank		2	7	4	10	13	8	6	5	12	11	3	1	9

**The estimate had been suppressed because the coefficient of variation is greater than 50%.

*Better or worse than state rate indicates a difference that is statistically significant. See Methodology (p. 82) for more information on statistical significance and suppression.

Summary of Indicators by Local Health District

= **"better"** than state rate
 = **"worse"** than state rate
 = suppressed, insufficient data

	State Total	Bear River	Central Utah	Davis County	Salt Lake County	San Juan County	Southeast Utah	Southwest Utah	Summit County	Tooele County	TriCounty	Utah County	Wasatch County	Weber-Morgan
Substance Abuse														
Binge Drinking	3.1	2.3	4.9	2.0	3.5	**	4.7	4.2	5.3	3.7	6.0	1.7	2.9	5.2
Rank		4	10	3	6	1	9	8	12	7	13	2	5	11
Current Alcohol Use	5.3	4.0	6.8	4.3	6.2	**	9.3	6.5	8.7	6.0	7.8	3.0	4.5	8.7
Rank		3	9	4	7	1	13	8	12	6	10	2	5	11
Marijuana Use	5.9	4.5	4.0	5.3	7.2	**	11.3	6.4	8.6	5.6	7.9	3.7	5.4	8.2
Rank		4	3	5	9	1	13	8	12	7	10	2	6	11
Prescription Drug Abuse	1.7	1.4	1.2	1.6	1.9	**	1.3	1.9	1.8	1.6	2.3	1.5	1.4	2.0
Rank		3	1	7	10	13	2	9	8	6	12	5	4	11
Cigarette Smoking	1.0	1.2	1.5	0.7	0.8	**	2.4	1.9	**	1.0	2.4	0.7	0.8	1.2
Rank		9	10	4	6	1	13	11	2	7	12	3	5	8
Vape Product Use	7.8	7.1	9.1	6.9	8.4	**	12.9	8.4	8.2	9.3	12.2	4.8	6.5	13.2
Rank		5	9	4	7	1	12	8	6	10	11	2	3	13
Use of Smokeless Tobacco	0.5	0.6	1.3	0.2	0.4	**	0.7	0.9	1.1	0.5	1.2	0.2	1.1	0.6
Rank		7	13	2	4	1	8	9	11	5	12	3	10	6
Anti-tobacco Ad Recall	81.2	81.7	78.7	82.3	80.7	65.0	82.3	82.9	79.2	81.3	82.0	81.6	79.1	80.2
Rank		5	12	3	8	13	2	1	10	7	4	6	11	9
Anti-tobacco Education in School	48.4	48.7	55.5	55.3	44.9	50.9	52.5	47.8	41.1	52.6	53.2	48.9	41.7	45.2
Rank		8	1	2	11	6	5	9	13	4	3	7	12	10
Exposed to Cigarette Smoking at Home	7.9	6.5	11.0	4.7	10.7	**	15.1	7.5	5.0	11.3	18.1	4.0	4.7	11.6
Rank		6	9	4	8	1	12	7	5	10	13	2	3	11
Secondhand Smoke Exposure	11.6	9.5	13.6	9.9	12.7	**	14.8	14.3	11.3	13.6	21.3	9.2	8.5	12.7
Rank		4	10	5	7	1	12	11	6	9	13	3	2	8

**The estimate had been suppressed because the coefficient of variation is greater than 50%.

*Better or worse than state rate indicates a difference that is statistically significant. See Methodology (p. 82) for more information on statistical significance and suppression.

Summary of Indicators by Local Health District

 = **"better"** than state rate = **"worse"** than state rate = suppressed, insufficient data

	State Total	Bear River	Central Utah	Davis County	Salt Lake County	San Juan County	Southeast Utah	Southwest Utah	Summit County	Tooele County	TriCounty	Utah County	Wasatch County	Weber-Morgan
Violence and Injury														
Talking on Cell Phone While Driving	53.9	55.6	63.1	55.1	47.9	51.2	52.7	60.5	60.3	48.7	56.1	56.3	**	51.0
Rank		7	12	6	1	4	5	11	10	2	8	9	13	3
Texting While Driving	36.3	34.9	39.2	38.7	30.6	**	41.1	40.7	37.5	32.9	46.1	38.2	44.2	36.4
Rank		4	9	8	2	1	11	10	6	3	13	7	12	5
Seat Belt Use	66.5	64.3	49.8	72.8	67.8	44.7	66.4	58.3	69.8	64.0	50.3	68.9	58.8	66.8
Rank		7	12	1	4	13	6	10	2	8	11	3	9	5
Bullied at School	19.8	20.4	25.7	17.3	20.0	14.5	23.1	20.8	22.9	20.9	26.7	19.2	16.6	20.3
Rank		7	12	3	5	1	11	8	10	9	13	4	2	6
Electronic Bullying	27.2	25.6	26.6	26.0	27.7	19.3	30.7	26.8	28.6	30.3	36.9	26.8	24.0	27.2
Rank		3	5	4	9	1	12	6	10	11	13	7	2	8
Unsafe at School	8.8	7.3	8.1	6.3	10.5	4.0	7.2	7.4	6.3	9.9	10.3	9.0	6.8	9.0
Rank		6	8	3	13	1	5	7	2	11	12	10	4	9
Dating Violence	11.0	9.5	13.3	11.5	13.9	**	12.0	7.1	8.8	11.6	10.3	8.3	8.6	13.4
Rank		6	11	8	13	1	10	2	5	9	7	3	4	12

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Lifetime Asthma

Lifetime asthma is defined as having ever been diagnosed with asthma by a doctor or other healthcare professional. Students meeting this definition may or may not have asthma at the time of the survey. The prevalence of lifetime asthma is important for tracking the burden of the disease. In the U.S. in 2019, 21.8% of high school students had ever been told by a doctor or nurse that they had asthma.¹

In 2021, 16.8% of Utah students in grades 8, 10, and 12 reported having ever been told by a healthcare professional that they had asthma. This is a significant decrease from 2019 (17.9%). Males (17.5%) reported significantly higher lifetime asthma prevalence than females (16.1%). Lifetime asthma prevalence increased significantly with grade level. In 2021, 14.0% of students who were in 8th grade reported lifetime asthma, which increased to 16.8% for students in 10th grade and 19.8% for students in 12th grade (Figure 1).

Among local health districts, students in Wasatch County (22.3%) reported a significantly higher percentage of lifetime asthma than the state average (16.8%) in 2021. Students in Bear River (14.1%) and Southwest Utah (14.1%) health districts reported significantly lower percentages of lifetime asthma than the state average (Figure 2).

16.8%

of Utah students in grades 8, 10, and 12 reported having ever been told by a healthcare professional that they had asthma.

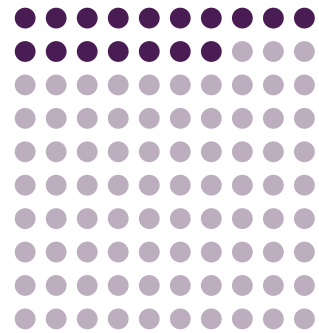
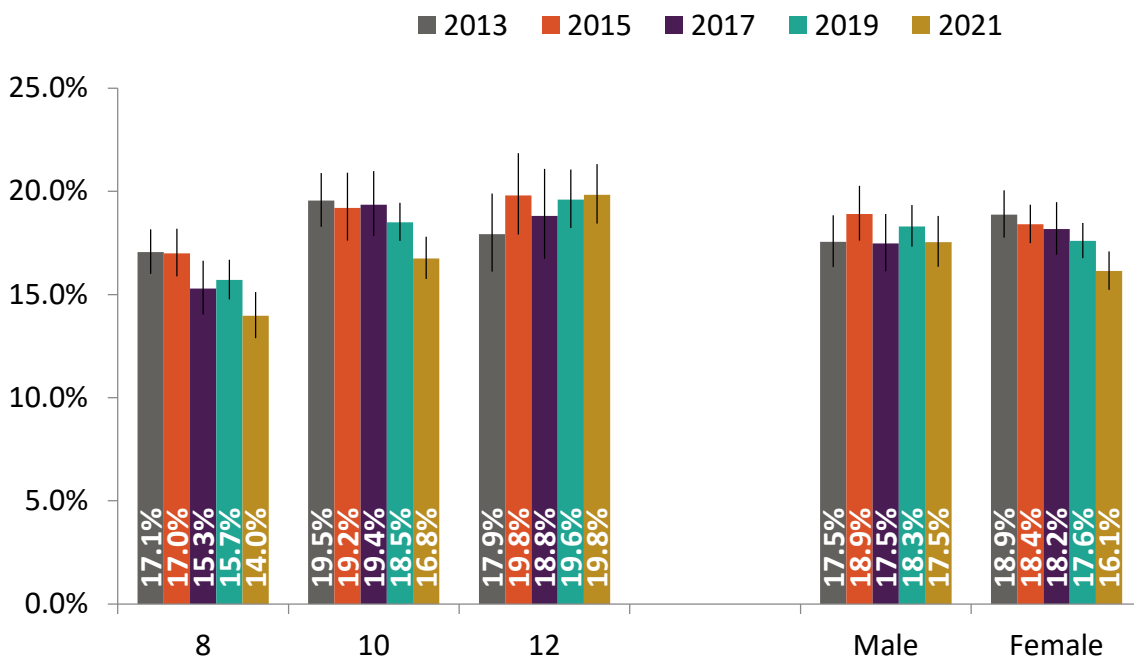
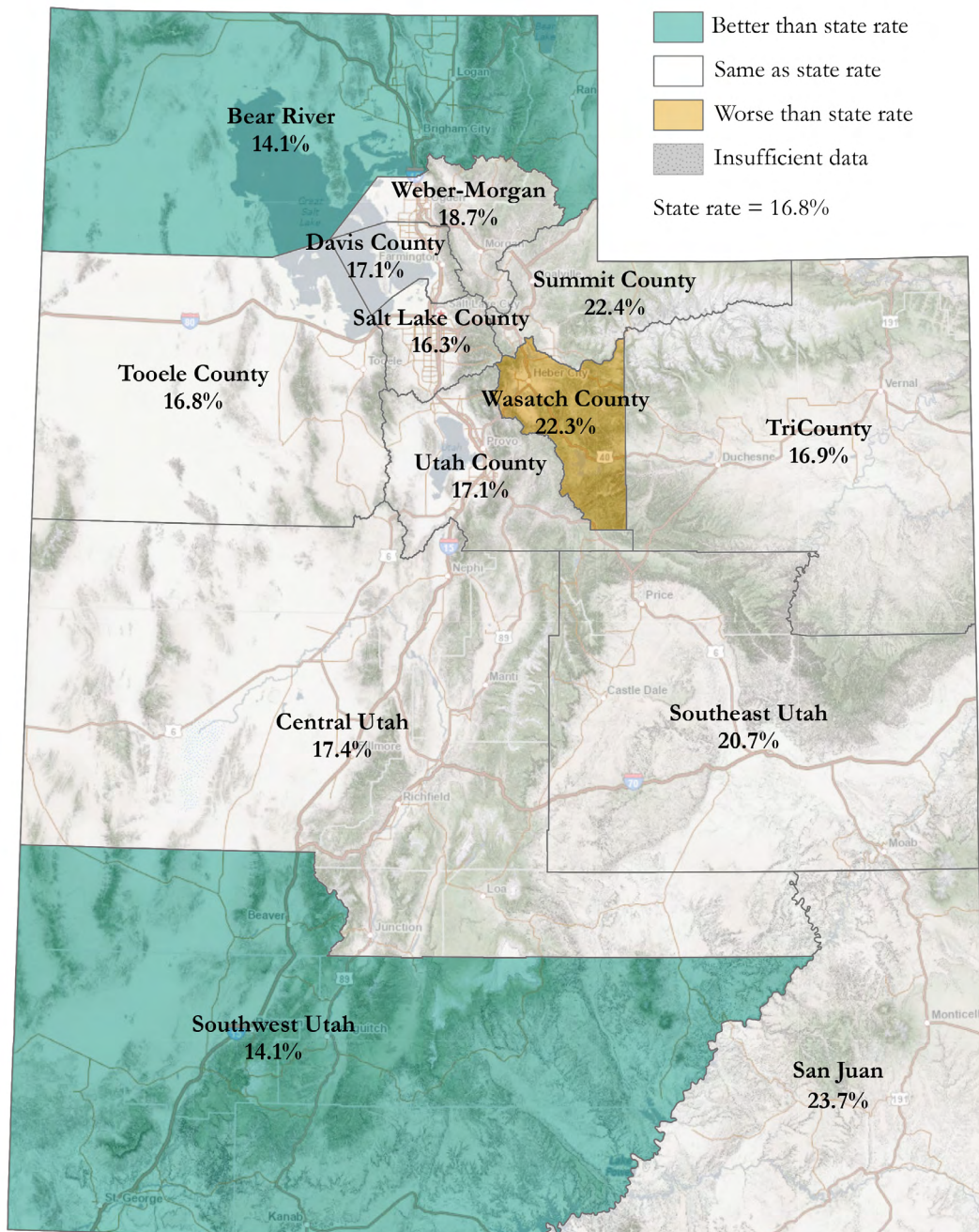


Figure 1: Percent of Utah Students (Grades 8, 10, 12) Who Were Ever Told by a Healthcare Professional That They Have Asthma by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Lifetime Asthma

Figure 2: Percent of Utah Students (Grades 8, 10, 12) Who Were Ever Told by a Healthcare Professional That They Have Asthma by Local Health District Map, Utah, 2021



Current Asthma

Current asthma is defined as having ever been diagnosed with asthma by a doctor or other healthcare professional and still having asthma. In the U.S. in 2019, 7.0% of children (ages 0-17) had current asthma.²

In 2021, 11.1% of Utah students in grades 8, 10, and 12 reported having current asthma. This percentage is not significantly different from recent years. The percentage of current asthma for females (11.7%) was significantly higher than for males (10.4%) in 2021. Students in 8th (9.9%) grade reported a significantly lower percentage of current asthma than students in 10th (11.4%) and 12th (12.0%) grades (Figure 3).

Among local health districts, students in Summit County (18.5%) and Southeast Utah (14.7%) reported significantly higher percentages of current asthma than the state average (11.1%) in 2021. None of the health districts reported significantly lower percentages of current asthma than the state average (Figure 4).

11.1%

of Utah students in grades 8, 10, and 12 reported having current asthma.

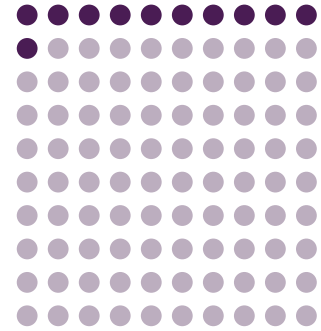
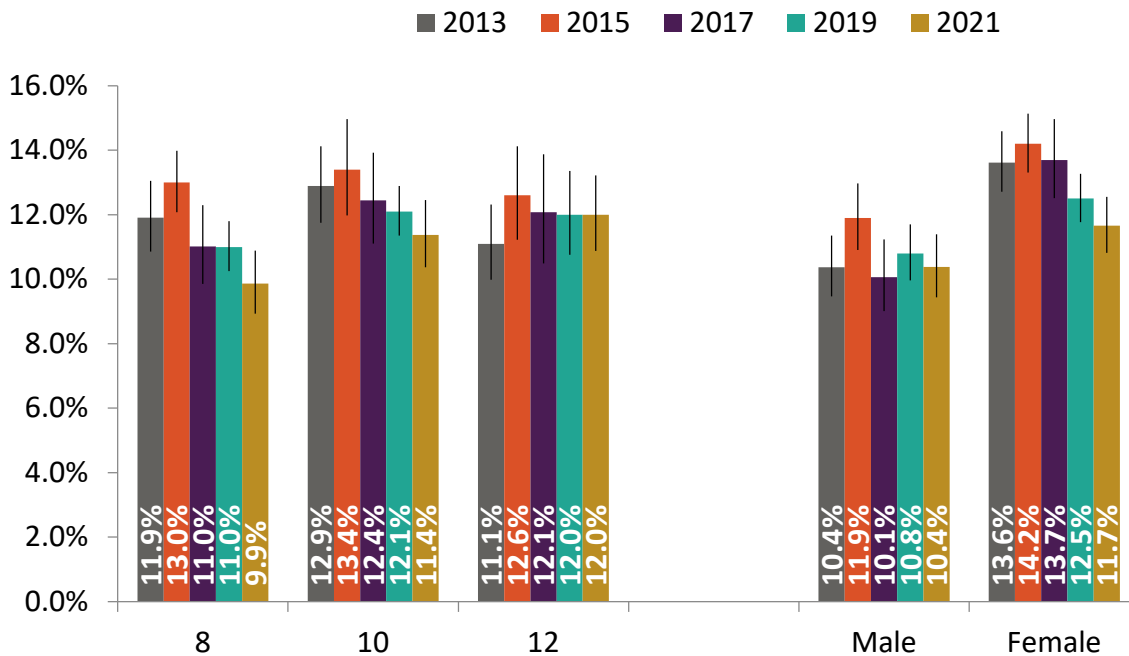
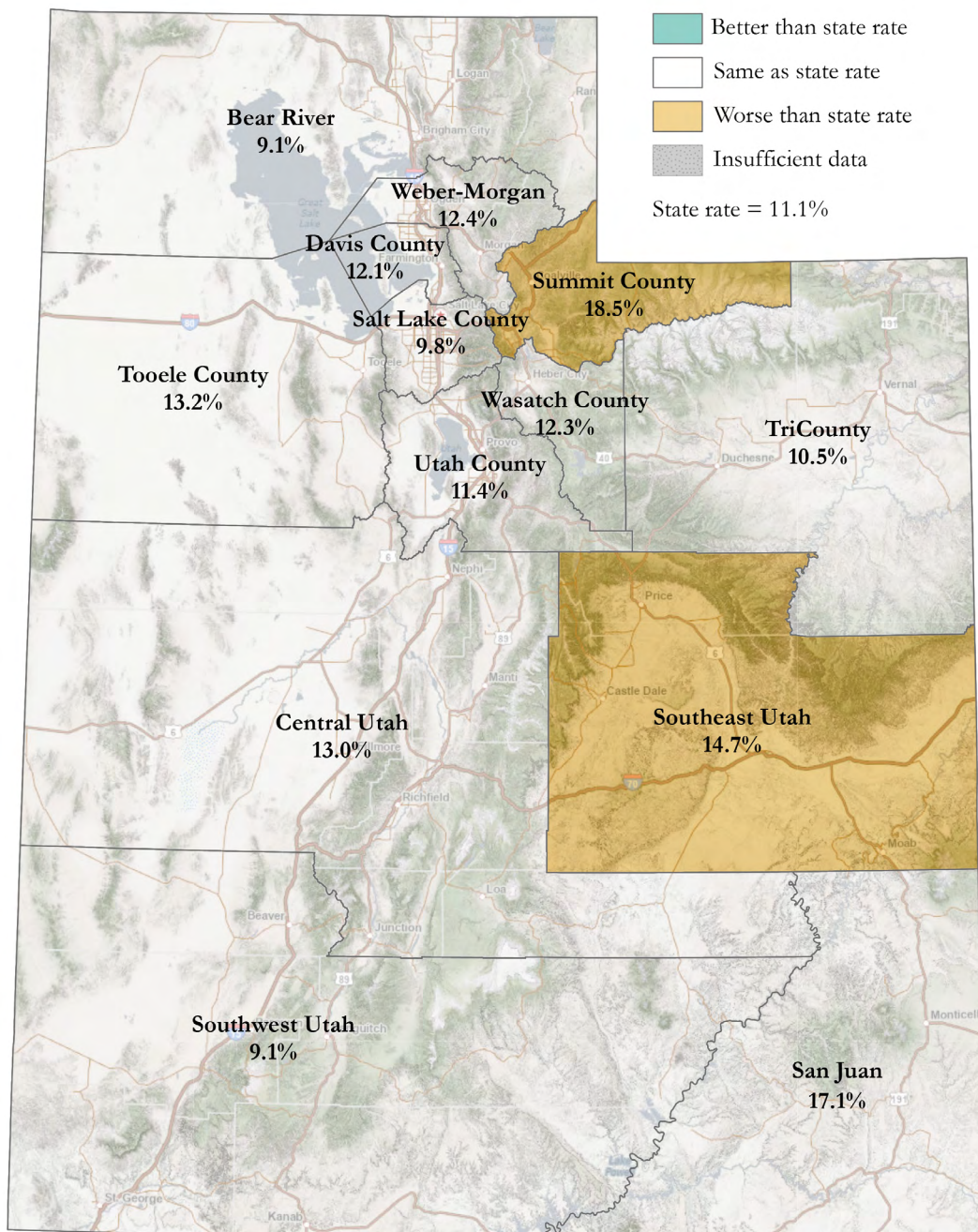


Figure 3: Percent of Utah Students (Grades 8, 10, 12) Who Currently Have Asthma by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Current Asthma

Figure 4: Percent of Utah Students (Grades 8, 10, 12) Who Currently Have Asthma by Local Health District Map, Utah, 2021



Asthma Attack

Frequency and severity of asthma symptoms are indicators of asthma management. Children with well-controlled asthma should rarely experience symptoms of an asthma attack such as wheezing or coughing, and they should not lose sleep, miss school days, be unable to participate in physical activities, or be hospitalized due to asthma. Through appropriate medication use, medical care, and self-management, the majority of asthma symptoms are preventable.³

In 2021, 6.2% of Utah students in grades 8, 10, and 12 reported having had an asthma attack in the past year. The percentage is not a significant change from recent years. Females (7.6%) were significantly more likely to report having an asthma attack in the past year than males (4.6%). There was no significant difference in the percentage of students reporting asthma attacks across grade levels (Figure 5). Among students with current asthma, 46.8% reported having had an asthma attack in the past year.

Among local health districts, students in Southeast Utah (11.4%) and Summit County (9.0%) reported significantly higher percentages of asthma attacks than the state average (6.2%) in 2021. No local health district reported significantly lower percentages of asthma attacks than the state average (Figure 6).

6.2%

of Utah students in grades 8, 10, and 12 reported having had an asthma attack in the past year.

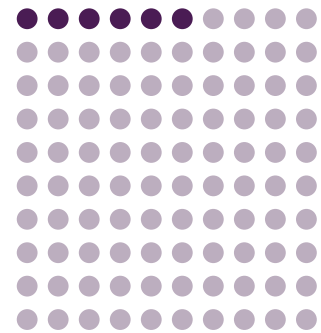
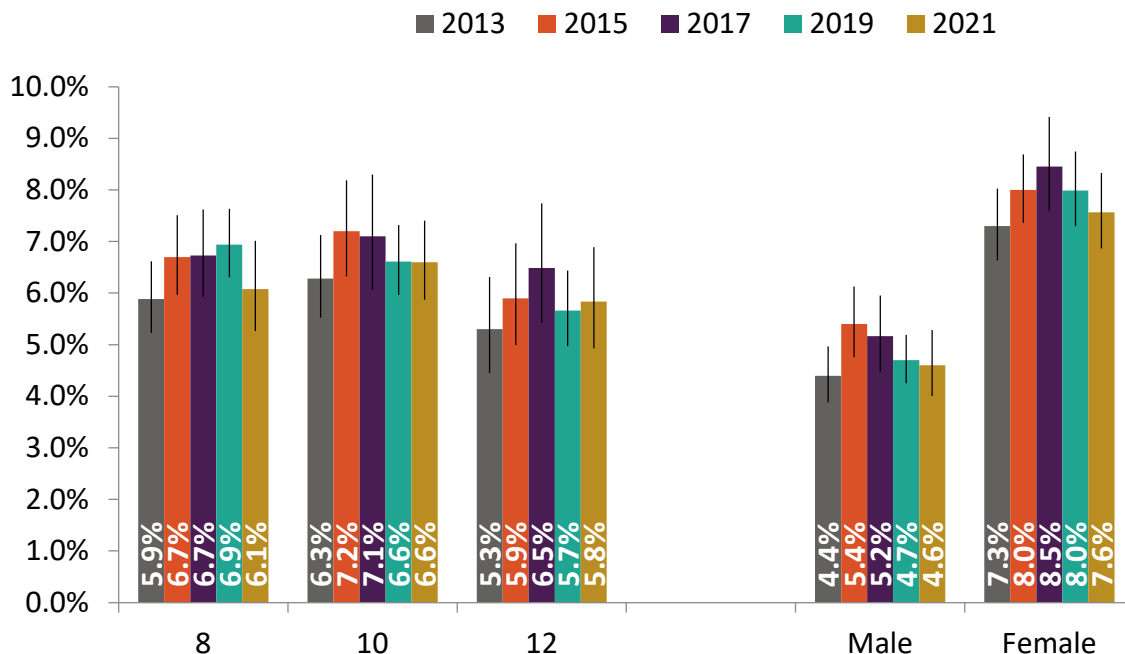
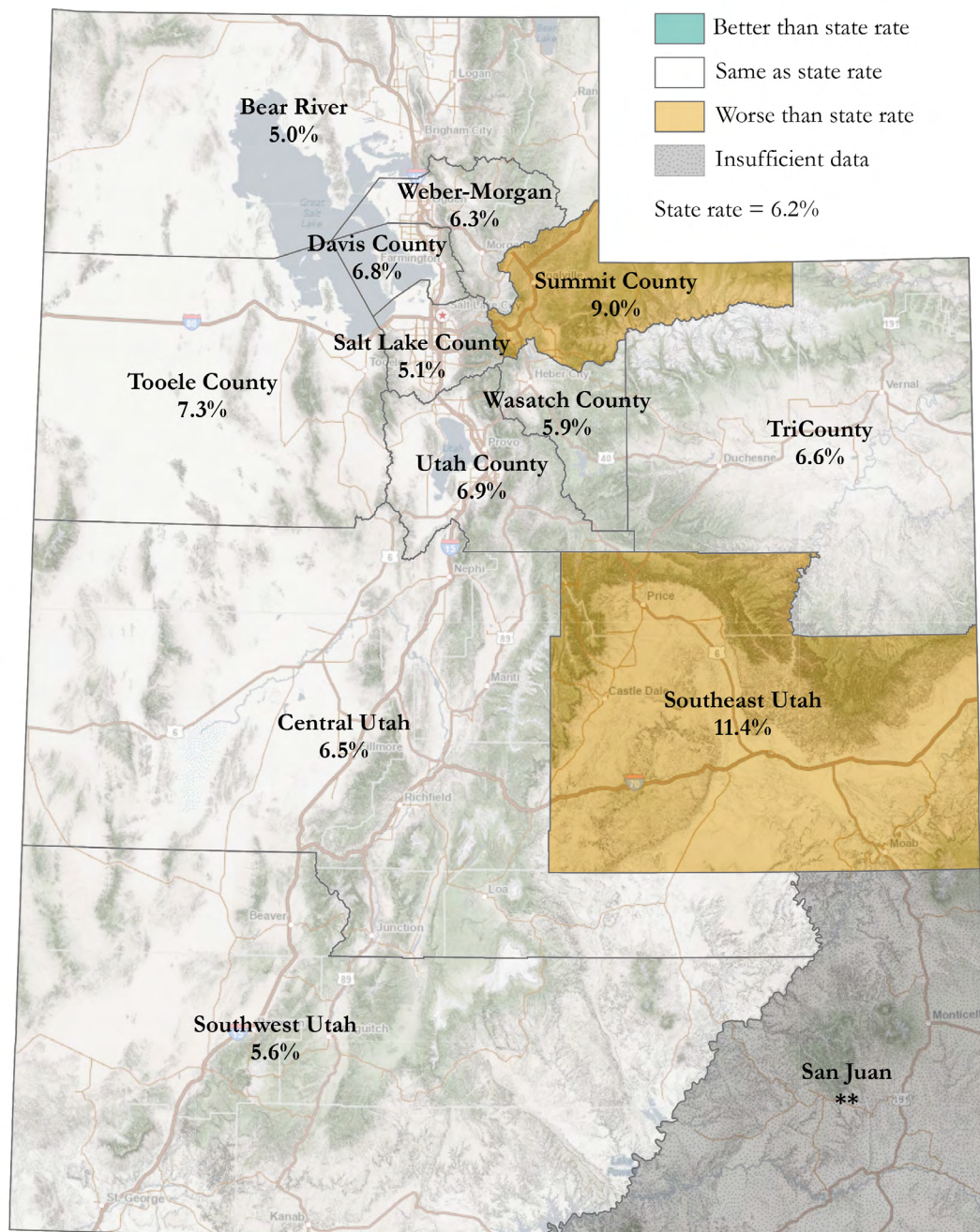


Figure 5: Percent of Utah Students (Grades 8, 10, 12) Who Had an Asthma Attack in the Past 12 Months by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Asthma Attack

Figure 6: Percent of Utah Students (Grades 8, 10, 12) Who Had an Asthma Attack in the Past 12 Months by Local Health District Map, Utah, 2021



Asthma Management

The goal of asthma management is to control asthma so that children with asthma can live active, full lives while minimizing their risk for asthma episodes that require emergency department and non-routine doctor visits. An asthma action plan, a tool to help control asthma, is one important component of asthma management.³

In 2021, 24.6% of Utah students in grades 8, 10, and 12 with asthma reported having an asthma action plan. This is a significant increase from the percentage in 2019 (21.0%). Female students (27.8%) were significantly more likely to report having an asthma action plan than male students (21.2%). There were no statistically significant differences across grade levels (Figure 7).

Among local health districts, students in Southeast Utah (15.7%) reported a significantly lower percentage of asthma action plans than the state average (24.6%) in 2021. None of the local health districts reported significantly higher percentages of asthma action plans than the state average (Figure 8).

24.6%

of Utah students in grades 8, 10, and 12 with asthma reported having an asthma action plan.

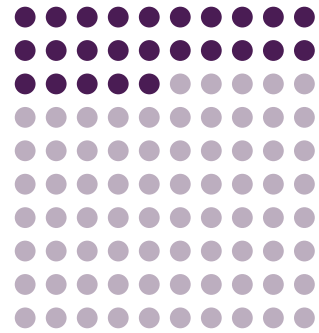
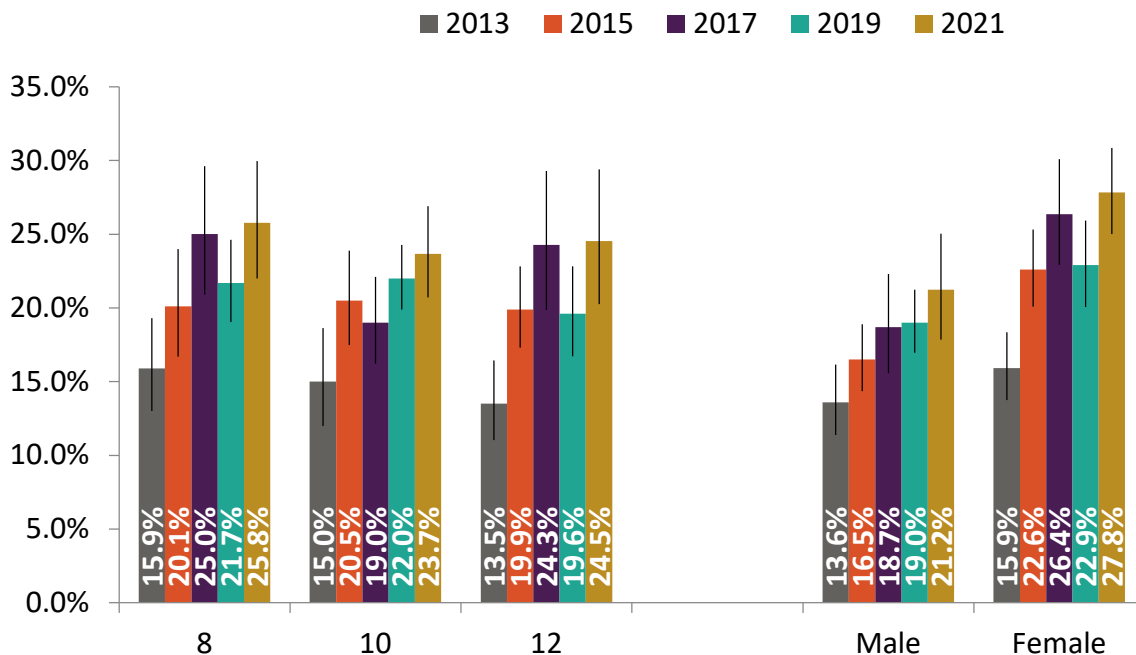
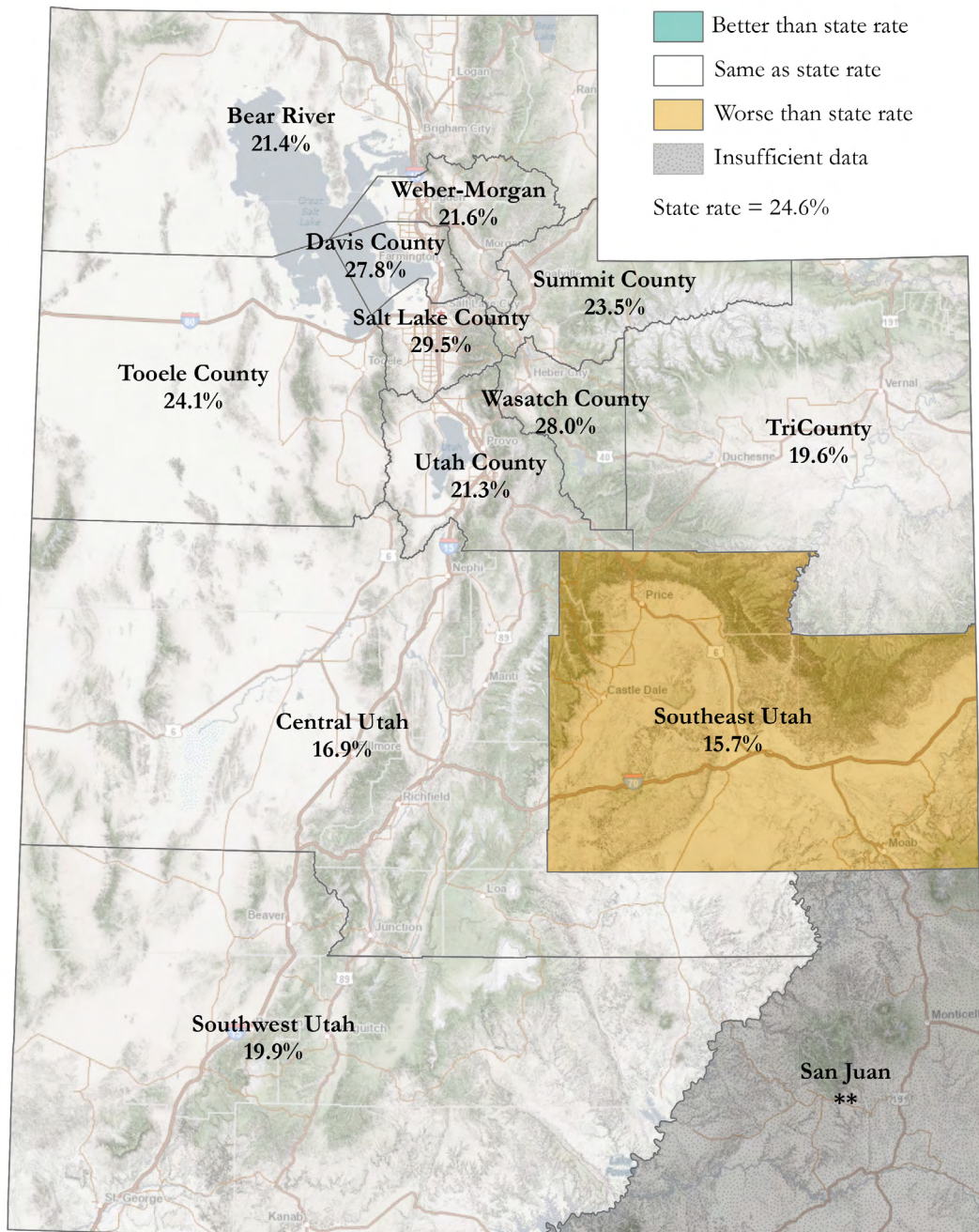


Figure 7: Percent of Utah Students (Grades 8, 10, 12) Who Have Been Diagnosed with Asthma and Have an Asthma Action Plan by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Asthma Management

Figure 8: Percent of Utah Students (Grades 8, 10, 12) Who Have Been Diagnosed with Asthma and Have an Asthma Action Plan by Local Health District Map, Utah, 2021



Missed School Due to Asthma

Missed school days show the impact of asthma on a child’s social functioning and educational opportunities. Missed school days may also contribute to disparities in learning.³

In 2021, 13.7% of Utah students in grades 8, 10, and 12 with asthma reported missing at least one school day in the past year due to asthma. This is not a significant change from recent years. Females (15.1%) reported a significantly higher percentage of missing at least one school day in the past year due to asthma than males (12.0%). Students in 8th grade (17.4%) had a significantly higher percentage of missed school days due to asthma than students in 10th (13.1%) or 12th (11.3%) grades (Figure 9).

No local health district reported significantly higher percentages of missed school days due to asthma than the state average (13.7%) in 2021. Students in Bear River (8.1%) health district reported a significantly lower percentage of missed school days due to asthma than the state average (Figure 10).

13.7%

of Utah students in grades 8, 10, and 12 with asthma reported missing at least one school day in the past year due to asthma.

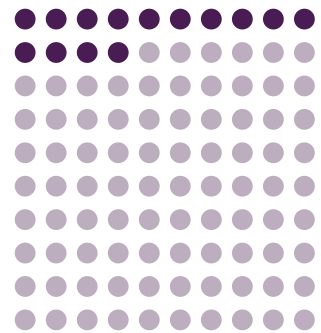
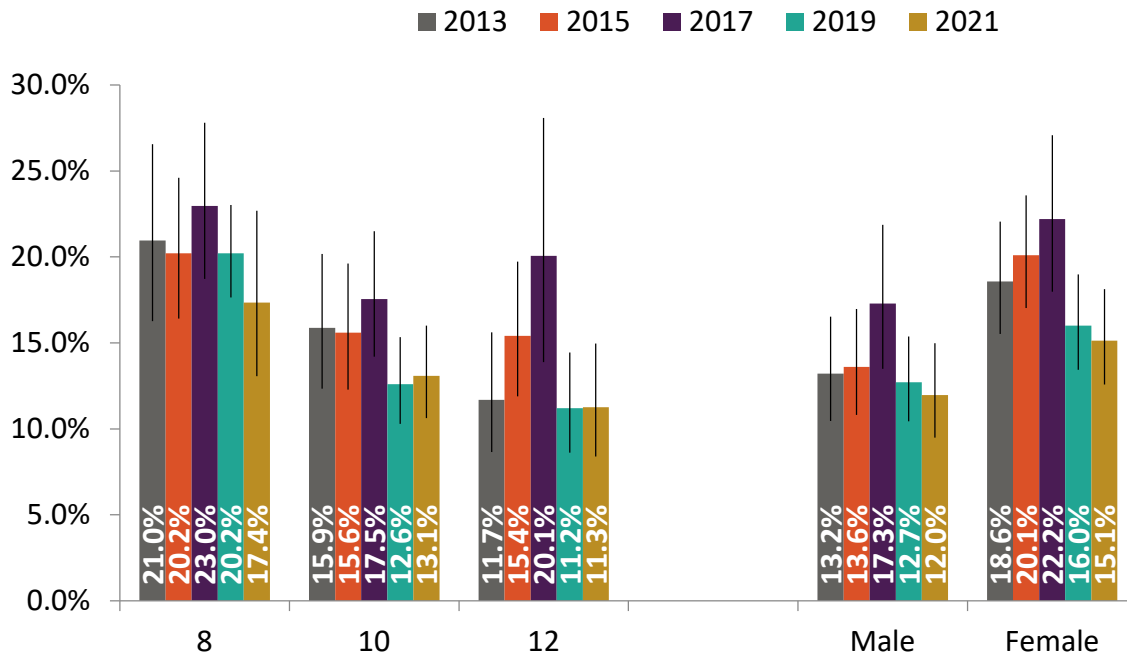
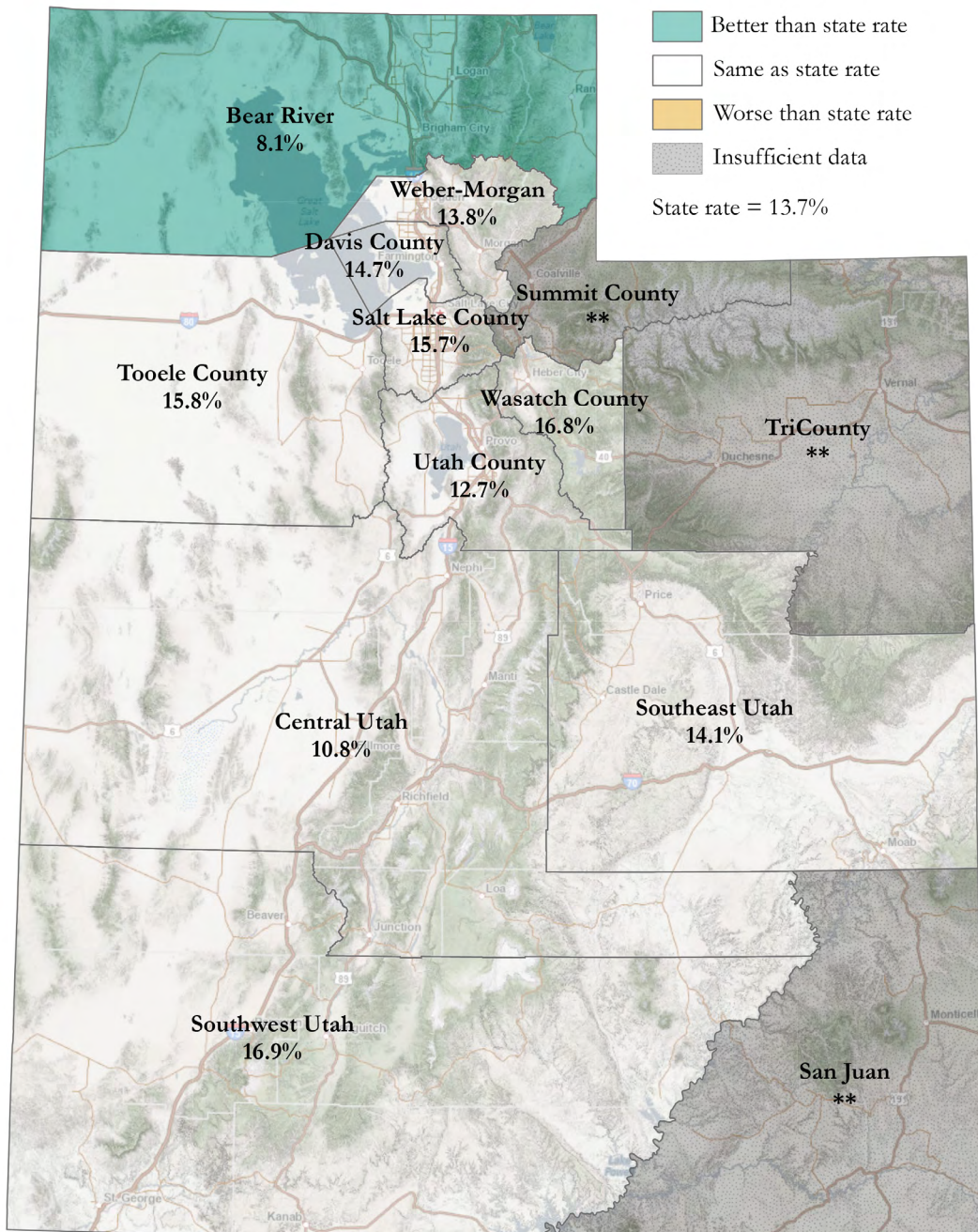


Figure 9: Percent of Utah Students (Grades 8, 10, 12) Who Have Missed One or More Days of School During the Past Year Because of Their Asthma by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Missed School Due to Asthma

Figure 10: Percent of Utah Students (Grades 8, 10, 12) Who Have Missed One or More Days of School During the Past Year Because of Their Asthma by Local Health District Map, Utah, 2021



Diabetes

Diabetes is a serious chronic condition that requires extreme diligence to manage.⁴ Diabetes is one of the most common chronic diseases among school-aged children. Diabetes is uncommon in very young children but the risk gradually increases with age, with incidence peaking during puberty.⁵ Diabetes often requires 24-hour-a-day management. This means students must monitor their blood sugar levels and administer insulin during the school day. They may experience high or low blood sugar levels that require immediate medical attention. It is important for students with diabetes to have a care management plan in place with the school to ensure that the student, parents or guardians, and school staff understand the specific care needs for each student.⁶

In 2021, 0.7% of Utah students in grades 8, 10, and 12 reported having diabetes (either type 1 or type 2). This is not a significant change from recent years. There was no statistically significant differences across grade levels (Figure 11).

Among local health districts, students in Weber-Morgan (1.7%) reported a significantly higher percentage of diabetes than the state average (0.7%) in 2021. Students in Salt Lake County (0.4%) health district reported a significantly lower percentage of diabetes than the state average (Figure 12).

0.7%

of Utah students in grades 8, 10, and 12 reported having diabetes (either type 1 or type 2).

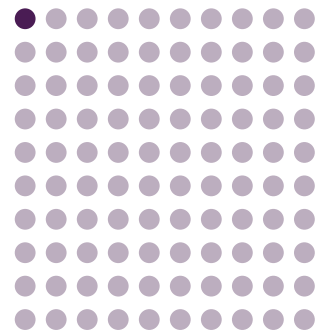
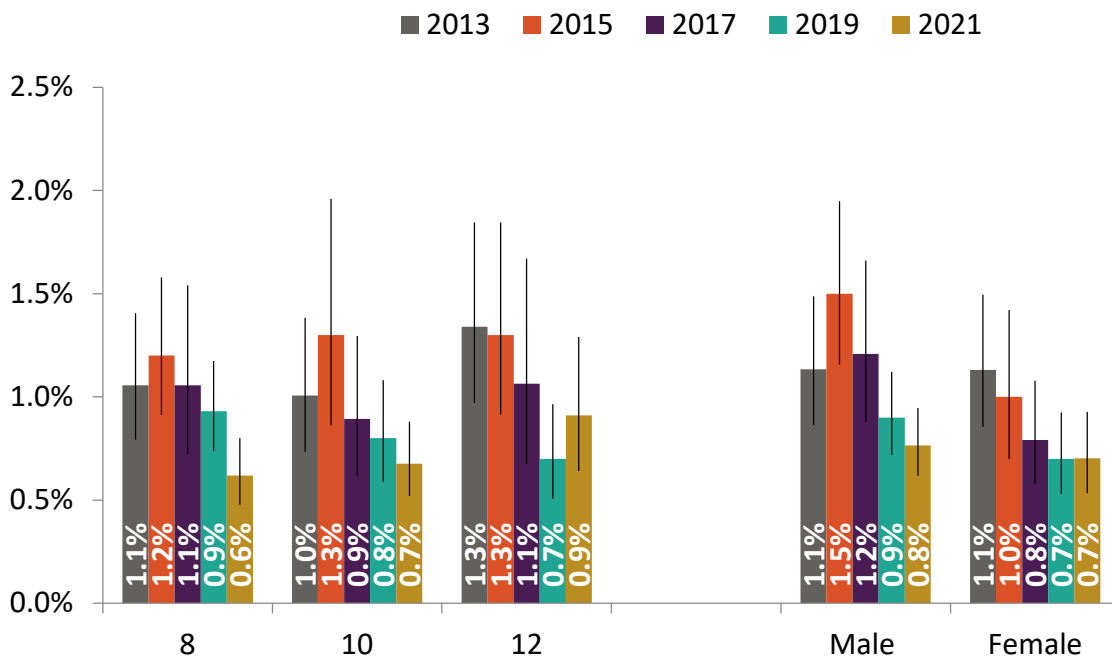
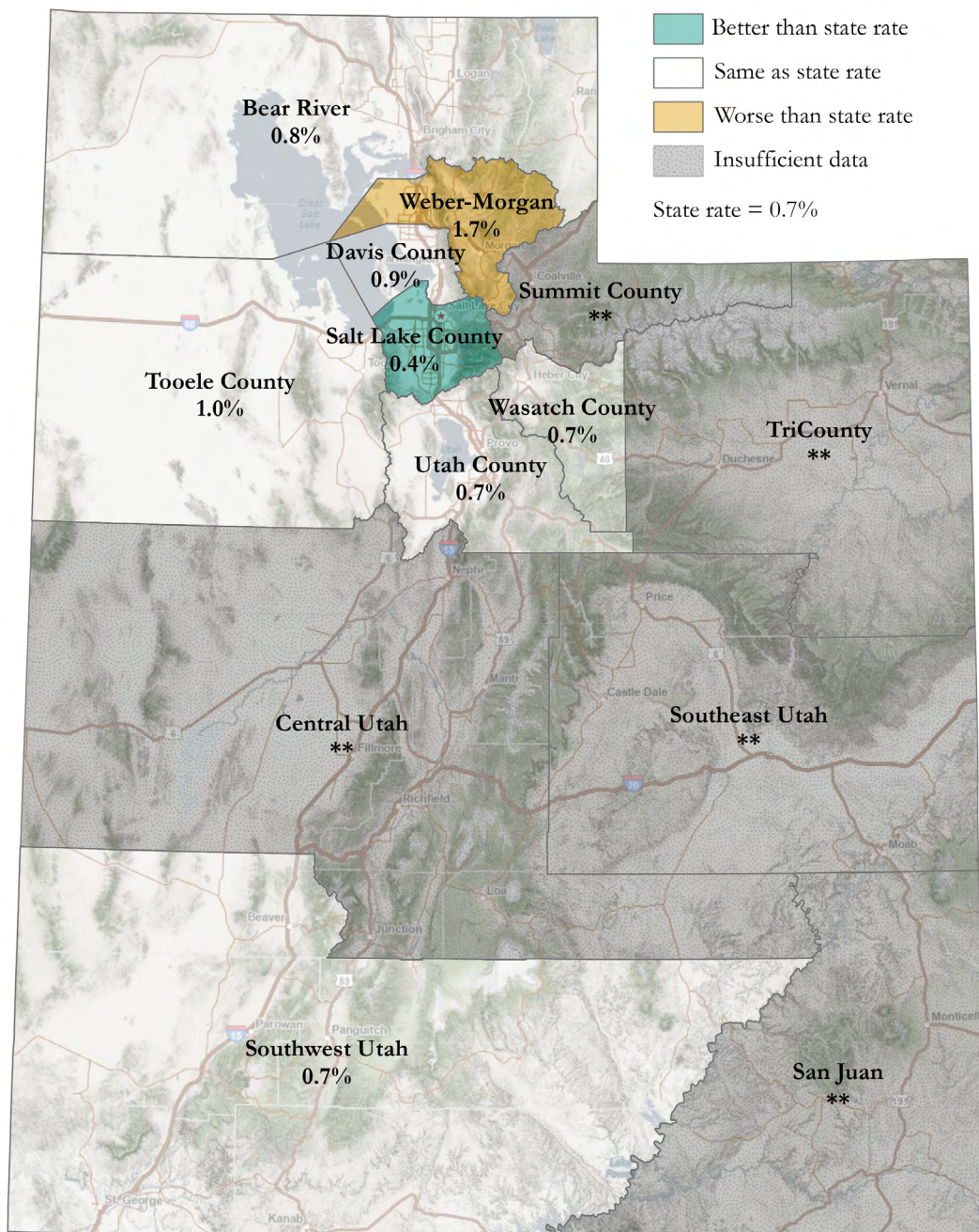


Figure 11: Percent of Utah Students (Grades 8, 10, 12) Who Have Diabetes by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Diabetes

Figure 12: Percent of Utah Students (Grades 8, 10, 12) Who Have Diabetes by Local Health District Map, Utah, 2021



Physical Activity

The U.S. Department of Health and Human Services (HHS) recommends that adolescents ages 6-17 engage in physical activity for 60 or more minutes every day.⁷ Any type of moderate physical activity, such as walking, running, biking, or playing at a playground, may be counted. Activities should be age-appropriate and suitable for the child’s physical development.

In 2021, 16.8% of Utah students in grades 8, 10, and 12 met the HHS recommendation for physical activity. This is a significant decrease in reported physical activity from 2019 (17.9%). Male students (22.9%) reported a significantly higher percentage of physical activity than female students (11.3%). The percentage of students who met HHS physical activity guidelines decreased significantly as grade level increased. 20.0% of students in 8th grade, 16.1% of student in 10th grade, and 14.1% of students in 12th grade met the guidelines (Figure 13).

No local health district reported significantly lower percentages of physical activity than the state average (16.8%) in 2021. Students in Summit County (24.1%), Central Utah (22.1%), Southeast Utah (20.7%), Bear River (20.5%), and Tooele County (20.2%) health districts reported significantly higher percentages of physical activity than the state average (Figure 14).

16.8%

of Utah students in grades 8, 10, and 12 met the HHS recommendation for physical activity.

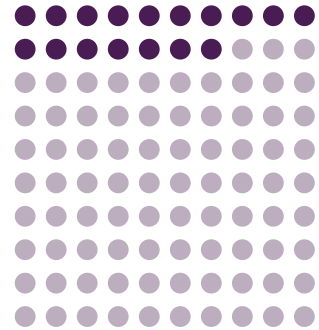
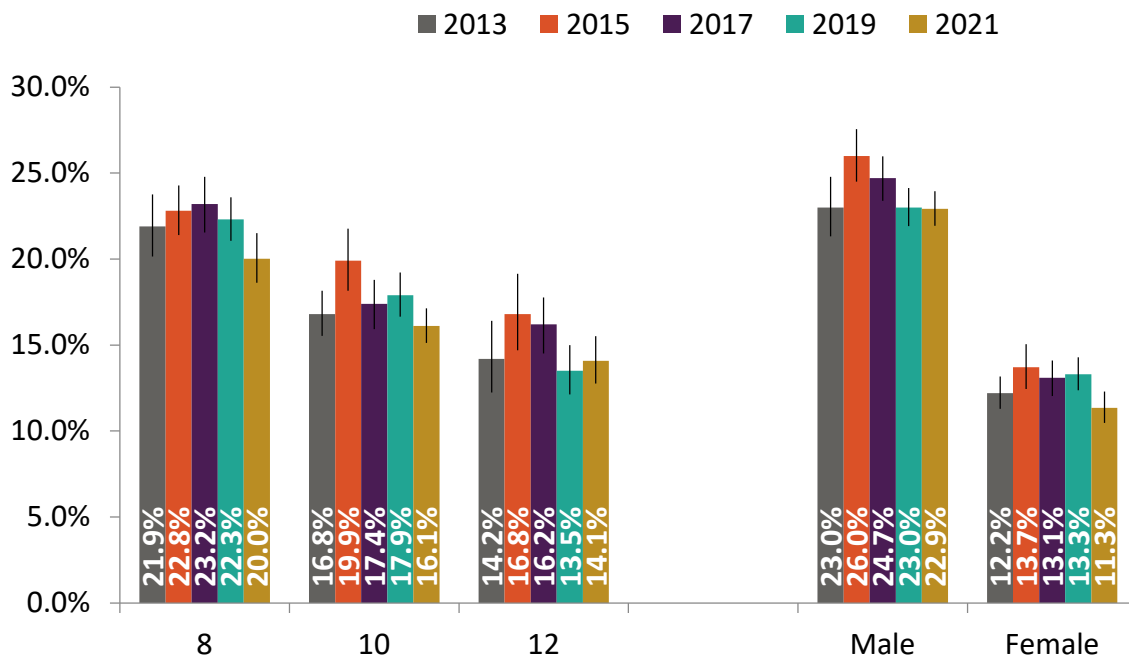
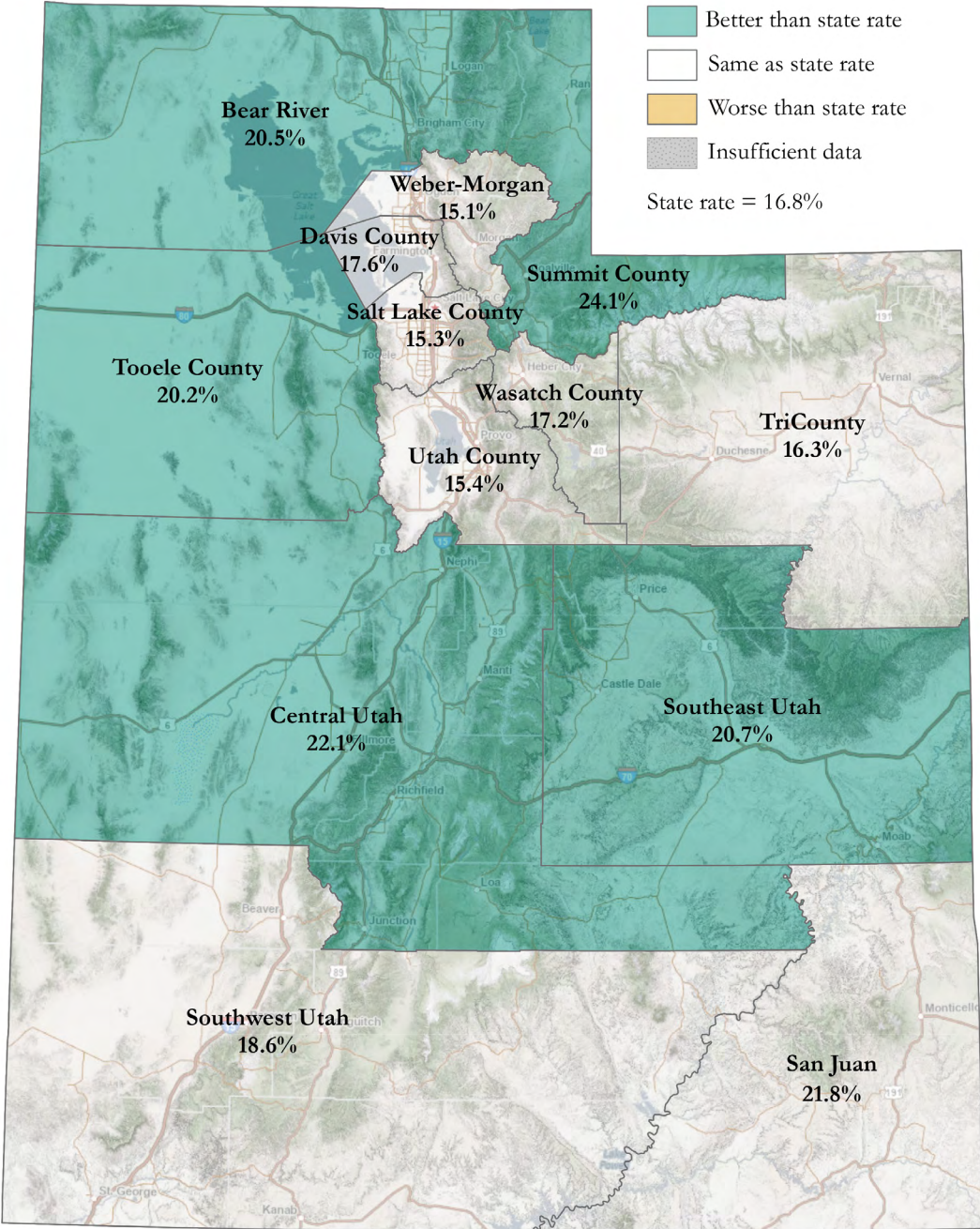


Figure 13: Percent of Utah Students (Grades 8, 10, 12) Who Meet Current Physical Activity Guidelines by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Physical Activity

Figure 14: Percent of Utah Students (Grades 8, 10, 12) Who Meet Current Physical Activity Guidelines by Local Health District Map, Utah, 2021



Obesity

Obesity is a persistent public health problem. Adolescents who are obese have an increased risk of elevated cholesterol and blood pressure levels and are more likely to be obese adults.⁸ Obesity for adolescents is defined as having a body mass index that is greater than the 95th percentile for age and sex, based on the Centers for Disease Control and Prevention (CDC) growth charts. Nationally, 21.2% of children ages 12-19 are obese.⁹

In 2021, 10.3% of Utah students in grades 8, 10, and 12 were obese. This percentage is not significantly different from recent years. The percentage of male students (13.1%) who were obese continues to be significantly higher than the percentage of female students (8.0%). There were no statistically significant differences across grade levels (Figure 15).

Among local health districts, students in Salt Lake County (13.1%) reported a significantly higher percentage of adolescent obesity than the state average (10.3%) in 2021. Students in Davis County (9.0%), Utah County (7.8%), and Wasatch County (6.9%) health districts reported significantly lower percentages of adolescent obesity than the state average (Figure 16).

10.3%

of Utah students in grades 8, 10, and 12 were obese.

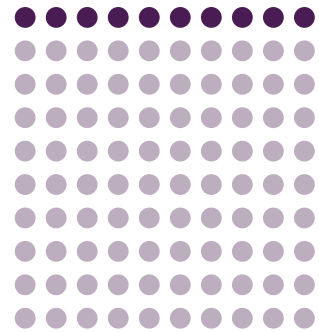


Figure 15: Percent of Utah Students (Grades 8, 10, 12) with Adolescent Obesity by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021

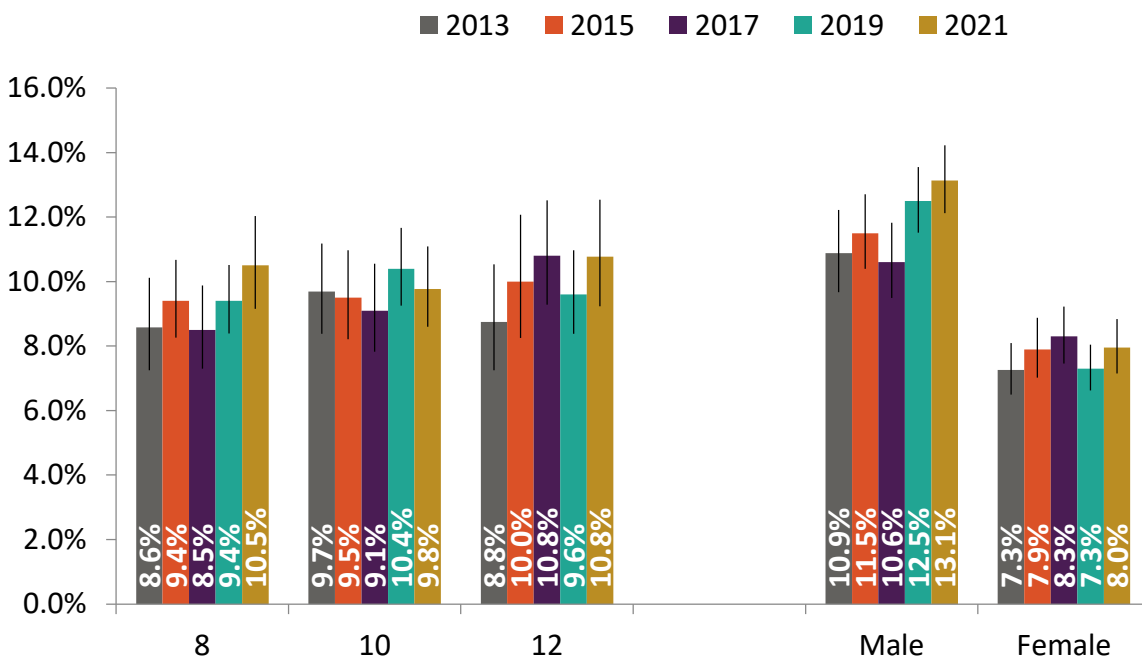
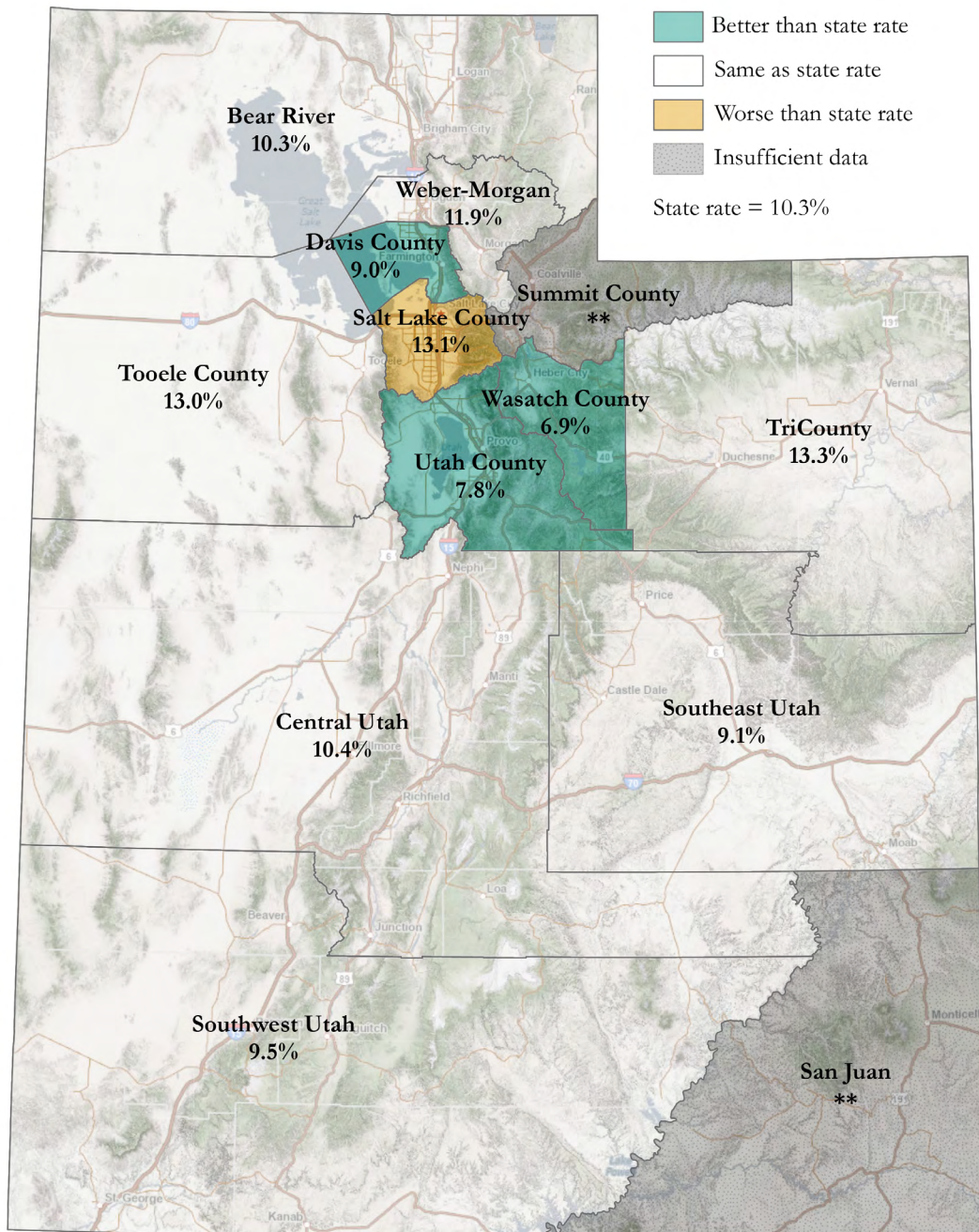


Figure 16: Percent of Utah Students (Grades 8, 10, 12) with Adolescent Obesity by Local Health District Map, Utah, 2021



Family Meals

Adolescents who regularly eat meals with their families are less likely to be overweight and less likely to have eating disorders. Some research suggests that regular family meals improves family relationships and academic performance among adolescents.¹⁰ This report defines regular family meals as eating at least one meal with the family on five or more days a week.

In 2021, 57.9% of Utah students in grades 8,10, and 12 reported regular family meals. This is not a significant change from recent years. The percentage of male students (62.0%) who reported regular family meals was significantly higher than the percentage of female students (54.3%). The percentage of students who had regular family meals decreased significantly as grade level increased. 66.2% of 8th grade students, 58.1% of 10th grade students, and 48.5% of 12th grade students had regular family meals (Figure 17).

Among local health districts, students in Salt Lake County (54.2%) and Southwest Utah (53.0%) reported significantly lower percentages of regular family meals than the state average (57.9%) in 2021. Students in San Juan County (69.7%), Utah County (62.4%), and Bear River (62.2%) health districts reported significantly higher percentages of having regular family meals than the state average (Figure 18).

57.9%

of Utah students in grades 8, 10, and 12 reported regular family meals.

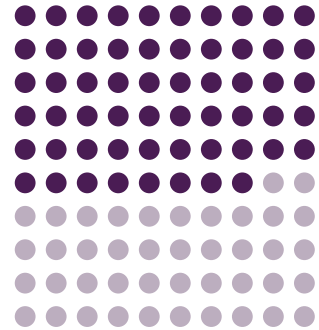
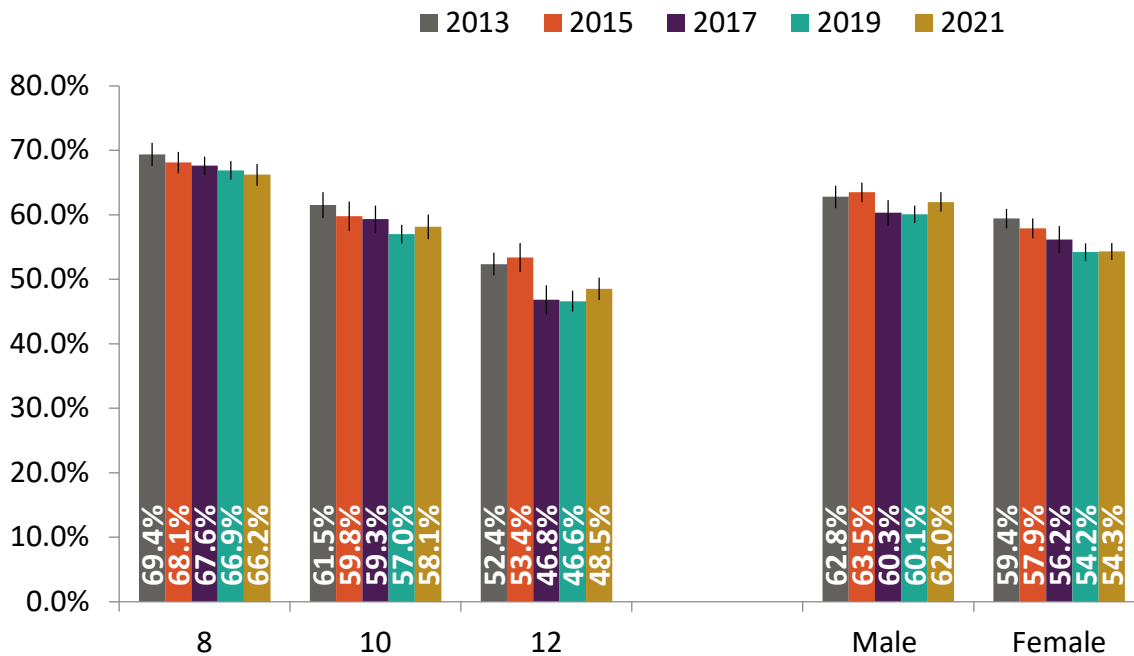
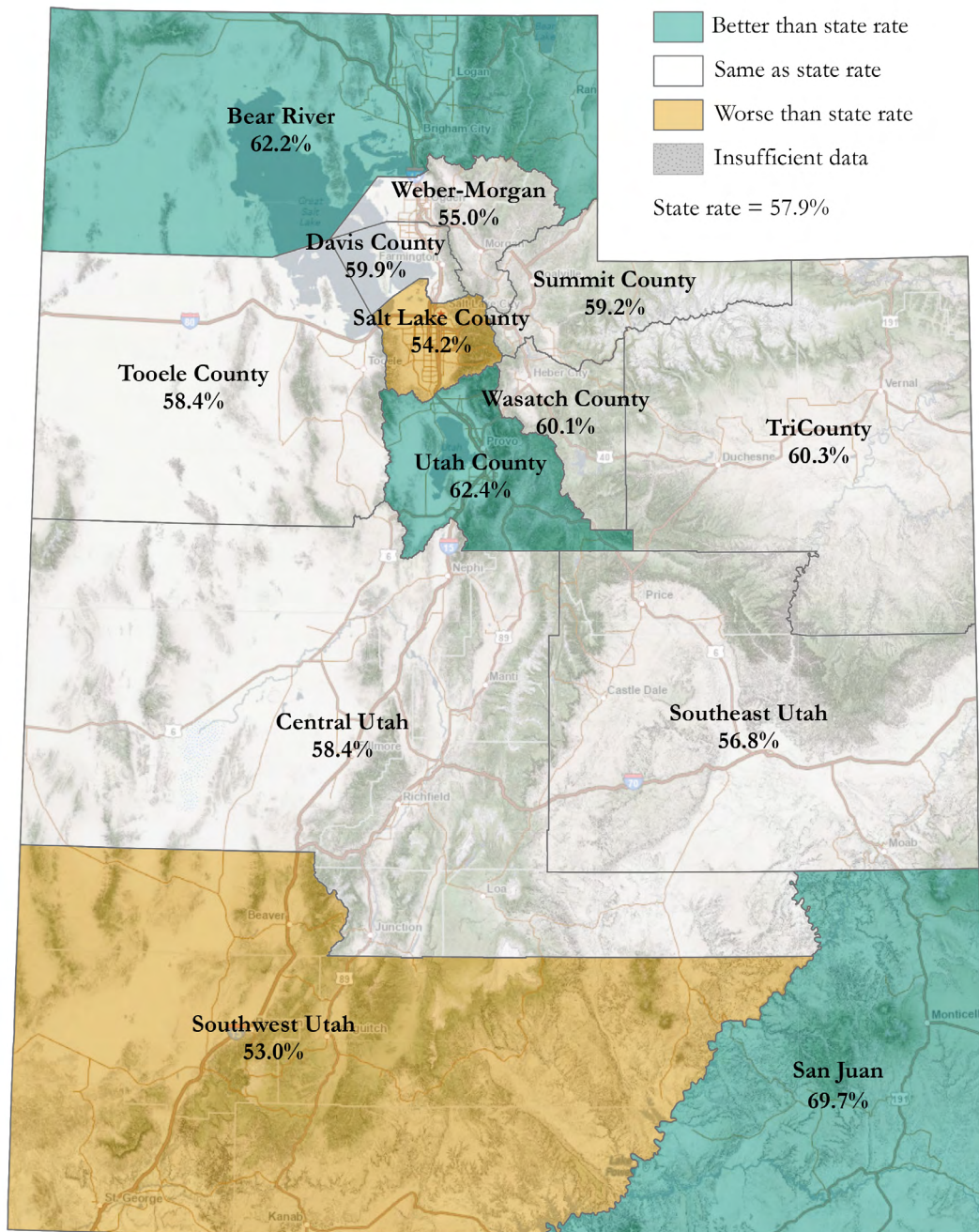


Figure 17: Percent of Utah Students (Grades 8, 10, 12) Who Ate At Least One Meal with Their Family on Five or More Days a Week by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Family Meals

Figure 18: Percent of Utah Students (Grades 8, 10, 12) Who Ate At Least One Meal with Their Family on Five or More Days a Week by Local Health District Map, Utah, 2021



Feeling Sad or Hopeless

Feeling sad or hopeless for at least two consecutive weeks to the point where it becomes difficult to enjoy activities or perform daily tasks can be a sign of depression.¹¹ Adolescents who have depression are at an elevated risk for a host of other negative health outcomes, including substance abuse and suicide. Persistent feelings of sadness or hopelessness may indicate a need for mental health services.

In 2021, 35.1% of Utah students in grades 8, 10, and 12 reported feeling sad or hopeless, a significant increase from 2019 (30.7%). Since 2013, the percentage of students reporting feeling sad or hopeless has steadily increased. Females (42.9%) reported a significantly higher percentage of such feelings compared to males (26.3%). Students in 10th (37.5%) and 12th (38.0%) grades were significantly more likely to report feeling sad or hopeless than students in 8th (30.0%) grade (Figure 19).

Among local health districts, students in Weber-Morgan (39.8%) and Salt Lake County (39.0%) reported significantly higher percentages of feeling sad or hopeless than the state average (35.1%) in 2021. Students in Utah County (33.2%), Davis County (31.3%), Central Utah (31.2%), Wasatch County (29.8%), and Bear River (29.7%) health districts reported significantly lower percentages of feeling sad or hopeless than the state average (Figure 20).

35.1%

of Utah students in grades 8, 10, and 12 reported feeling sad or hopeless.

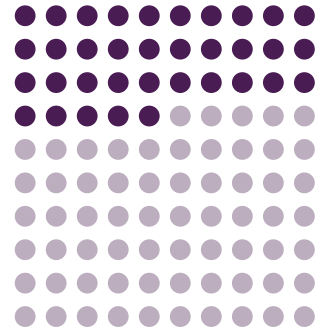
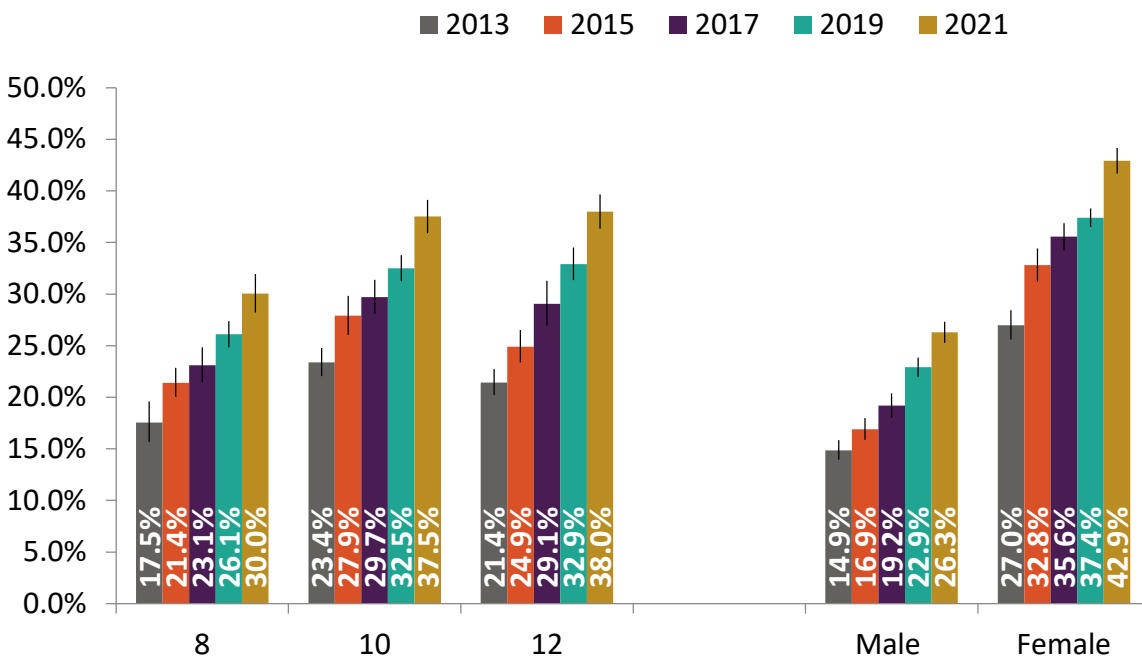
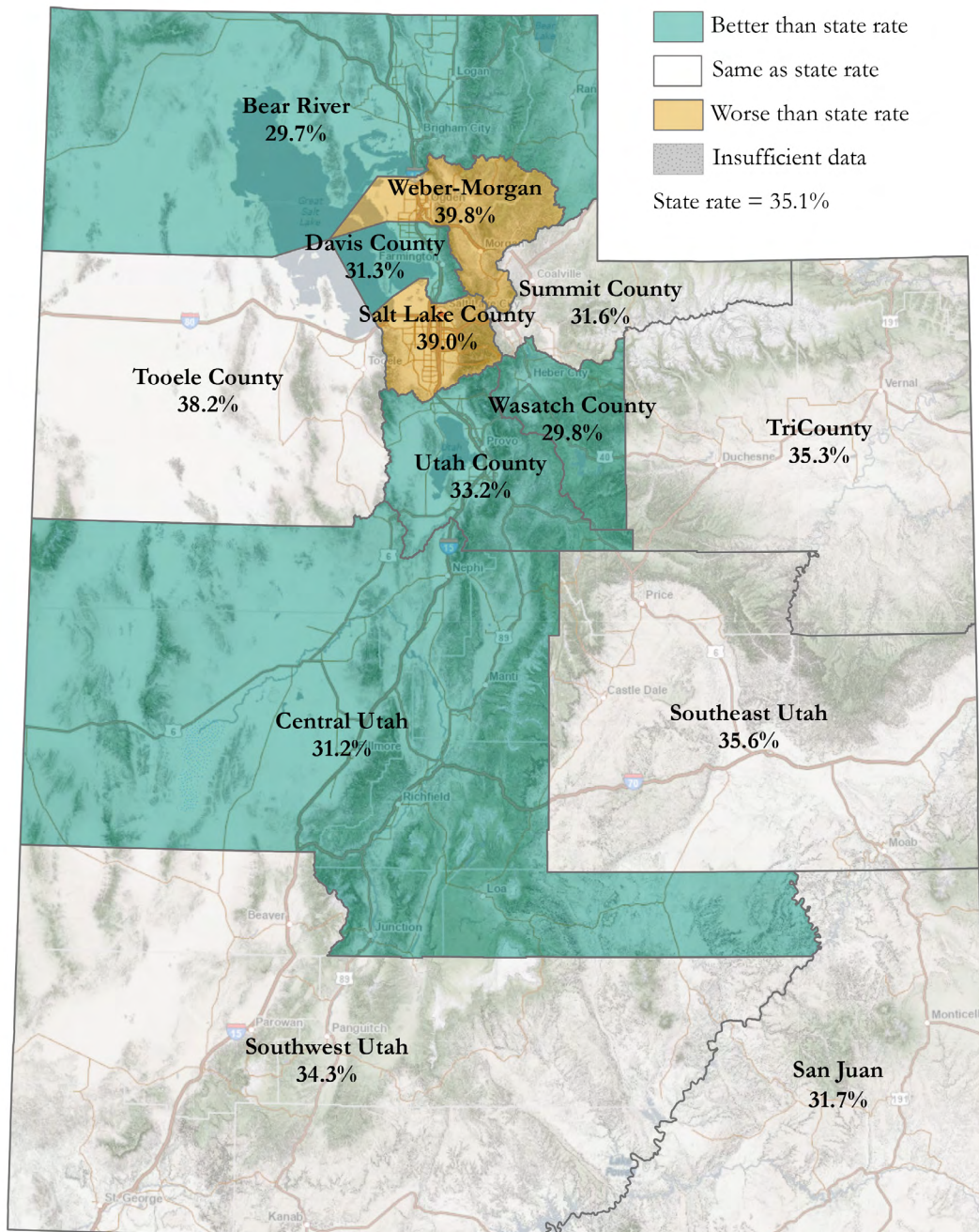


Figure 19: Percent of Utah Students (Grades 8, 10, 12) Who Felt Sad or Hopeless Almost Every Day for Two Weeks or More in a Row in the Past 12 Months by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Feeling Sad or Hopeless

Figure 20: Percent of Utah Students (Grades 8, 10, 12) Who Felt Sad or Hopeless Almost Every Day for Two Weeks or More in a Row in the Past 12 Months by Local Health District Map, Utah, 2021



Psychological Distress

The Kessler Psychological Distress Scale (K6) is a simple measure of psychological distress which involves six questions about a person's emotional state. Each question is scored from 0 (none of the time) to 4 (all of the time). Scores of the six questions are then summed, yielding a minimum score of 0 and a maximum score of 24.¹² A score of 12 or higher indicates that someone is experiencing psychological distress and may benefit from mental health services.

In 2021, 27.2% of Utah students in grades 8, 10, and 12 had K6 scores of 12 or more. This was a significant increase from 2019 (21.5%), continuing a trend of significant increases in recent years. Females (34.6%) reported a significantly higher percentage of experiencing psychological distress compared to males (18.6%). Students in 10th (29.6%) and 12th (27.6%) grades were significantly more likely to report psychological distress than students in 8th (24.3%) grade (**Figure 21**).

Among local health districts, students in Tooele County (32.6%) and Salt Lake County (31.2%) reported significantly higher percentages of psychological distress than the state average (27.2%) in 2021. Students in Utah County (25.5%), Davis County (24.6%), Southwest Utah (23.7%), Bear River (22.5%), Wasatch County (21.6%), and San Juan County (14.2%) health districts reported significantly lower percentages of psychological distress than the state average (**Figure 22**).

27.2%

of Utah students in grades 8, 10, and 12 experience psychological distress.

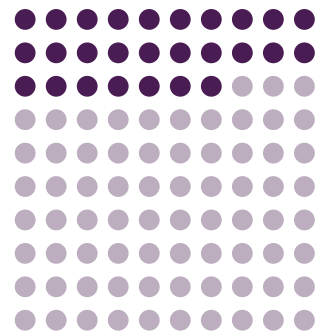
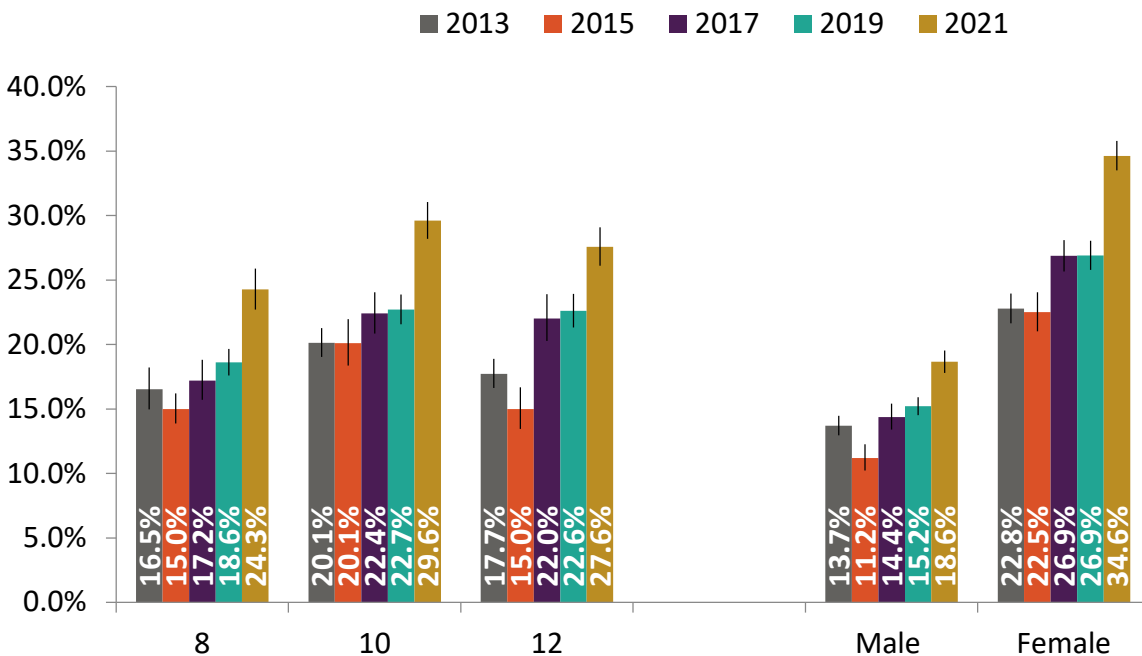
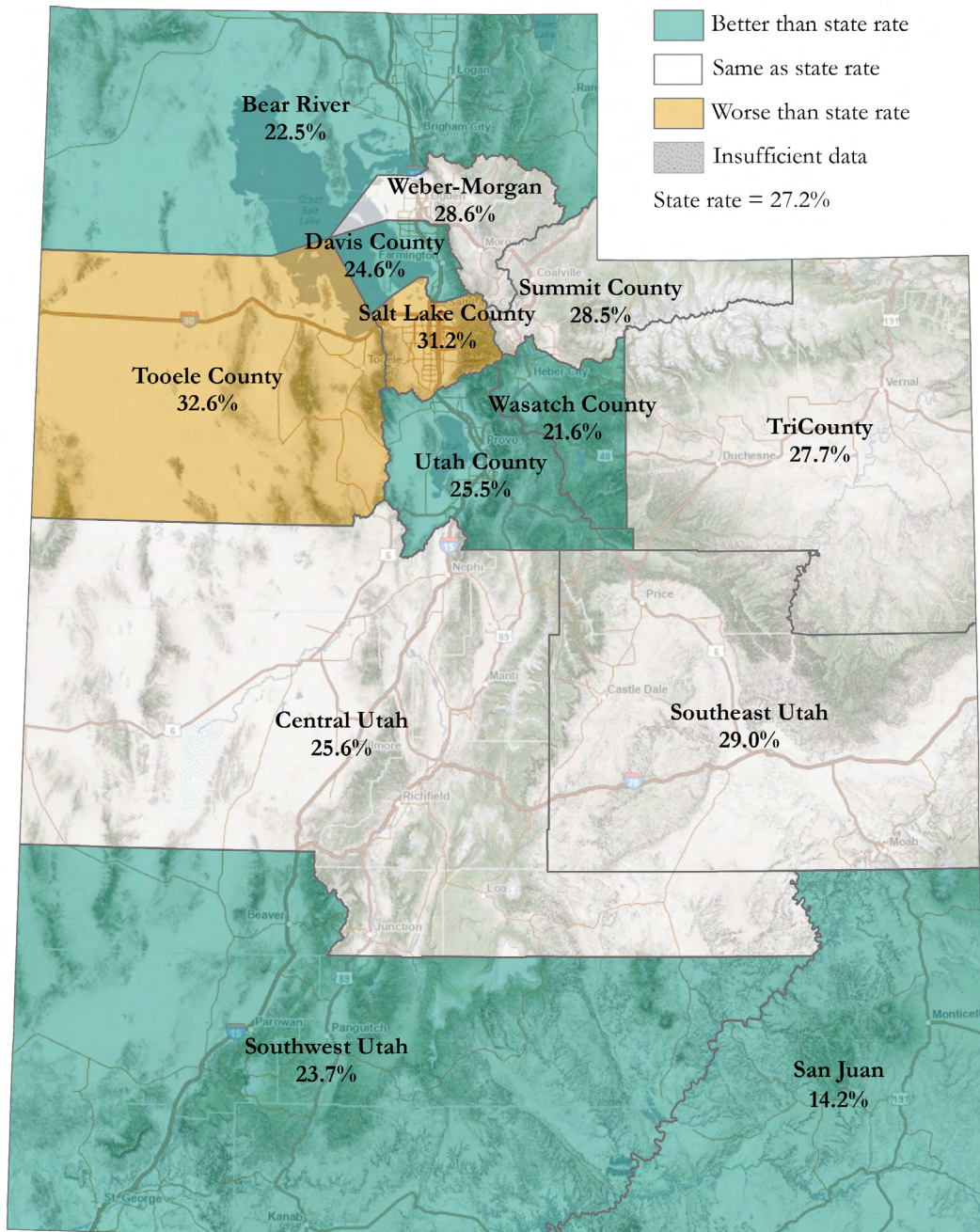


Figure 21: Percent of Utah Students (Grades 8, 10, 12) Who Had K6 Scores of 12 or Higher by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Psychological Distress

Figure 22: Percent of Utah Students (Grades 8, 10, 12) Who Had K6 Scores of 12 or Higher by Local Health District Map, Utah, 2021



Social Isolation

Social isolation is a lack of social connections which can lead to loneliness. Social isolation and loneliness often correlate with mental health disorders, including depression. Socially isolated children tend to have lower subsequent educational attainment, be part of a less advantaged social class in adulthood, and are more likely to be psychologically distressed in adulthood. Social isolation can have serious public health risks.¹³

In 2021, 24.5% of Utah students in grades 8, 10, and 12 felt moderately isolated. This is a significant increase from 2019 (18.7%). Females (31.4%) were significantly more likely to report feeling moderately socially isolated than males (16.6%). Feelings of moderate social isolation were significantly higher among students in 10th (26.3%) and 12th (25.7%) grades than among students in 8th (21.4%) grade (Figure 23).

Among local health districts, students in Tooele County (27.2%), Salt Lake County (27.0%), and Weber-Morgan (26.7%) reported significantly higher feelings of moderate social isolation than the state average (24.5%) in 2021. Students in Davis County (23.0%), Central Utah (20.7%), Bear River (19.8%), and Wasatch County (17.9%) health districts had significantly lower percentages than the state average (Figure 24).

24.5%

of Utah students in grades 8, 10, and 12 felt moderately socially isolated.

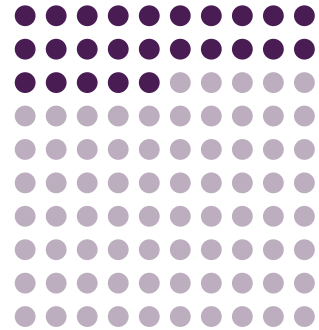
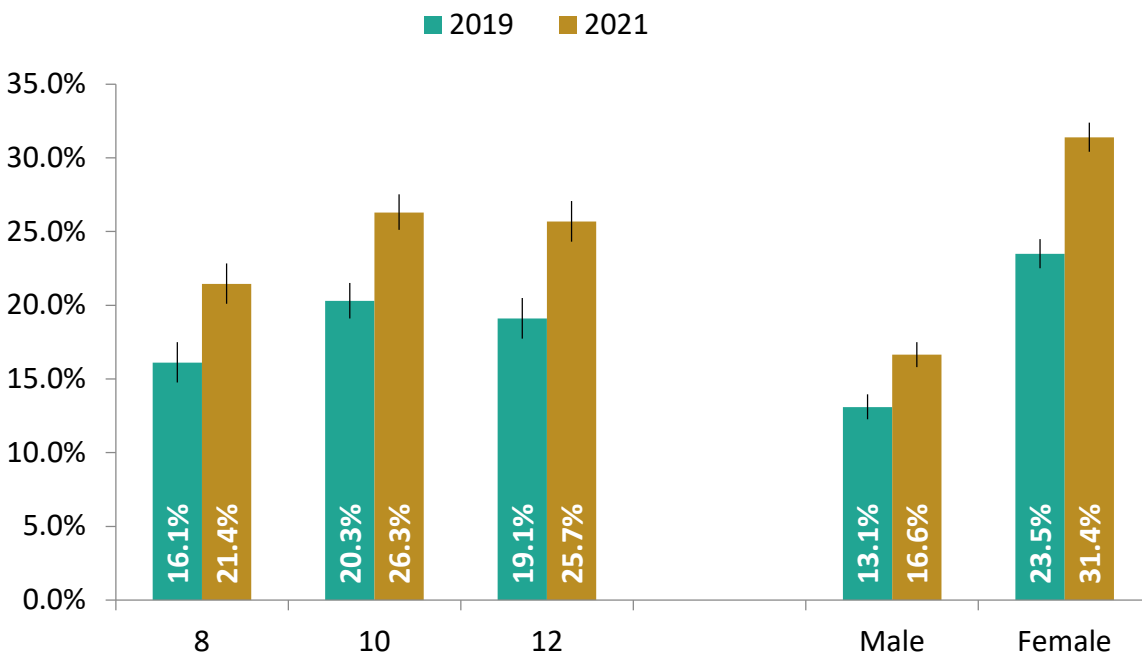
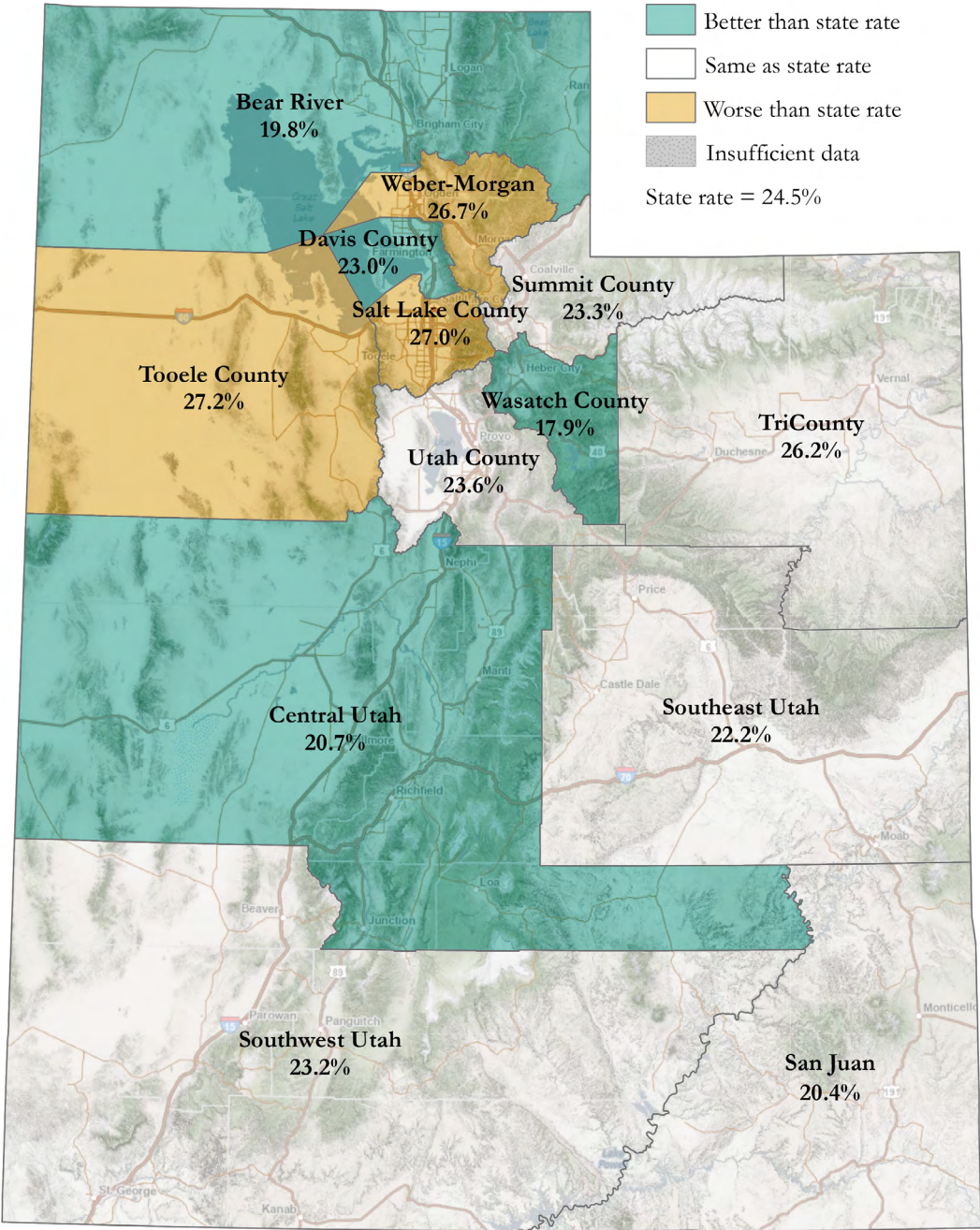


Figure 23: Percent of Utah Students (Grades 8, 10, 12) Who Felt Socially Isolated by Grade and Sex, Utah, 2019, 2021



Social Isolation

Figure 24: Percent of Utah Students (Grades 8, 10, 12) Who Felt Socially Isolated by Local Health District Map, Utah, 2021



Self-harm

Self-harm is generally used to cope with negative emotions (anger, contempt, depression, disgust, guilt, fear, and nervousness) and poor self-concept.¹⁴ Students were asked if they purposefully hurt themselves without suicidal intent one or more times during the previous 12 months. Self-harm most commonly includes cutting or burning oneself.

In 2021, 18.6% of Utah students in grades 8, 10, and 12 reported self-harm. This is a significant increase from 2019 (16.2%). Females (24.6%) reported a significantly higher percentage of self-harm than males (11.6%). Self-harm was significantly higher among students in 8th (19.7%) and 10th (19.6%) grades compared to students in 12th (16.0%) grade (Figure 25).

Among local health districts, students in Tooele County (21.8%) and Salt Lake County (20.2%) had significantly higher percentages of self-harm than the state average (18.6%) in 2021. Utah County (17.3%), Bear River (16.7%), and Wasatch County (14.3%) health districts reported significantly lower percentages than the state average (Figure 26).

18.6%

of Utah students in grades 8, 10, and 12 reported self-harm.

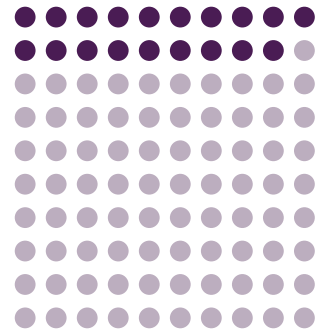
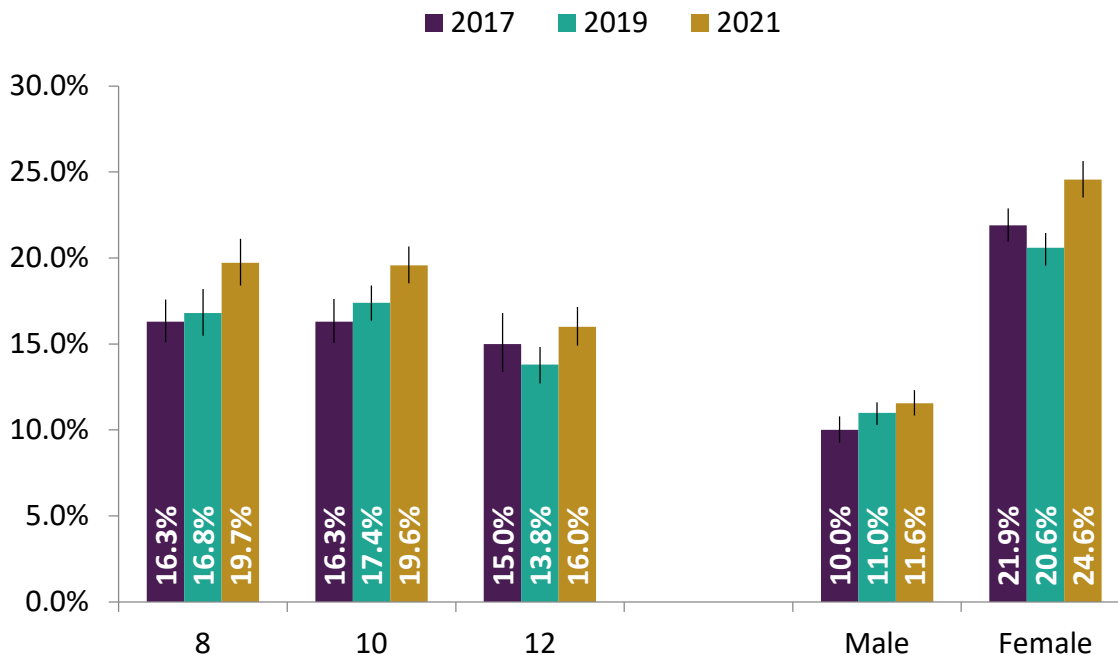
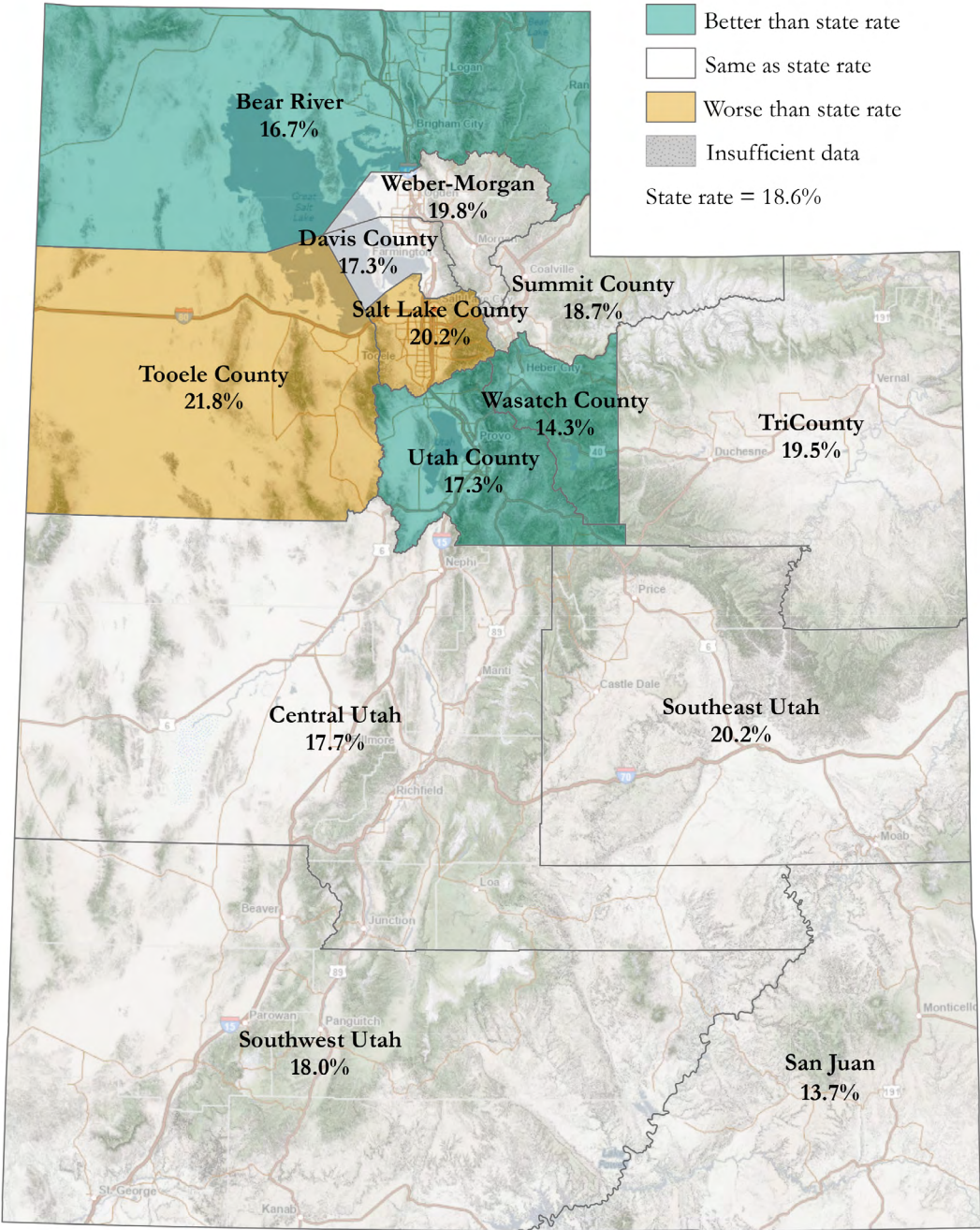


Figure 25: Percent of Utah Students (Grades 8, 10, 12) Who Reported Self-harm in the Past 12 Months by Grade and Sex, Utah, 2017, 2019, 2021



Self-harm

Figure 26: Percent of Utah Students (Grades 8, 10, 12) Who Reported Self-harm in the Past 12 Months by Local Health District Map, Utah, 2021



Suicidal Ideation

Suicide is the leading cause of death for adolescents ages 10-17 in Utah.¹⁵ More adolescents are hospitalized or treated in an emergency department for suicide attempts than are fatally injured. Suicidal ideation includes thinking about suicide, having suicidal thoughts, or considering attempting suicide. Suicidal ideation is a risk factor for suicide.¹⁵

In 2021, 19.0% of Utah students in grades 8, 10, and 12 reported that they had seriously considered attempting suicide at some point during the past 12 months. This is a significant increase from 2019 (18.2%). Female students (23.6%) reported a significantly higher percentage of suicidal ideation compared to male students (13.6%). Students in 10th (20.7%) grade were significantly more likely to report suicidal ideation than students in 8th (17.9%) and 12th (18.2%) grades (Figure 27).

Among local health districts, students in Tooele County (22.0%) and Weber-Morgan (21.1%) reported a significantly higher percentage of suicidal ideation than the state average (19.0%) in 2021. Students in Bear River (16.3%), Summit County (15.8%), and Wasatch County (14.4%) health districts reported significantly lower percentages of suicidal ideation than the state average (Figure 28).

19.0%

of Utah students in grades 8, 10, and 12 reported that they had seriously considered attempting suicide at some point during the past 12 months.

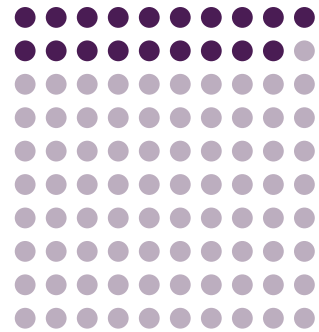
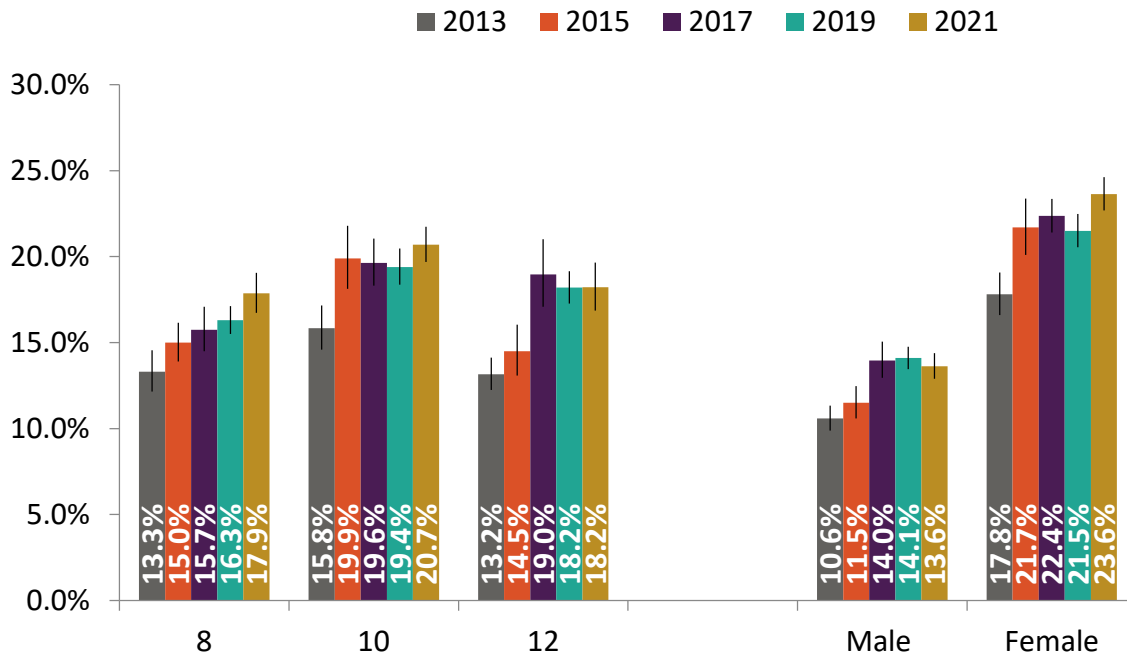


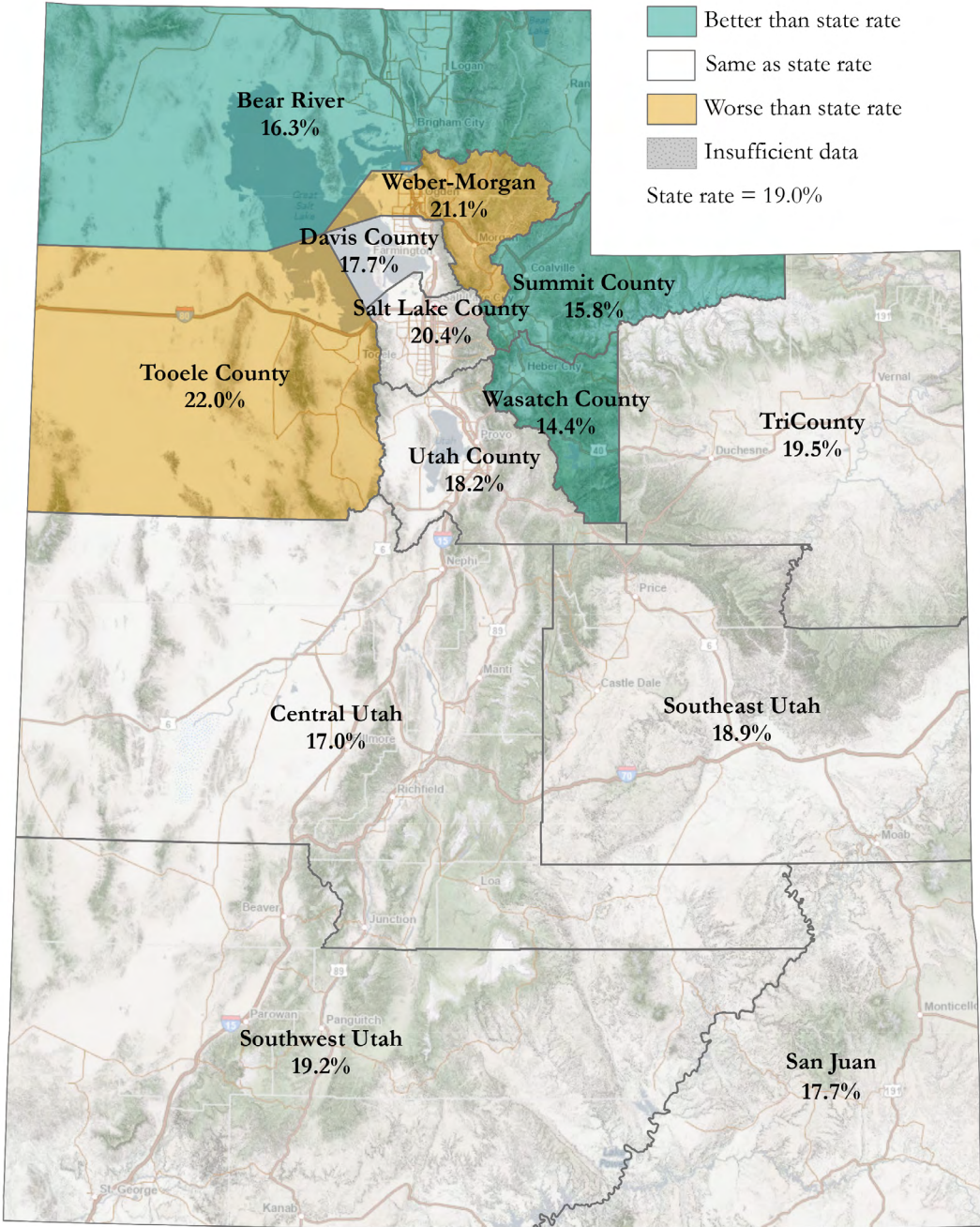
Figure 27: Percent of Utah Students (Grades 8, 10, 12) Who Seriously Considered Attempting Suicide in the Past 12 Months by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



If you or someone you know is experiencing suicidal thoughts or a crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or text “help” to 741-741. Help is available 24 hours a day 7 days a week.

Suicidal Ideation

Figure 28: Percent of Utah Students (Grades 8, 10, 12) Who Seriously Considered Attempting Suicide in the Past 12 Months by Local Health District Map, Utah, 2021



Suicide Plan

A suicide plan refers to a plan for how an individual may attempt suicide. Suicidal ideation and suicide plans may be precursors to suicide attempts.

In 2021, 14.4% of Utah students in grades 8, 10, and 12 reported making a plan about how they would attempt suicide within the past 12 months. This is a significantly higher percentage than in 2019 (13.6%), continuing a trend of significant increases since 2013 (10.8%). Females (17.7%) were significantly more likely than males (10.6%) to have made a suicide plan. Students in 10th (16.0%) grade were significantly more likely to have made a suicide plan than students in 8th (14.1%) grade and 12th (12.9%) grade (Figure 29).

Among local health districts, students in Summit County (18.0%), Tooele County (17.5%), Weber-Morgan (16.0%), and Salt Lake County (15.9%) reported a significantly higher percentage of making a suicide plan than the state average (14.4%) in 2021. Students in Utah County (13.2%), Davis County (12.8%), Bear River (11.6%), and Wasatch County (11.0%) health districts reported significantly lower percentages of making suicide plans than the state average (Figure 30).

14.4%

of Utah students in grades 8, 10, and 12 reported making a plan about how they would attempt suicide within the past 12 months.

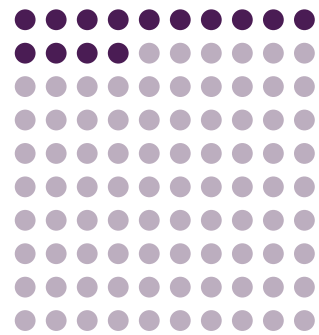
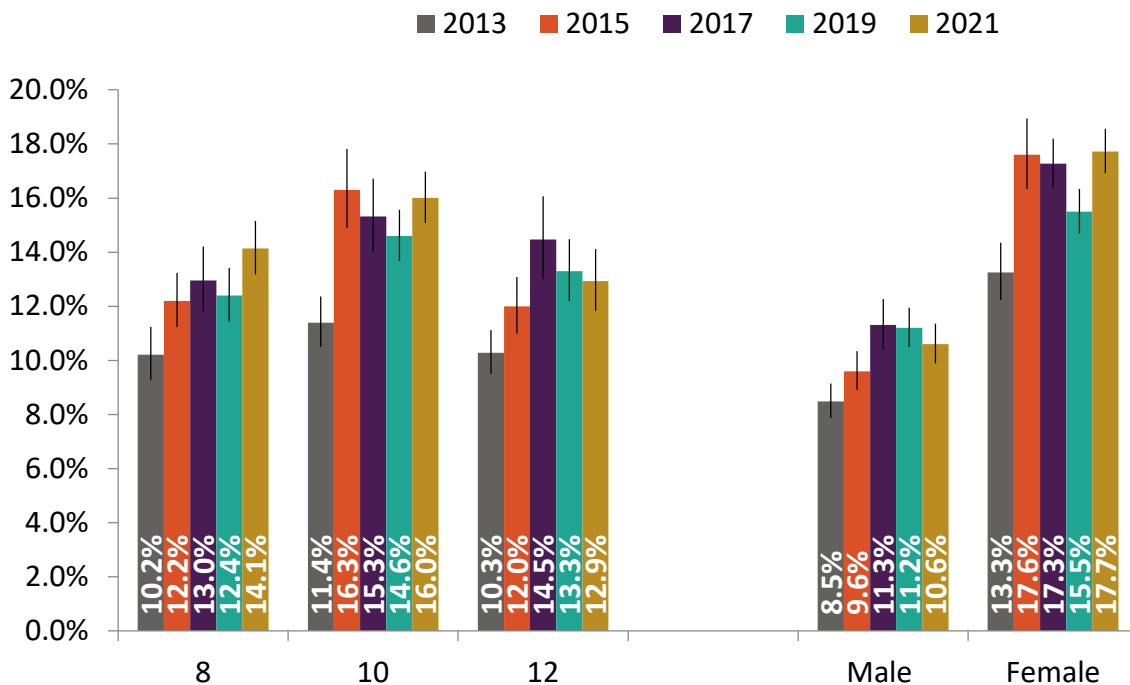
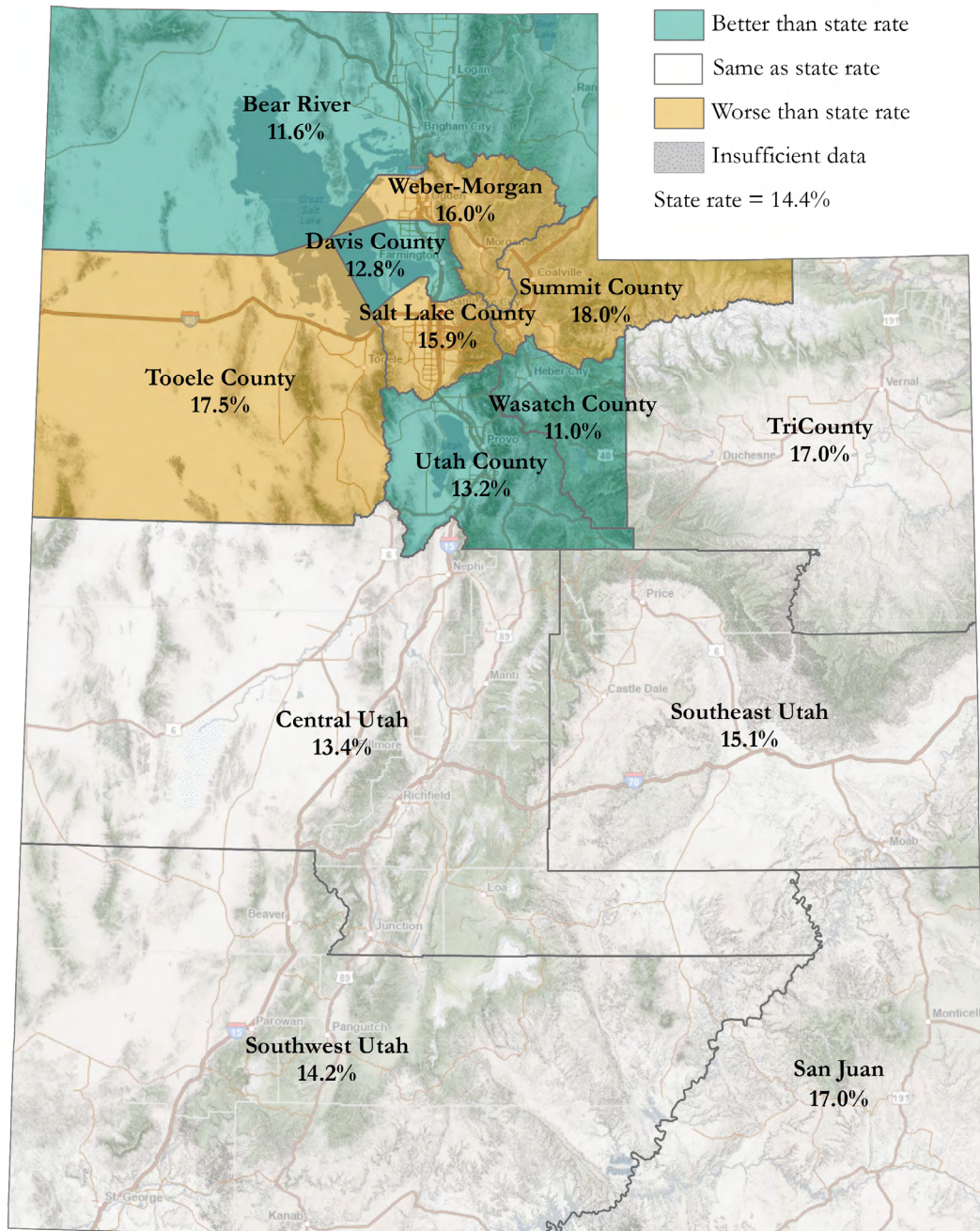


Figure 29: Percent of Utah Students (Grades 8, 10, 12) Who Made a Suicide Plan in the Past 12 Months by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Suicide Plan

Figure 30: Percent of Utah Students (Grades 8, 10, 12) Who Made a Suicide Plan in the Past 12 Months by Local Health District Map, Utah, 2021



Suicide Attempt

Suicide attempts are a significant risk factor for suicide death later in life. All suicide attempts should be taken seriously. Those who survive suicide attempts are often seriously injured and many have depression and other mental health problems.

In 2021, 7.0% of Utah students in grades 8, 10, and 12 reported that they had made one or more suicide attempts in the past 12 months. This was not significantly different from previous years. Reported suicide attempts were significantly higher for female students (9.0%) compared to male students (4.7%). Suicide attempts decreased with grade level. Students in 8th (8.1%) and 10th (7.4%) grades reported significantly higher percentages of suicide attempt than students in 12th (5.3%) grade (Figure 31).

Among local health districts, students in Tooele County (9.3%) and Salt Lake County (8.2%) reported significantly higher percentages of suicide attempts than the state average (7.0%) in 2021. Students in Davis County (6.0%), Utah County (5.8%), Bear River (5.8%), and Wasatch County (5.2%) health districts reported significantly lower percentages than the state average (Figure 32).

7.0%

of Utah students in grades 8, 10, and 12 reported that they had made one or more suicide attempts in the past 12 months.

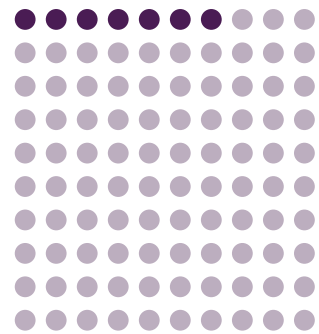
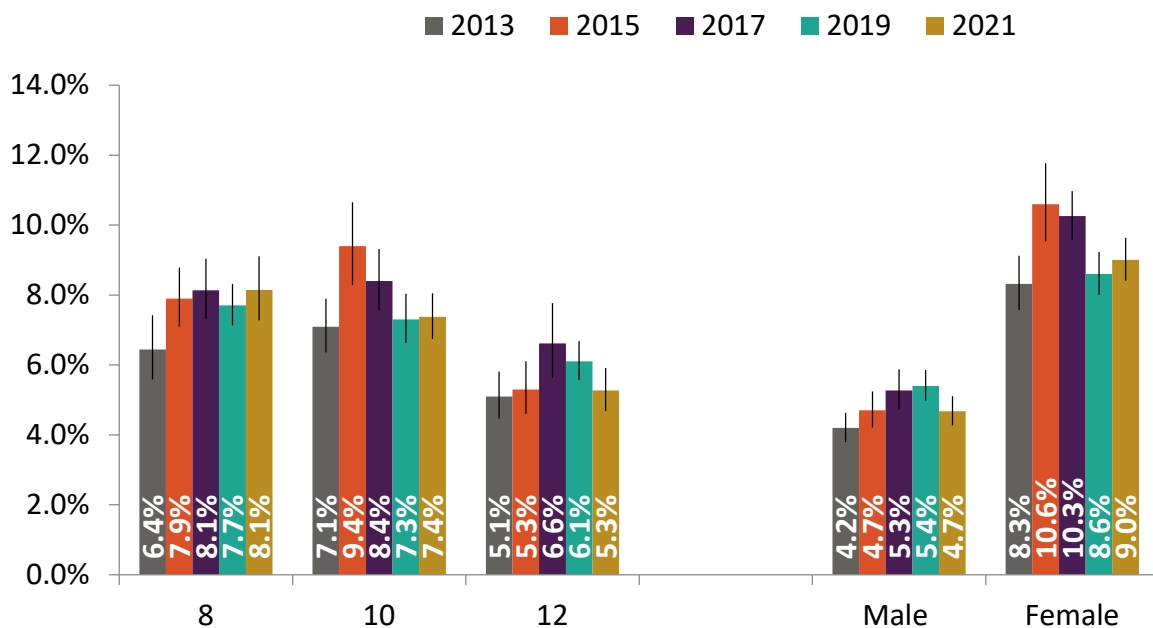
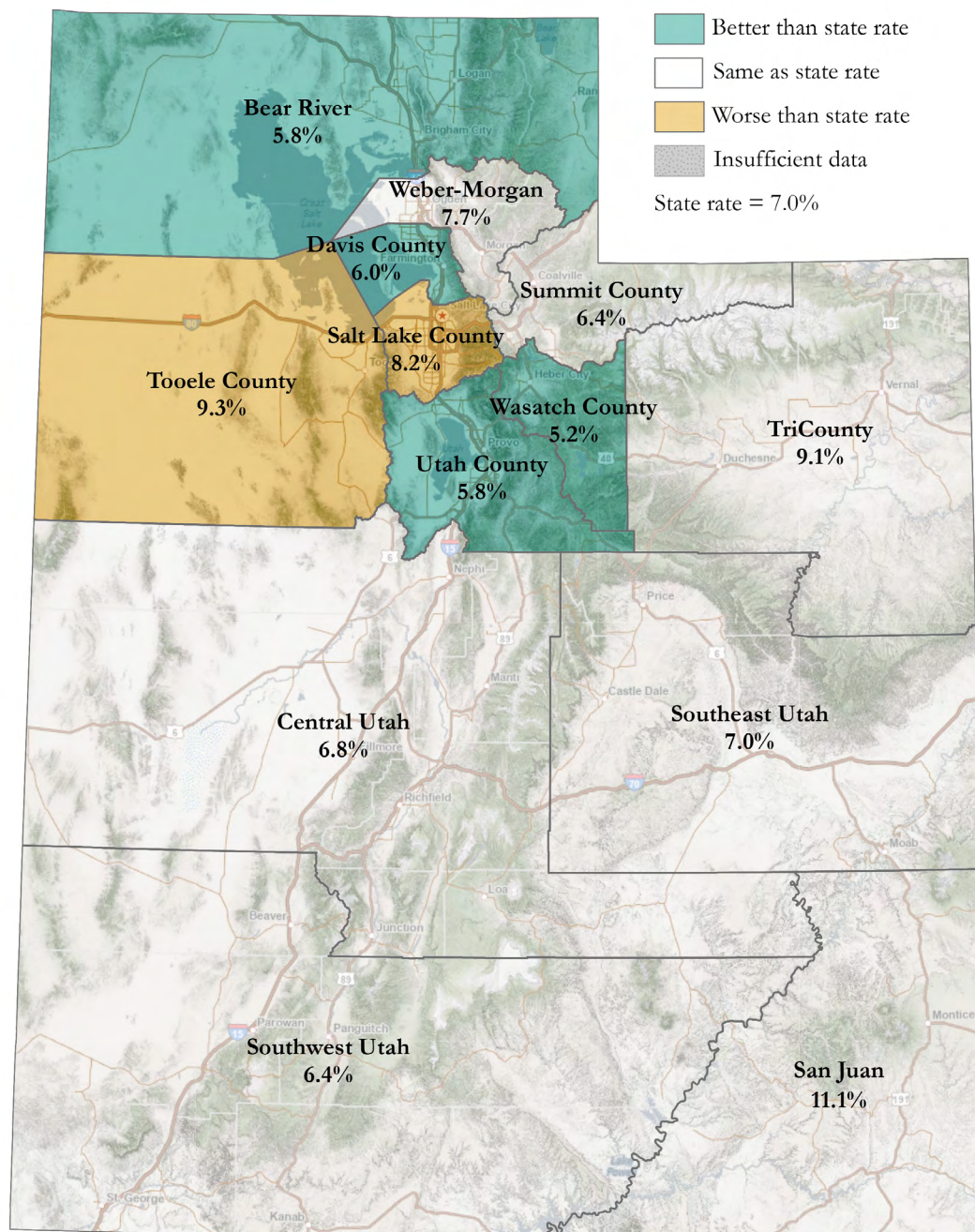


Figure 31: Percent of Utah Students (Grades 8, 10, 12) Who Made a Suicide Attempt in the Past 12 Months by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Suicide Attempt

Figure 32: Percent of Utah Students (Grades 8, 10, 12) Who Made a Suicide Attempt in the Past 12 Months by Local Health District Map, Utah, 2021



Binge Drinking

According to the CDC, binge drinking (five or more drinks on a single occasion for males or four or more drinks on a single occasion for females), is the most common, costly, and deadly pattern of excessive alcohol use in the U.S. Binge drinking is associated with an increased risk for many health problems and social harms, including high blood pressure, stroke, liver disease, certain cancers, unintentional injuries, and violence.¹⁶

In 2021, 3.1% of Utah students in grades 8, 10 and 12 reported engaging in binge drinking in the last two weeks. This is a significant decrease from 2019 (4.9%). Female students (3.5%) reported a significantly higher percentage of binge drinking than male students (2.7%). Students in 8th (2.1%) and 10th (2.7%) grades reported significantly lower percentages of binge drinking than students in 12th (4.7%) grade (Figure 33).

Among local health districts, students in TriCounty (6.0%), Weber-Morgan (5.2%), Central Utah (4.9%), and Southwest Utah (4.2%) reported significantly higher percentages of binge drinking than the state average (3.1%) in 2021. Students in Davis County (2.0%) and Utah County (1.7%) health districts reported significantly lower percentages than the state average (Figure 34).

3.1%

of Utah students in grades 8, 10 and 12 reported engaging in binge drinking in the last two weeks.

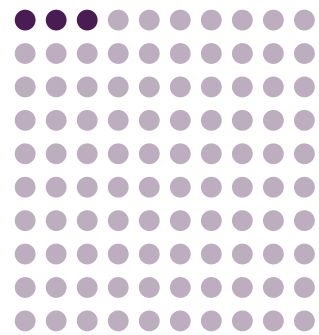
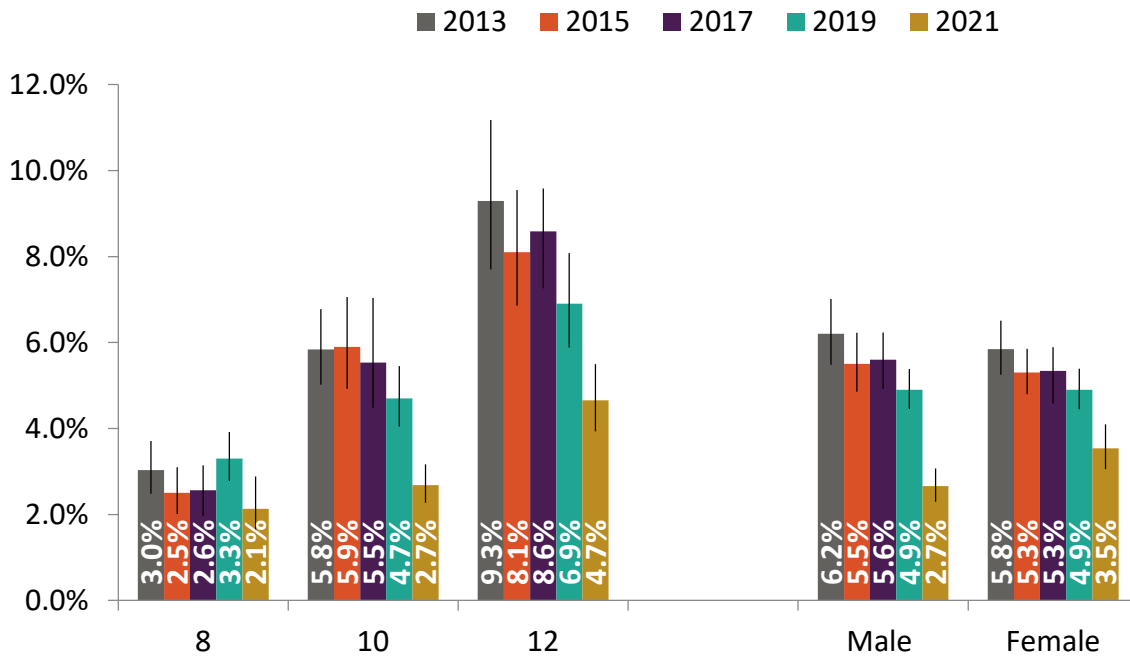
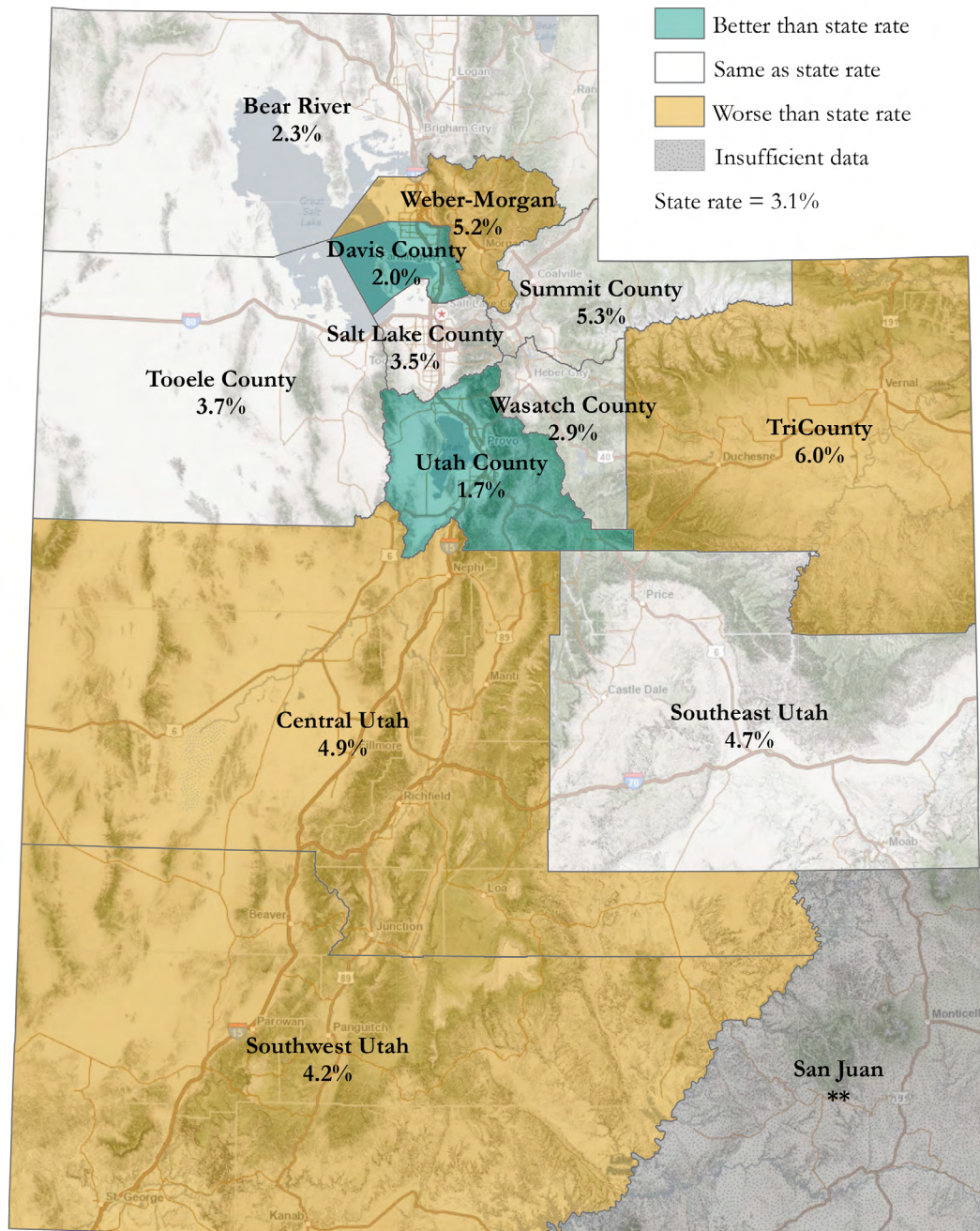


Figure 33: Percent of Utah Students (Grades 8, 10, 12) Who Reported Binge Drinking in the Last 2 Weeks by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Binge Drinking

Figure 34: Percent of Utah Students (Grades 8, 10, 12) Who Reported Binge Drinking in the Last 2 Weeks by Local Health District Map, Utah, 2021



Current Alcohol Use

Youth who drink alcohol are more likely to experience school, social, legal, and physical problems. Youth alcohol use can lead to changes in brain development that may have life-long effects.¹⁷

In 2021, 5.3% of students in grades 8, 10, and 12 reported using alcohol in the last 30 days. This is a significantly lower percentage than in 2019 (7.1%). Female students (6.3%) were significantly more likely to use alcohol than male students (4.2%). The percent of students who reported using alcohol in the past 30 days significantly increased with grade level. 3.2% of students in 8th grade, 4.7% of students in 10th grade, and 8.4% of students in 12th grade reported using alcohol in the past 30 days (Figure 35).

Among local health districts, students in Southeast Utah (9.3%), Weber-Morgan (8.7%), and TriCounty (7.8%) reported significantly higher percentages of alcohol use in the last 30 days than the state average (5.3%) in 2021. Students in Utah County (3.0%) health district reported a significantly lower percentage than the state average (Figure 36).

5.3%

of students in grades 8, 10, and 12 reported using alcohol in the last 30 days.

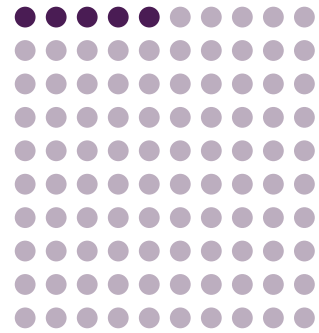
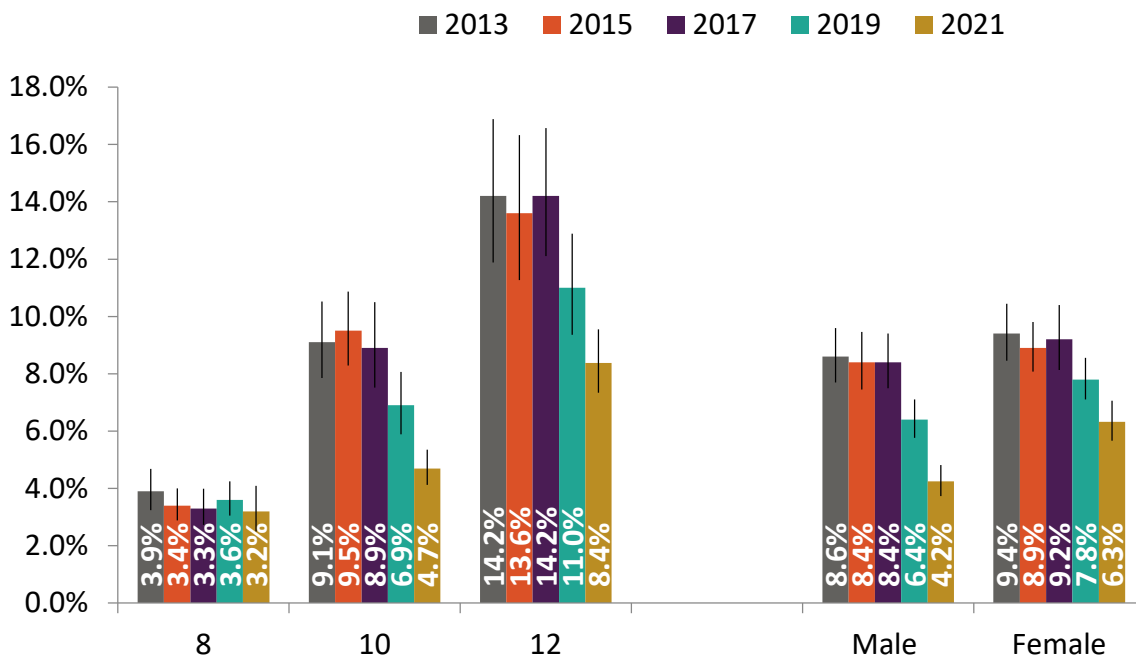
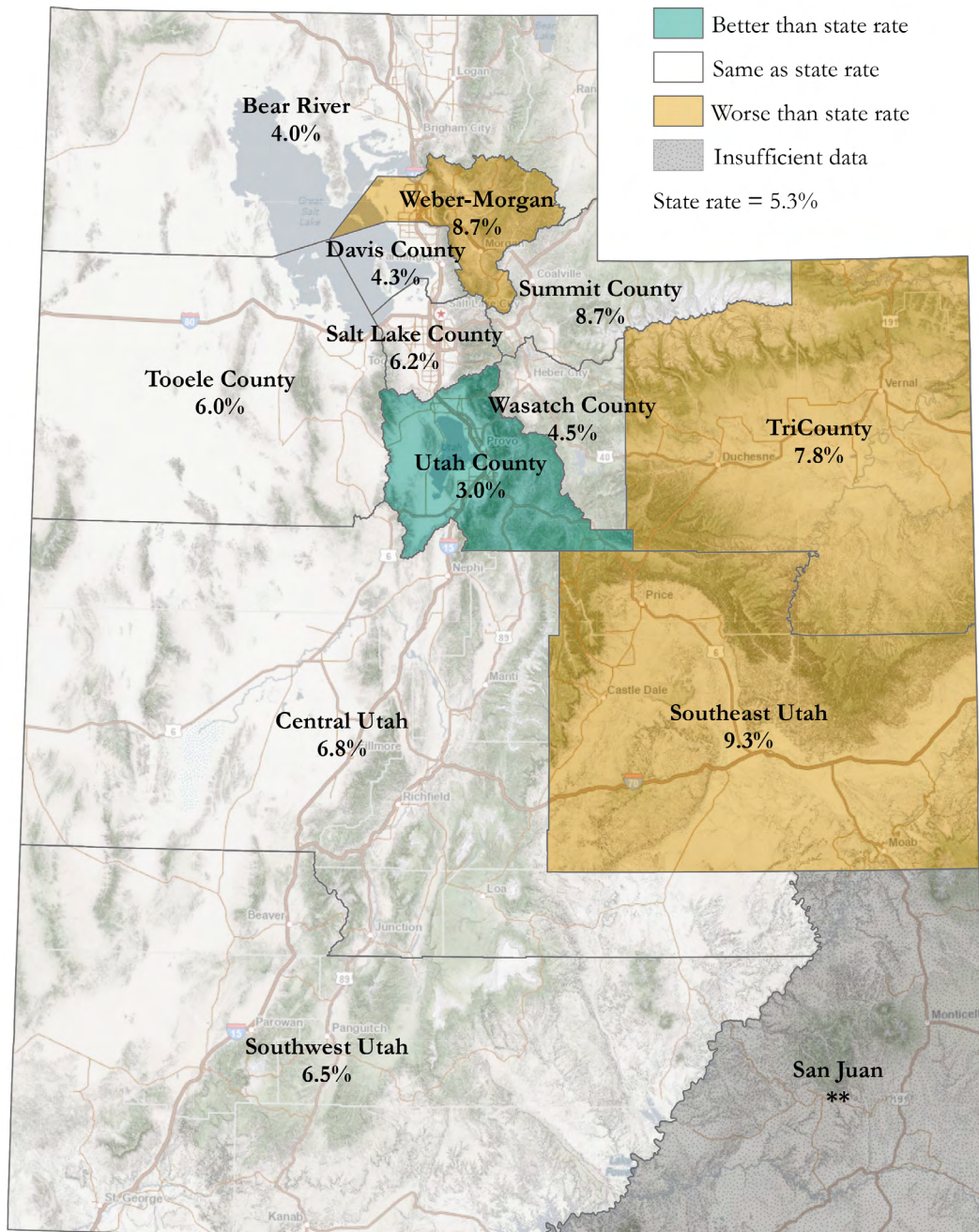


Figure 35: Percent of Utah Students (Grades 8, 10, 12) Who Drank Alcohol in the Past 30 Days by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Current Alcohol Use

Figure 36: Percent of Utah Students (Grades 8, 10, 12) Who Drank Alcohol in the Past 30 Days by Local Health District Map, Utah, 2021



Marijuana Use

Marijuana has harmful effects on adolescents and can impact brain development, cognition, and social functioning.¹⁸ Adolescents who use marijuana are also at greater risk for cardiorespiratory disease and testicular cancer.¹⁹ The effects of marijuana can depend on a number of factors including the amount of marijuana taken, the frequency of use, the mode of use, and the use of other substances.²⁰

In 2021, 5.9% of Utah students in grades 8, 10 and 12 reported using marijuana in the last 30 days. This is a significant decrease from 2019 (8.2%). Female students (6.5%) reported significantly higher marijuana use than male students (5.2%). Marijuana use increased significantly with grade level. 3.0% of students in 8th grade, 5.9% of students in 10th grade, and 9.0% of students in 12th grade reported using marijuana (Figure 37).

Among local health districts, students in Southeast Utah (11.3%), Weber-Morgan (8.2%), and Salt Lake County (7.2%) reported significantly higher percentages of marijuana use than the state average (5.9%) in 2021. Students in Central Utah (4.0%) and Utah County (3.7%) health districts reported significantly lower percentages of marijuana use than the state average (Figure 38).

5.9%

of Utah students in grades 8, 10 and 12 reported using marijuana in the last 30 days.

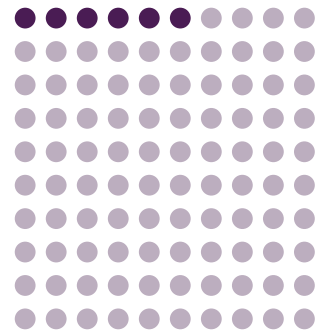
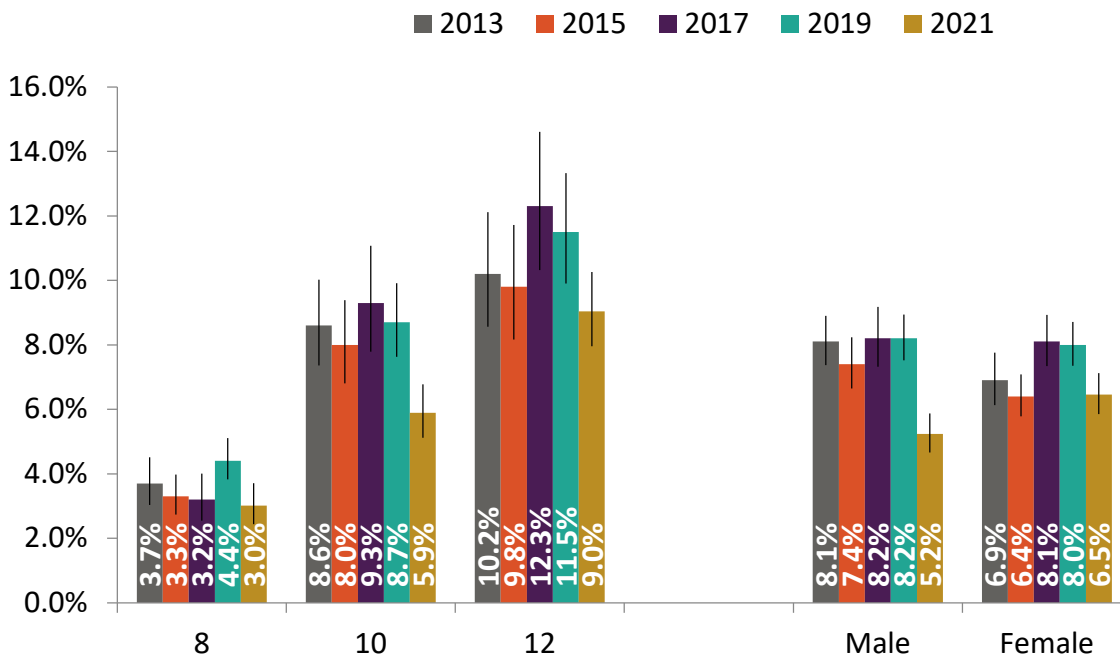
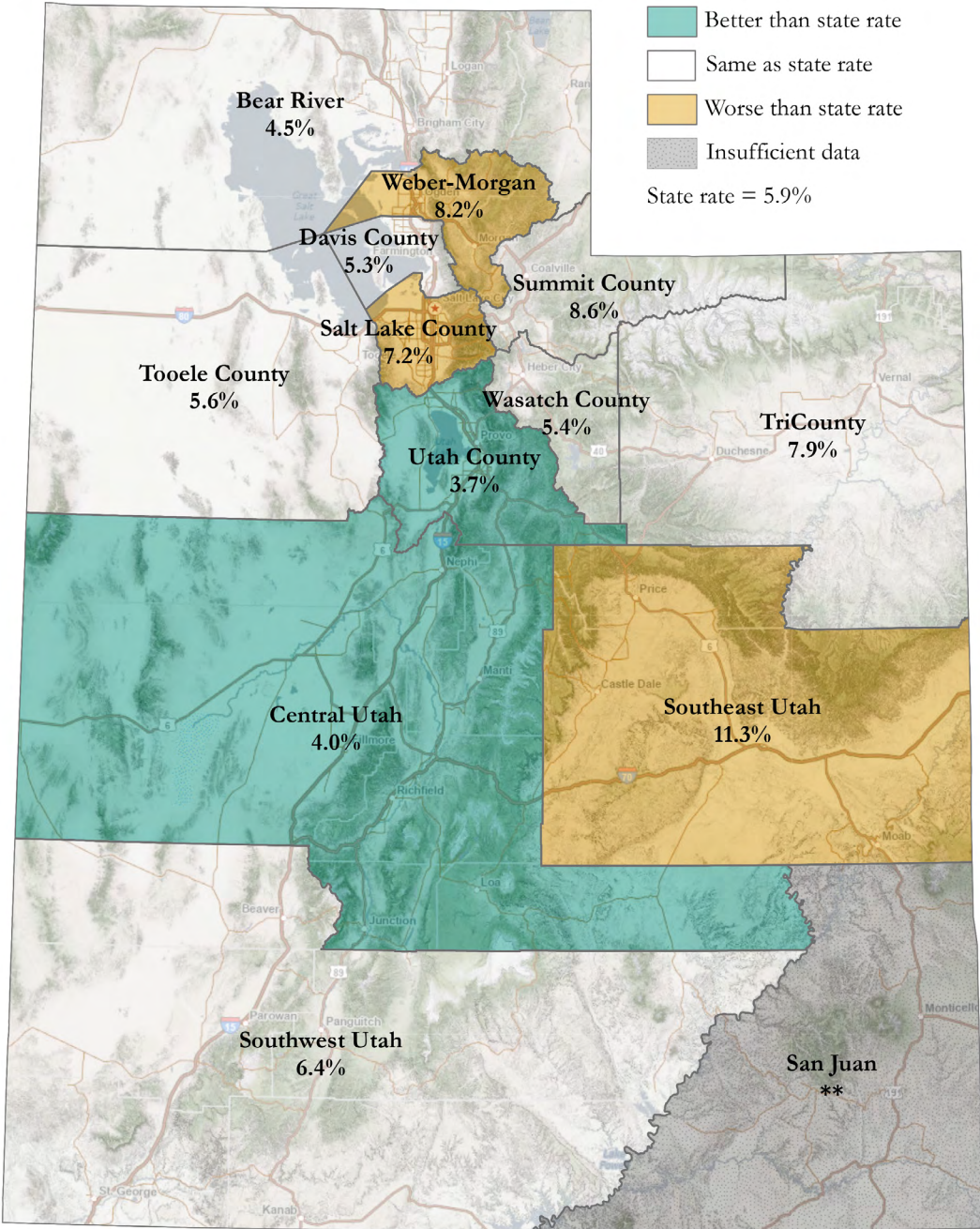


Figure 37: Percent of Utah Students (Grades 8, 10, 12) Who Used Marijuana in the Past 30 Days by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Marijuana Use

Figure 38: Percent of Utah Students (Grades 8, 10, 12) Who Used Marijuana in the Past 30 Days by Local Health District Map, Utah, 2021



Prescription Drug Abuse

Prescription drugs can be very helpful when prescribed by a doctor and used as directed. The misuse and abuse of prescription medications is a significant health concern in Utah and has led to many deaths due to drug overdoses.²¹

In 2021, 1.7% of Utah students in grades 8, 10, and 12 reported that they had used prescription drugs that were not prescribed to them in the past 30 days. This is a significant decrease from 2019 (2.2%). Female students (2.0%) reported a significantly higher percentage of prescription drug abuse than male students (1.4%). Students in 8th (2.1%) grade reported a significantly higher percentage of prescription drug abuse than students in 10th (1.6%) and 12th (1.4%) grades (Figure 39).

No local health district reported significantly higher or lower percentages of prescription drug abuse than the state average (1.7%) in 2021 (Figure 40).

1.7%

of Utah students in grades 8, 10, and 12 reported that they had used prescription drugs that were not prescribed to them in the past 30 days.

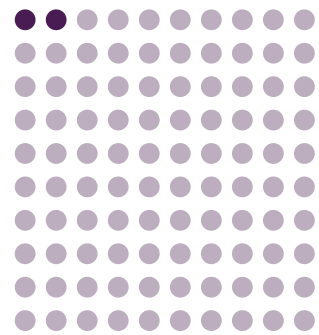
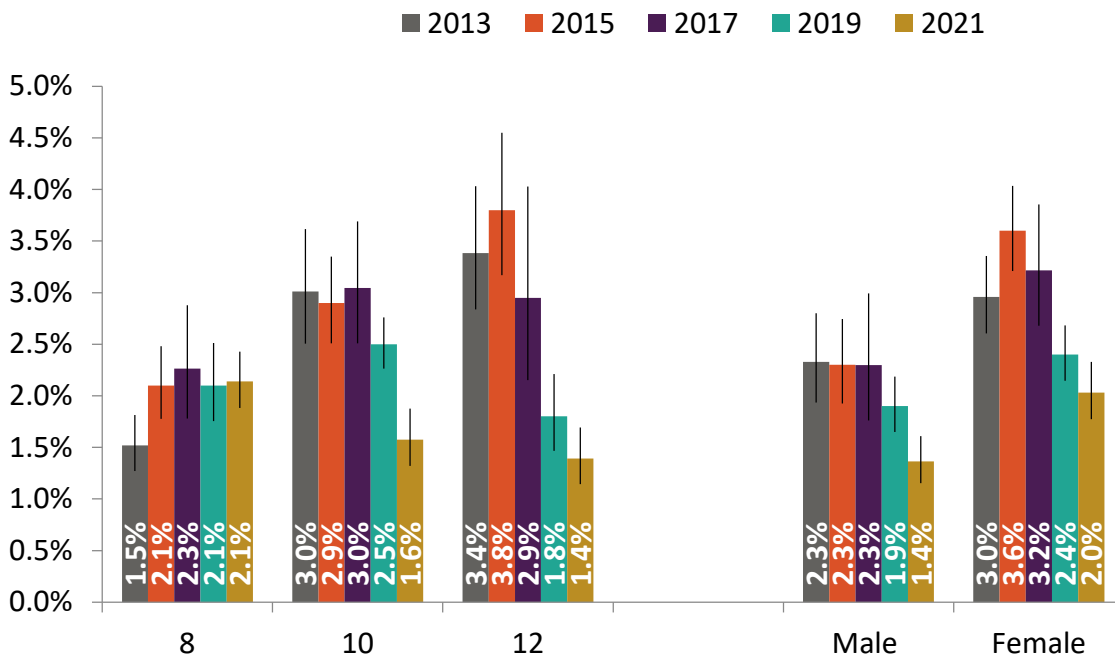


Figure 39: Percent of Utah Students (Grades 8, 10, 12) Who Reported Using Prescription Drugs That Were Not Prescribed to Them in the Past 30 Days by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Prescription Drug Abuse

Figure 40: Percent of Utah Students (Grades 8, 10, 12) Who Reported Using Prescription Drugs That Were Not Prescribed to Them in the Past 30 Days by Local Health District Map, Utah, 2021



Cigarette Smoking

Current cigarette smoking, defined as smoking cigarettes in the past 30 days, among Utah students has declined significantly in the past 30 years.²²

In 2021, 1.0% of Utah students in grades 8, 10, and 12 reported that they had smoked cigarettes in the past 30 days. This is a significant decrease from the percentage in 2019 (1.5%). Cigarette smoking among Utah students has continuously declined since 2013 when 3.8% of Utah students reported smoking cigarettes in the past 30 days.

The percentage of cigarette smoking did not differ significantly between male and female students. As grade level increased, students were more likely to report smoking cigarettes. The cigarette smoking percentage for students in 8th (0.6%) grade was lower than the cigarette smoking percentages for students in 10th (0.9%) and 12th (1.5%) grades (Figure 41).

Among local health districts, students in Southeast Utah (2.4%), TriCounty (2.4%), Southwest Utah (1.9%), and Central Utah (1.5%) reported significantly higher percentages of cigarette smoking than the state average (1.0%) in 2021. Students in Davis County (0.7%) and Utah County (0.7%) health districts reported significantly lower percentages than the state average (Figure 42).

1.0%

of Utah students in grades 8, 10, and 12 reported that they had smoked cigarettes in the past 30 days.

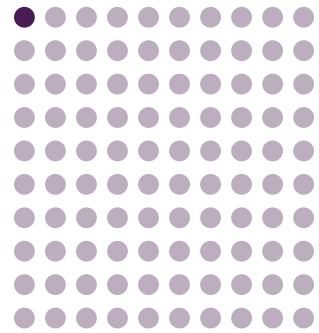
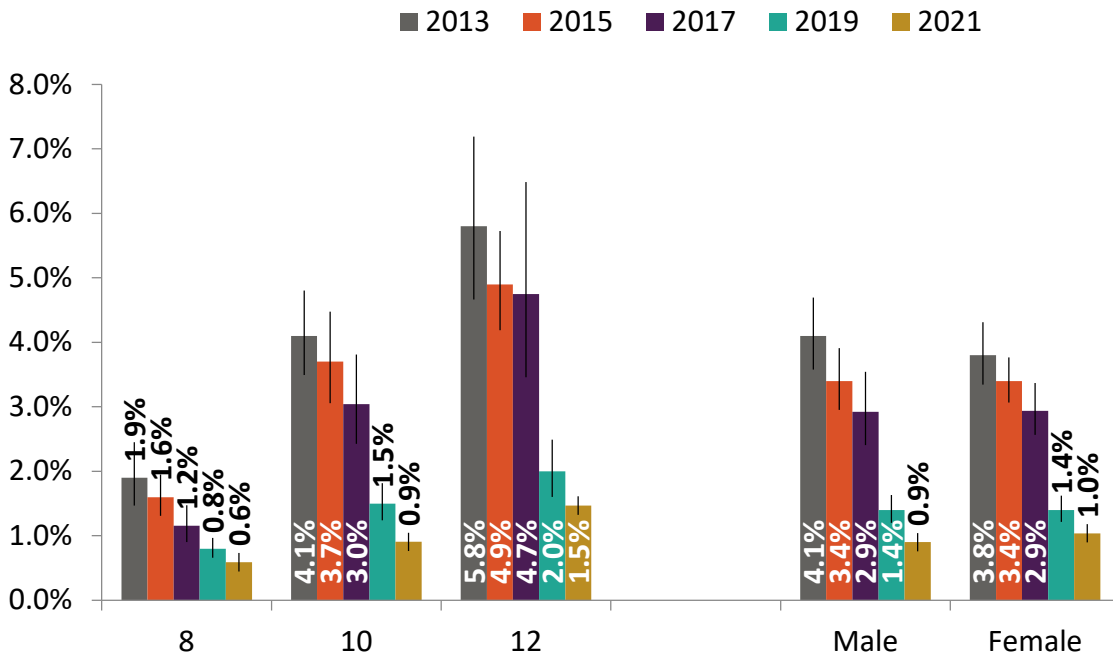
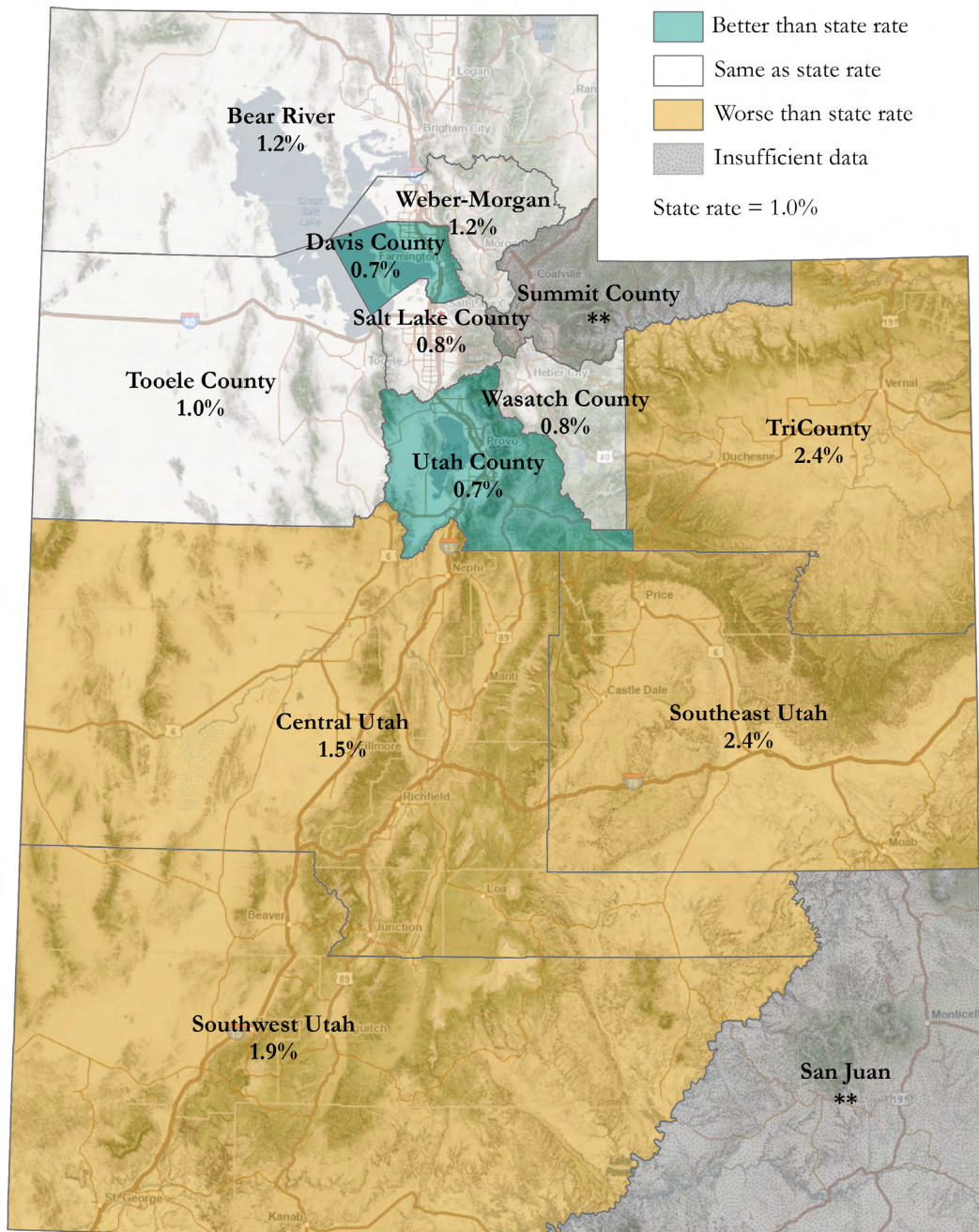


Figure 41: Percent of Utah Students (Grades 8, 10, 12) Who Smoked Cigarettes in the Past 30 Days by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Cigarette Smoking

Figure 42: Percent of Utah Students (Grades 8, 10, 12) Who Smoked Cigarettes in the Past 30 Days by Local Health District Map, Utah, 2021



Vape Product Use

Vape products (also known as electronic cigarettes, e-cigarettes, mods, or pod vapes) are battery-powered devices that heat liquids and turn them into aerosols inhaled by the user. These liquids usually contain nicotine and kid-friendly flavors such as fruit, candy, or mint. Nicotine, whether smoked, vaped, or chewed interferes with adolescent brain development, and has lasting effects on cognitive abilities and mental health.²³

In 2021, 7.8% of Utah students in grades 8, 10, and 12 reported that they had used vape products in the past 30 days. Even though this is a significant decrease from 2019 (12.4%), vape products remained the most common source of nicotine addiction. Utah students were more likely to report vape product use than use of all other nicotine products combined. Female students (9.0%) reported using vape products at a significantly higher percentage than male students (6.4%). The use of vape products increased significantly with grade level. 5.6% of students in 8th grade, 8.3% of students in 10th grade, and 9.7% of students in 12th grade reported vaping in the past 30 days (Figure 43).

Among local health districts, students in Weber-Morgan (13.2%), Southeast Utah (12.9%), TriCounty (12.2%), and Tooele County (9.3%) reported significantly higher percentages of vape product use than the state average (7.8%) in 2021. Students in Utah County (4.8%) health district reported a significantly lower percentage of vape product use than the state average (Figure 44).

7.8%

of Utah students in grades 8, 10, and 12 reported that they had used vape products in the past 30 days.

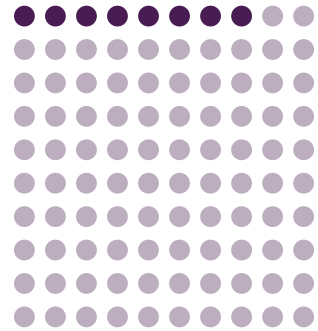
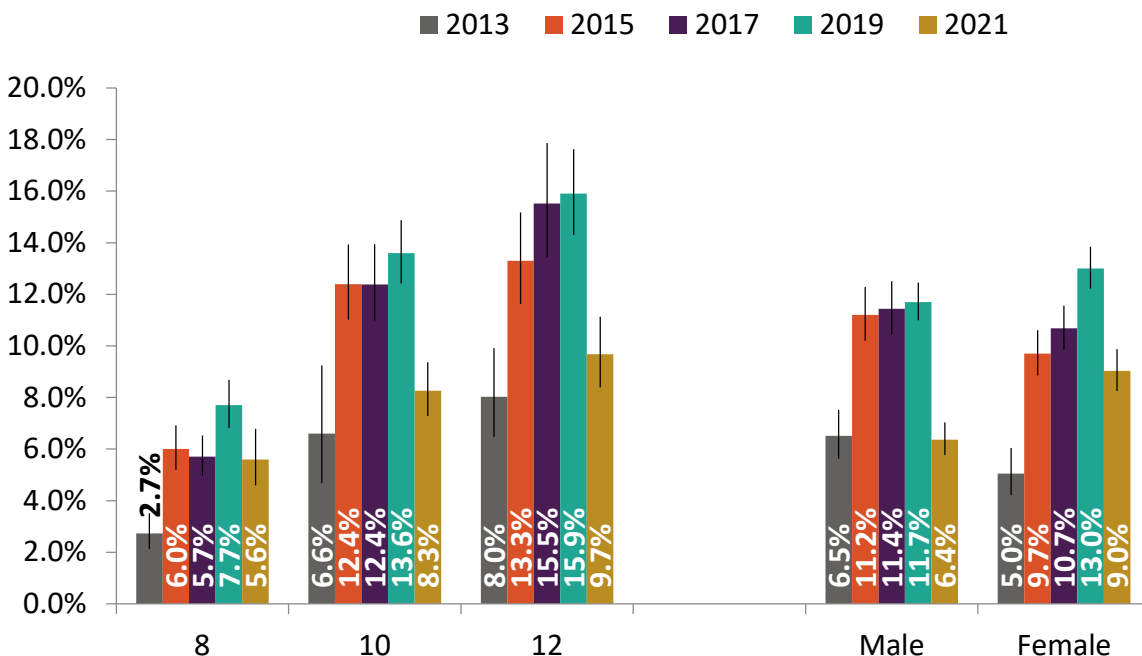
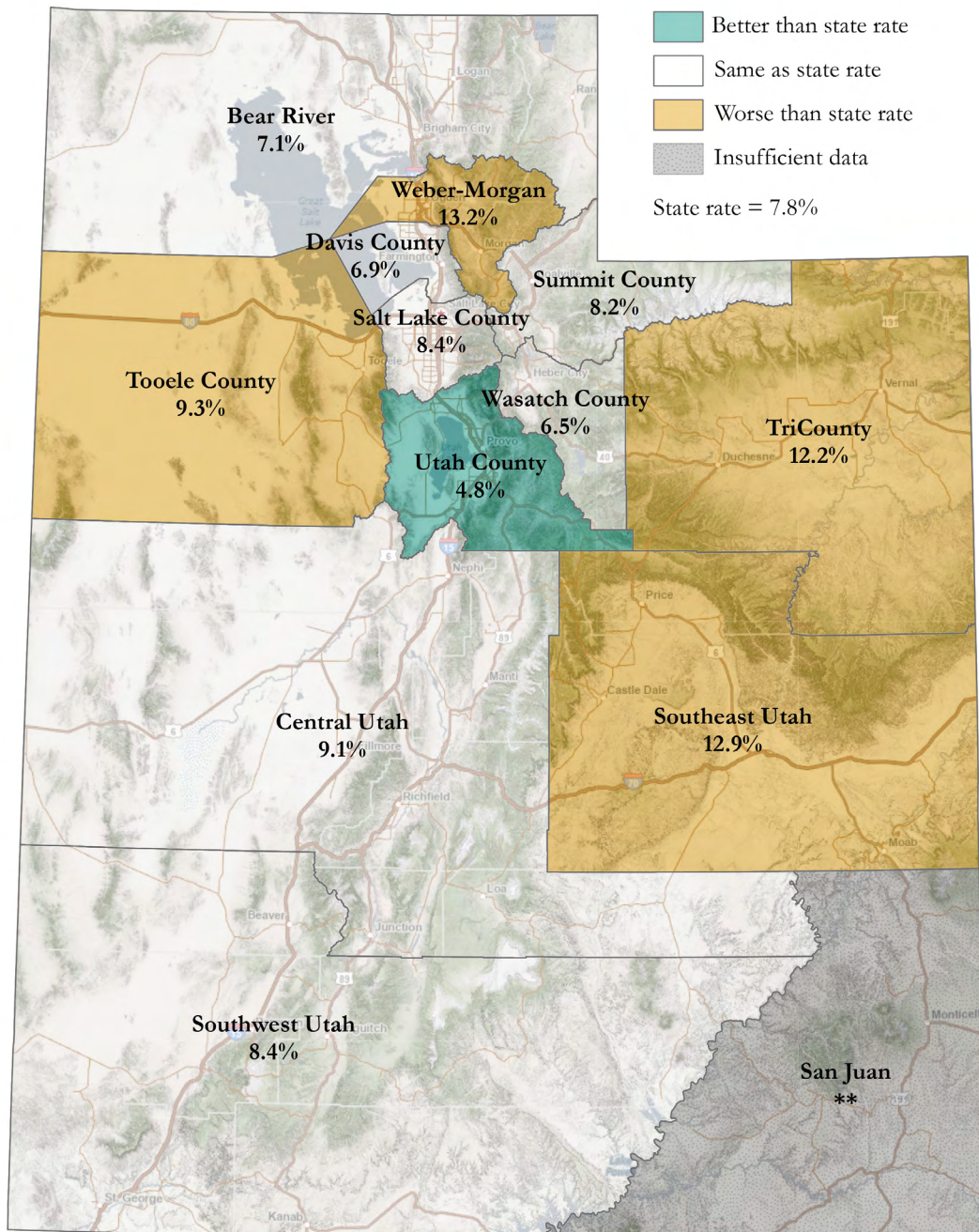


Figure 43: Percent of Utah Students (Grades 8, 10, 12) Who Used Vape Products in the Past 30 Days by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Vape Product Use

Figure 44: Percent of Utah Students (Grades 8, 10, 12) Who Used Vape Products in the Past 30 Days by Local Health District Map, Utah, 2021



Use of Smokeless Tobacco

Use of smokeless tobacco (chewing tobacco, snuff, dip, or snus) is not a safe alternative to cigarette smoking. The health risks associated with smokeless tobacco use include heart disease and cancer of the mouth, esophagus, pharynx, larynx, stomach, and pancreas.²⁵

In 2021, 0.5% of Utah students in grades 8, 10, and 12 reported that they had used smokeless tobacco in the past 30 days. This is a significant decrease from 2019 (0.7%). Male students (0.7%) were significantly more likely to report use of smokeless tobacco than female students (0.3%). No significant differences in use of smokeless tobacco were observed by grade level (Figure 45).

Among local health districts, students in Central Utah (1.3%), TriCounty (1.2%), Wasatch County (1.1%), and Southwest Utah (0.9%) reported significantly higher percentages of smokeless tobacco use than the state average (0.5%) in 2021. Students in Utah County (0.2%) and Davis County (0.2%) health districts reported significantly lower percentages of smokeless tobacco use than the state average (Figure 46).

0.5%

of Utah students in grades 8, 10, and 12 reported that they had used smokeless tobacco in the past 30 days.

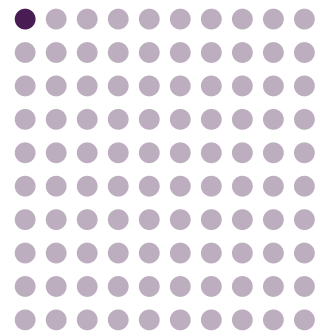
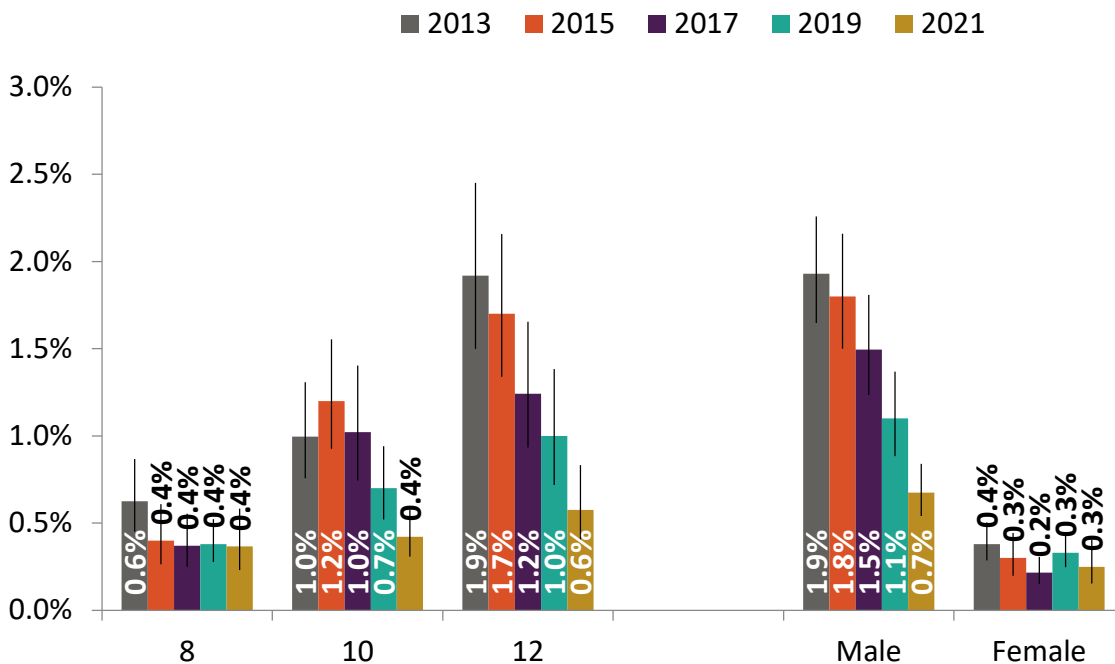
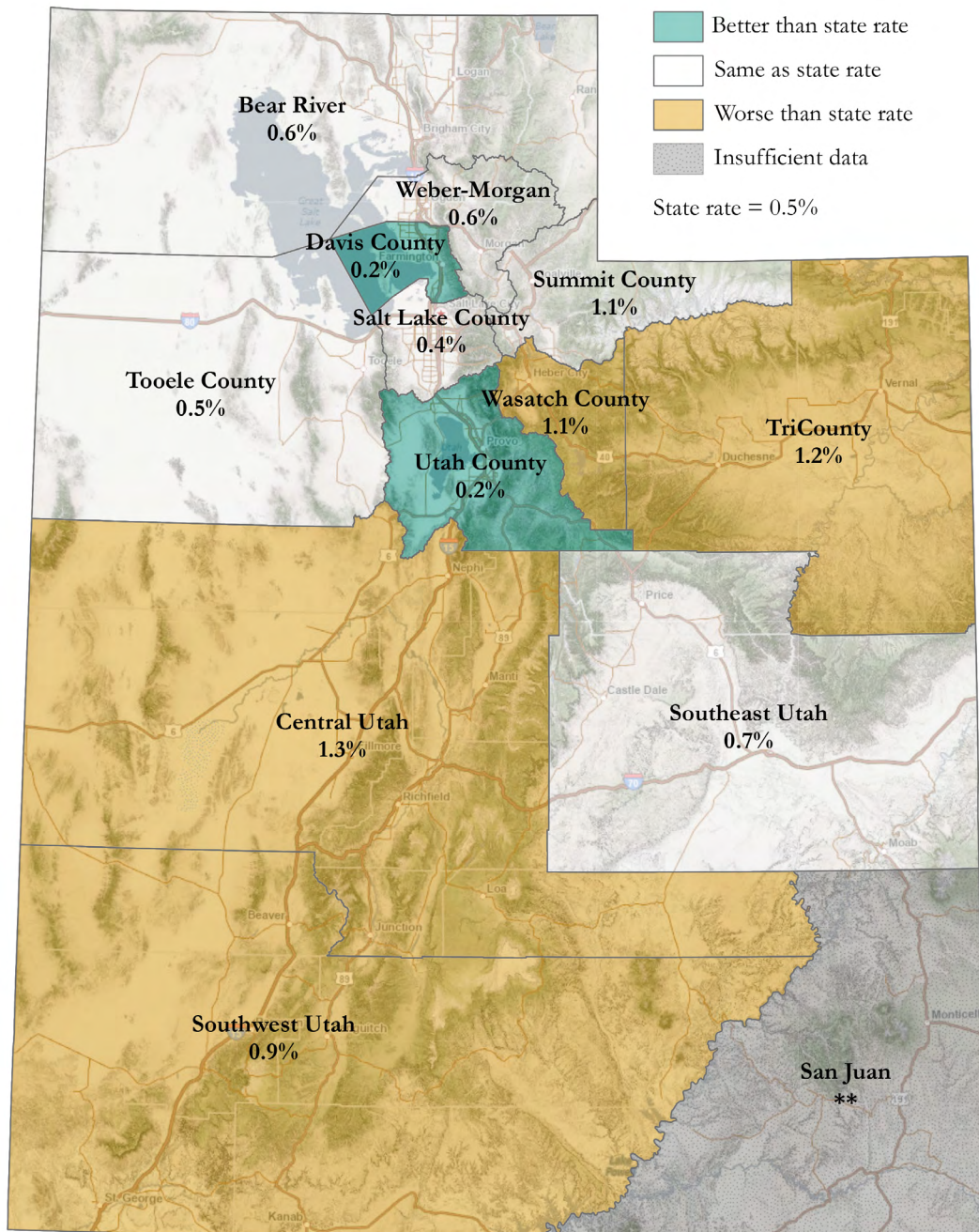


Figure 45: Percent of Utah Students (Grades 8, 10, 12) Who Used Smokeless Tobacco in the Past 30 Days by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Use of Smokeless Tobacco

Figure 46: Percent of Utah Students (Grades 8, 10, 12) Who Used Smokeless Tobacco in the Past 30 Days by Local Health District Map, Utah, 2021



Anti-tobacco Ad Recall

Although tobacco advertising targeted towards adolescents is prohibited in the U.S., young people continue to be exposed to pro-tobacco messages in a variety of settings such as films, social media, and tobacco retail stores. To counter pro-tobacco messages and inform the public of the health and social consequences of tobacco use, the UDOH Tobacco Prevention and Control Program funds a comprehensive anti-tobacco marketing campaign.

In 2021, 81.2% of Utah students in grades 8, 10, and 12 reported that they had seen advertising or campaigns against smoking in the past 30 days. This was a significant decrease from the reported percentage in 2019 (86.4%). Female and male students reported similar percentages of exposure to anti-tobacco messages in the past 30 days. There were no significant differences across grade levels (Figure 47).

Among local health districts, students in Central Utah (78.7%) and San Juan County (65.0%) reported significantly lower percentages of exposure to anti-tobacco ads than the state average (81.2%) in 2021. No local health district reported significantly higher percentages of anti-tobacco advertising exposure among students than the state average (Figure 48).

81.2%

of Utah students in grades 8, 10, and 12 reported that they had seen advertising or campaigns against smoking in the past 30 days.

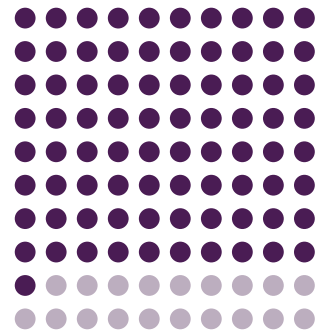
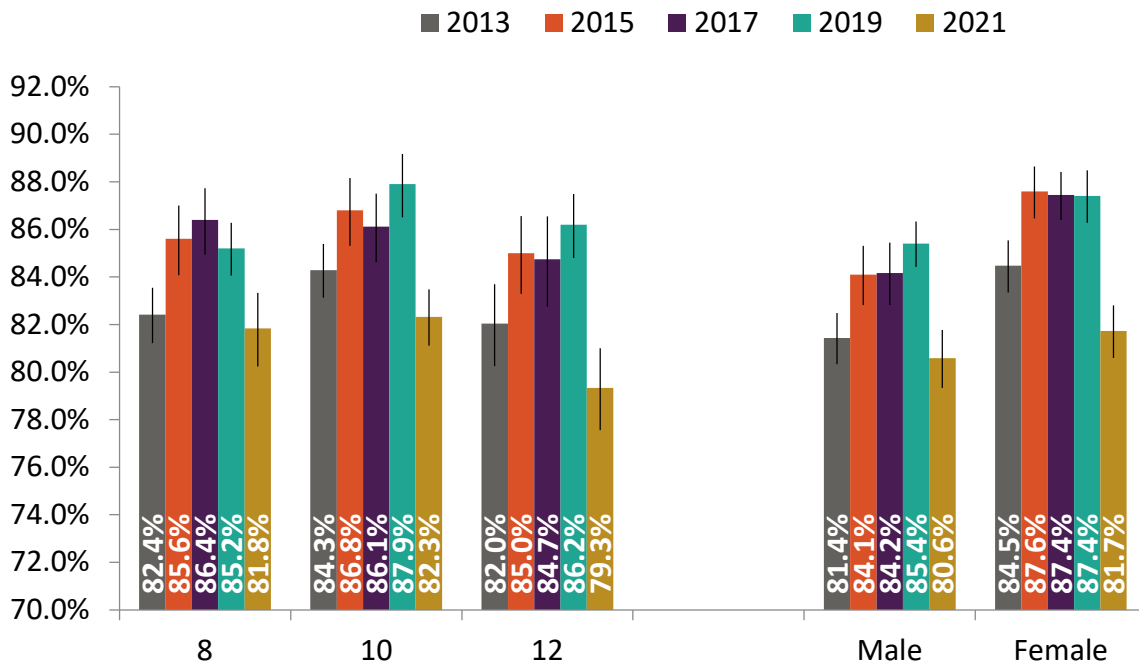
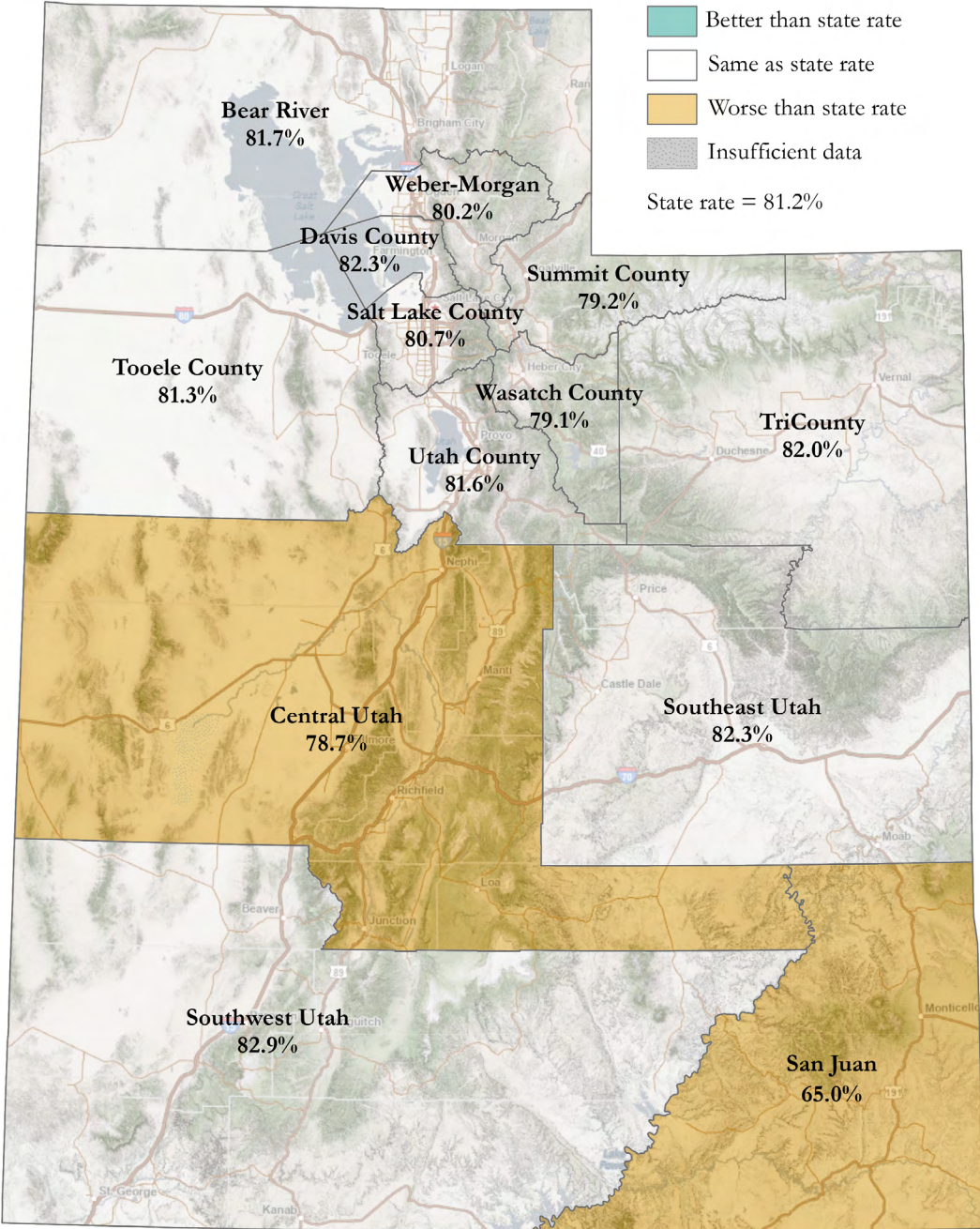


Figure 47: Percent of Utah Students (Grades 8, 10, 12) Who Saw or Heard Anti-tobacco Advertising in the Past 30 Days by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Anti-tobacco Ad Recall

Figure 48: Percent of Utah Students (Grades 8, 10, 12) Who Saw or Heard Anti-tobacco Advertising in the Past 30 Days by Local Health District Map, Utah, 2021



Anti-tobacco Education in School

The CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction state that school-based anti-tobacco programs are most effective when they include developmentally appropriate instruction in grades K-12 about the short- and long-term physiological and social consequences of tobacco use, as well as refusal skills.²⁶

In 2021, 48.4% of Utah students in grades 8, 10, and 12 reported that they received anti-tobacco education during the past school year. This is a significant decrease from 2019 (56.9%). Male students (51.6%) were significantly more likely to have received anti-tobacco education in the past school year than female students (45.5%). Exposure to anti-tobacco education decreased significantly as grade levels increased. 63.6% of students in 8th grade, 51.8% of students in 10th grade, and 28.2% of students in 12th grade reported receiving anti-tobacco education in school (Figure 49).

No local health district reported significantly higher or lower percentages of school-based anti-tobacco education compared to the state average (48.4%) in 2021 (Figure 50).

48.4%

of Utah students in grades 8, 10, and 12 reported that they received anti-tobacco education during the past school year.

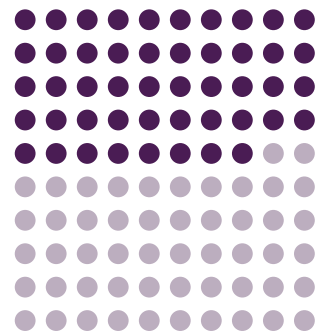
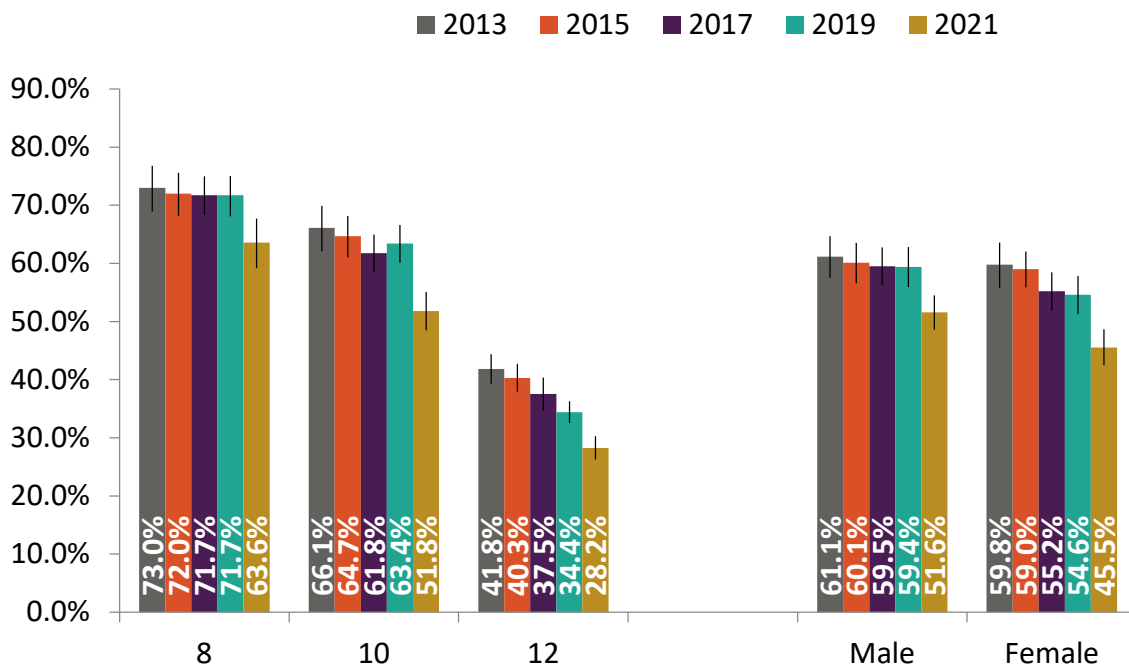
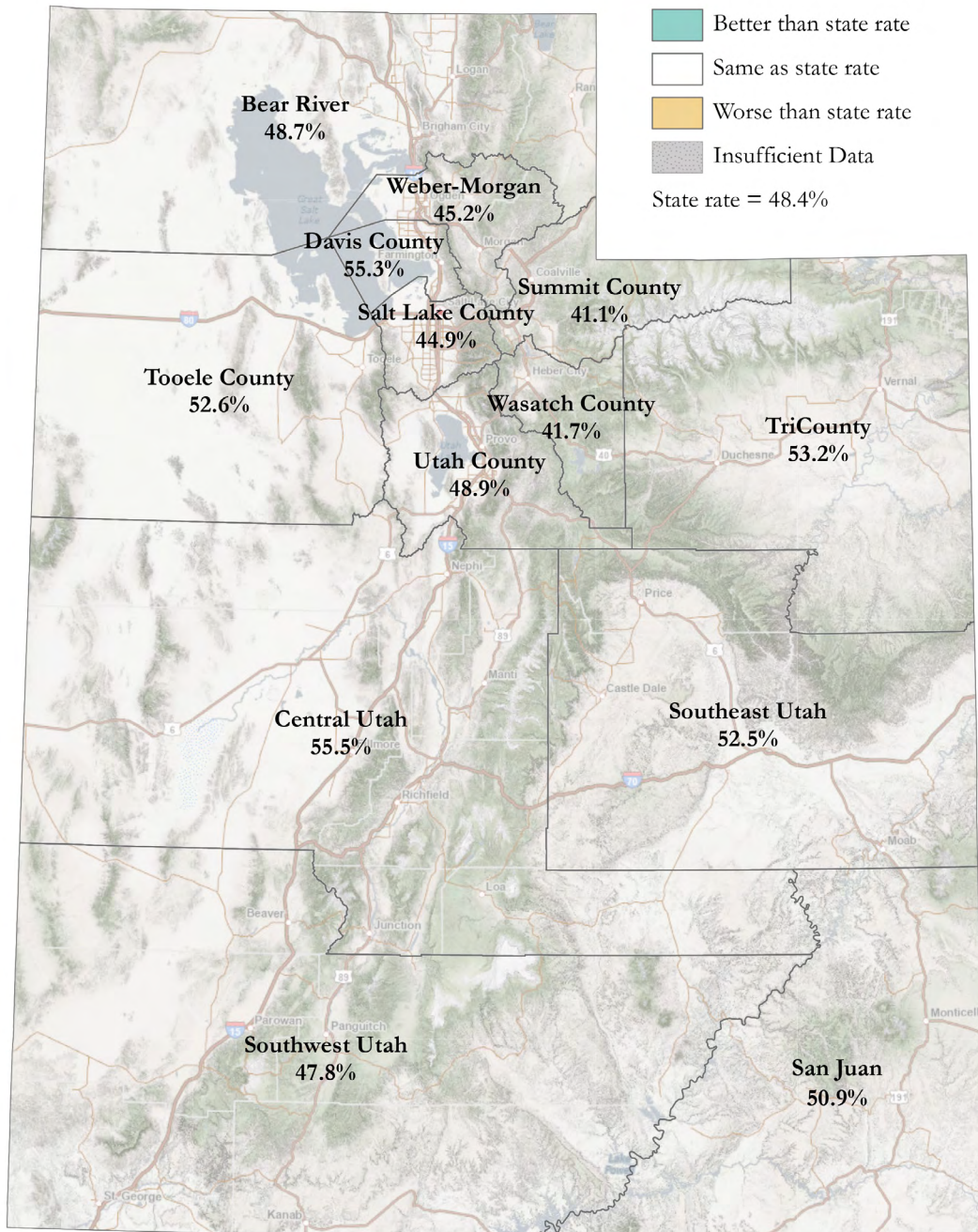


Figure 49: Percent of Utah Students (Grades 8, 10, 12) Who Received Anti-tobacco Education During the Current School Year by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Anti-tobacco Education in School

Figure 50: Percent of Utah Students (Grades 8, 10, 12) Who Received Anti-tobacco Education During the Current School Year by Local Health District Map, Utah, 2021



Exposed to Cigarette Smoking at Home

Children who live in households where one or more of the other household members smoke cigarettes are more likely to have tried smoking than children who live in households without smokers.²⁷

In 2021, 7.9% of Utah students in grades 8, 10, and 12 reported that they lived in a household where someone smoked cigarettes. This is a significant decrease from 2019 (9.3%). There was no significant difference in exposure to smoking at home between male and female students. The exposure to cigarette smoking at home for students in 8th (9.1%) and 10th grades (8.1%) was significantly higher than the exposure to cigarette smoking at home for students in 12th (6.4%) grade (Figure 51).

Among local health districts, students in TriCounty (18.1%), Southeast Utah (15.1%), Weber-Morgan (11.6%), Tooele County (11.3%), Central Utah (11.0%), and Salt Lake County (10.7%) reported significantly higher percentages of exposure to cigarette smoking at home than the state average (7.9%) in 2021. Students in Davis County (4.7%), Wasatch County (4.7%), and Utah County (4.0%) health districts reported significantly lower percentages of exposure to cigarette smoking at home than the state average (Figure 52).

7.9%

of Utah students in grades 8, 10, and 12 reported that they lived in a household where someone smoked cigarettes.

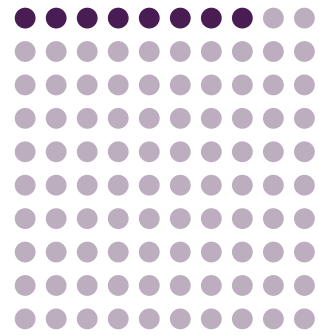
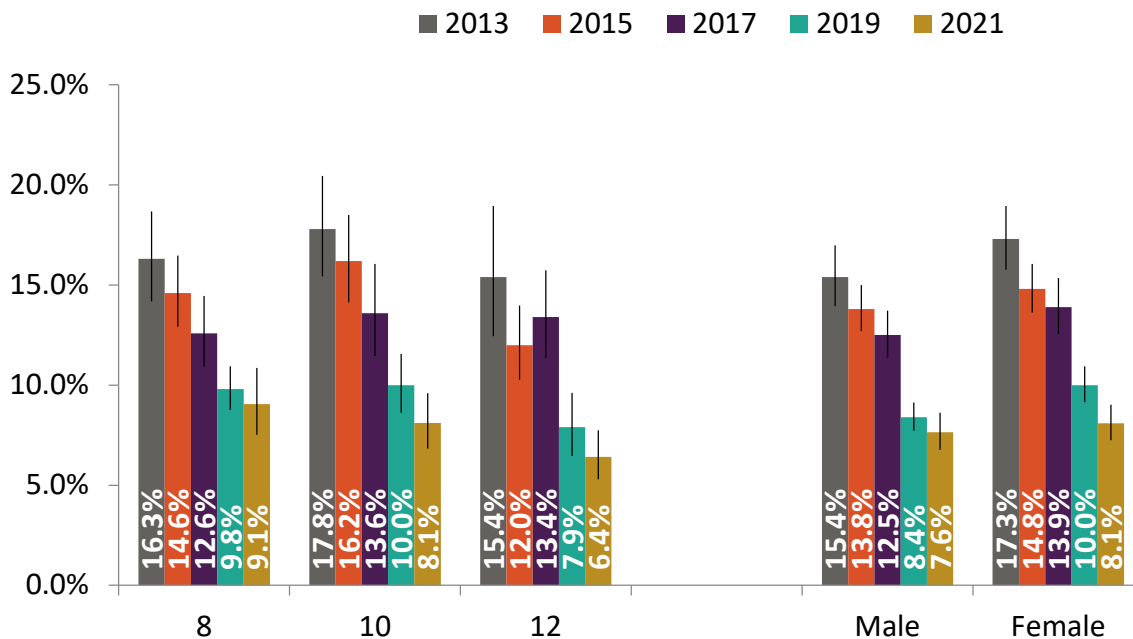


Figure 51: Percent of Utah Students (Grades 8, 10, 12) Who Currently Live With Someone Who Smokes Cigarettes by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Exposed to Cigarette Smoking at Home

Figure 52: Percent of Utah Students (Grades 8, 10, 12) Who Currently Live With Someone Who Smokes Cigarettes by Local Health District Map, Utah, 2021



Secondhand Smoke Exposure

Children who are exposed to secondhand smoke (SHS) are at increased risk for bronchitis, pneumonia, and ear infections.²⁸ In addition, SHS can trigger asthma attacks. Children with asthma who are exposed to SHS have more severe and frequent asthma attacks. To measure indoor exposure to SHS, students were asked if they had been in a room with someone who was smoking a cigarette during the past seven days.

In 2021, 11.6% of Utah students in grades 8, 10, and 12 reported SHS exposure indoors in the past seven days. This is a significant decrease from 2019 (17.5%). Female students (12.6%) were significantly more likely than male students (10.4%) to report recent SHS exposure. Exposure to SHS was consistent across grade levels (**Figure 53**).

Among local health districts, students in TriCounty (21.3%) and Southwest Utah (14.3%) reported significantly higher percentages of SHS exposure than the state average (11.6%) in 2021. Students in Davis County (9.9%), Bear River (9.5%), Utah County (9.2%), and Wasatch County (8.5%) health districts reported significantly lower percentages of SHS exposure than the state average (**Figure 54**).

11.6%

of Utah students in grades 8, 10, and 12 reported SHS exposure indoors in the past seven days.

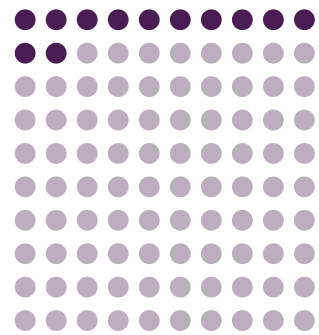
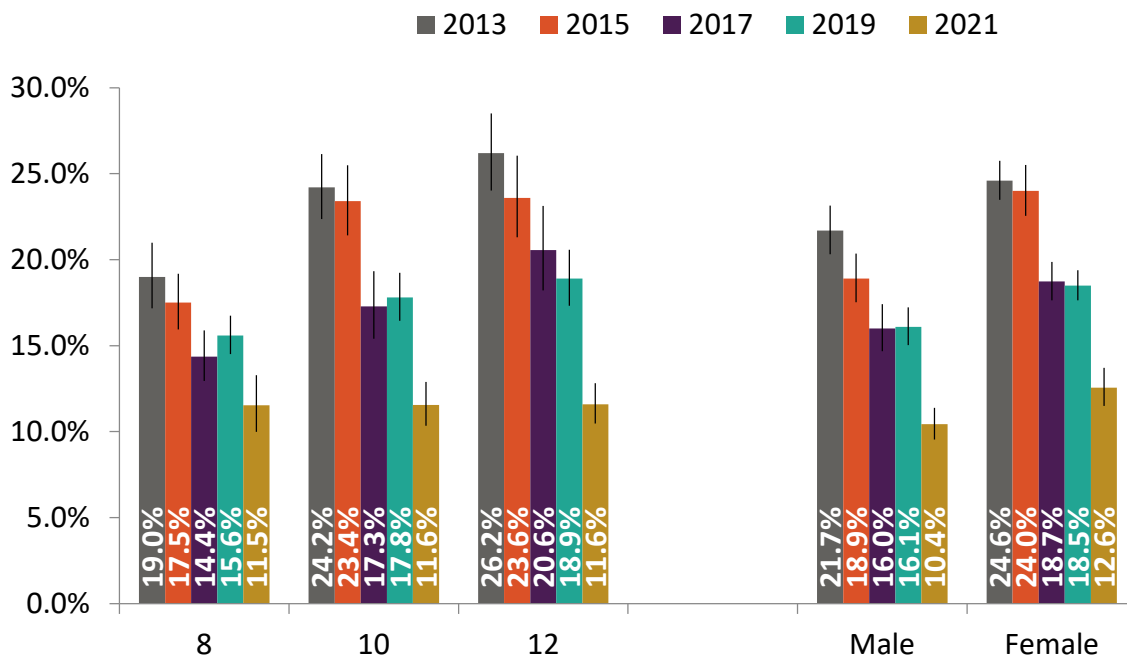
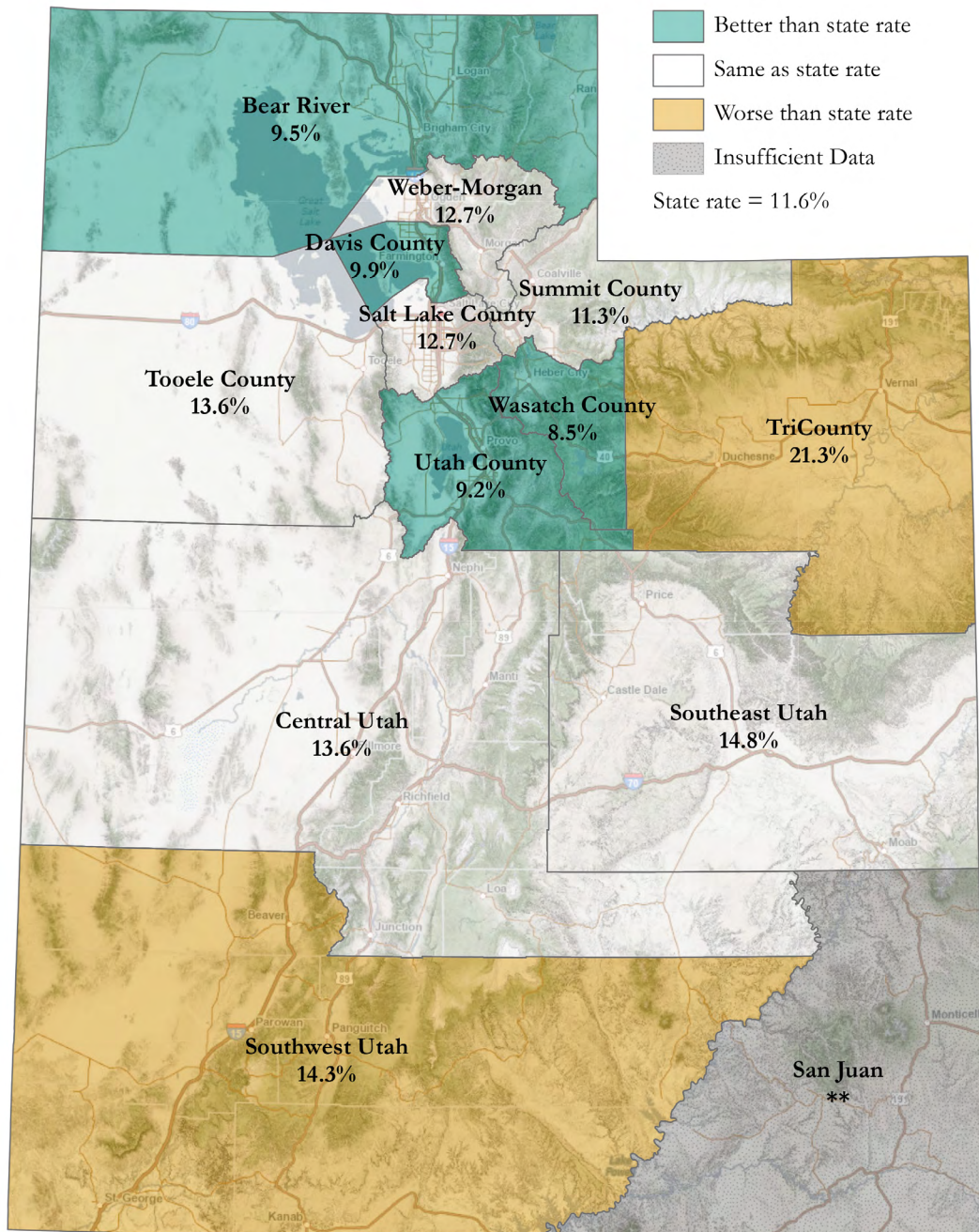


Figure 53: Percent of Utah Students (Grades 8, 10, 12) Who Were in the Same Room With Someone Who Smoked Cigarettes in the Past 7 Days by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Secondhand Smoke Exposure

Figure 54: Percent of Utah Students (Grades 8, 10, 12) Who Were in the Same Room With Someone Who Smoked Cigarettes in the Past 7 Days by Local Health District Map, Utah, 2021



Talking on Cell Phone While Driving

Talking on a cell phone while driving is a form of distracted driving. It can distract the driver manually if they take their hand off the wheel and can also distract the driver cognitively by taking their mind off of driving.²⁹ Younger drivers have the highest rates of distraction-related crashes.³⁰

In 2021, 53.9% of Utah students in grades 8, 10, and 12, who reported driving in the past 30 days, reported talking on the cell phone while driving. This is a significant increase from 2019 (46.1%). Students in 8th grade who reported driving in the past 30 days were included regardless of the fact that 16 is the legal driving age.

Female students (56.3%) reported a significantly higher percentage of talking on a cell phone while driving than male students (51.3%). Percentages of talking on a cell phone while driving increased significantly as grade level increased. 33.1% of students in 8th grade, 37.1% of students in 10th grade, and 71.8% of students in 12th grade reported talking on a cell phone while driving (Figure 55).

No local health district reported significantly higher or lower percentages of students talking on a cell phone while driving than the state average (53.9%) in 2021 (Figure 56).

53.9%

of Utah students in grades 8, 10, and 12, who reported driving in the past 30 days, reported talking on the cell phone while driving.

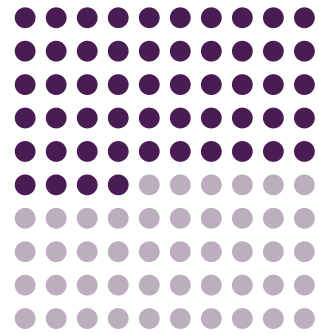
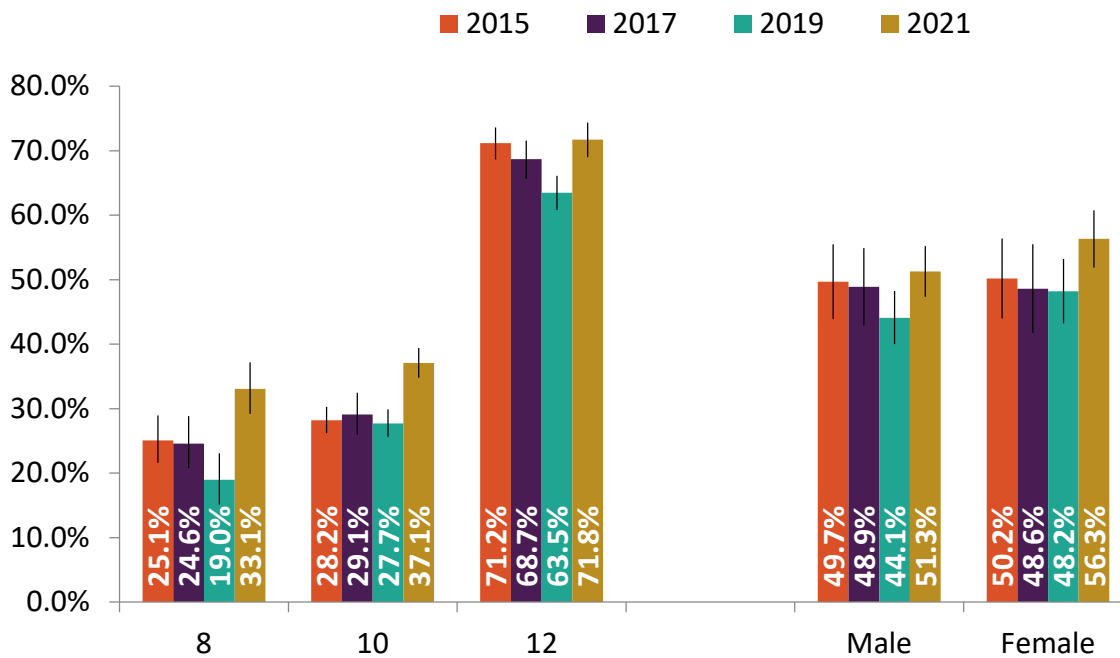


Figure 55: Percent of Utah Students (Grades 8, 10, 12) Who Reported Talking on a Cell Phone While Driving in the Past 30 Days by Grade and Sex, Utah, 2015, 2017, 2019, 2021



Talking on Cell Phone While Driving

Figure 56: Percent of Utah Students (Grades 8, 10, 12) Who Reported Talking on a Cell Phone While Driving in the Past 30 Days by Local Health District Map, Utah, 2021



Texting While Driving

Texting while driving is the most dangerous form of distracted driving because it requires the driver to take their eyes off of the road, their hands off of the wheel, and their mind off of driving.³⁰ Younger drivers have the highest rate of distraction-related crashes.

In 2021, 36.3% of Utah students in grades 8, 10, and 12, who reported driving in the past 30 days, reported texting while driving. This is not a significant change from 2019 (33.9%). Students in 8th grade who reported driving in the past 30 days were included regardless of the fact that 16 is the legal driving age.

Females (38.6%) reported a significantly higher percentage of texting while driving than males (33.9%). There was a significant increase in the percentage of students reporting that they had texted while driving as grade level increased. 9.6% of students in 8th grade, 22.1% of students in 10th grade, and 51.3% of students in 12th grade reported texting while driving in the last 30 days (Figure 57).

No local health district reported significantly higher or lower percentages of students texting while driving than the state average (36.3%) in 2021 (Figure 58).

36.3%

of Utah students in grades 8, 10, and 12, who reported driving in the past 30 days, reported texting while driving.

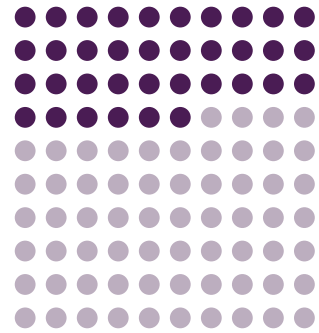
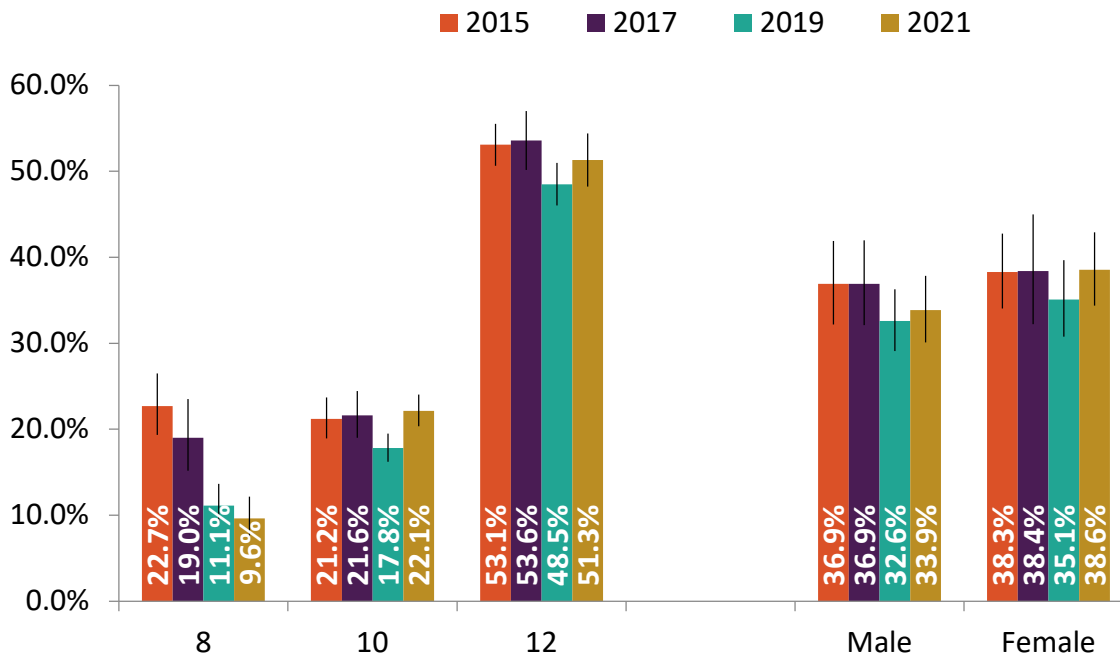
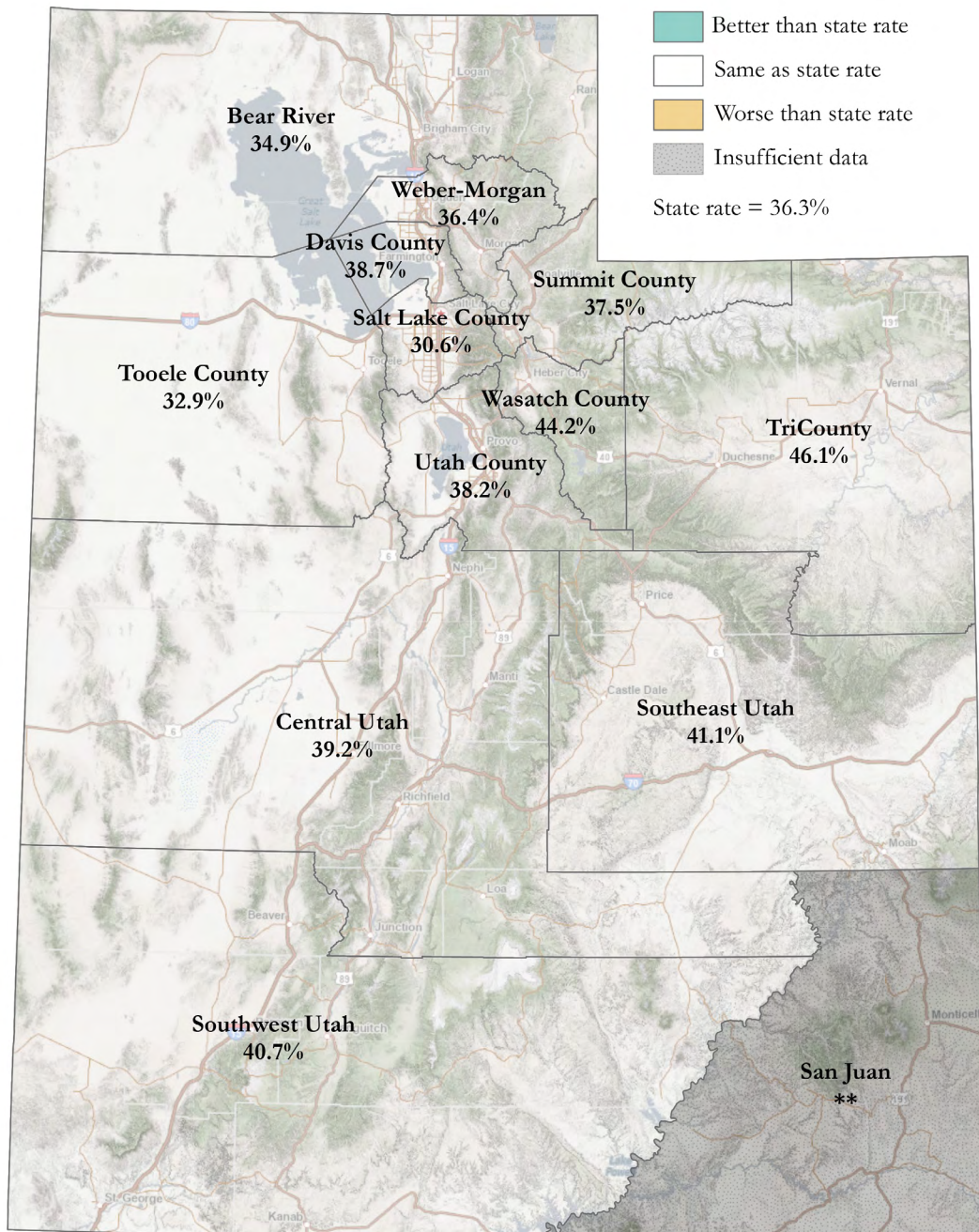


Figure 57: Percent of Utah Students (Grades 8, 10, 12) Who Reported Texting While Driving in the Past 30 Days by Grade and Sex, Utah, 2015, 2017, 2019, 2021



Texting While Driving

Figure 58: Percent of Utah Students (Grades 8, 10, 12) Who Reported Texting While Driving in the Past 30 Days by Local Health District Map, Utah, 2021



Seat Belt Use

Seat belts are one of the single most effective safety devices for preventing serious injuries and reducing deaths in motor vehicle crashes. In Utah, unrestrained crash occupants were four times more likely to be injured and 14 times more likely to be killed than restrained crash occupants.³¹ In Utah, all vehicle occupants must wear seat belts and children ages 8 and younger must be properly restrained in a car seat or booster seat.

In 2021, 66.5% of Utah students in grades 8, 10, and 12 reported that they always wear a seat belt when riding in a car driven by someone else. This percentage did not differ significantly from 2019 (67.6%). There was no significant difference between male and female students. Seat belt use increased significantly with grade level. Students in 12th (73.4%) grade were significantly more likely to report always wearing their seat belt than students in 10th (65.1%) and 8th (61.5%) grades (Figure 59).

Among local health districts, students in Wasatch County (58.8%), Southwest Utah (58.3%), TriCounty (50.3%), and Central Utah (49.8%) reported significantly lower percentages of seat belt use than the state average (66.5%) in 2021. Students in Davis County (72.8%) health district reported a significantly higher percentage of seat belt use than the state average (Figure 60).

66.5%

of Utah students in grades 8, 10, and 12 reported that they always wear a seat belt when riding in a car driven by someone else.

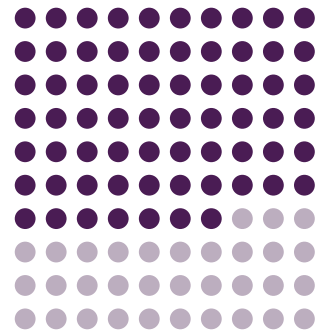
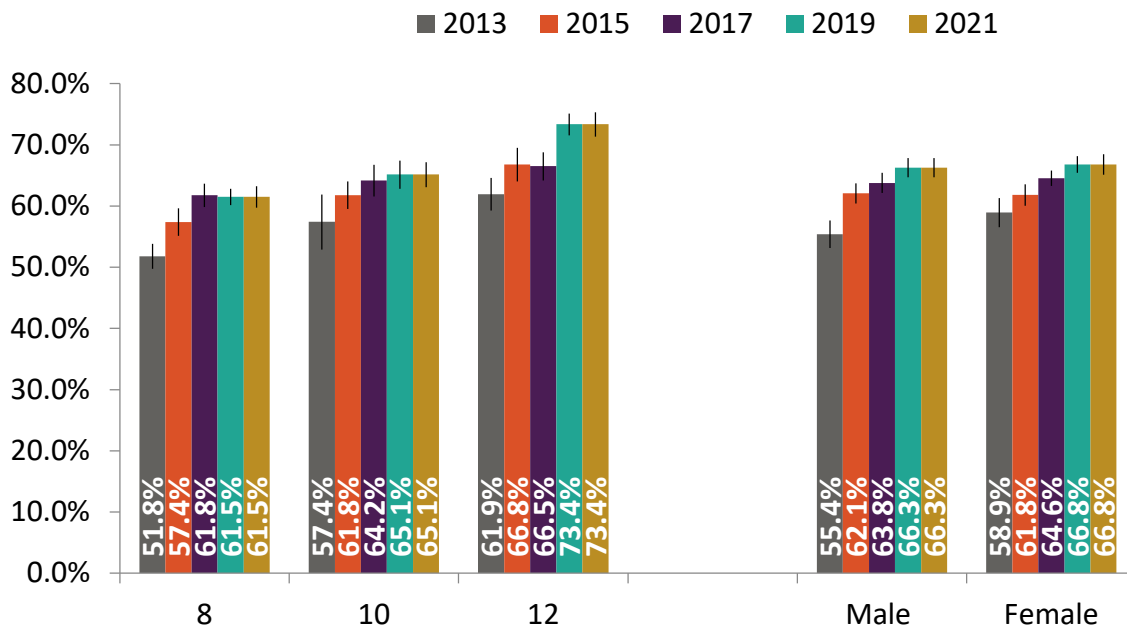
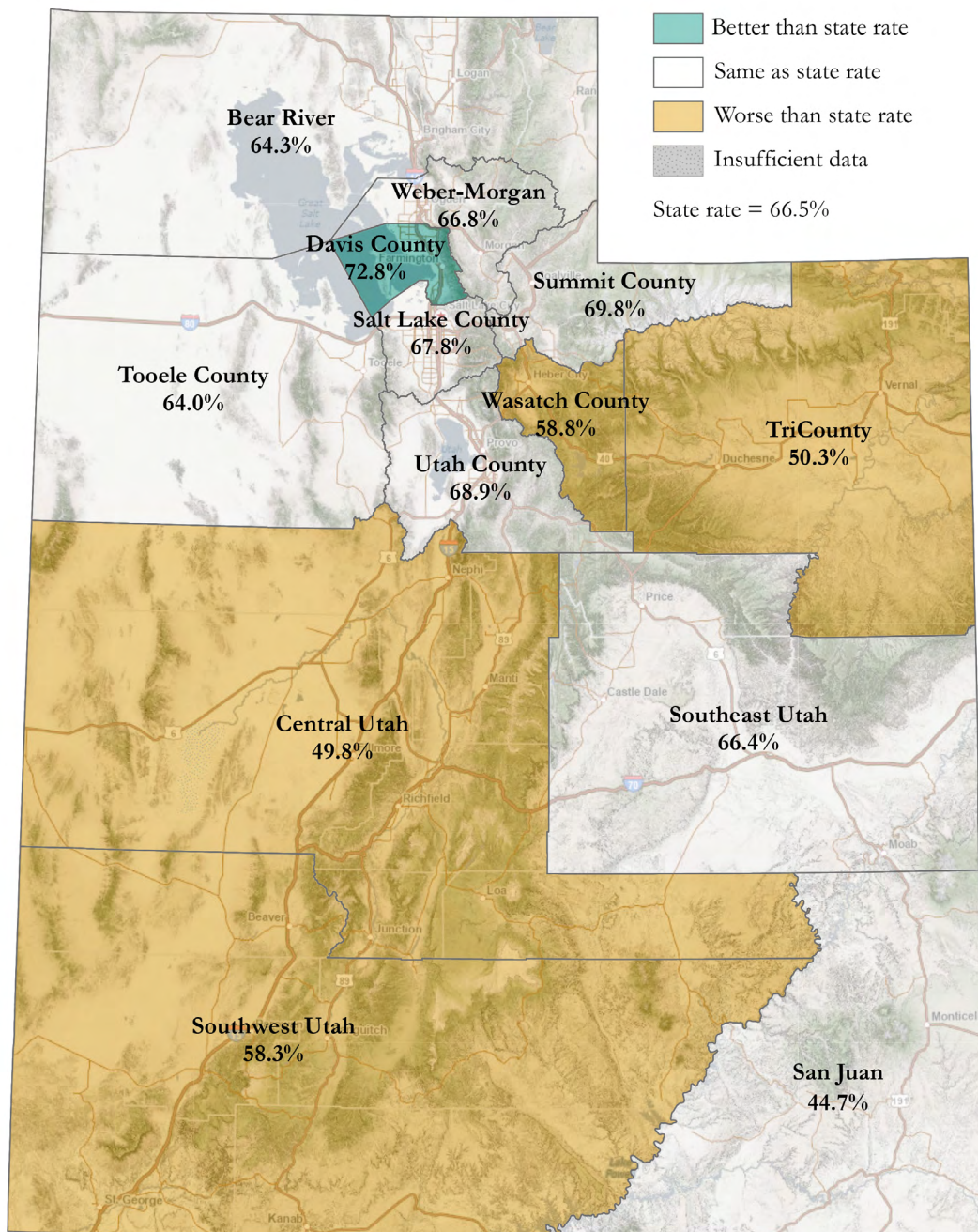


Figure 59: Percent of Utah Students (Grades 8, 10, 12) Who Always Wear a Seat Belt When Riding in a Car Driven by Someone Else by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Seat Belt Use

Figure 60: Percent of Utah Students (Grades 8, 10, 12) Who Always Wear a Seat Belt When Riding in a Car Driven by Someone Else by Local Health District Map, Utah, 2021



Bullied at School

Bullying is a form of adolescent violence. Bullying is defined as any unwanted, aggressive behavior(s) by another adolescent or group of adolescents who are not siblings or current dating partners that involves an observed or perceived power imbalance.³² The behavior is repeated, or has the potential to be repeated, over time. Bullying can include actions that are physical (hitting), verbal (teasing), or relational/social (spreading rumors).

In 2021, 19.8% of Utah students in grades 8, 10, and 12 reported that during the past 12 months they were picked on or bullied by another student on school property. This is a significant decrease from 2019 (23.8%). Females (22.1%) were significantly more likely to be bullied than males (17.3%). Reported bullying decreased significantly as grade level increased. Students in 8th (25.6%) grade reported significantly more bullying than students in 10th (18.6%) and 12th (14.6%) grades (Figure 61).

Among local health districts, students in Central Utah (25.7%) reported a significantly higher percentage of being bullied than the state average (19.8%) in 2021. Students in Davis County (17.3%) health district reported a significantly lower percentage of being bullied than the state average (Figure 62).

19.8%

of Utah students in grades 8, 10, and 12 reported that during the past 12 months they were picked on or bullied by another student on school property.

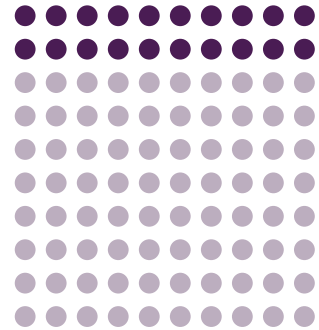
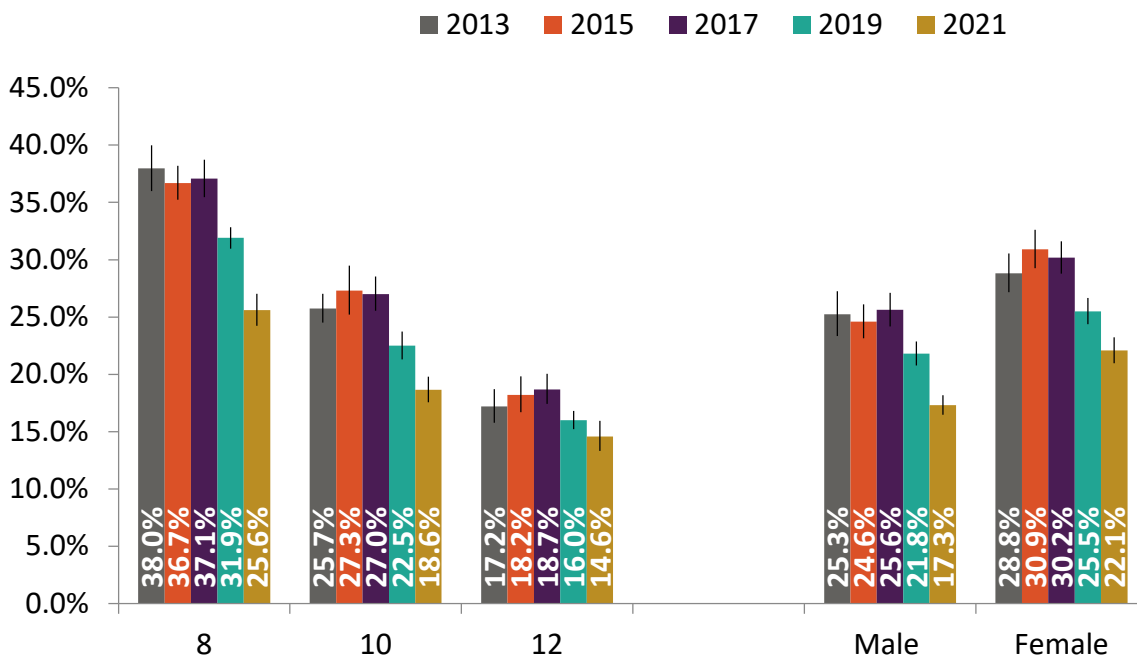
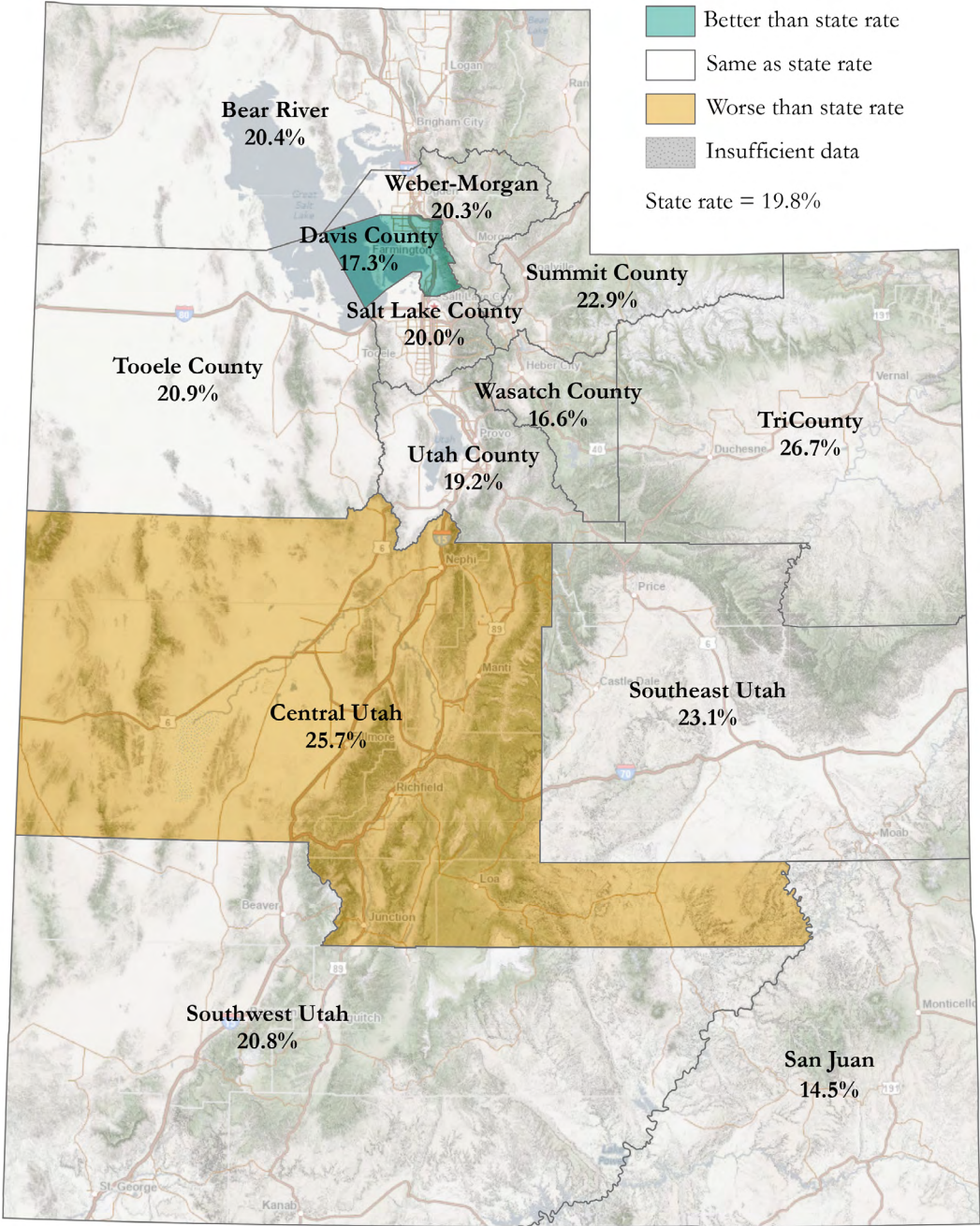


Figure 61: Percent of Utah Students (Grades 8, 10, 12) Who Were Bullied at School in the Past 12 Months by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Bullied at School

Figure 62: Percent of Utah Students (Grades 8, 10, 12) Who Were Bullied at School in the Past 12 Months by Local Health District Map, Utah, 2021



Electronic Bullying

An increasing number of adolescents are becoming victims of electronic bullying. Electronic bullying takes place over digital devices like cell phones, computers, and tablets.³³ Electronic bullying includes sending, posting, or sharing content about someone else that is negative, harmful, false, or mean. It can include sharing personal or private information about someone else causing embarrassment or humiliation.

In 2021, 27.2% of Utah students in grades 8, 10, and 12 reported being threatened or harassed over the internet, by email, or by someone using a cell phone. This is a significant increase from 2019 (22.1%). Females (31.2%) were significantly more likely than males (22.8%) to be electronically bullied. Students in 12th (25.1%) grade reported significantly lower percentages of experiencing electronic bullying than students in 8th (28.0%) and 10th (28.2%) grades (Figure 63).

Among local health districts, students in TriCounty (36.9%), Southeast Utah (30.7%), and Tooele County (30.3%) reported significantly higher percentages of being electronically bullied than the state average (27.2%) in 2021. No health district reported a significantly lower percentage of electronic bullying than the state average (Figure 64).

27.2%

of Utah students in grades 8, 10, and 12 reported being threatened or harassed over the internet, by email, or by someone using a cell phone.

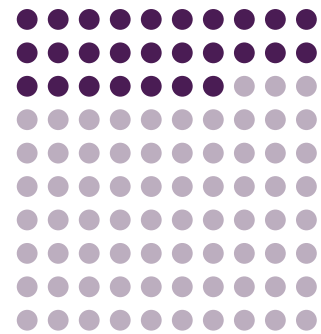
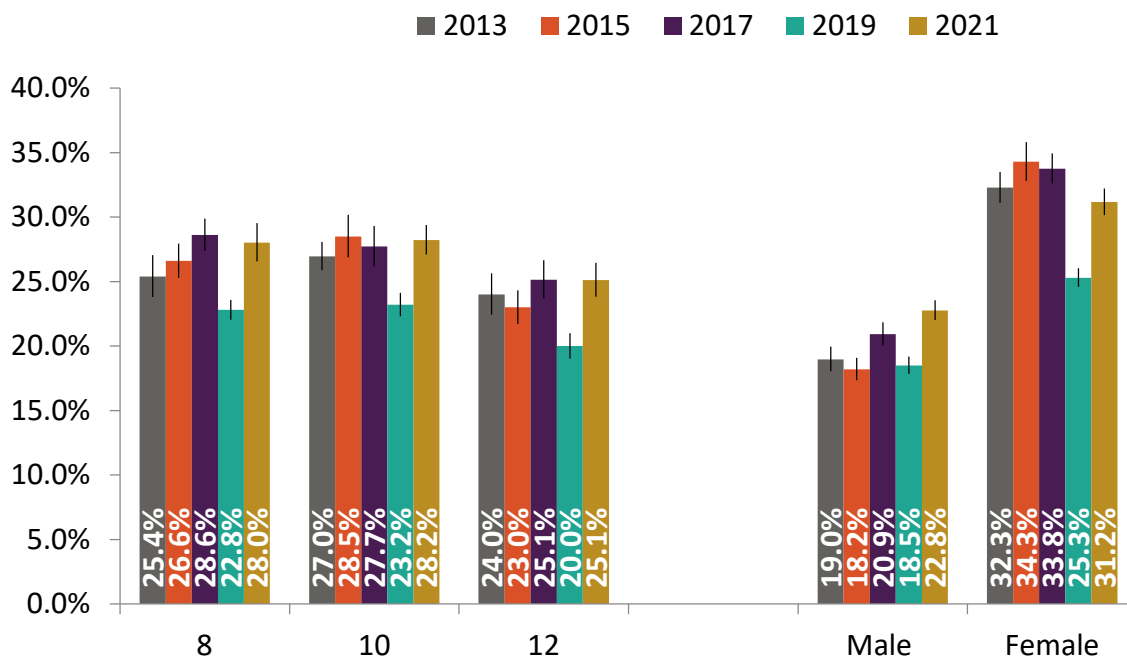
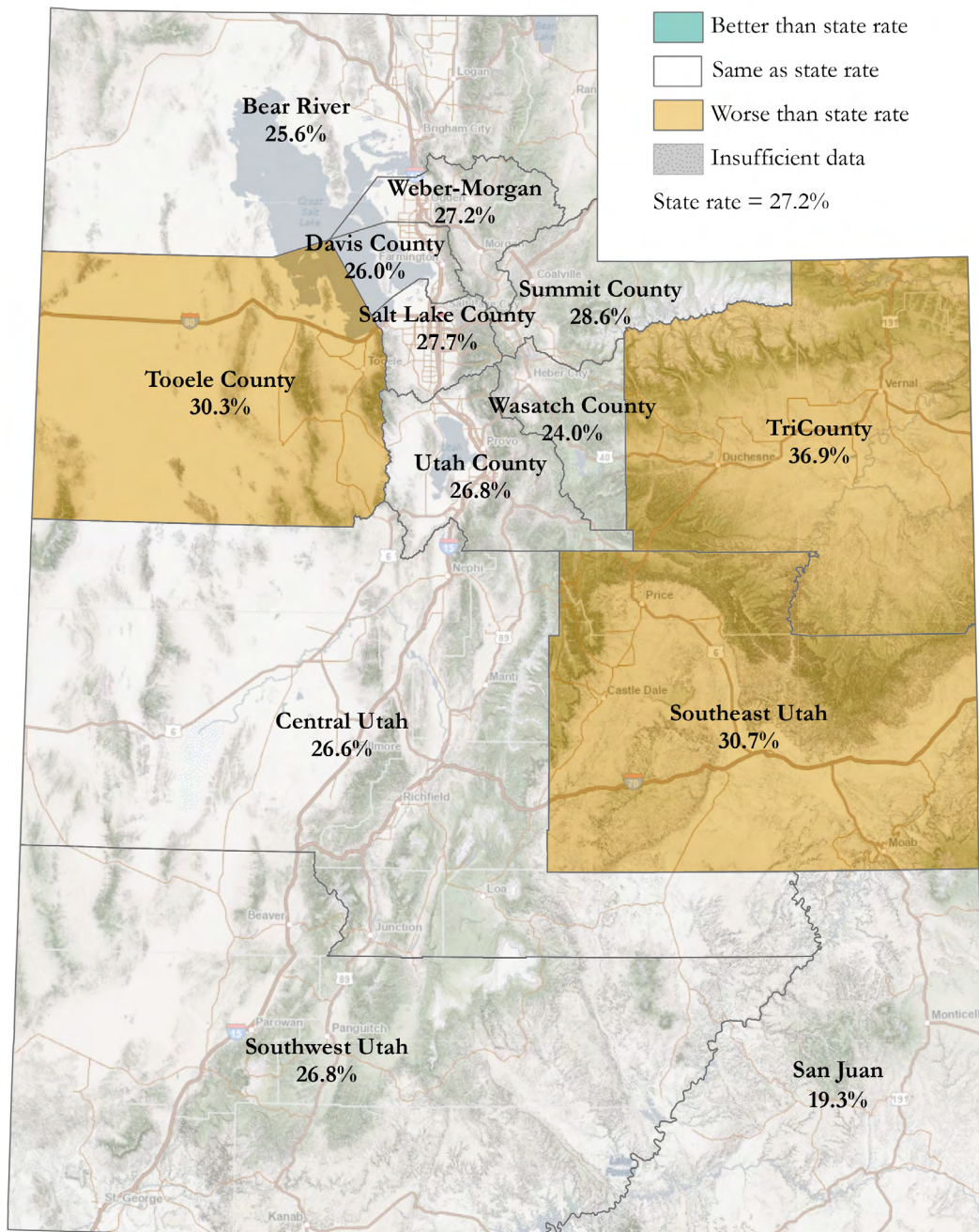


Figure 63: Percent of Utah Students (Grades 8, 10, 12) Who Were Electronically Bullied in the Past 12 Months by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Electronic Bullying

Figure 64: Percent of Utah Students (Grades 8, 10, 12) Who Were Electronically Bullied in the Past 12 Months by Local Health District Map, Utah, 2021



Unsafe at School

A safe environment is a prerequisite for productive learning. If students feel unsafe it may lead to decreased academic performance and increased absences.³⁴

In 2021, 8.8% of Utah students in grades 8, 10, and 12 reported feeling unsafe at school. This is a significant decrease from 2019 (10.9%). Female students (11.3%) reported feeling unsafe at school at a significantly higher percentage than male students (6.0%). Feeling unsafe at school significantly decreased as grade level increased. 9.6% of students in 8th grade, 8.7% of students in 10th grade, and 7.8% of students in 12th grade reported feeling unsafe at school (Figure 65).

Among local health districts, students in Salt Lake County (10.5%) and Tooele County (9.9%) reported significantly higher percentages of feeling unsafe at school than the state average (8.8%) in 2021. Students in Southwest Utah (7.4%), Bear River (7.3%), Wasatch County (6.8%), Davis County (6.3%), and San Juan County (4.0%) health districts had significantly lower percentages of feeling unsafe at school than the state average (Figure 66).

8.8%

of Utah students in grades 8, 10, and 12 reported feeling unsafe at school.

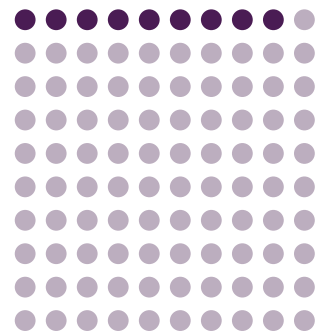
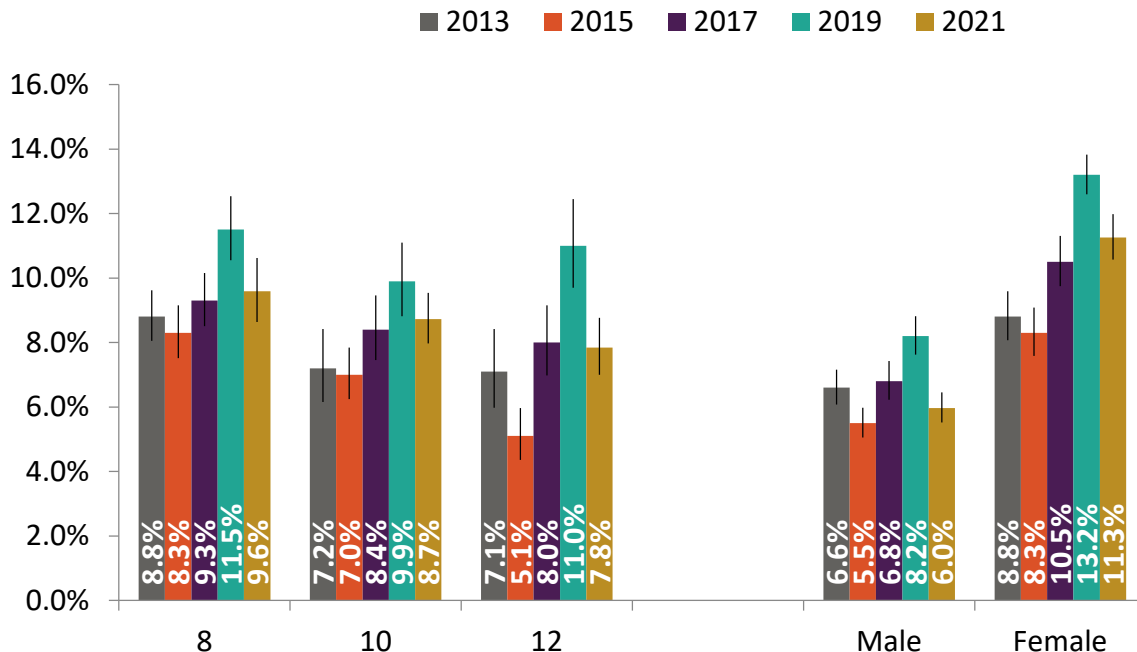
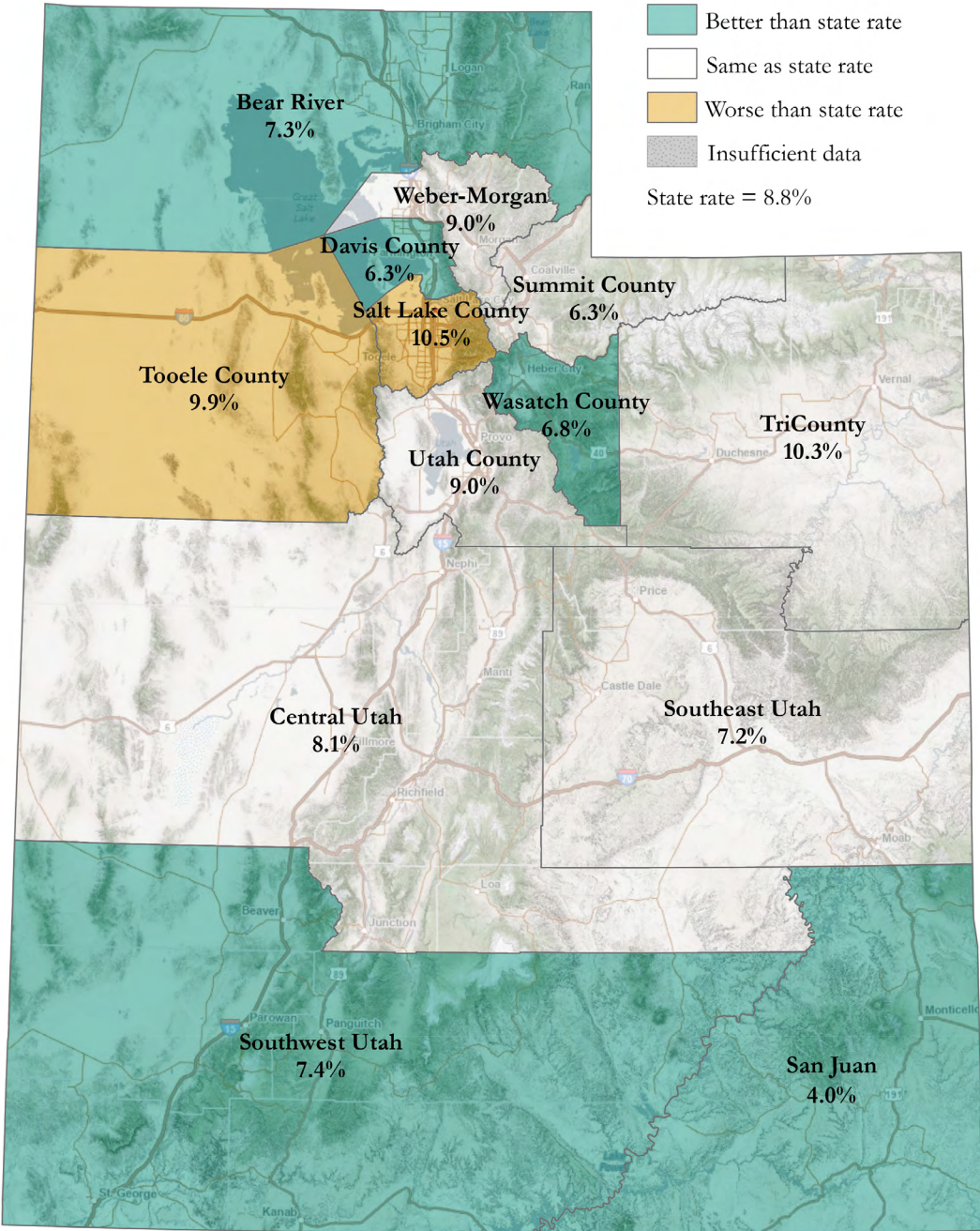


Figure 65: Percent of Utah Students (Grades 8, 10, 12) Who Reported Feeling Unsafe at School by Grade and Sex, Utah, 2013, 2015, 2017, 2019, 2021



Unsafe at School

Figure 66: Percent of Utah Students (Grades 8, 10, 12) Who Reported Feeling Unsafe at School by Local Health District Map, Utah, 2021



Dating Violence

Dating violence is defined by the CDC as the physical, sexual, psychological, or emotional aggression within a dating relationship, including stalking.³⁵ Dating violence may occur in-person or electronically, and with a former or current partner. Adolescents who experience unhealthy dating relationships are more likely to have depression and anxiety, engage in unhealthy behaviors such as tobacco and alcohol use, and consider suicide. Additionally, adolescents who experience dating violence in high school are more likely to enter into violent adult relationships.³⁶

In 2021, 11.0% of students in grades 8, 10, and 12, who reported having dated in the past 12 months, reported experiencing dating violence (including such things as being hit, slammed into something, or injured with an object or weapon). This is a significant increase from 2019 (9.9%). Female students (12.4%) reported a significantly higher percentage of experiencing dating violence than male students (9.4%). Reported dating violence decreased significantly as grade level increased. 15.6% of students in 8th grade, 12.0% of students in 10th grade, and 8.2% of students in 12th grade experienced dating violence (Figure 67).

Among local health districts, students in Salt Lake County (13.9%) reported a significantly higher percentage of dating violence than the state average (11.0%) in 2021. Students in Wasatch County (8.6%), Utah County (8.3%), and Southwest Utah (7.1%) health districts reported significantly lower percentages of dating violence than the state average (Figure 68).

11.0%

of students in grades 8, 10, and 12, who reported having dated in the past 12 months, reported experiencing dating violence.

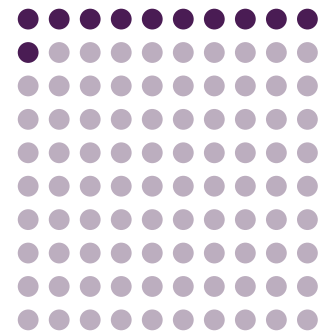
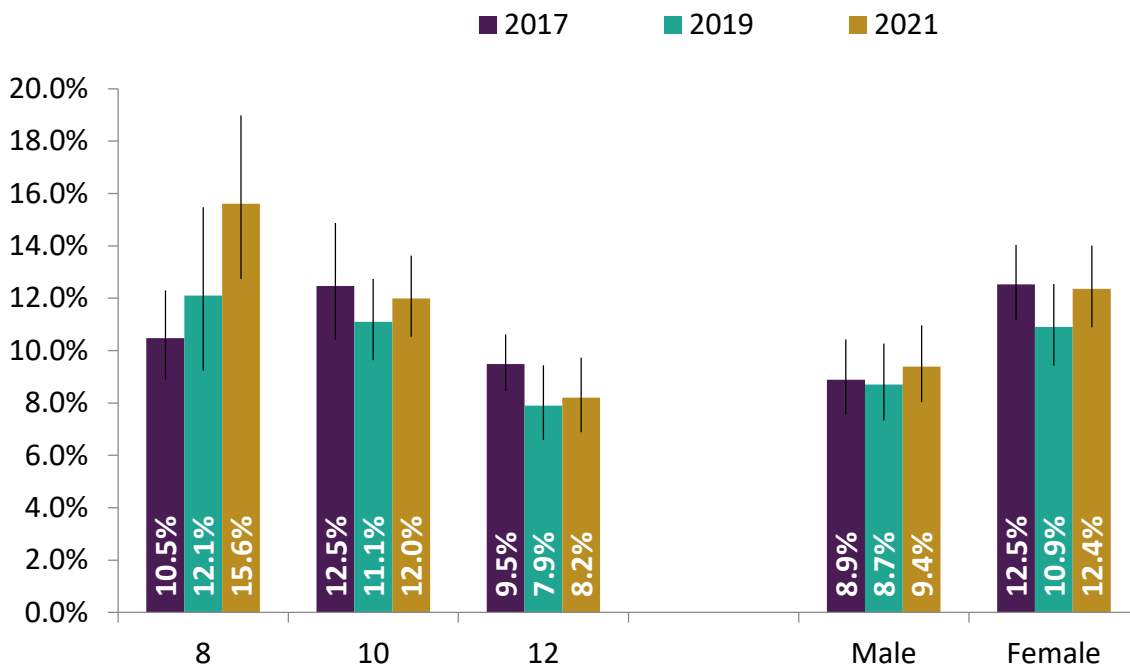
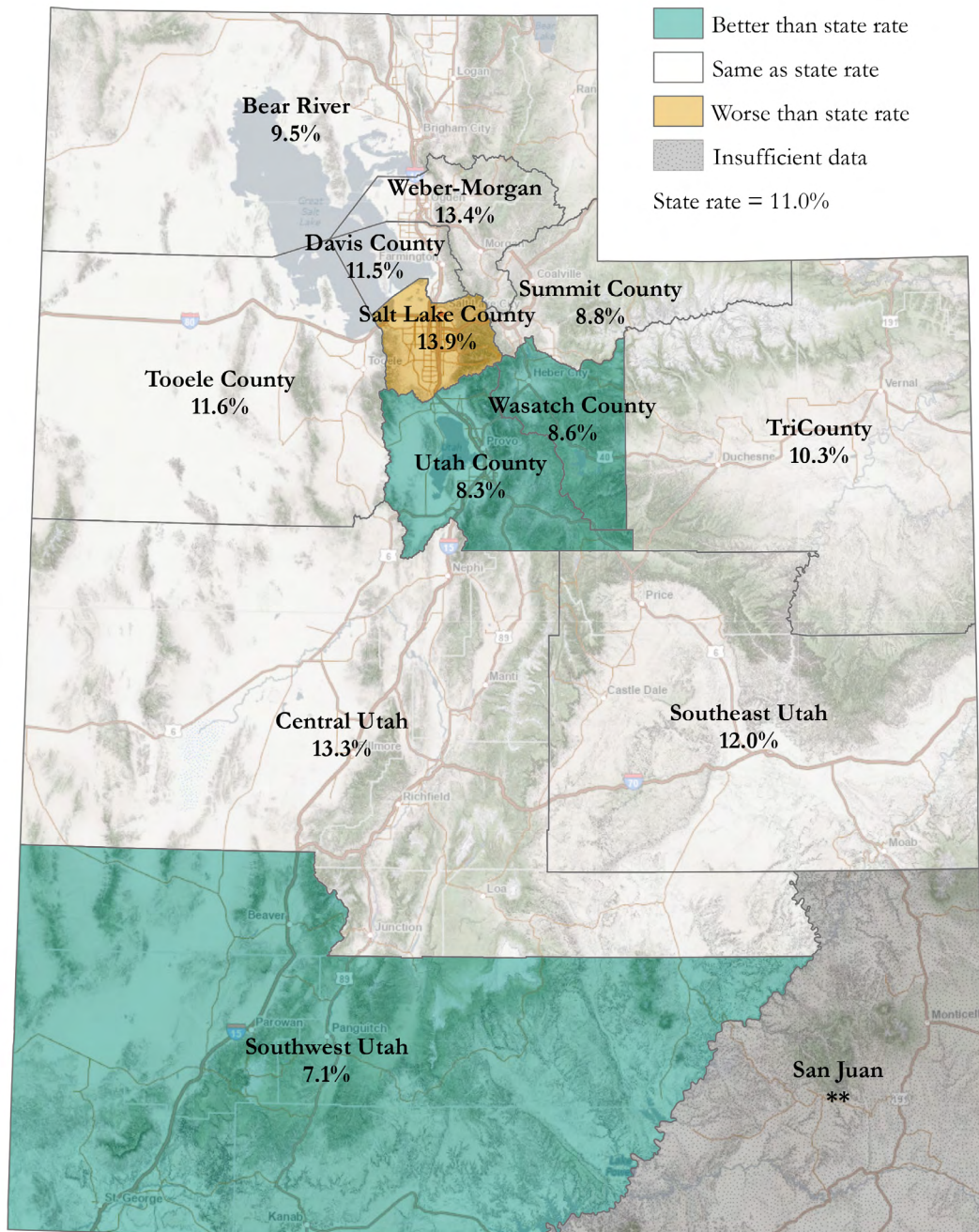


Figure 67: Percent of Utah Students (Grades 8, 10, 12) Who Reported Experiencing Dating Violence by Grade and Sex, Utah, 2017, 2019, 2021



Dating Violence

Figure 68: Percent of Utah Students (Grades 8, 10, 12) Who Reported Experiencing Dating Violence by Local Health District Map, Utah, 2021



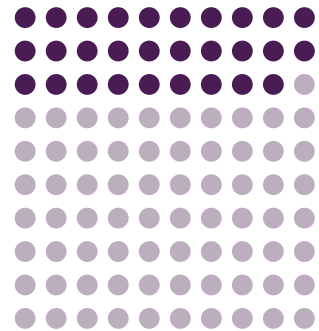
In March 2020, schools in Utah shifted to virtual learning until the end of the school year due to the COVID-19 pandemic. This had a profound effect on students' daily lives. At the beginning of the 2020-2021 school year, leaders in Utah committed to keep schools open and to provide safe, in-person learning for students. Partners worked together to put strategies in place to support in-person learning. Many schools continued to offer hybrid learning opportunities as aspects of the pandemic shifted over time. A series of questions related to students' experiences pertaining to the COVID-19 pandemic both inside and outside of the school environment were included in the 2021 PNA survey as a way to better understand students' experiences during the pandemic and to help inform future responses to infectious disease outbreaks in schools.

29.0% of Utah students in grades 8, 10, and 12 reported getting sick with COVID-19 or having symptoms of the virus. This is more than three times the known positive test rate (7.8%) for this age group in Utah as of May 31, 2021. For every positive test, there may have been an additional three cases in this age group. Because symptoms for other respiratory diseases are similar to COVID-19, reported cases on this survey may account for these other illnesses.

Among local health districts, students in Wasatch County (39.0%), Utah County (34.4%), and Southwest Utah (31.3%) reported getting sick with COVID-19 or having symptoms at significantly higher percentages than the state average (29.0%) in 2021. Students in Salt Lake County (26.6%), Davis County (25.7%), Southeast Utah (24.6%), and Tooele County (24.4%) health districts reported significantly lower percentages than the state average (**Figure 69**).

29.0%

of Utah students in grades 8, 10, and 12 reported getting sick with COVID-19 or having symptoms of the virus.



39.4%

of Utah students in grades 8, 10, and 12 reported difficulty utilizing the online learning platform employed by their schools during periods of online instruction.

32.4%

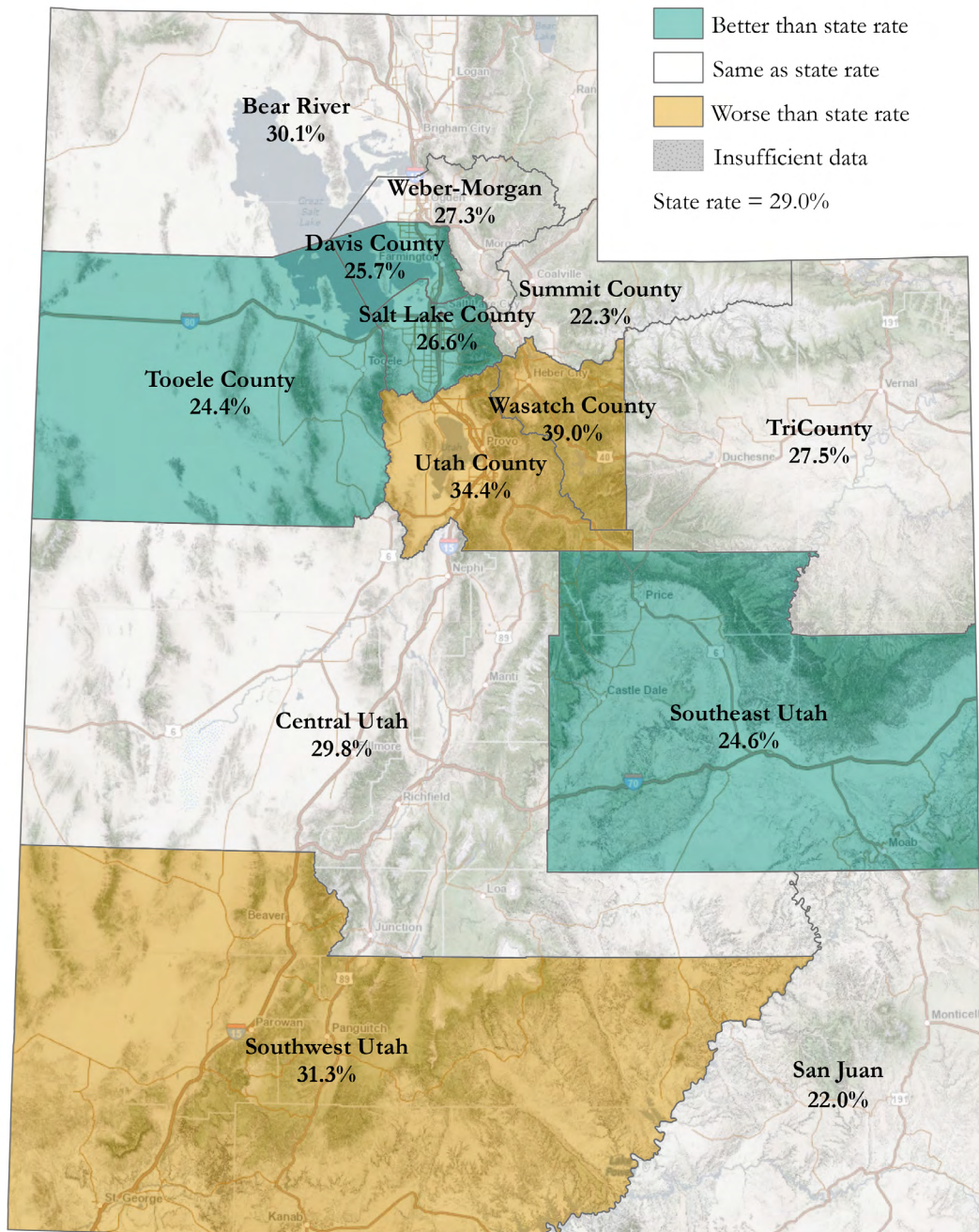
of students did not have a quiet space to use when doing online school work.

48.5%

of female students reported feeling anxious, sad, or hopeless due to COVID-19 compared to 23.3% of male students.

Sick with COVID-19 or Similar Symptoms

Figure 69: Percent of Utah Students (Grades 8, 10, 12) Who Reported Being Sick with COVID-19 or Similar Symptoms by Local Health District Map, Utah, 2021



The COVID-19 pandemic caused uncertainty across different aspects of people’s lives and as a result, many people reported increased feelings of anxiety, sadness, and hopelessness. 36.7% of Utah students in grades 8, 10, and 12 reported feeling anxious, sad, or hopeless in the past year due to COVID-19. Female students (48.5%) were significantly more likely to report having these feelings than male students (23.3%). Reports of feeling anxious, sad, or hopeless increased significantly with increasing grade level. 29.9% of students in 8th grade, 37.5% of students in 10th grade, and 42.9% of students in 12th grade reported experiencing these feelings in the past year (Figure 70).

Among local health districts, students in Salt Lake County (40.9%) reported significantly higher percentages of feeling anxious, sad, or hopeless in the past year as a result of the pandemic compared to the state average (36.7%) in 2021. Students in Davis County (34.1%), Bear River (31.0%), Southeast Utah (29.5%), Southwest Utah (29.5%), and Central Utah (26.9%) health districts reported significantly lower percentages of these feelings than the state average (Figure 71).

In addition to the effect of COVID-19 on health, the pandemic also increased disruptions to students’ home environments. Many people lost jobs, experienced housing and food insecurities, and experienced additional stressors that impacted mental health.

36.7%

of Utah students in grades 8, 10, and 12 reported feeling anxious, sad, or hopeless in the past year due to COVID-19.

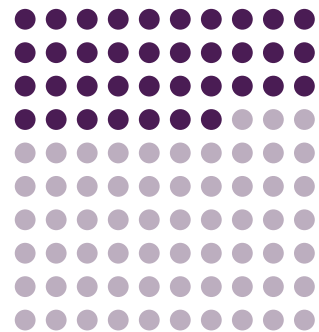
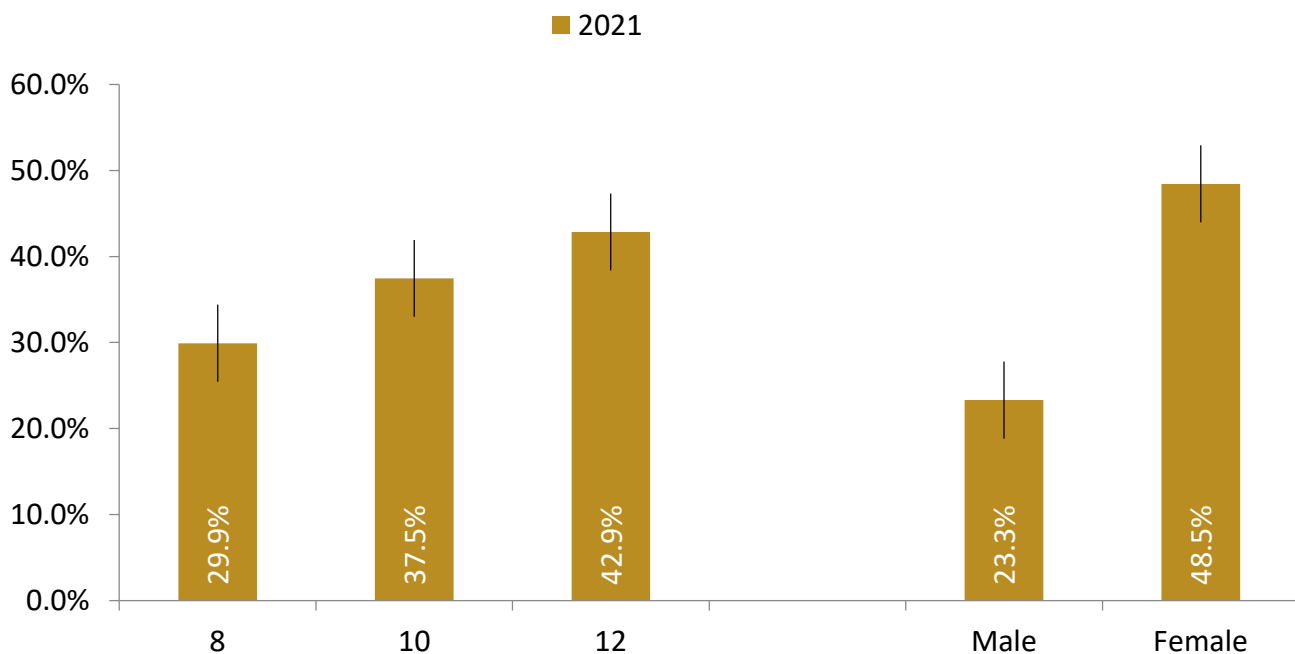
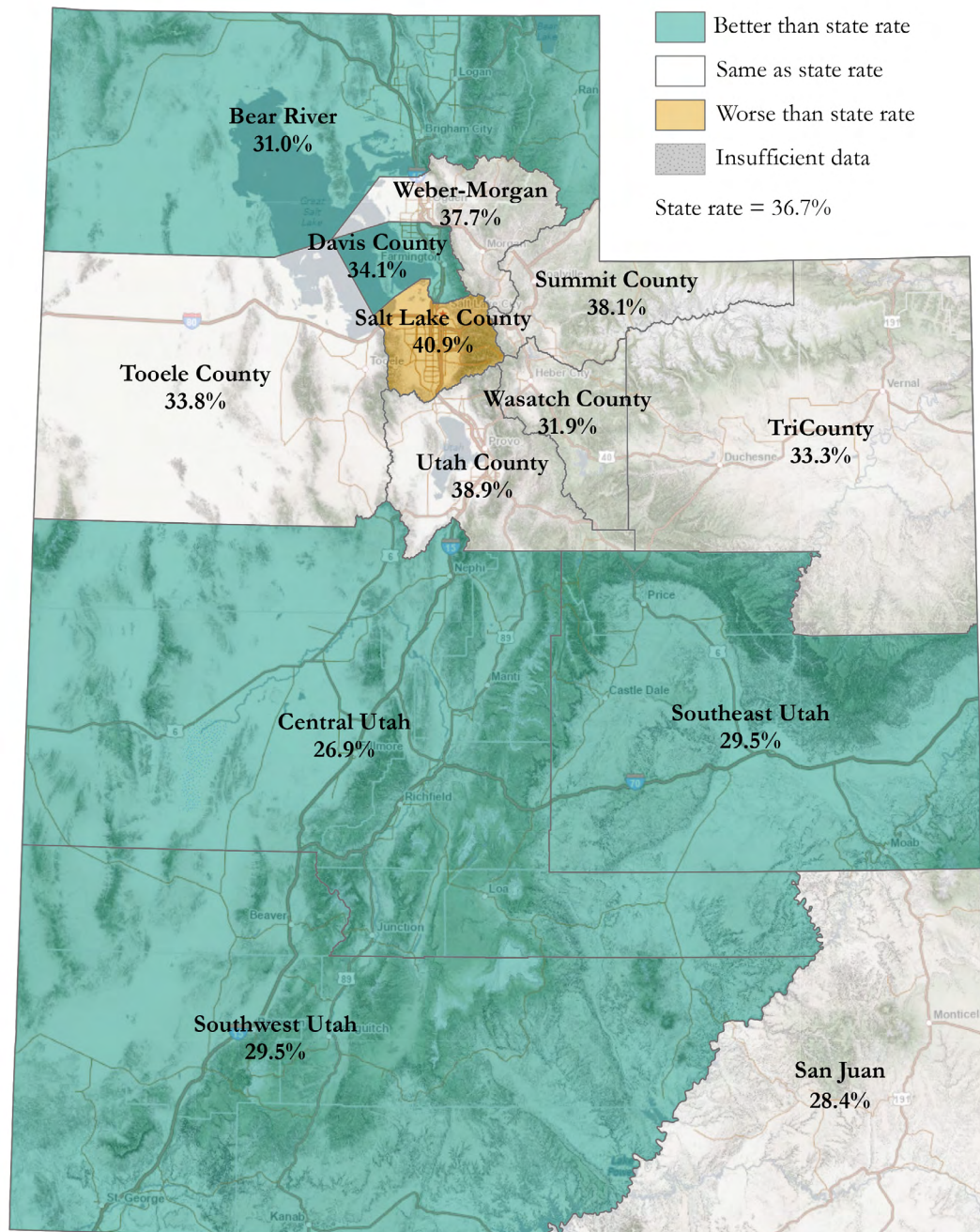


Figure 70: Percent of Utah Students (Grades 8, 10, 12) Who Reported Feeling Anxious, Sad, or Hopeless in the Past Year Due to COVID-19 by Grade and Sex, Utah, 2021



Felt Anxious, Sad, or Hopeless Due to COVID-19

Figure 71: Percent of Utah Students (Grades 8, 10, 12) Who Reported Feeling Anxious, Sad, or Hopeless in the Past Year Due to COVID-19 by Local Health District Map, Utah, 2021



7.3% of Utah students in grades 8, 10, and 12 reported that one or more people living in their homes lost their job in the past year, as a result of the pandemic. The percentage varied significantly from 4.0% in Central Utah to 12.6% in TriCounty health district (**Figure 72**).

COVID-19 severely disrupted learning, school attendance, and involvement in extracurricular activities during the 2020-2021 school year. 91.5% of Utah students in grades 8, 10, and 12 reported that they had participated in online learning during the past year. Most schools adopted online learning models to provide supplemental support in response to interruptions to in-person instruction as a method of preventing and reducing COVID-19 transmission among students and teachers. Most students (87.4%) reported having access to a computer or internet to complete online school work. However, significant barriers to online instruction and learning were identified.

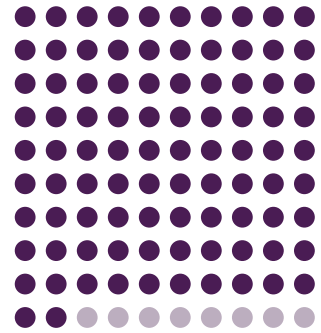
With the frequently shifting learning modalities during the 2020-2021 school year (in-person, online, and hybrid), schools often had to employ new online platforms to support instruction. 39.4% of Utah students in grades 8, 10, and 12 reported difficulty utilizing the online learning platform employed by their schools during periods of online instruction. 80.7% of students reported that they did not stay focused while doing online school work. Additionally, 32.4% of students did not have a quiet space to use when doing online school work. Most students (74.8%) reported that they did not understand their teacher's instructions when they were completing online learning work.

Many students also identified a loss of social and emotional connection with teachers and peers. 70.5% of Utah students in grades 8, 10, and 12 reported that they missed spending time in-person at school learning with other students and 66.9% of students reported that they missed spending time at school in-person learning with teachers.

Due to these difficulties, in-person instruction has been identified as a priority by Utah leaders. It is important to implement layered prevention strategies in schools so that in-person instruction can be safely offered. To learn more about different prevention strategies for safe in-person learning, visit coronavirus.utah.gov/education.

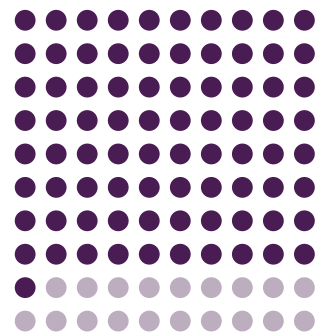
91.5%

of Utah students in grades 8, 10, and 12 reported that they had participated in online learning during the past year.



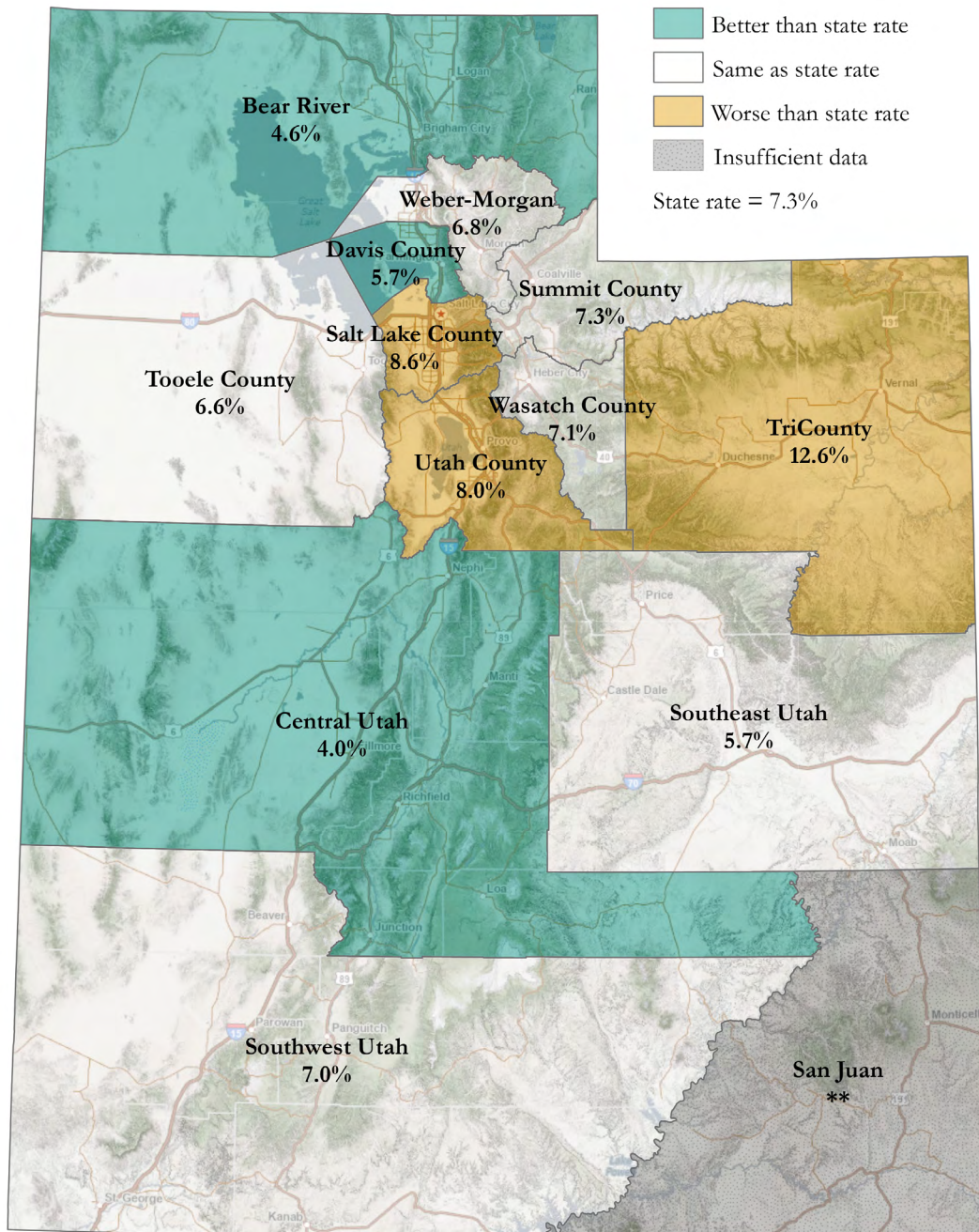
80.7%

of students reported that they did not stay focused while doing online school work.



Household Job Loss Due to COVID-19

Figure 72: Percent of Utah Students (Grades 8, 10, 12) Who Reported Household Job Loss due to COVID-19 by Local Health District Map, Utah, 2021



The Utah Department of Health (UDOH) partners with the Utah Department of Human Services Division of Substance Abuse and Mental Health (DSAMH), and the Utah State Board of Education (USBE) to conduct the School Health and Risk Prevention (SHARP) survey in Utah public schools in the spring of odd numbered years. The SHARP survey project includes two separate questionnaires, the Prevention Needs Assessment (PNA) and the Youth Risk Behavior Survey (YRBS). The Utah SHARP collaboration started in 2003.

PNA Questionnaire: The PNA was developed by the DSAMH with a primary focus on assessing risk and protective factors and trends related to substance abuse. In 2009, the UDOH Tobacco Prevention and Control Program discontinued its Youth Tobacco Survey and integrated a subset of tobacco questions in the PNA. Beginning in 2011, the UDOH added further health-related questions to the PNA to assess risk factors and behaviors related to asthma, diabetes, healthy weight, physical activity, nutrition, and violence and injury. To accommodate the additional questions, the PNA was split into a core questionnaire and a form A and B. Most health-related questions are listed on the PNA questionnaire form B.

Sampling: Students in Utah public schools in grades 6, 8, 10, and 12 are eligible to complete the PNA survey. In 2021, 40 of 41 school districts and 21 charter schools participated in the PNA. Of the 40 participating school districts, 37 sampled all eligible schools within their district. The remaining three large school districts conducted a random sample of schools. An honesty scale is also calculated based on five criteria: 1) used drugs (not including alcohol or tobacco) on more than 120 occasions in the past 30 days, 2) reported using a fictitious drug, 3) reported that they were “not honest at all” in completing the questionnaire, 4) more than one marking of a 30-day use for a substance that they had not used in their lifetime, or 5) their age and grade did not match, such as a student 19 years of age who marked grade 6. Dishonest students were excluded from this analysis. This report focuses on middle and high school age students, therefore responses from students in 6th grade were not included in the analysis. The total number of honest students in grades 8, 10, and 12 included in the analysis was 47,627. The total sample size for individual indicators depends on which questionnaire the item or items were placed.

47,627

The total number of students in grades 8, 10, and 12 included in the analysis.

Analysis: The data were weighted to account for probability of selection and to adjust to the demographic distribution of students enrolled in Utah public schools. Design weights were constructed to account for district, school, and classroom sampling percentages. Iterative proportional fitting (raking) further adjusted the design weights to account for additional demographic information (grade, race, district, grade by school district, sex by school district, race/ethnicity by school district). This methodology reduces bias and improves estimates. Statistically better or worse than the state rate was determined when the percentage fell outside the confidence bounds. Confidence bounds are constructed so that they capture the true percentage 95% of the time. Percentages with a relative standard error greater than .50 were suppressed in compliance with the UDOH's data standards. The data were analyzed using SAS 9.4 software.

Limitations

The PNA does not include students in private or alternative schools, school dropouts, or adolescents in correctional facilities and treatment centers. Due to an active parental consent law in Utah for school-based surveys, students who did not return their consent forms were not represented.

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Appendix A: COVID-19 Summary Chart

 = **"better"** than state rate = **"worse"** than state rate = suppressed, insufficient data

	State Total	Bear River	Central Utah	Davis County	Salt Lake County	San Juan County	Southeast Utah	Southwest Utah	Summit County	Tooele County	TriCounty	Utah County	Wasatch County	Weber-Morgan
COVID-19 Summary Chart														
Sick with COVID-19 or had symptoms	29.0	30.1	29.8	25.7	26.6	22.0	24.6	31.3	22.3	24.4	27.5	34.4	39.0	27.3
rank		10	9	5	6	1	4	11	2	3	8	12	13	7
Someone in Household Lost Their Job	7.3	4.6	4.0	5.7	8.6	**	5.7	7.0	7.3	6.6	12.6	8.0	7.1	6.8
rank		3	2	5	12	1	4	8	10	6	13	11	9	7
Had to Move	2.4	1.8	1.5	1.5	2.2	4.6	1.8	3.7	**	2.9	2.4	2.9	2.6	2.1
rank		3	2	1	6	12	4	11	13	10	7	9	8	5
Skipped Meals	1.9	2.0	2.3	1.3	2.0	2.7	1.9	2.0	0.8	3.1	3.2	1.6	1.4	2.4
rank		8	9	2	7	11	5	6	1	12	13	4	3	10
Felt Sad, Anxious, or Hopeless	36.7	31.0	26.9	34.1	40.9	28.4	29.5	29.5	38.1	33.8	33.3	38.9	31.9	37.7
rank		5	1	9	13	2	4	3	11	8	7	12	6	10
People Fighting at Home	16.9	11.9	12.1	13.9	19.7	8.0	13.3	13.8	20.4	17.2	19.5	17.2	15.9	18.5
rank		2	3	6	12	1	4	5	13	8	11	9	7	10
Unreliable Internet	15.0	12.6	13.0	12.1	16.6	12.9	10.8	13.1	13.4	19.0	17.6	15.3	10.9	16.7
rank		4	6	3	10	5	1	7	8	13	12	9	2	11
Participated in Online Learning	91.4	92.6	87.6	95.2	90.8	**	86.3	88.8	94.3	91.4	91.2	91.6	90.3	91.1
rank		11	3	13	6	1	2	4	12	9	8	10	5	7
Missed Spending Time with Other Students	70.5	74.2	70.6	64.8	69.6	60.3	71.1	70.0	69.9	66.3	75.0	75.9	69.4	66.7
rank		11	9	2	6	1	10	8	7	3	12	13	5	4
Missed Spending Time with Teachers	66.9	70.7	64.6	62.9	65.3	56.2	67.8	65.5	62.1	62.9	70.6	72.2	63.4	64.8
rank		12	6	3	8	1	10	9	2	4	11	13	5	7
Difficulty Understanding Instructions	74.8	73.0	77.6	69.8	74.7	75.7	82.8	75.7	70.3	81.2	78.3	75.9	73.2	76.2
rank		3	10	1	5	6	13	7	2	12	11	8	4	9
Difficulty Staying Focused	80.7	79.0	80.0	76.8	81.2	77.3	81.4	79.9	77.7	81.3	79.6	82.4	84.9	83.2
rank		4	7	1	8	2	10	6	3	9	5	11	13	12
Computer or Internet Access	87.4	88.7	83.5	90.9	86.8	73.4	87.3	82.0	86.1	83.2	84.6	89.0	90.6	87.3
rank		4	10	1	7	13	6	12	8	11	9	3	2	5
Didn't Have Quiet Space to Work	32.4	32.1	34.1	27.0	33.4	40.2	31.5	34.5	29.9	37.1	39.6	32.4	26.9	33.1
rank		5	9	2	8	13	4	10	3	11	12	6	1	7
Difficulty with Online Learning Platform	39.4	38.3	44.3	37.7	36.3	53.1	36.6	38.7	40.2	44.4	54.8	41.3	42.1	41.8
rank		4	10	3	1	12	2	5	6	11	13	7	9	8

**The estimate had been suppressed because the coefficient of variation is greater than 50%.

*Better or worse than state rate indicates a difference that is statistically significant. See Methodology (p. 82) for more information on statistical significance and suppression.

