

# 2017 Utah Adolescent Health Report

Bureau of Health Promotion  
Utah Department of Health

Chronic Conditions

Lifestyles

Mental Health

Substance Abuse

Violence and Injury

# Acknowledgments

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# Introduction

In Spring 2017, the Utah Department of Health (UDOH), 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 the state. 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, tobacco use, asthma, diabetes, healthy weight, physical activity, nutrition, tanning, violence, and injury. The survey consisted of self-administered paper-pencil questionnaires. The SHARP partnership provided the UDOH an opportunity to create a new report that shows adolescent percentages for important health indicators 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 70.

Results on selected indicators from five overarching categories are presented here: Chronic Conditions (asthma and diabetes), Lifestyles (physical activity, Adolescents obesity, family meals, and tanning), Mental Health (feeling sad or hopeless, psychological distress and suicide), Substance Abuse (binge drinking, marijuana, prescription drug use, and tobacco use) and Violence and Injury (motor vehicle safety and bullying). Indicators 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 percent of Utah students in grades 8, 10, and 12 who engage in the indicator by grade and sex;
- a graph depicting a comparison of 2013 data and 2015 data by local health district; and
- a map depicting the percent of Utah students in grades 8, 10, and 12 who engage in the indicator by local health district. These maps highlight counties with a percentage that was statistically significant higher or lower than the state percentage.

The data presented in this report are expected to help school administrators, teachers, and public health practitioners 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 school property is a tobacco-free zone to ensuring an asthma action plan is completed yearly by parents of children with asthma.

# Executive Summary

## 2017 Prevention Needs Assessment Key Findings

### Chronic Conditions

- 11.8% of students reported having current asthma, and 17.8% of students reported having lifetime asthma. Significantly more females reported current asthma than males.
- 6.8% of students reported having an asthma attack in the past year, and 22.5% reported having an asthma action plan. Female students were significantly more likely to have an asthma attack and to have an asthma action plan than male students.
- 20.1% of students reported missing at least one day of school due to asthma in the past year.
- 1.0% of students reported having diabetes.

### Lifestyles

- Only 19% of students met the U.S. Department of Health and Human Services recommendations for physical activity (60 or more minutes per day). Males were physically active significantly more than females, and physical activity decreased with increasing grade level.
- 9.5% 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.
- 58.3% of students regularly ate meals with their family, which can help decrease the risk for obesity and disordered eating. Family meals decreased significantly as students move into higher grades.
- 4.0% of students reported using a tanning device in the past 12 months. Females tan at 2.5 times the percentage of males. Indoor tanning percentages have steadily decreased in recent years.

### Mental Health

- 27.3% of students reported feeling sad or hopeless.
- 20.6% of students reported psychological distress.
- 18.1% of students seriously considered suicide.
- 14.3% of students made a suicide plan.
- 7.7% of students made one or more suicide attempts.
- Percentages for all of these indicators are highest among females.
- 10th and 12th grade students were significantly more likely to have reported feeling sad or hopeless, to have reported psychological distress, and seriously considered suicide.

# Executive Summary

## Substance Abuse

- 8.1% of students reported recently using marijuana. Use increases with increasing grade level.
- 5.5% of students reported binge drinking. Binge drinking increases with increasing grade level.
- 2.7% of students reported recently using prescription medications without a prescription.
- 2.9% of students reported cigarette smoking, and smoking percentages have steadily decreased in recent years. Smoking percentages increased with increasing grade level.
- Use of electronic cigarettes has greatly increased in recent years. In 2017, 11.1% of students reported recently using vape products. Students in 12th grade reported a vaping percentage of 15.5%.
- Less than one percent (0.9%) of students reported using smokeless tobacco. Percentages are highest among males.
- To counter pro-tobacco messages, the UDOH funds an anti-tobacco mass media campaign. 85.8% of students reported recent exposure to anti-tobacco ads.
- 57.4% of students reported receiving anti-tobacco lessons in school. Students in 12th grade reported significantly less anti-tobacco lessons than students in 8th and 10th grade.
- 13.2% of students reported living in a household with someone who smoked cigarettes, and 17.4% reported recently being in the same room as someone who was smoking a cigarette. Percentages of both of these measures have decreased gradually in recent years.

## Violence and Injury

- 48.8% of students reported talking on a cell phone while driving, and 37.6% reported texting while driving, both of which are forms of distracted driving. Students in 12th grade reported significantly more distracted driving than students in 8th and 10th grade.
- 95.5% of students reported frequently wearing a seatbelt.
- 27.9% 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. Students in 8th grade were significantly more likely to be electronically bullied than 12th grade students. Females reported more than 50% more electronic bullying than males.
- 10.7% of students reported experiencing dating violence in the past year. Females had significantly higher percentages of dating violence than males.

# Summary Table

Change in state from years 2013-2017	Legend			State Total	Bear River	Central Utah	Davis County	Salt Lake County	San Juan	Southeast Utah	Southwest Utah	Summit County	Tooele County	TriCounty	Utah County	Wasatch County	Weber-Morgan
	Better than State	Worse than State	Same than State														
<b>Chronic Conditions</b>																	
—	Lifetime Asthma	17.8	14.4	16.9	18.1	18.3	13.8	18.0	14.1	26.6	17.2	30.4	17.1	23.4	18.6		
	Rank		3	4	8	9	1	7	2	12	6	13	5	11	10		
—	Current Asthma	11.8	9.8	11.5	12.2	12.0	10.1	14.2	9.5	18.6	11.2	19.4	11.0	16.5	13.3		
	Rank		2	6	8	7	3	10	1	12	5	13	4	11	9		
—	Asthma Attack	6.8	5.6	6.9	7.1	6.3	7.5	7.1	6.5	14.7	7.8	6.7	7.0	9.1	6.8		
	Rank		1	6	8	2	10	9	3	13	11	4	7	12	5		
↑	Asthma Management	22.5	21.3	24.7	27.9	22.3	48.8	17.2	21.5	28.6	22.6	16.3	21.0	18.2	22.7		
	Rank		9	4	3	7	1	12	8	2	6	13	10	11	5		
—	Missed School due to Asthma	20.1	19.2	21.2	17.1	22.4	23.7	15.3	18.0	17.0	15.6	54.6	18.4	11.6	12.0		
	Rank		9	10	6	11	12	3	7	5	4	13	8	1	2		
—	Diabetes	1.0	1.8	1.2	1.1	1.0	1.3	4.5	0.6	1.8	0.7	1.2	0.8	0.3	0.9		
	Rank			8	7	6	10	13	2	11	3	9	4	1	5		
<b>Lifestyles</b>																	
—	Physical Activity	19.0	19.5	25.8	18.3	18.1	23.5	27.0	20.7	26.0	23.8	21.5	16.6	15.5	23.3		
	Rank		9	3	10	11	5	1	8	2	4	7	12	13	6		
—	Obesity	9.5	8.3	9.9	8.0	11.0	12.1	9.4	10.0	5.4	10.8	6.7	8.8	6.8	8.8		
	Rank		5	9	4	12	13	8	10	1	11	2	7	3	6		
—	Family Meals	58.3	63.5	63.3	57.3	53.4	59.6	62.5	60.7	66.3	58.6	62.1	62.8	61.7	54.9		
	Rank		2	3	11	13	9	5	8	1	10	6	4	7	12		
↓	Tanning	4.0	4.5	7.6	4.5	3.8	3.0	7.2	4.9	3.6	3.6	7.1	2.6	5.7	4.8		
	Rank			13	7	5	2	12	9	3	4	11	1	10	8		
<b>Mental Health</b>																	
↑	Feeling Sad or Hopeless	27.3	22.3	22.4	28.9	29.5	23.0	28.5	23.7	20.2	27.3	24.7	27.3	21.8	26.6		
	Rank		3	4	12	13	5	11	6	1	9	7	10	2	8		
↑	Psychological Distress	20.6	18.0	16.4	23.0	21.6	18.3	20.6	18.7	15.5	20.4	23.9	20.1	15.6	19.9		
	Rank		4	3	12	11	5	10	6	1	9	13	8	2	7		
↑	Thinking About Suicide	18.1	14.0	15.5	20.4	19.1	15.8	18.1	15.5	16.0	19.1	23.3	17.5	14.3	18.3		
	Rank		1	3	12	10	5	8	4	6	11	13	7	2	9		
↑	Making a Suicide Plan	14.3	11.3	12.3	16.2	15.3	10.8	14.7	11.0	11.0	15.1	15.1	13.8	9.4	15.2		
	Rank		5	6	13	12	2	8	4	3	10	9	7	1	11		
↑	Suicide Attempts	7.7	6.4	7.0	7.8	8.8	7.9	8.8	6.5	4.0	8.7	8.6	7.1	5.0	7.5		
	Rank			5	8	13	9	12	4	1	11	10	6	2	7		

\*Use caution in interpreting. The estimate had a coefficient of variation >30% and is therefore deemed unreliable by UDOH standards.

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

# Summary Table

Change in state from years 2013-2017	2017 LHD Comparison														
	State Total	Bear River	Central Utah	Davis County	Salt Lake County	San Juan	Southeast Utah	Southwest Utah	Summit County	Tooele County	TriCounty	Utah County	Wasatch County	Weber-Morgan	
<b>Substance Abuse</b>															
—	Binge Drinking	5.5	3.5	5.5	4.0	7.4	4.9*	9.9	4.8	5.5	4.5	5.4	3.7	4.7	6.5
	Rank		1	10	3	12	7	13	6	9	4	8	2	5	11
—	Marijuana Use	8.1	3.7	5.1	5.2	12.3	6.4	11.1	6.4	8.0	6.6	6.3	5.5	5.0	9.4
	Rank		1	3	4	13	8	12	7	10	9	6	5	2	11
—	Prescription Drug Use	2.7	2.0	1.6	3.2	3.2	4.0*	0.8*	3.3	**	1.9	2.1*	2.5	**	2.1
	Rank		4	2	9	8	11	1	10	--	3	5	7	--	6
↓	Cigarette Smoking	2.9	2.2	3.4	2.1	3.9	4.0*	5.6	2.4	1.6	2.9	5.9	1.8	2.3*	3.3
	Rank		4	9	3	10	11	12	6	1	7	13	2	5	8
↑	Electronic Cigarette Use	11.1	7.3	9.1	9.5	13.7	4.7*	14.0	10.8	7.4	10.1	13.5	8.1	10.3	15.0
	Rank		2	5	6	11	1	12	9	3	7	10	4	8	13
—	Use of Chew, Snuff, or Dip	0.9	1.1	2.7	0.5*	0.5	3.7	5.4*	1.2	**	0.9*	4.6*	0.5	1.1	1.0*
	Rank		7	9	1	2	10	12	8	--	4	11	3	6	5
↑	Anti-Tobacco Ad Recall	85.8	83.8	84.9	88.1	85.1	77.9	83.0	84.0	83.0	83.6	87.3	87.0	85.9	86.6
	Rank		9	7	1	6	13	11	8	12	10	2	3	5	4
—	Anti-tobacco Lessons in School	57.4	55.5	65.1	65.9	54.5	57.2	54.7	49.9	57.6	61.5	75.0	56.7	53.6	61.6
	Rank		9	3	2	11	7	10	13	6	5	1	8	12	4
↓	Exposed to Smoking at Home	13.2	10.3	15.5	10.3	16.8	14.7	28.4	11.8	13.2	16.7	20.4	8.3	9.5	14.4
	Rank		4	9	3	11	8	13	5	6	10	12	1	2	7
↓	Secondhand Smoke Exposure	17.4	12.9	19.3	17.4	19.8	14.0	28.2	16.0	13.2	17.3	27.2	13.7	15.2	19.3
	Rank		1	10	8	11	4	13	6	2	7	12	3	5	9

\*Use caution in interpreting. The estimate had a coefficient of variation >30% and is therefore deemed unreliable by UDOH standards.

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

# Summary Table

Change in state from years 2013-2017	2017 LHD Comparison		State Total	Bear River	Central Utah	Davis County	Salt Lake County	San Juan	Southeast Utah	Southwest Utah	Summit County	Tooele County	TriCounty	Utah County	Wasatch County	Weber-Morgan
	Better than State	Worse than State														
<b>Violence and Injury</b>																
—	Driver Talking on Cell Phone	48.8	45.8	57.5	44.9*	45.7	48.6	51.9	56.5	49.6*	46.3	49.5	50.3	57.1	53.8	
	Rank		3	13	1	2	5	9	11	7	4	6	8	12	10	
—	Driver Texting	37.6	28.6	45.1	36.8*	37.0	37.3*	38.4	43.5	35.1*	31.4	25.4	38.6	39.0	42.6	
	Rank		2	13	5	6	7	8	12	4	3	1	9	10	11	
↑	Seat Belt Use	95.5	94.7	93.0	97.3*	95.1	86.6	95.3	93.9	95.6	97.2	94.8	96.0	95.2	96.0	
	Rank		10	12	1	8	13	6	11	5	2	9	4	7	3	
—	Bullied at School	27.9	28.6	28.2	32.4	26.4	16.1	32.5	29.6	27.7	29.3	33.3	26.4	24.0	28.6	
	Rank		7	6	11	4	1	12	10	5	9	13	3	2	8	
—	Electronic Bullying	27.2	23.7	26.3	28.8	26.0	12.0	32.3	27.3	21.6	26.8	28.9	29.1	26.2	28.1	
	Rank		3	6	10	4	1	13	8	2	7	11	12	5	9	
N/A	Dating Violence	10.7	9.5	10.2	11.6	11.6	**	14.4	10.0	12.7	11.6	11.1*	8.9	13.4	10.2	
	Rank		2	4	7	9	--	12	3	10	8	6	1	11	5	

\*Use caution in interpreting. The estimate had a coefficient of variation >30% and is therefore deemed unreliable by UDOH standards.

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

N/A Data was only collected in year 2017.

# Chronic Conditions: Lifetime Asthma

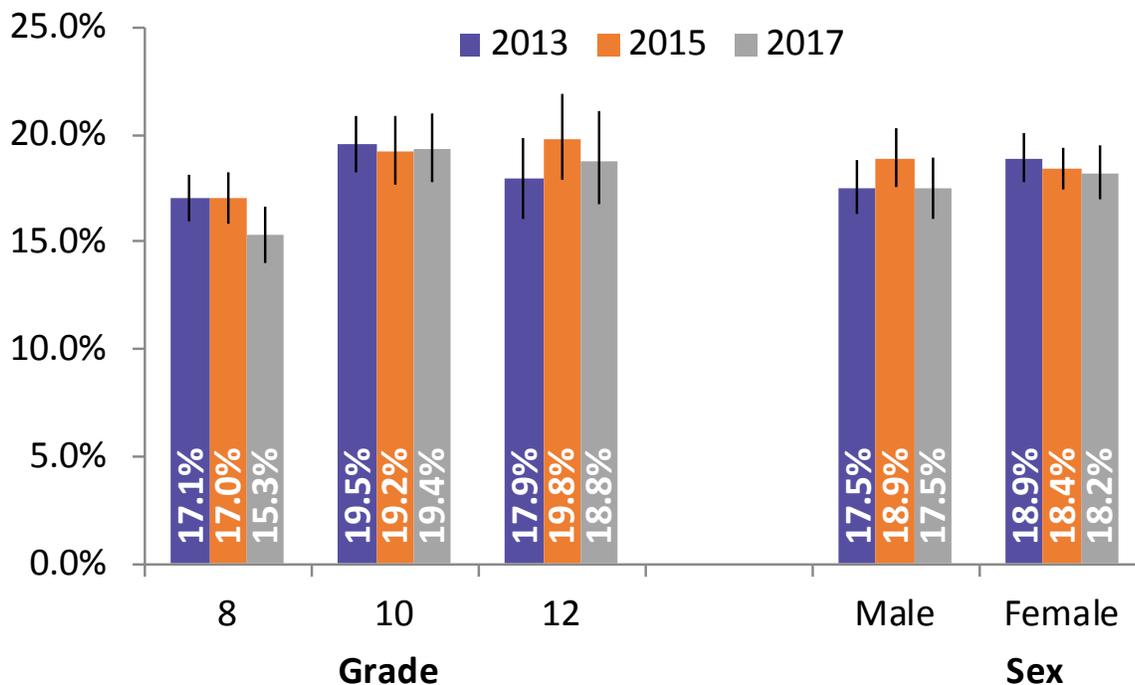
Lifetime asthma is defined as having ever been diagnosed with asthma by a doctor or other health care professional regardless of whether or not that individual still has asthma.

Asthma prevalence is an important indicator for tracking the burden of the disease. In the U.S. in 2015, 22.8 percent of students had ever been told by a doctor or nurse that they had asthma (i.e., lifetime asthma). In 2017, 17.8 percent of Utah students reported having ever been told by a doctor or nurse that they had asthma. This is not a significant change from recent years.

In 2017, there were not significant differences in reported lifetime asthma prevalence for males and females (**Figure 1**). Students in 8th grade reported significantly lower percentages of lifetime asthma than students in 10th and 12th grade.

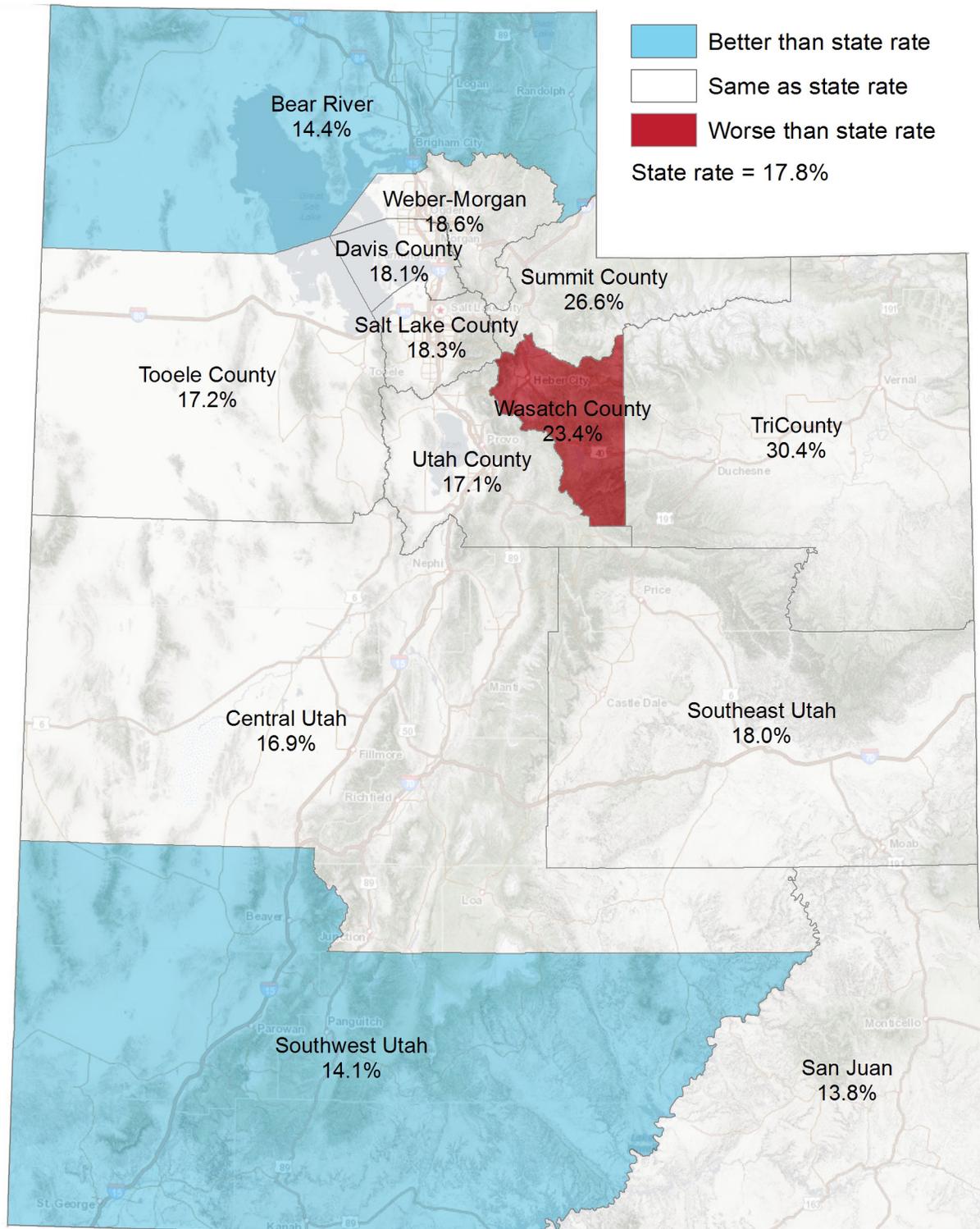
Among local health districts, students in Wasatch County (23.4%) reported a significantly higher percentage of lifetime asthma than the state percentage (17.8%) in 2017(**Figure 2**). Students in Bear River (14.4%) and Southwest Utah (14.1%) reported a significantly lower percentage of lifetime asthma than the state percentage in 2017.

Figure 1: Percentage of Utah Students (Grades 8, 10, 12) Who Were Told by a Doctor or Nurse That They Have Asthma by Grade and Sex, Utah, 2013, 2015, 2017



# Chronic Conditions: Lifetime Asthma

Figure 2: Percentage of Utah Students (Grades 8, 10, 12) Who Were Told by a Doctor or Nurse That They Have Asthma by Local Health District Map, Utah, 2017



# Chronic Conditions:

## Current Asthma

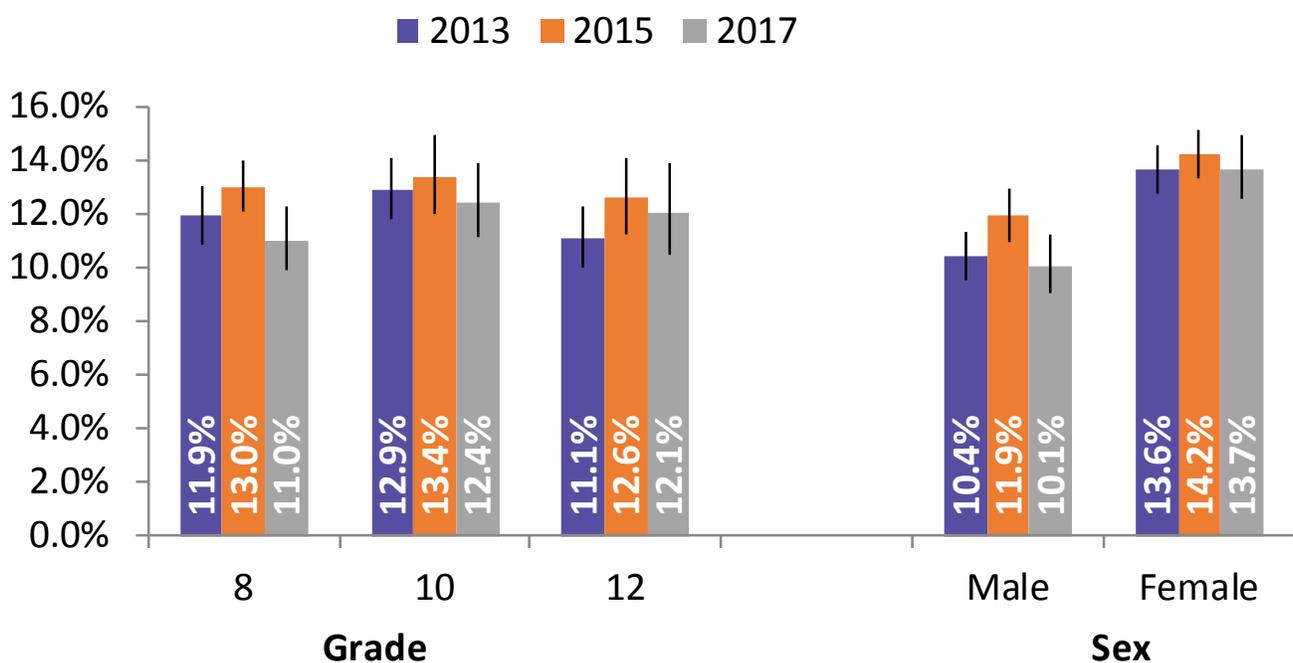
Current asthma is defined as having ever been diagnosed with asthma by a doctor or other health care professional and still having asthma.

In the U.S. during 2016, 7.9 percent of children (ages 0-17) had current asthma.<sup>2</sup> In Utah during 2016, about 5.8 percent of children (ages 0-17) had current asthma. In 2017, 11.8 percent of 8th, 10th and 12th grade students in Utah reported having current asthma. This percentage is not significantly different from previous years.

Reporting of current asthma for female students (13.7%) in 2017 was significantly higher than for male students (10.1%) (**Figure 3**). There were no significant differences among grades in current asthma prevalence.

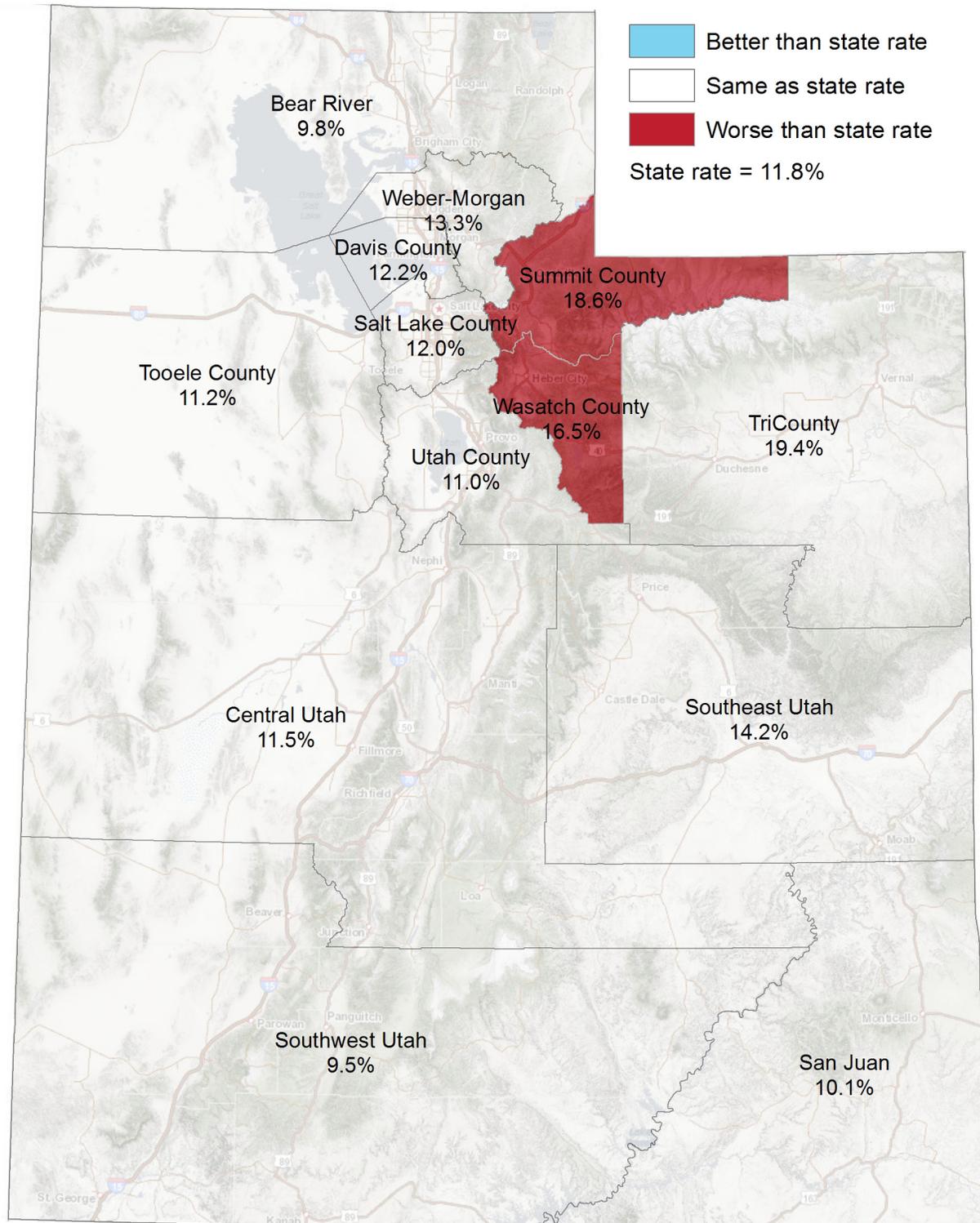
Among local health districts, students in Summit (18.6%) and Wasatch counties (16.5%) reported a significantly higher prevalence than the state percentage (11.8%) in 2017 (**Figure 4**). No local health districts reported a significantly lower percentage of current asthma than the state percentage in 2017.

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



# Chronic Conditions: Current Asthma

Figure 4: Percentage of Utah Students (Grades 8, 10, 12)  
Who Currently Have Asthma by Local Health District Map, Utah, 2017



# Chronic Conditions:

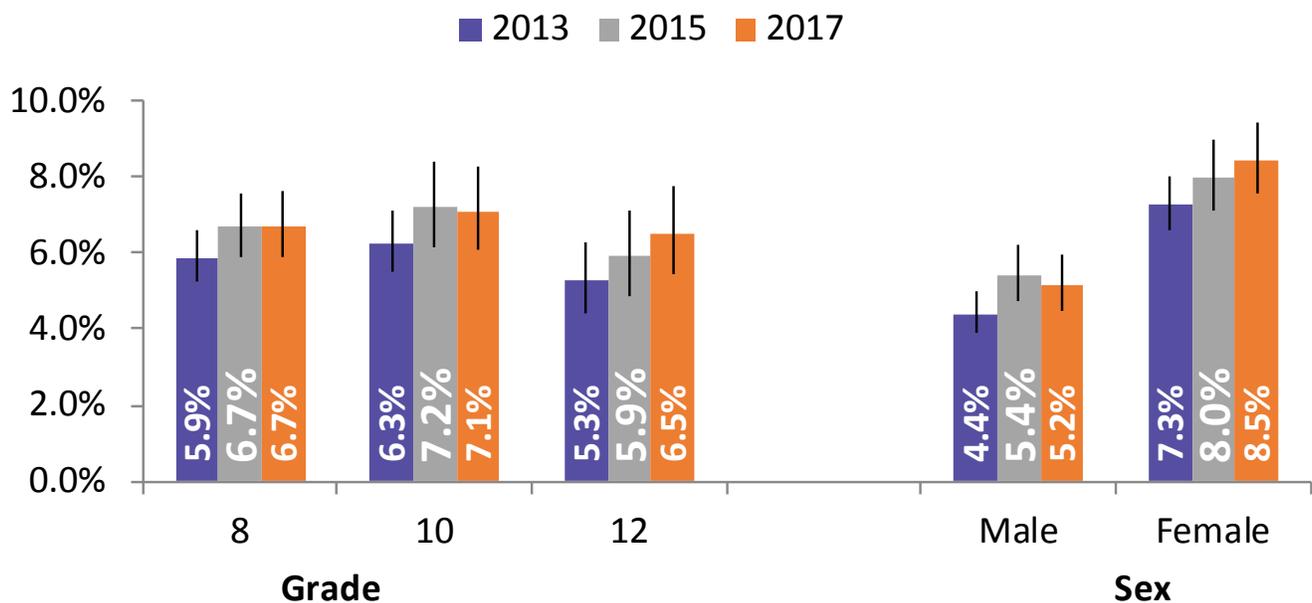
## Asthma Attack

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.

In 2017, 6.8 percent of Utah students in grades 8, 10, and 12 reported having had an asthma attack in the past year. This is not a significant change from recent years. Females (8.5%) were significantly more likely to report having an asthma attack in the past year than males (5.2%) (**Figure 5**). There was no significant difference in asthma attack reporting among grade levels in 2017.

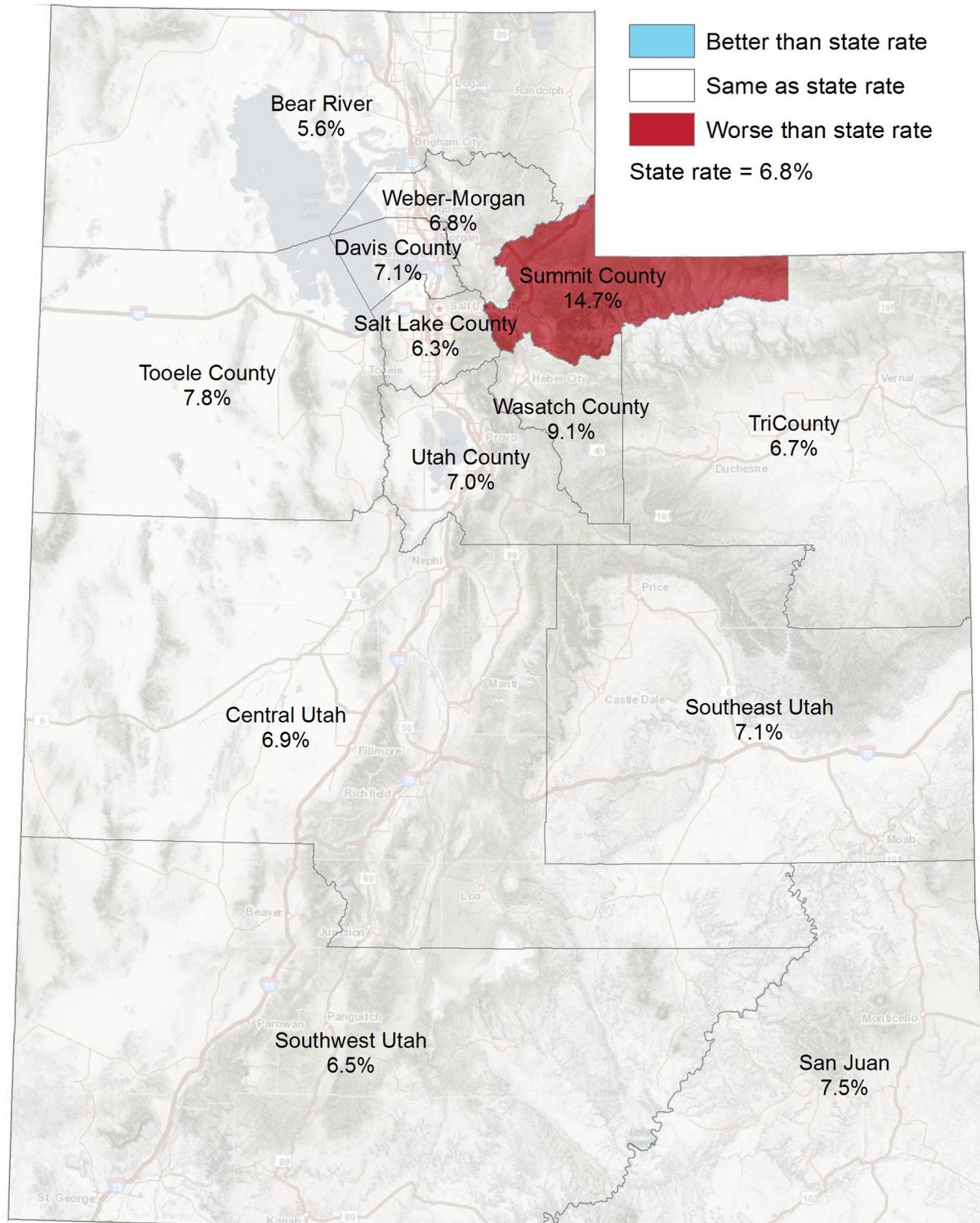
Among local health districts, students in Summit County (14.7%) reported a significantly higher percentage of asthma attacks than the state percentage (6.8%) in 2017 (**Figure 6**). No local health districts reported significantly lower percentages of asthma attacks than the state percentage in 2017.

Figure 6: Percentage 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



# Chronic Conditions: Asthma Attack

Figure 6: Percentage of Utah Students (Grades 8, 10, 12) Who Had an Asthma Attack in the Past 12 Months by Local Health District Map, Utah, 2017



# Chronic Conditions: Asthma Management

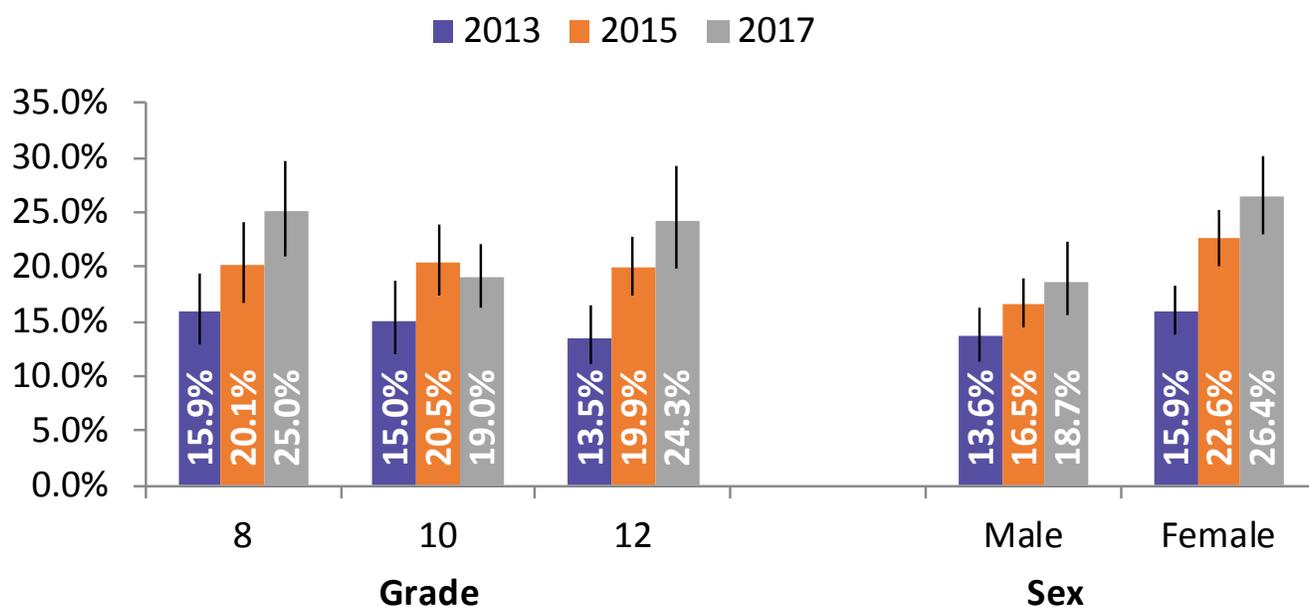
The goal of asthma management is to control asthma so that children with asthma can live active, full lives while minimizing their risk for asthma episodes that require emergency department and non-routine doctor visits. An asthma action plan, a tool to help control asthma, is one important component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

For Utah students in grades 8, 10, and 12 with asthma, the prevalence of having an asthma action plan was 22.5 percent in 2017. This is a significant increase from the 2013 percentage of 14.8 percent.

In 2017, male students (18.7%) were significantly less likely than female students (26.4%) to have an asthma action plan. There was not a significant difference in the prevalence of having an asthma action plan across grades (Figure 7).

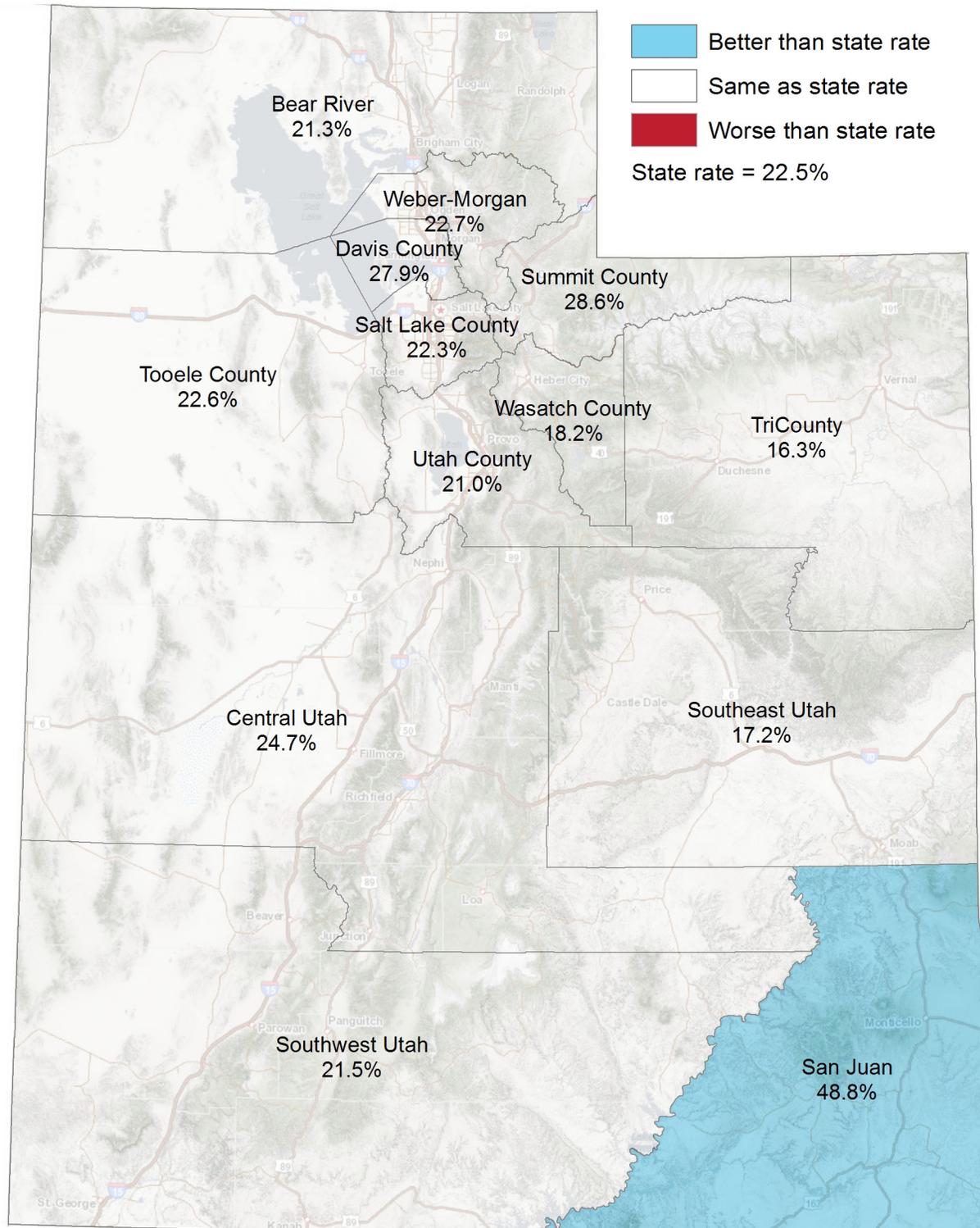
Among local health districts, students in San Juan County (48.8%) had a significantly higher percentage of asthma action plans than the state percentage (22.5 %) in 2017 (Figure 8). No local health districts reported significantly lower percentages of asthma action plans than the state percentage in 2017 (Figure 8).

Figure 7: Percentage 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



# Chronic Conditions: Asthma Management

Figure 8: Percentage 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, 2017



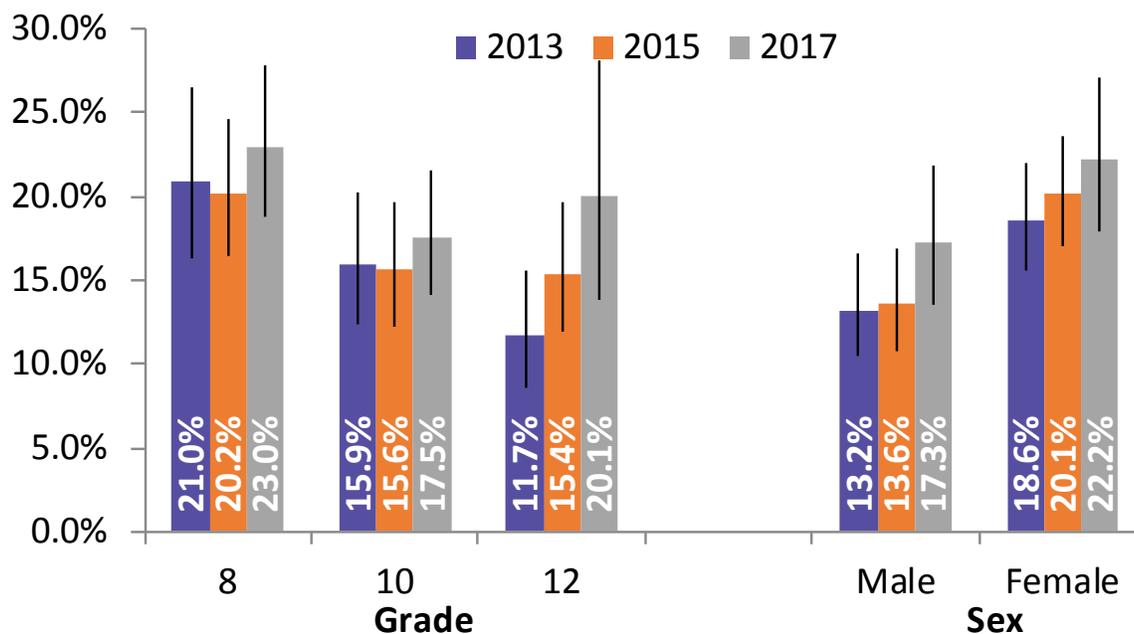
# Chronic Conditions: Missed School Due to Asthma

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

For Utah students in grades 8, 10, and 12 with asthma, the prevalence for missing at least one school day in the past year due to asthma was 20.1 percent in 2017. This is not a significant change from recent years. There was not a significant difference in the prevalence for missing at least one school day in the past year due to asthma between males and females or across grade levels (**Figure 9**).

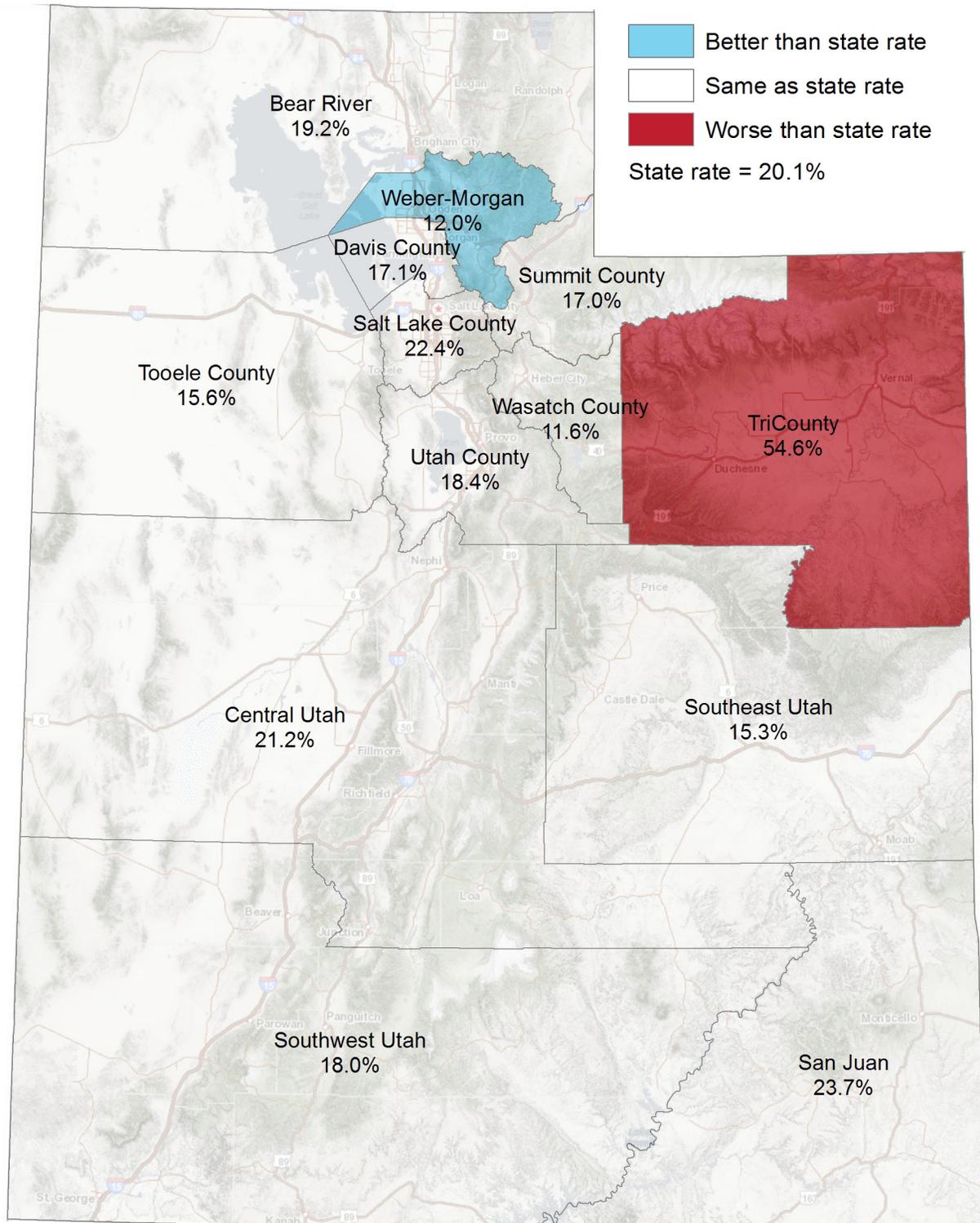
Among local health districts, students in Weber-Morgan (12.0%) had a significantly lower percentage of students missing at least one school day in the past year due to asthma than the state percentage (20.1%) in 2017 (**Figure 10**). Students in TriCounty (54.6%) had a significantly higher percentage of missing at least one school day in the past year due to asthma than the state percentage in 2017.

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



# Chronic Conditions: Missed School Due to Asthma

Figure 10: Percentage of Utah Students (Grades 8, 10, 12) Who Missed One or More Days of School During the Past Year Because of Their Asthma by Local Health District Map, Utah, 2017



# Chronic Conditions: Diabetes

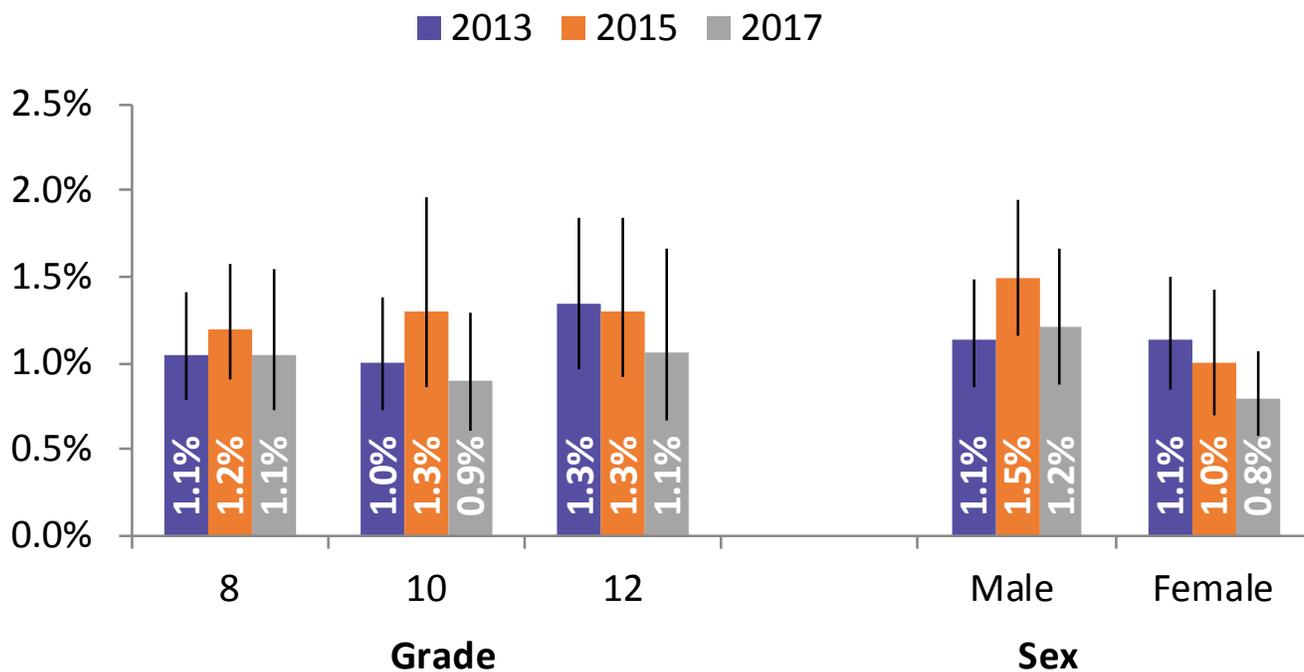
Diabetes is a serious chronic condition that may require extreme diligence to manage. Diabetes is one of the most common chronic diseases among school-aged children. Among Utah students in grades 8, 10, and 12, one out of every 100 students reported having diabetes in 2017. This is not a significant difference from recent years.

Diabetes is uncommon in very young children but the risk gradually increases with age, with incidence peaking during puberty. Diabetes often requires 24-hours-a-day management. This means students may need to monitor their blood sugar levels during school and administer insulin during the school day. They may experience high or low blood sugars that require immediate medical attention. It is important for students with diabetes to have a care management plan (often referred to as a “504 Plan”) in place to ensure that the student, parents or guardians, and school staff understand the specific care needs for each student.

There is no statistically significant difference in the prevalence of diabetes by sex (**Figure 11**). Diabetes prevalence is also similar across grade levels.

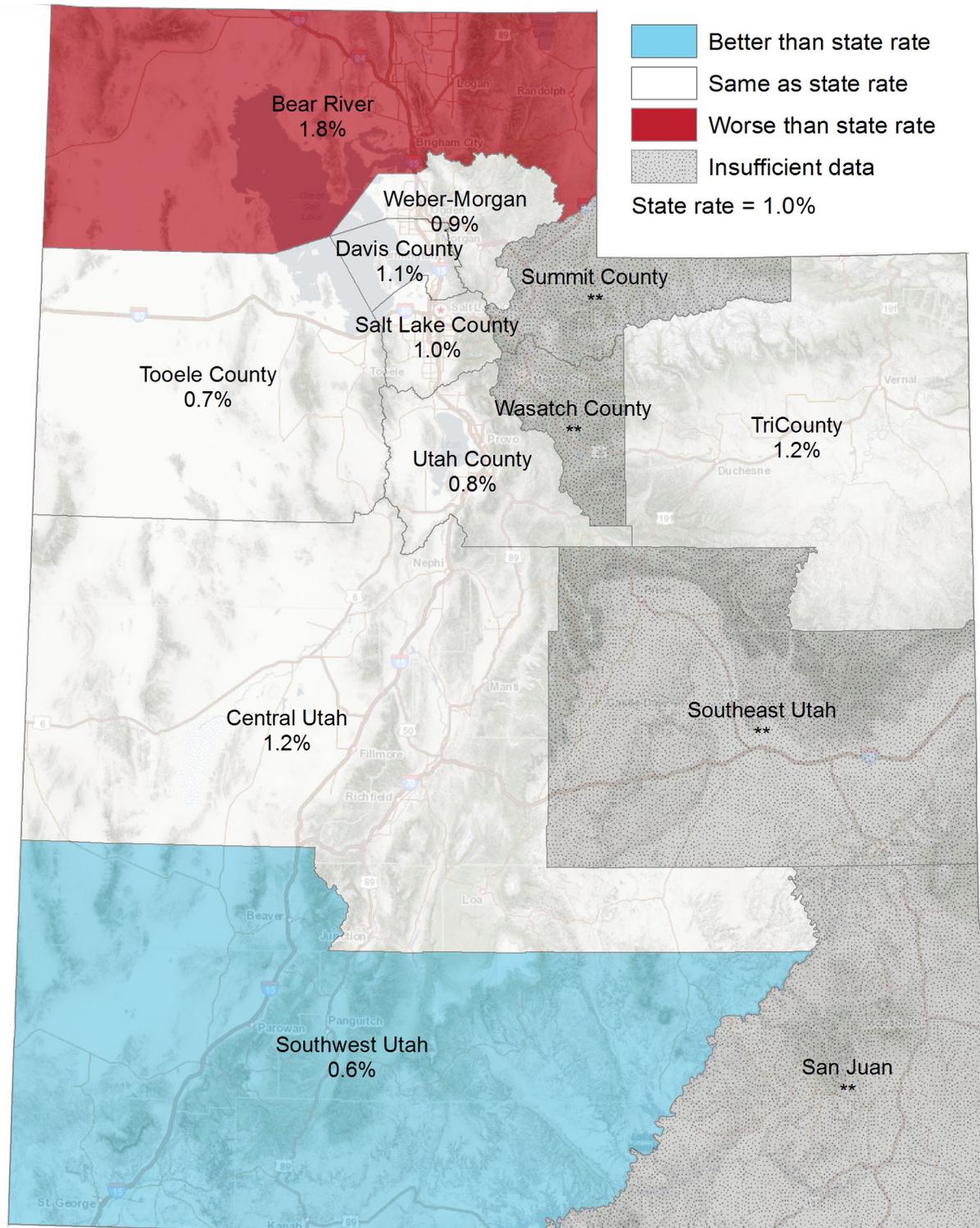
Among local health districts, students in Bear River reported a significantly higher percentage (1.8%) of diabetes than the state percentage (1.0%) in 2017 (**Figure 12**). Students in Southwest Utah reported a significantly lower percentage (0.6%) of diabetes than the state percentage in 2017.

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



# Chronic Conditions: Diabetes

Figure 12: Percentage of Utah Students (Grades 8, 10, 12) Who Have Diabetes by Local Health District Map, Utah, 2017



# Lifestyles: 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. 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 2017, 19.0 percent of Utah students in grades 8, 10, and 12 met the HHS recommendation for physical activity. This was not a significant change in physical activity from 2013.

Male students consistently have significantly higher percentages of physical activity than female students (**Figure 13**). Physical activity percentages for both males and females did not change significantly. Additionally, the percentage of adolescents who met HHS physical activity guidelines decreased as grade level increased. A significantly higher proportion of students in grade 8 met the guidelines than students in grade 12.

Among local health districts, students in Weber-Morgan (23.3%), Tooele County (23.8%), Central Utah (25.8%), Southeast Utah (27.0%), and San Juan County (23.8%) districts reported significantly higher percentages of physical activity than the state percentage (19.0%) in 2017 (**Figure 14**). Students in Utah County had a significantly lower percentage than the state percentage in 2017.

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

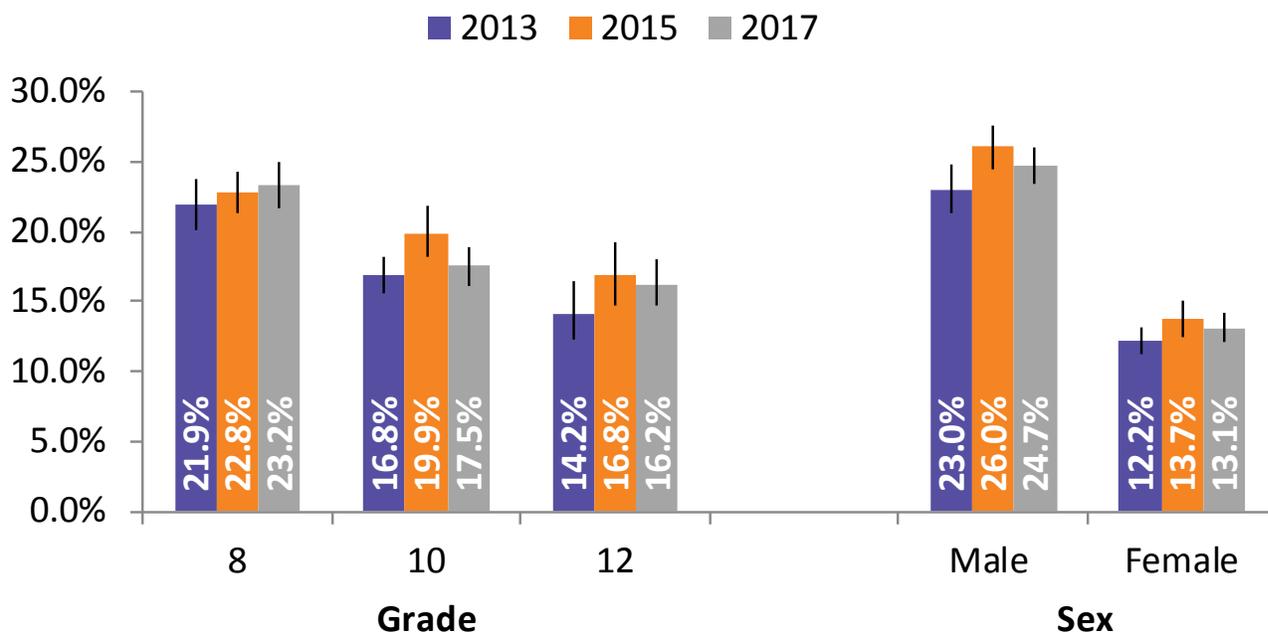
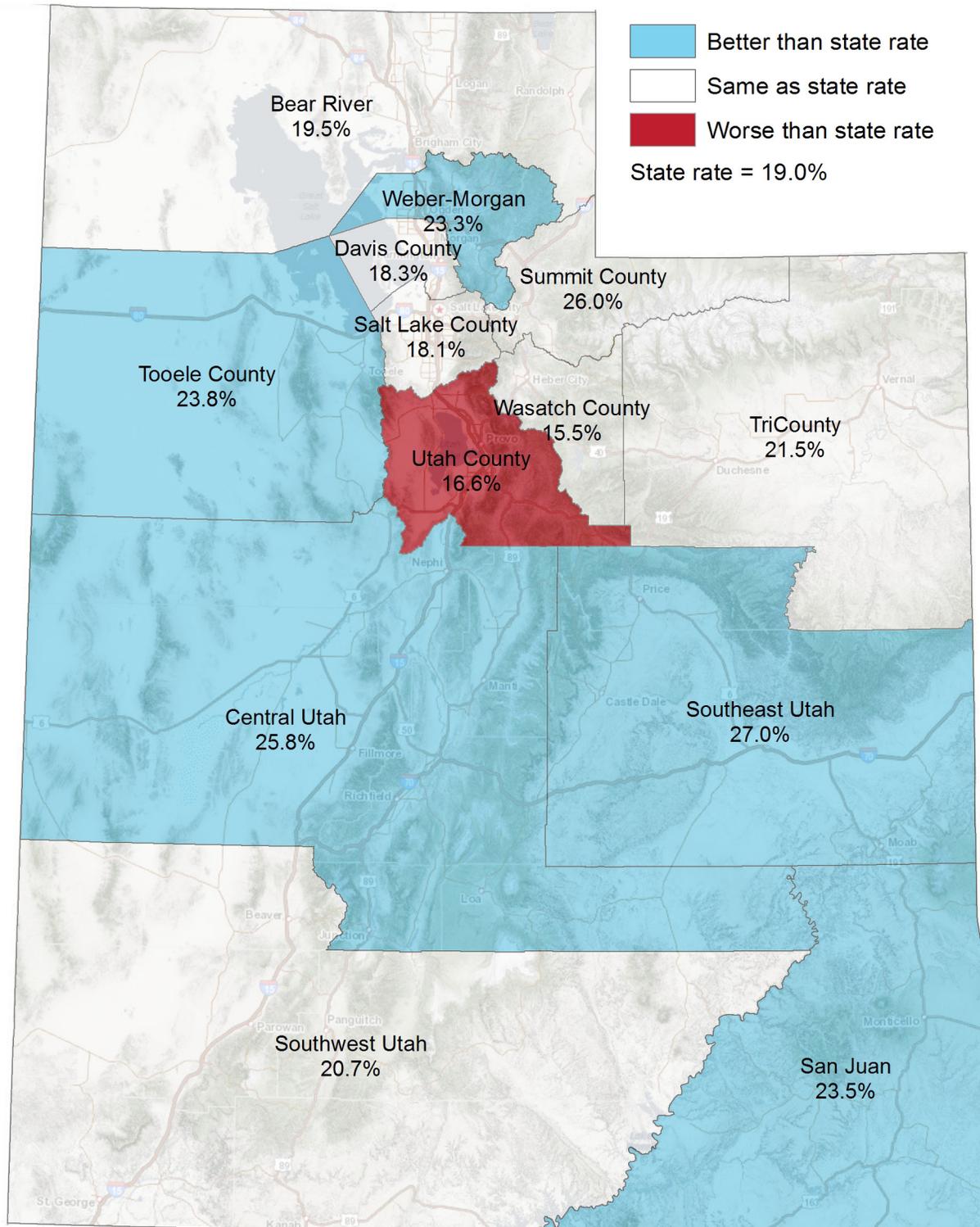


Figure 14: Percentage of Utah Students (Grade 8, 10, 12) Who Meet Current Physical Activity Guidelines by Local Health District Map, Utah 2017



Obesity is a persistent public health problem, and unfortunately, too many adolescents are affected by this condition. Adolescents who are obese have an increased risk of elevated cholesterol and blood pressure levels. They are also more likely to be obese as adults. 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, about one out of every six adolescents (17%) ages 12-19 are obese. In Utah in 2017, 9.5 percent of students in grades 8, 10, and 12 were obese. This is not a significant difference from previous years. The percentage for males continues to be significantly higher than the percentage for females (**Figure 15**). In 2017, 10.6 percent of males were obese, compared to 8.3 percent of females. Obesity percentages among grade levels were not significantly different.

Among local health districts, students in Wasatch County reported a significantly lower adolescent obesity percentage (6.8%) than the state percentage (9.5%) in 2017 (**Figure 16**). Students in Salt Lake County reported a significantly higher percentage (11.0%) than the state percentage in 2017.

Figure 15: Percentage of Utah Students (Grades 8, 10, 12) Who Are Obese by Grade and Sex, Utah, 2013, 2015, 2017

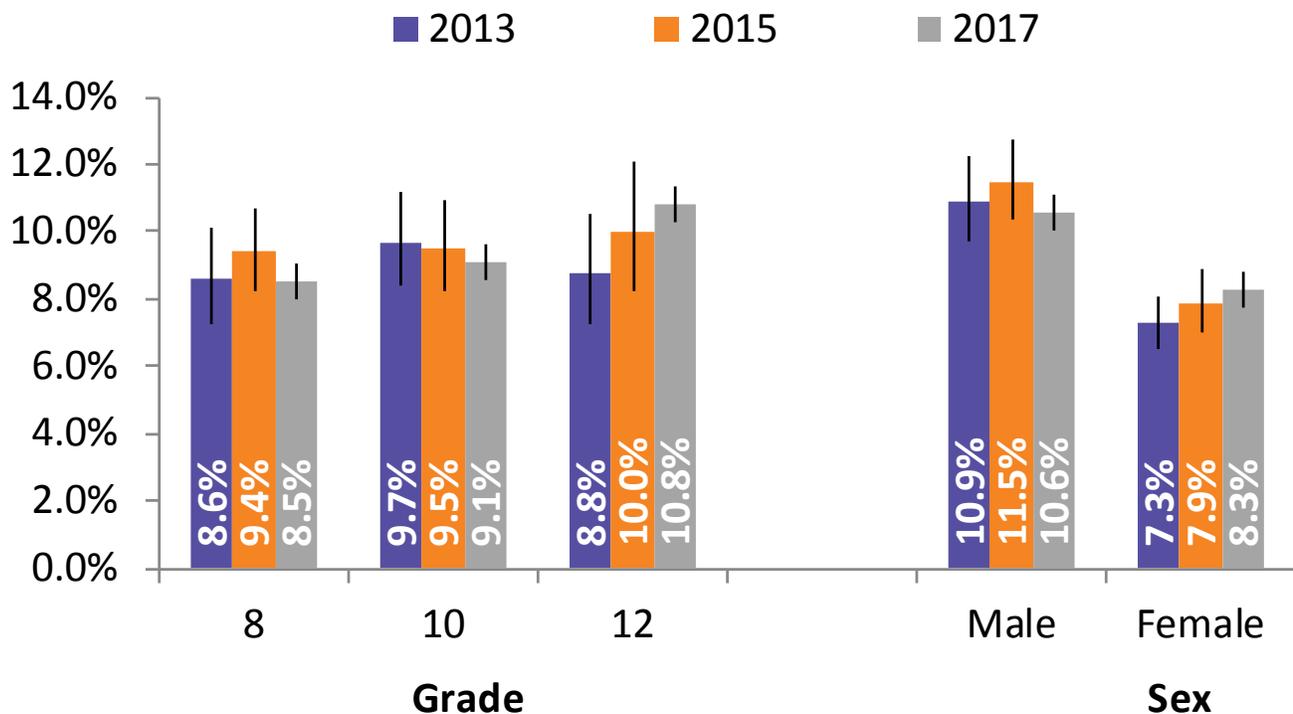
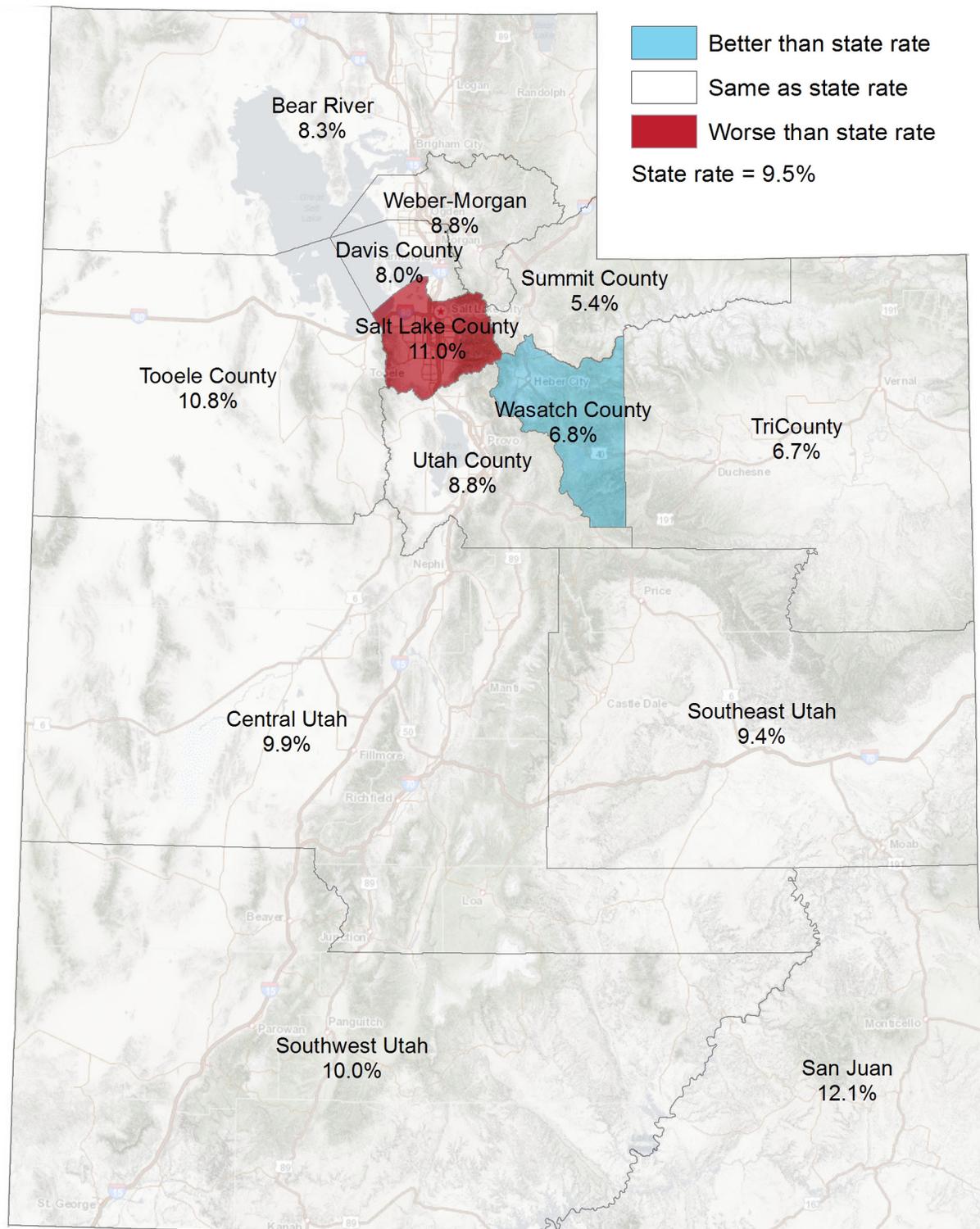


Figure 16: Percentage of Utah Students (Grades 8, 10, 12) Who Are Obese by Local Health District Map, Utah, 2017



# Lifestyles: Family Meals

Adolescents who regularly eat meals with their families are less likely to be overweight and less likely to have eating disorders. Some studies have found that regular family meals can even improve adolescents' academic performance. This document defines regular family meals as eating all or most meals with the family at least five days a week.

In Utah, the percentage of students who had regular family meals did not significantly change between 2013 and 2017. The proportion of students who had regular family meals decreased significantly as students moved into higher grades (**Figure 17**). In 2017, among 8th grade students, nearly 70 percent (67.6%) had regular family meals. By 12th grade, the percentage dropped to just under half (46.8%). For 2017, the percentage of males who had regular family meals was significantly higher than that for females, 60.3 percent vs. 56.2 percent, respectively.

Among local health districts, students in Bear River (63.5%), Central Utah (63.3%), Southeast Utah (62.5%) and Utah County (62.8%) districts reported significantly higher percentages of regular family meals than the state percentage (58.3 %) in 2017 (**Figure 18**). Students in Salt Lake County reported a significantly lower percentage (53.4%) of regular family meals than the state percentage in 2017.

Figure 17: Percentage 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

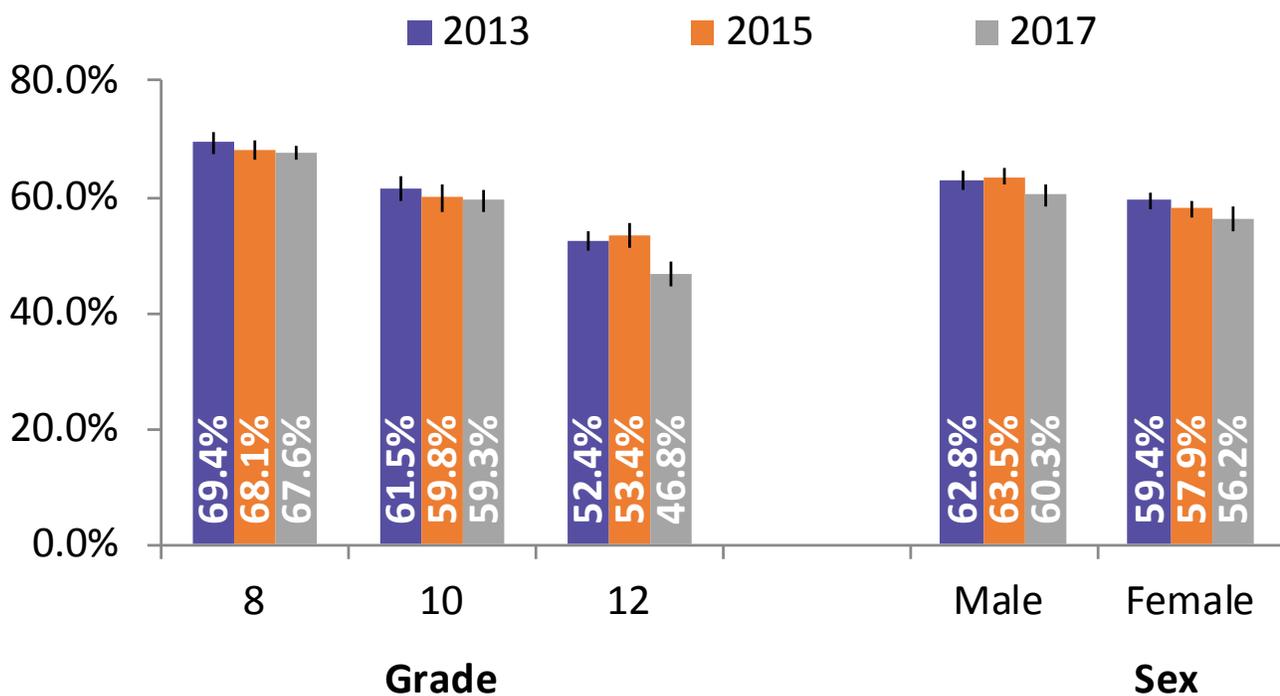
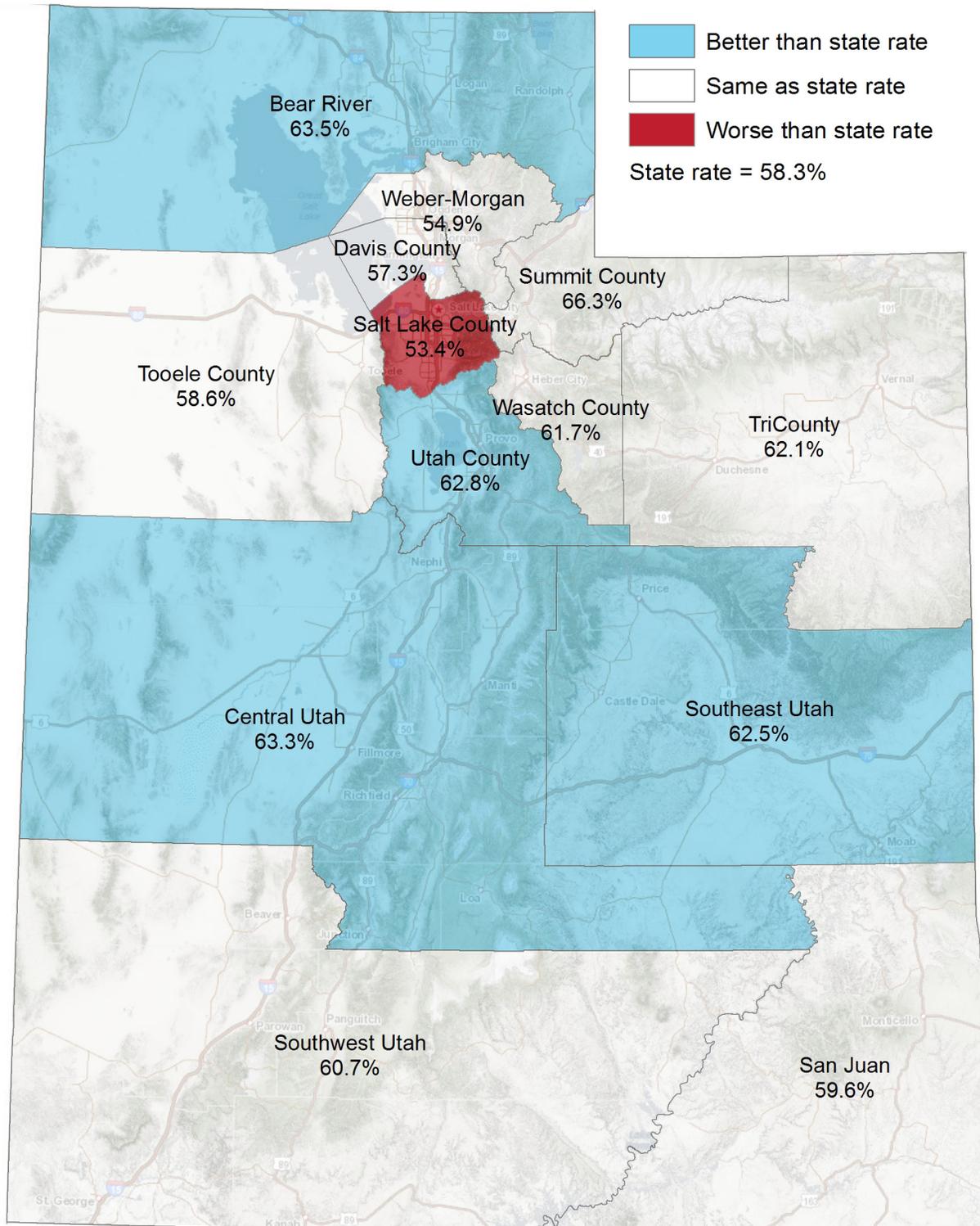


Figure 18: Percentage of Utah Students (Grades 8, 10, 12) Who Ate At Least One Meal with Their Family on Five or More Days a Week by Local Health District Map, Utah, 2015, 2017



# Lifestyles: Tanning

Skin cancer is the most common form of cancer in the U.S. Over the past several years, Utah has consistently had the single highest percentage of new melanoma skin cancer cases in the country. Exposure to ultraviolet (UV) radiation from the sun or from indoor tanning is considered the leading cause for skin cancer. Indoor tanning increases a person's risk of skin cancer and is especially risky for young people.

Indoor tanning is no safer than tanning by natural sunlight. Having moderate natural UV exposure from the sun can have benefits such as improving a person's mood and stimulating vitamin D production. However, UV exposure from indoor tanning offers no additional health benefits and increases one's risk for skin cancer. Researchers estimated more than 400,000 cases of skin cancer may be related to indoor tanning in the U.S. each year.<sup>12</sup> In particular, the risk of developing melanoma increases by an estimated 75% if a person uses artificial tanning beds before age 30.

In 2017, 4.0 percent of Utah students in grades 8, 10, and 12 reported that they had used a tanning device sometime during the past 12 months. This was a significant decrease over the 2013 percentage of 7.7 percent. Indoor tanning was reported at a much higher percentage among female students when compared to male students; in 2017, 5.8 percent of female students reported using indoor tanning, about 2.5 times the male percentage of 2.3 percent (**Figure 19**). The percentage of indoor tanning significantly decreased among female students from 11.7 percent in 2013 to 5.8 percent in 2017. A less drastic but still significant decrease was observed among the male students (3.7% in 2013 to 2.3% in 2017). Percentages of indoor tanning increased significantly with increasing grade level, ranging from a reported 1.9 percent among 8th grade students, to 3.4 percent among 10th grade students, and 6.7 percent among 12th grade students in 2017. Twelfth grade females reported the highest percentage of indoor tanning among any group during 2017, at 10.4 percent.

Among local health districts, students in Central Utah reported a significantly higher percentage (7.6%) of indoor tanning than the state percentage (4.0 %) in 2017 (**Figure 20**). Students in Utah County had a significantly lower percentage (2.6%) than the state percentage in 2017.

Figure 19: Percentage of Utah Students (Grades 8, 10, 12) Who Used a Tanning Device in the Past 12 Months by Grade and Sex, Utah, 2013, 2015

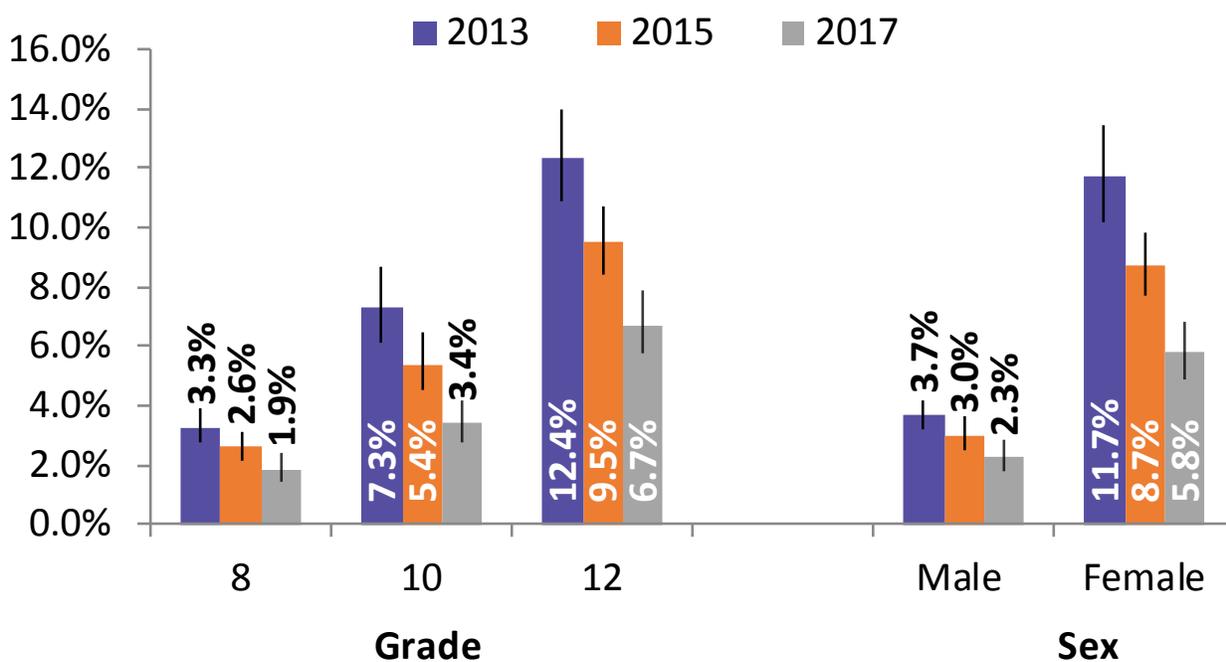
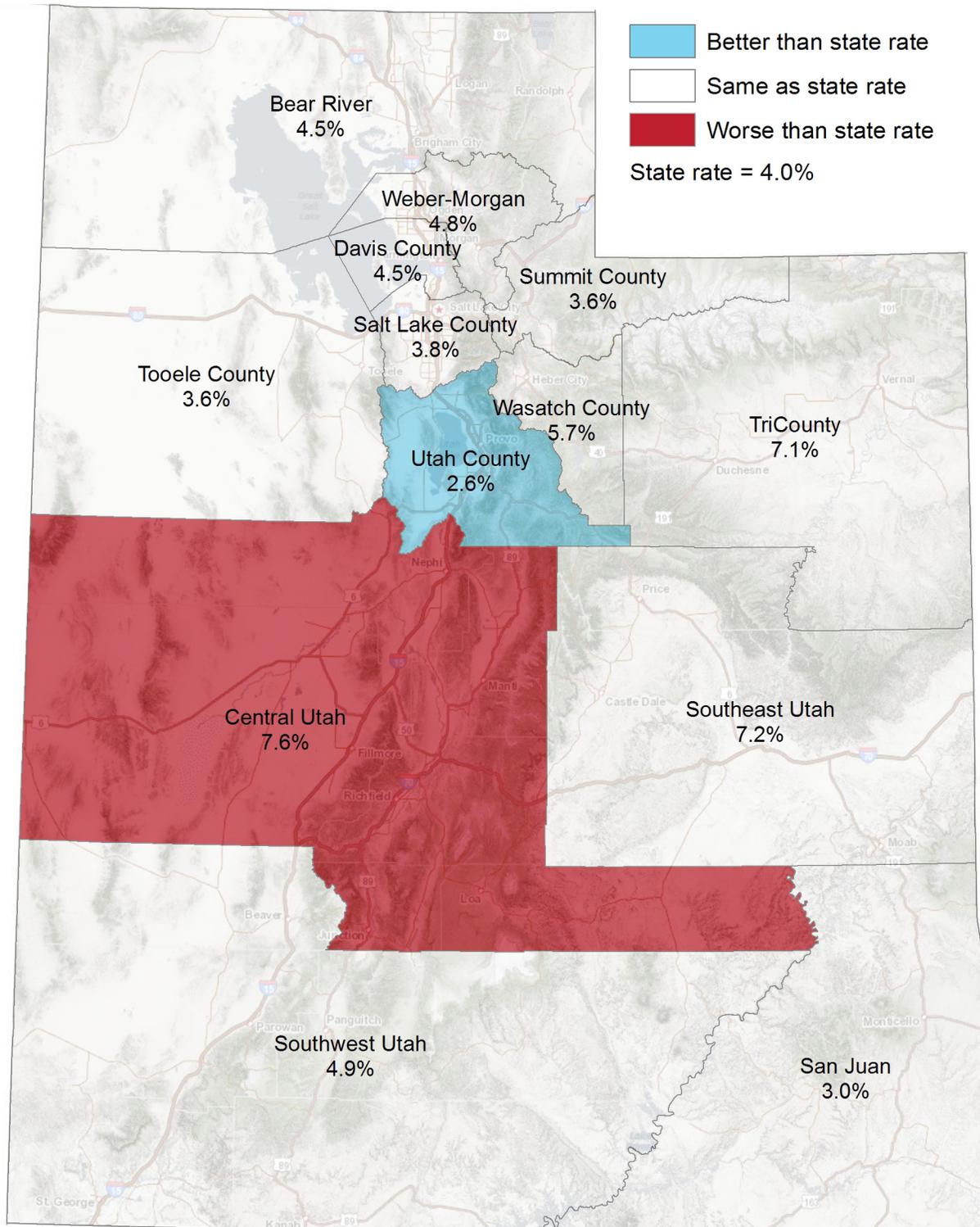


Figure 20: Percentage of Utah Students (Grades 8, 10, 12) Who Used a Tanning Device in the Past 12 Months by Local Health District Map, Utah, 2015



# Mental Health: Feeling Sad or Hopeless

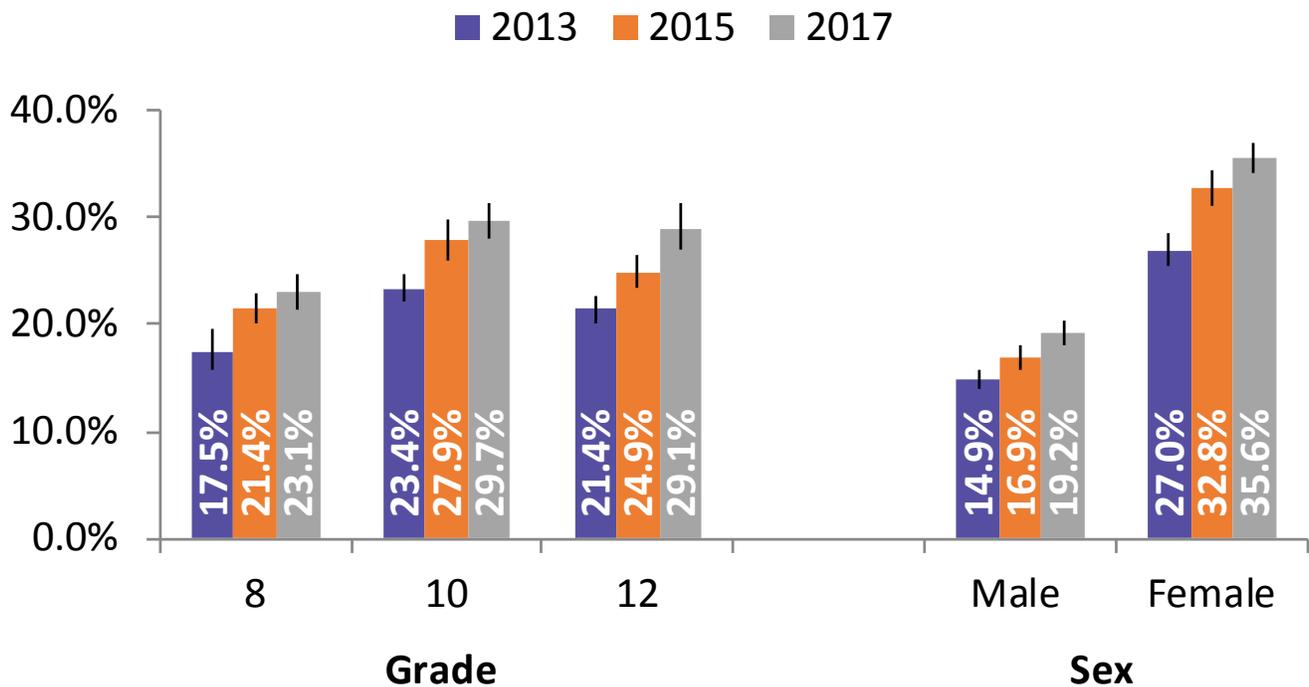
Feeling sad or hopeless for at least two consecutive weeks to the point where it becomes difficult to enjoy activities or do daily tasks can be a sign of depression. Adolescents who have depression are at an elevated risk of a host of other negative health outcomes, including substance abuse and suicide.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

In 2013, 20.8 percent of students in grades 8, 10, and 12 reported that, at some point over the past 12 months, they felt so sad or hopeless almost every day for at least two weeks in a row that they stopped doing some usual activities. In 2015, there was a significant increase to 24.7 percent, and another significant increase to 27.3 percent was seen in 2017.

Females reported a significantly higher prevalence of such feelings when compared to males in 2017 (**Figure 21**). Students in 10th and 12th grade were significantly more likely to report being sad or hopeless than students in 8th grade during 2017.

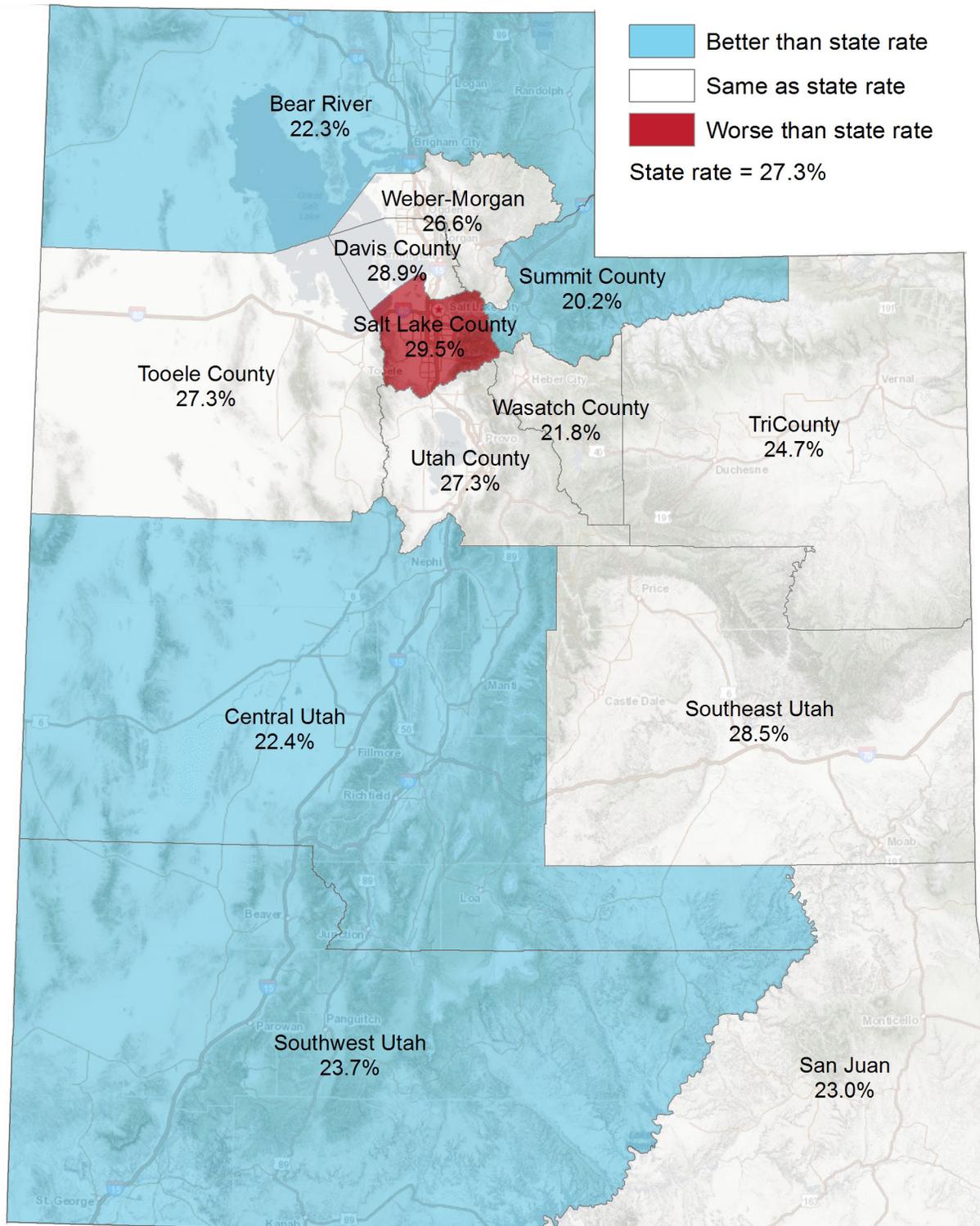
Among local health districts, students in Bear River (22.3%), Central Utah (22.4%), Southwest Utah (23.7%), and Summit County (20.2%) reported significantly lower percentages of feeling sad or hopeless than the state average (27.3%) in 2017 (**Figure 22**). Students in Salt Lake County (29.5%) reported a significantly higher percentage of feeling more sad or hopeless youth in 2017 than the state percentage in 2017.

Figure 21: Percentage 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



# Mental Health: Feeling Sad or Hopeless

Figure 22: Percentage 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, 2017



# Mental Health: Psychological Distress

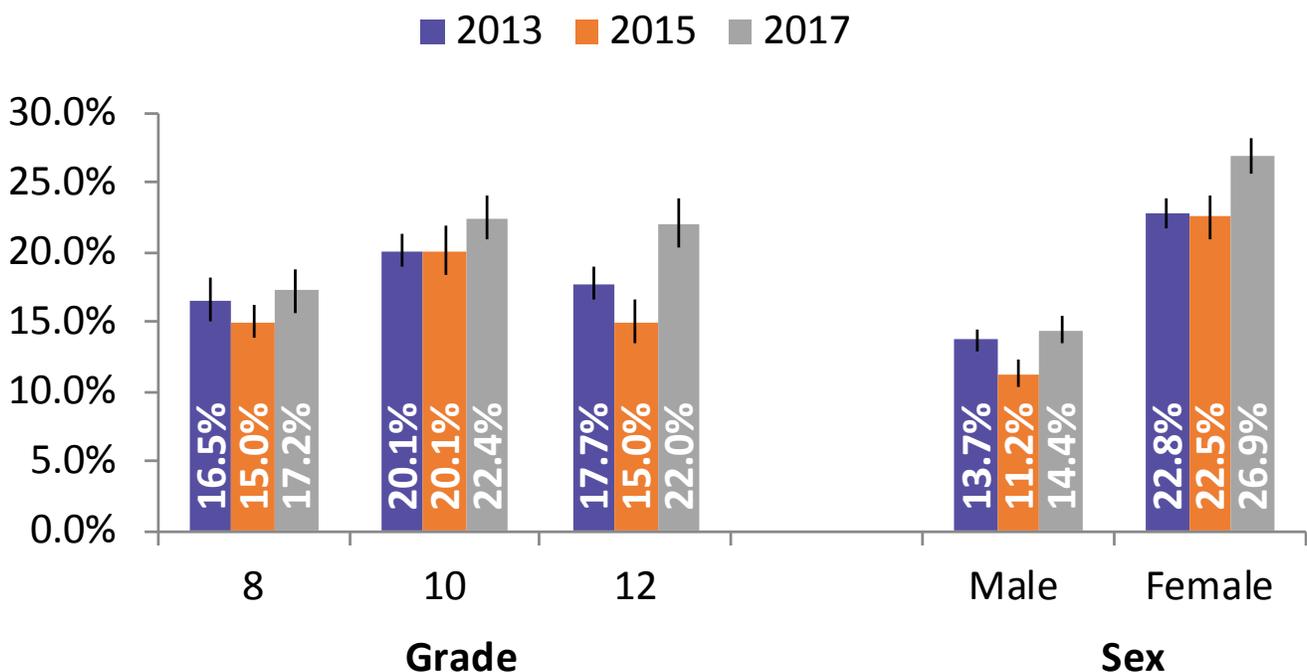
The Kessler Psychological Distress Scale (K6) is a simple measure of psychological distress which involves six questions about a person's emotional state. Each question is scored from 0 (none of the time) to 4 (all of the time). Scores of the six questions are then summed, yielding a minimum score of 0 and a maximum score of 24. A score of 12 or higher indicates that someone is experiencing psychological distress and may benefit from mental health services.

In 2017, 20.6 percent of Utah students in grades 8, 10, and 12 had K6 scores of 12 or more. This was a significant increase from the 2013 percentage of 18.1 percent and 2015 percentage of 16.8 percent.

Females were at a significantly greater risk of psychological distress compared to males (**Figure 23**). In 2017, students in 8th grade were significantly less likely to score a 12 or higher on the K6 than students in 10th or 12th grade.

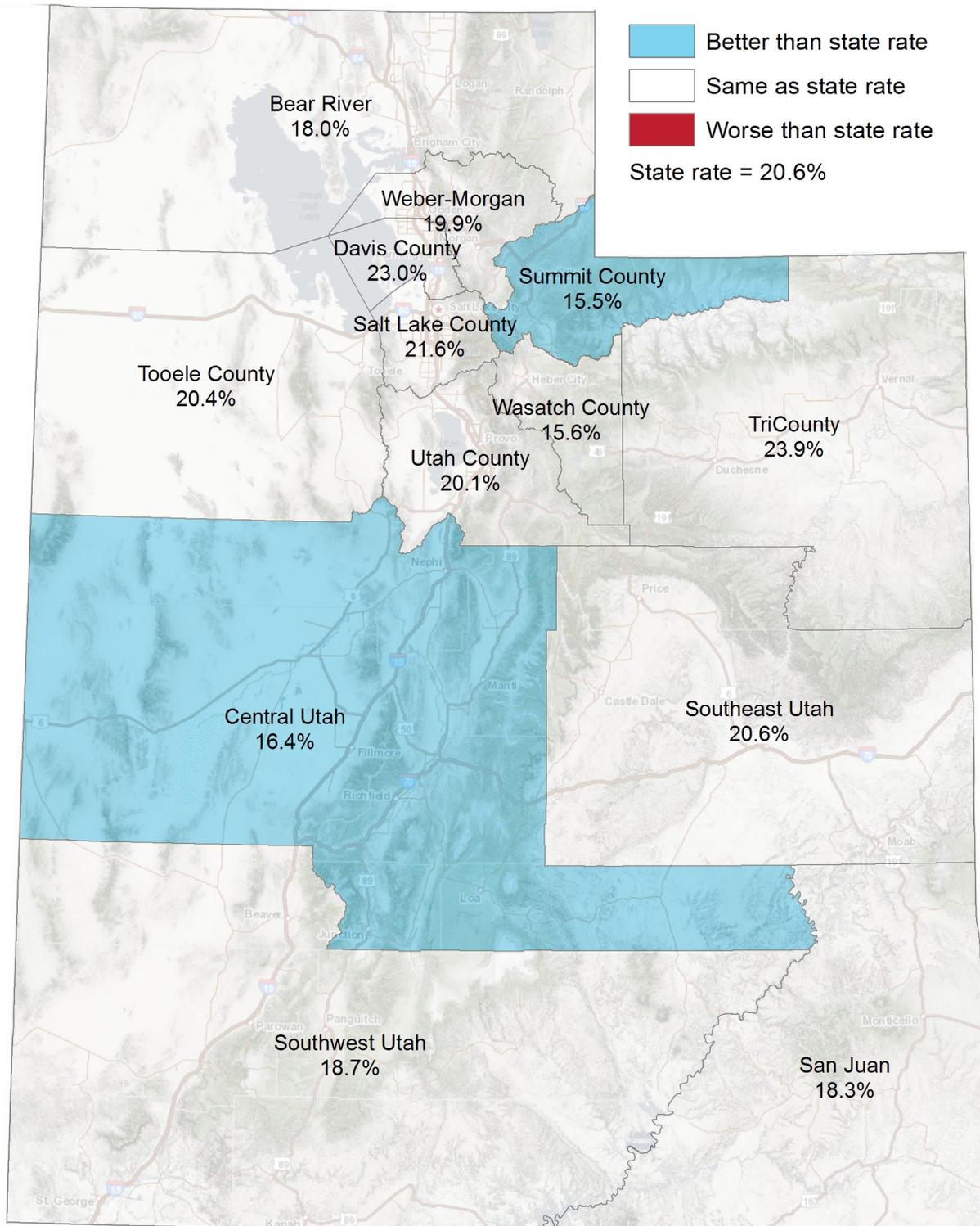
Among local health districts, students in Summit County (15.5%) and Central Utah (16.4%) reported significantly lower percentages of psychological distress than the state percentage (20.6%) in 2017 (**Figure 24**). No local health districts reported significantly higher percentages than the state percentage in 2017.

Figure 23: Percentage of Utah Students (Grades 8, 10, 12) Who Had K6 Scores of 12 or Higher by Grade and Sex, Utah, 2013, 2015, 2017



# Mental Health: Psychological Distress

Figure 24: Percentage of Utah Students (Grades 8, 10, 12) Who Had K6 Scores of 12 or Higher, by Local Health District Map, Utah, 2017



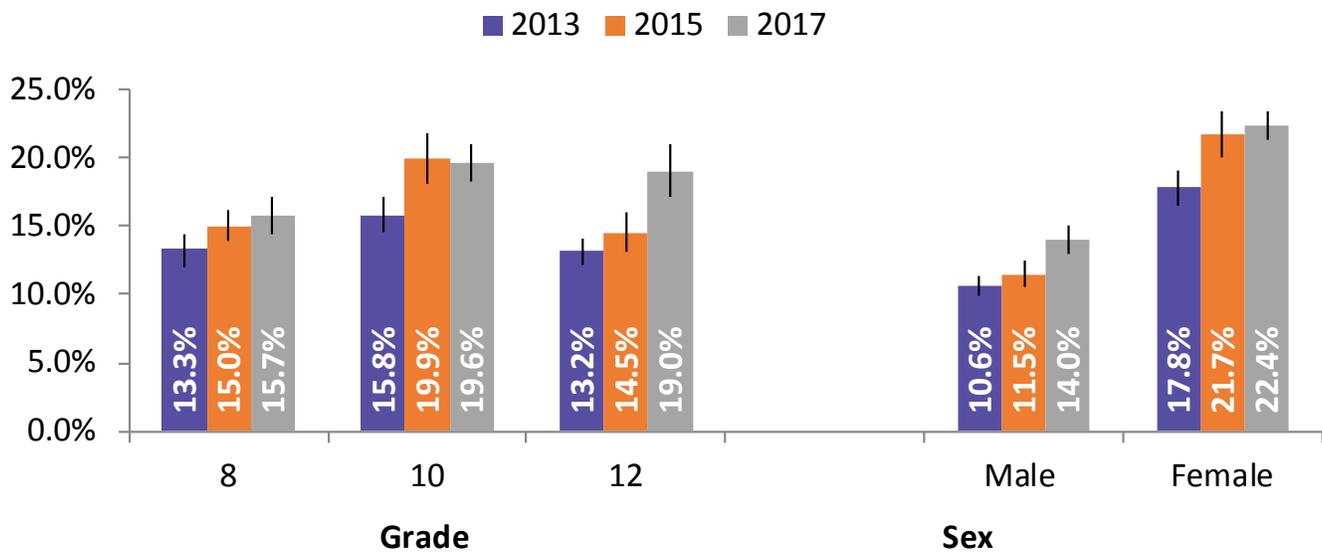
# Mental Health: Suicide Ideation

Suicide is the leading cause of death among adolescents ages 10 to 17 in Utah. More adolescents are hospitalized or treated in an emergency department for suicide attempts than are fatally injured.<sup>19</sup> Suicide ideation- thinking about suicide, having suicidal thoughts, and/or considering attempting suicide- is a risk factor for suicide. In 2017, 18.1 percent 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 was a significant increase over the 2013 percentage of 14.1 percent.

Female students reported significantly higher percentages of suicide ideation compared to male students (**Figure 25**). Students in 8th grade were significantly less likely to report suicidal ideation than students in 10th and 12th grades during 2017.

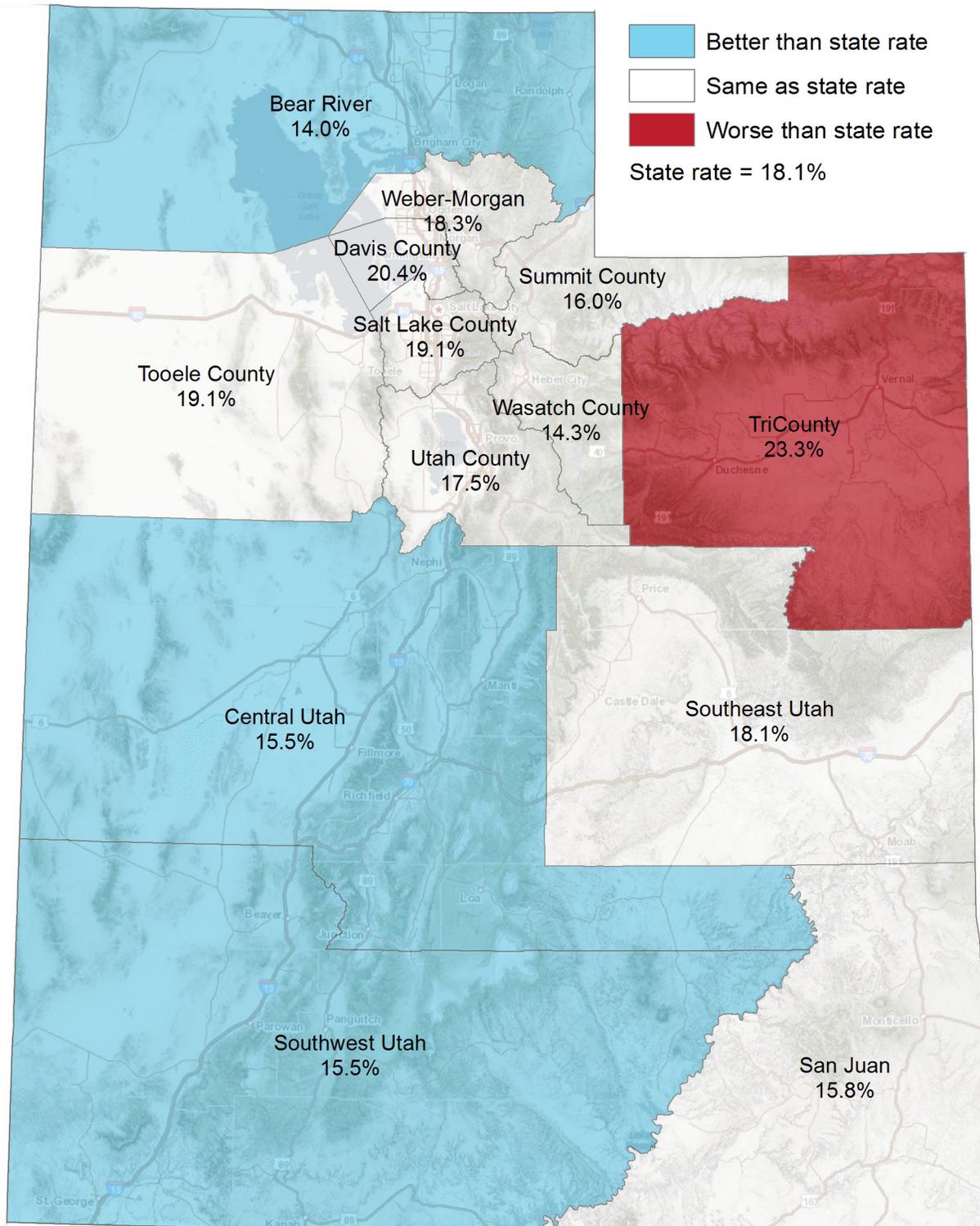
Among the local health districts, students in TriCounty reported a significantly higher percentage (23.3%) of suicidal ideation than the state percentage (18.1%) in 2017 (**Figure 26**). Students in Bear River (14.0%), Central Utah (15.5%) and Southwest Utah (15.5%) reported significantly lower percentages than the state percentage in 2017.

Figure 25: Percentage 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



# Mental Health: Suicide Ideation

Figure 26: Percentage of Utah Students (Grades 8, 10, 12) Who Seriously Considered Attempting Suicide in the Past 12 Months by Local Health District Map, Utah, 2017



# Mental Health: Suicide Plan

Suicide is the leading cause of death among adolescents ages 10 to 17 in Utah. More adolescents are hospitalized or treated in an emergency department for suicide attempts than are fatally injured.<sup>19</sup>

In 2017, 14.3 percent of Utah students in grades 8, 10, and 12 reported making a suicide plan within the past 12 months. This was a significant increase over the 2013 percentage of 10.8 percent.

There was no statistically significant difference seen between grade levels in 2017. (Figure 27). However, females were significantly more likely than males to have made a suicide plan.

Among local health districts, students in Salt Lake County reported a significantly higher percentage (15.3%) of making suicide plans than the state percentage (14.3%) in 2017 (Figure 28). Students in Bear River (11.3%), Wasatch County (9.4%), Central Utah (12.3%), and Southwest Utah (11.0%) reported significantly lower suicide plan percentages than the state percentage in 2017.

Figure 27: Percentage 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

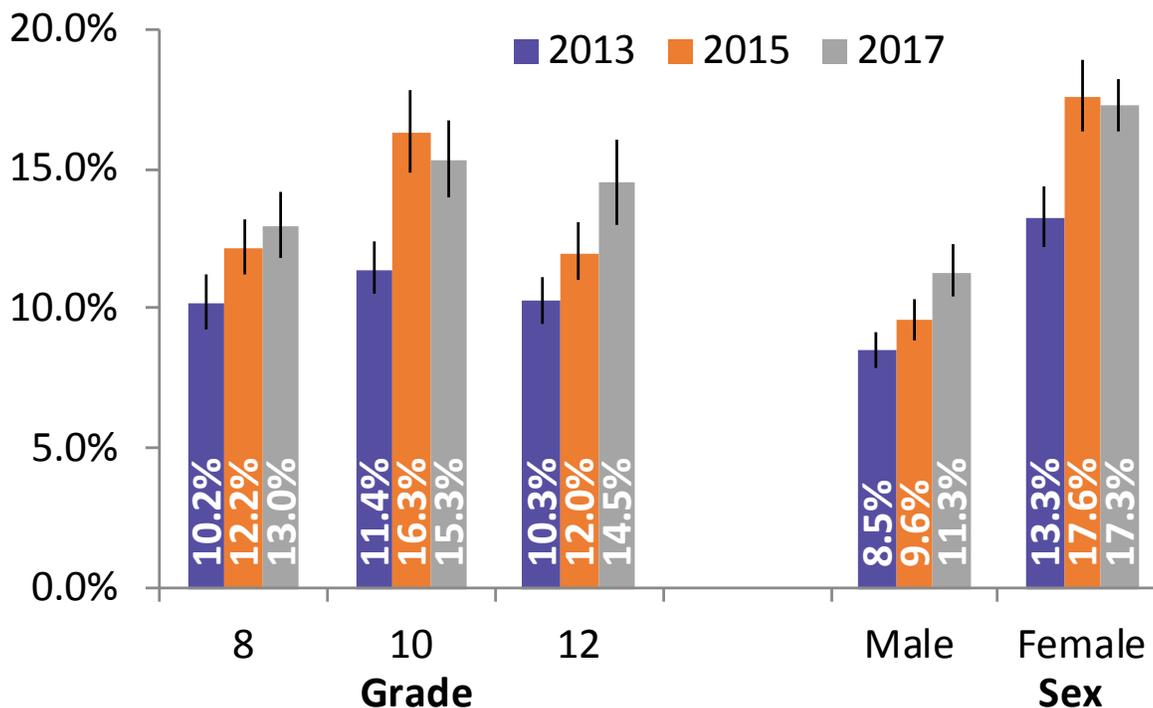
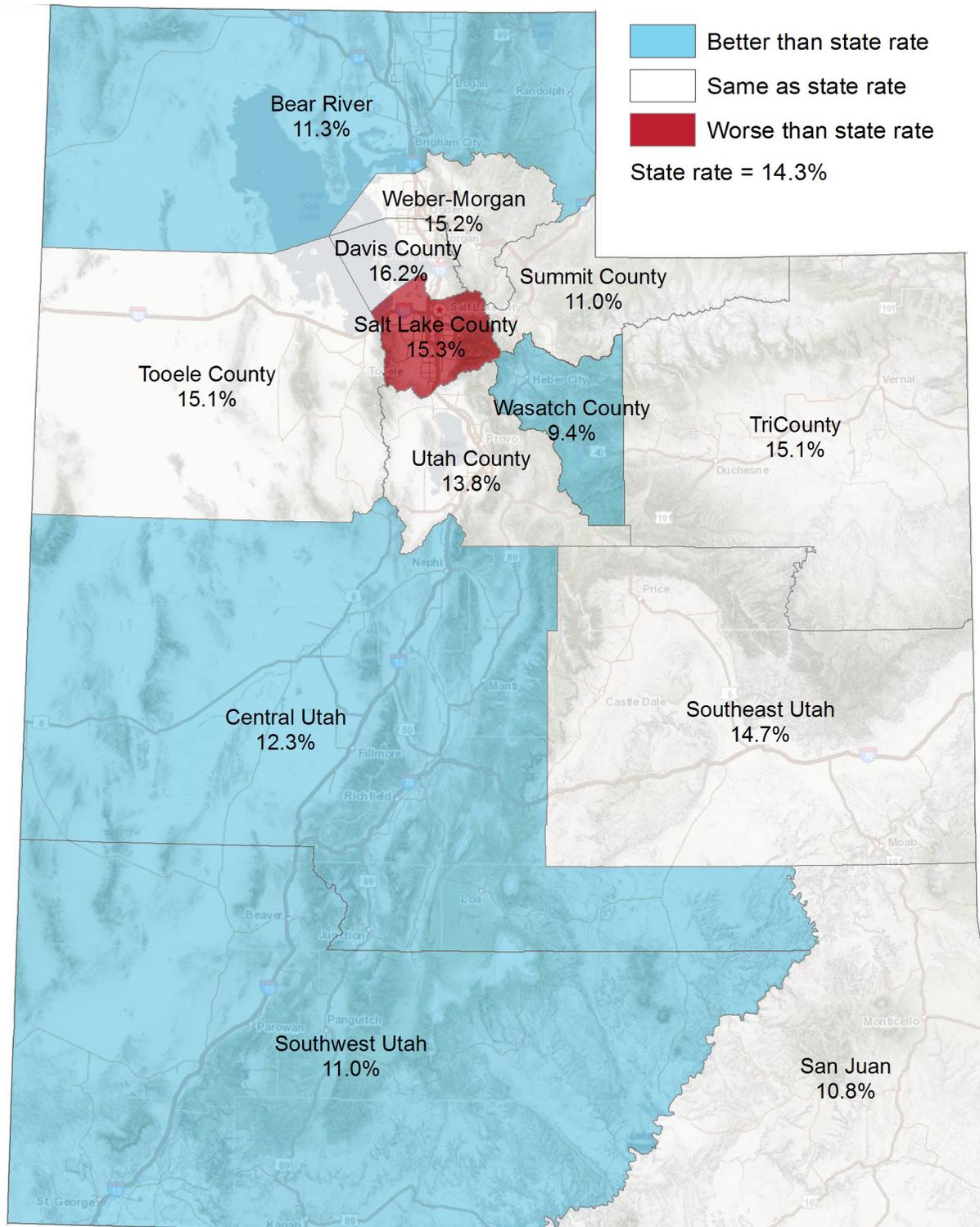


Figure 28: Percentage of Utah Students (Grades 8, 10, 12) Who Made a Suicide Plan in the Past 12 Months by Local Health District Map, Utah, 2017



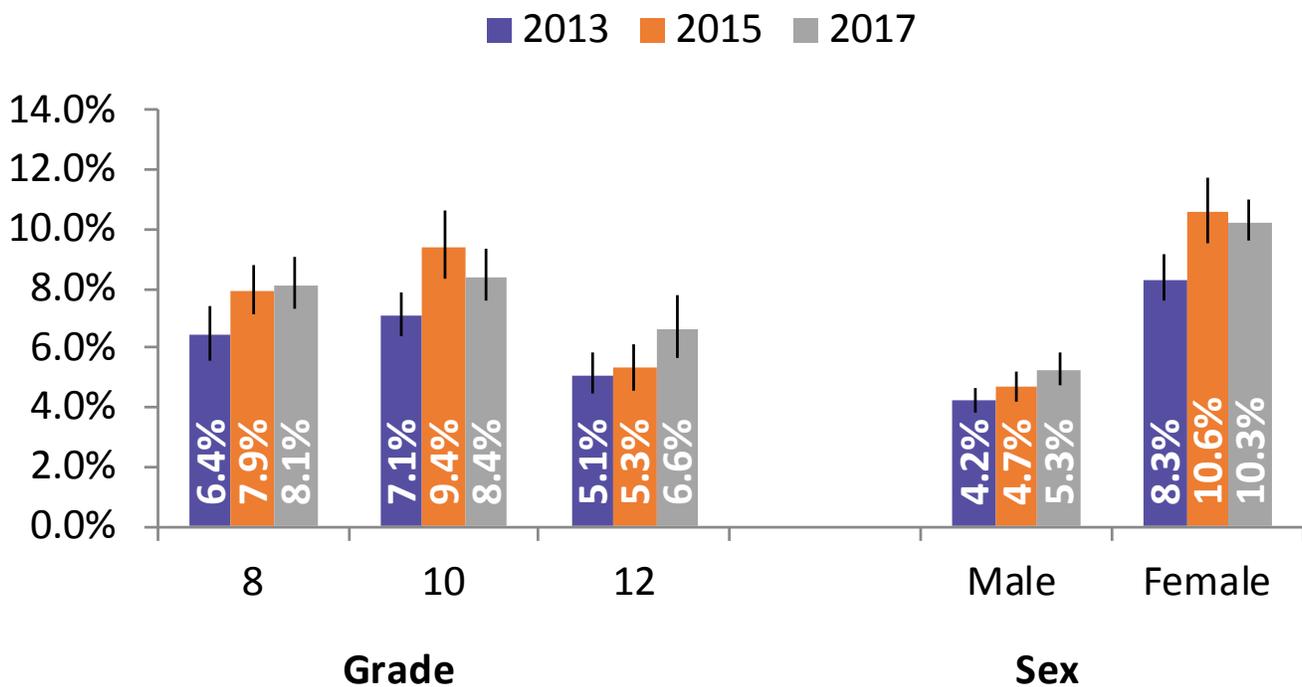
# Mental Health: Suicide Attempt

Suicide is the leading cause of death among adolescents ages 10 to 17 in Utah. More adolescents are hospitalized or treated in an emergency department for suicide attempts than are fatally injured.<sup>19</sup> Suicide attempts are a significant risk factor for suicide death later on. 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 2017, 7.7 percent 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 an increase over the 2013 percentage of 6.2 percent.

Reporting of suicide attempts in 2017 did not significantly differ among grade levels. (Figure 29). Females reported significantly higher percentages of suicide attempts as compared to males.

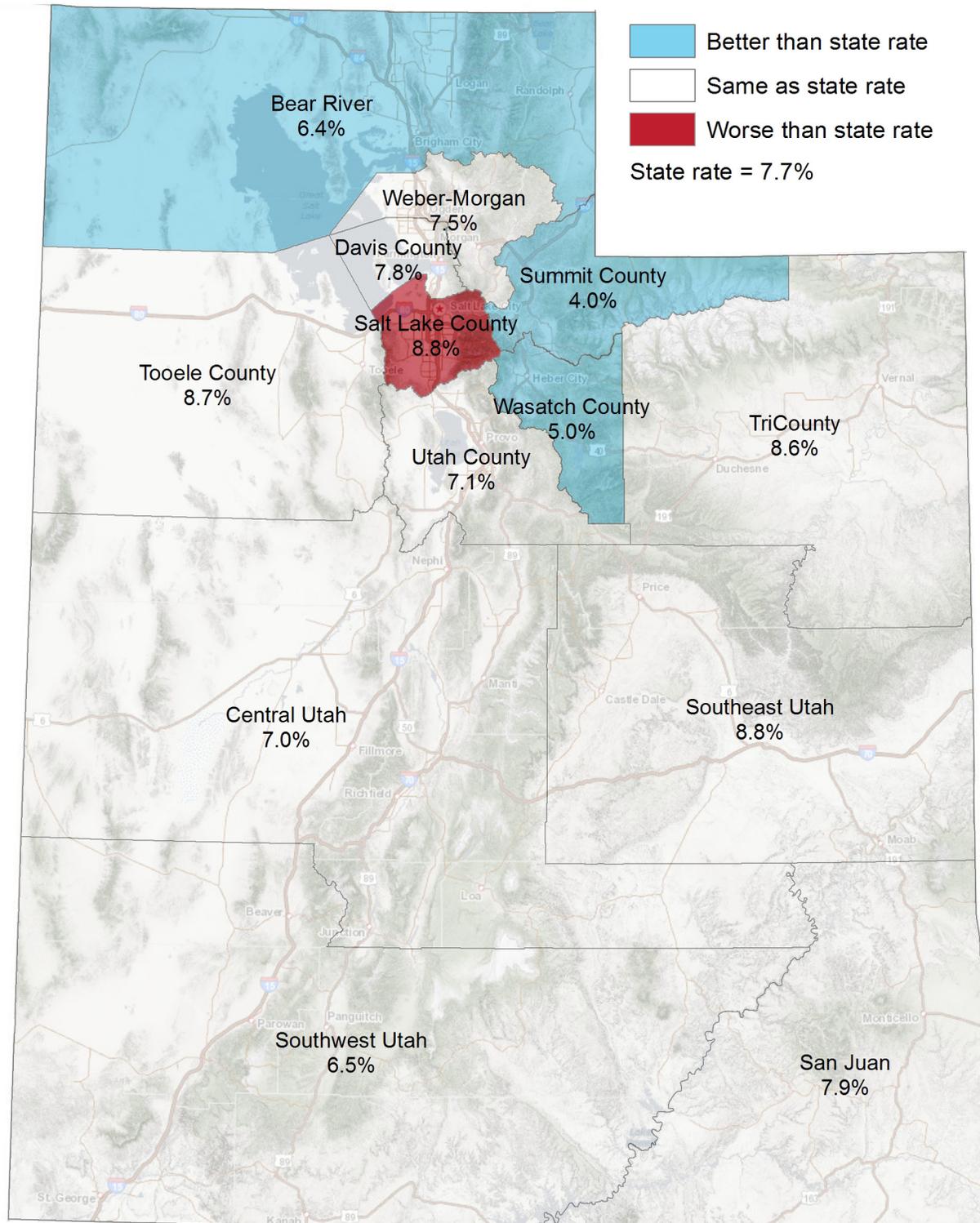
Among local health districts, students in Salt Lake County reported a suicide attempt percentage (8.8%) that was significantly higher than the state percentage (7.7%) in 2017 (Figure 30). Students in Bear River (6.4%), Summit County (4.0%), and Wasatch County (5.0%) reported significantly lower percentages than the state percentage in 2017.

Figure 29: Percentage 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



# Mental Health: Suicide Attempt

Figure 30: Percentage of Utah Students (Grades 8, 10, 12) Who Made a Suicide Attempt in the Past 12 Months by Local Health District Map, Utah, 2017



# Substance Abuse:

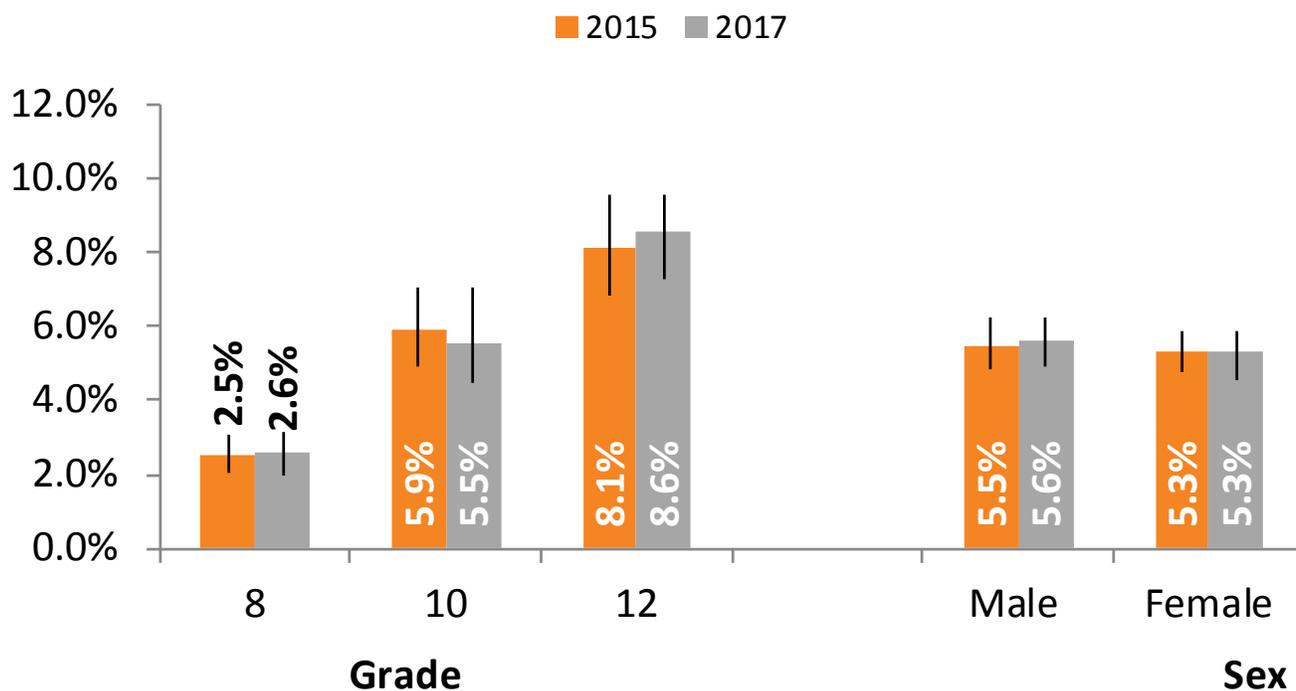
## Binge Drinking

According to the Centers for Disease Control and Prevention, binge drinking (five or more drinks on an occasion for males or four or more drinks on an occasion for females), is the most common, costly and deadly pattern of excessive alcohol use in the United States. Binge drinking is associated with an increase in risk for many health and social harms, including liver cirrhosis, certain cancers, unintentional injuries, violence, and fetal alcohol spectrum disorders. In 2017, 5.5 percent of Utah students in grades 8, 10 and 12 reported being involved in binge drinking in the last 30 days. This is not significantly different from the 2015 reported percentage.

Binge drinking increased significantly with each increasing grade level in 2017 (**Figure 31**). There was not a significant difference in reported percentages of binge drinking between males and females.

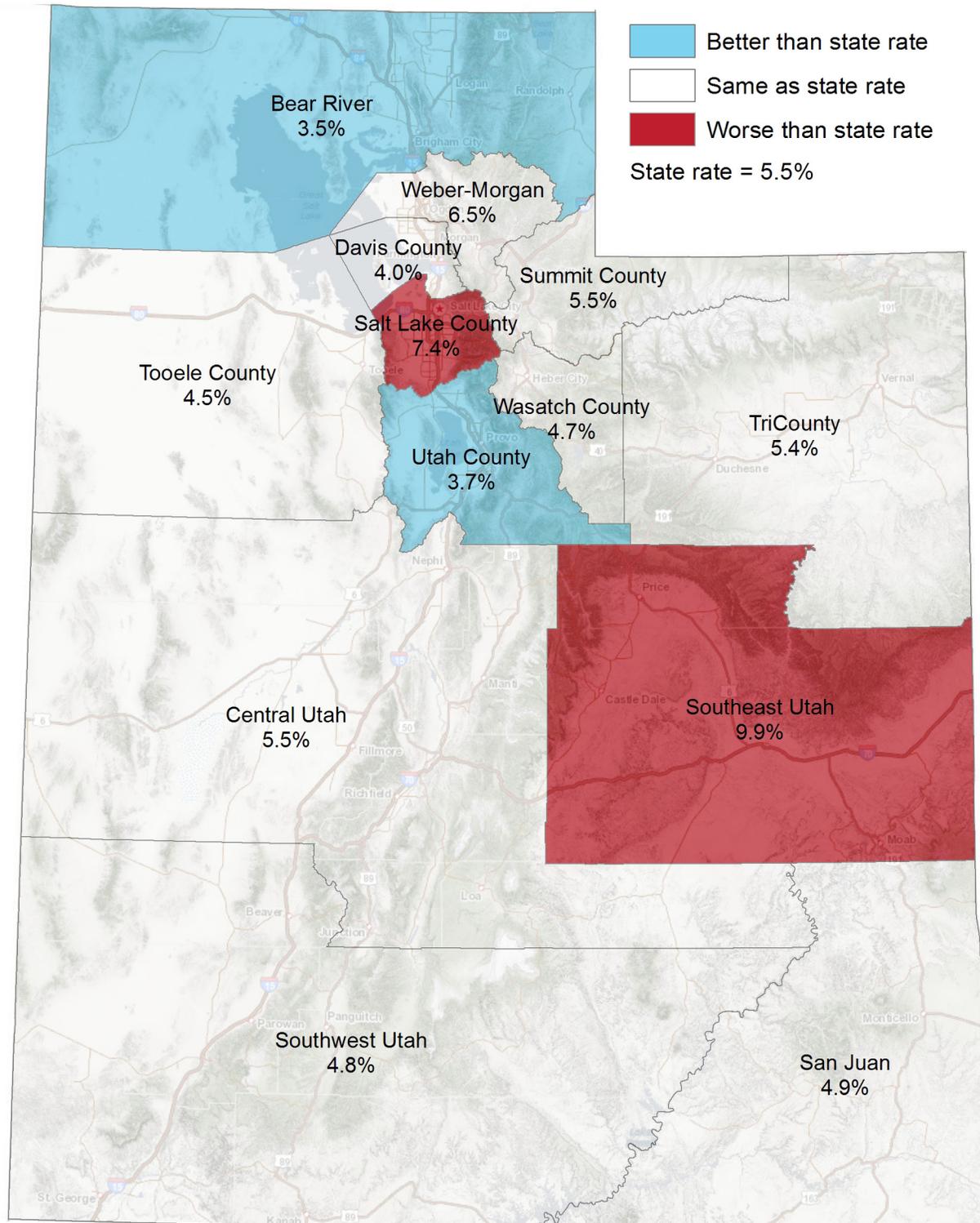
Among local health districts, students in Southeast (9.9%) and Salt Lake County (7.4%) districts reported significantly higher percentages than the state percentage (5.5%) in 2017 (**Figure 32**). Utah County (3.7%) and Bear River (3.5%) districts had significantly lower percentages than the state percentage in 2017.

Figure 31: Percentage of Utah Students (Grades 8, 10, 12) Who Reported Binge Drinking in the Last 30 Days by Grade and Sex, Utah, 2017



# Substance Abuse: Binge Drinking

Figure 32: Percentage of Utah Students (Grades 8, 10, 12) Who Reported Binge Drinking in the Past 30 Days by Local Health District Map, Utah, 2017



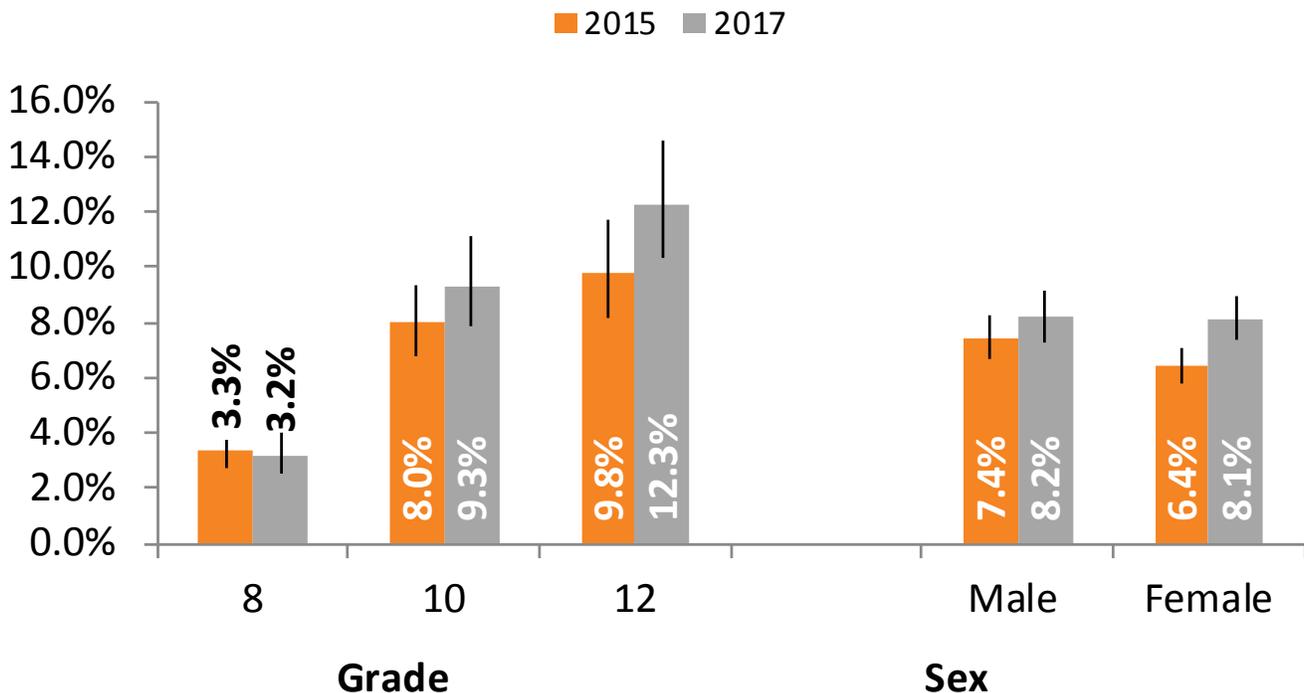
# Substance Abuse: Marijuana Use

Marijuana recently became legal for recreational and medical use in many states. The legalization of marijuana has raised percentages of unintended marijuana exposure among young children and adolescents. The drug has harmful effects on developing adolescents and can affect brain development, cognition, and social functioning. Adolescents who use marijuana are also at greater risk for cardio-respiratory disease and testicular cancer. Effects of marijuana use increase for Adolescents who begin smoking younger, who smoke heavier, and who continue smoking into adulthood.

In 2017, 8.1 percent of Utah students in grades 8, 10 and 12 reported using marijuana in the last 30 days. This is not a significant increase from 2015. Marijuana use increased with increasing grade level (**Figure 33**). Eighth grade students were significantly less likely to use marijuana than 10th and 12th grade students. The percentage of marijuana use was not significantly different between males and females.

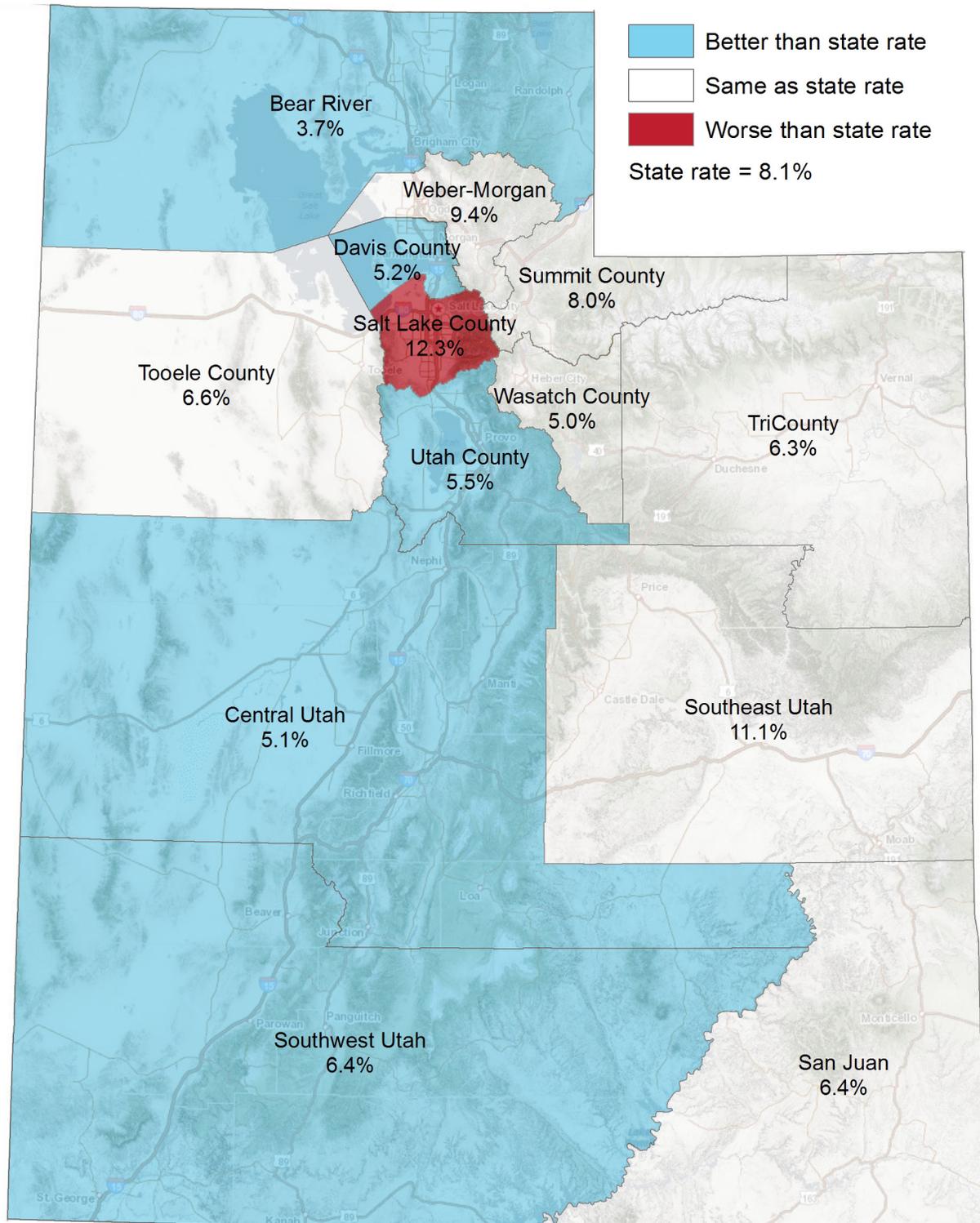
Among local health districts, students in Salt Lake County reported a significantly higher youth marijuana use percentage (12.3%) than the state percentage (8.1%) in 2017 (**Figure 34**). Students in Bear River (3.7%), Central Utah (5.1%), Davis (5.2%), Utah County (5.5%) and Southwest (6.4%) districts reported significantly lower marijuana use percentages than the state percentage in 2017.

Figure 33: Percentage of Utah Students (Grades 8, 10, 12) Who Used Marijuana in the Past 30 Days by Grade and Sex, Utah, 2017



# Substance Abuse: Use Marijuana

Figure 34: Percentage of Utah Students (Grades 8, 10, 12) Who Used Marijuana in the Last 30 Days by Local Health District Map, Utah, 2017



# Substance Abuse: Prescription Drug Use

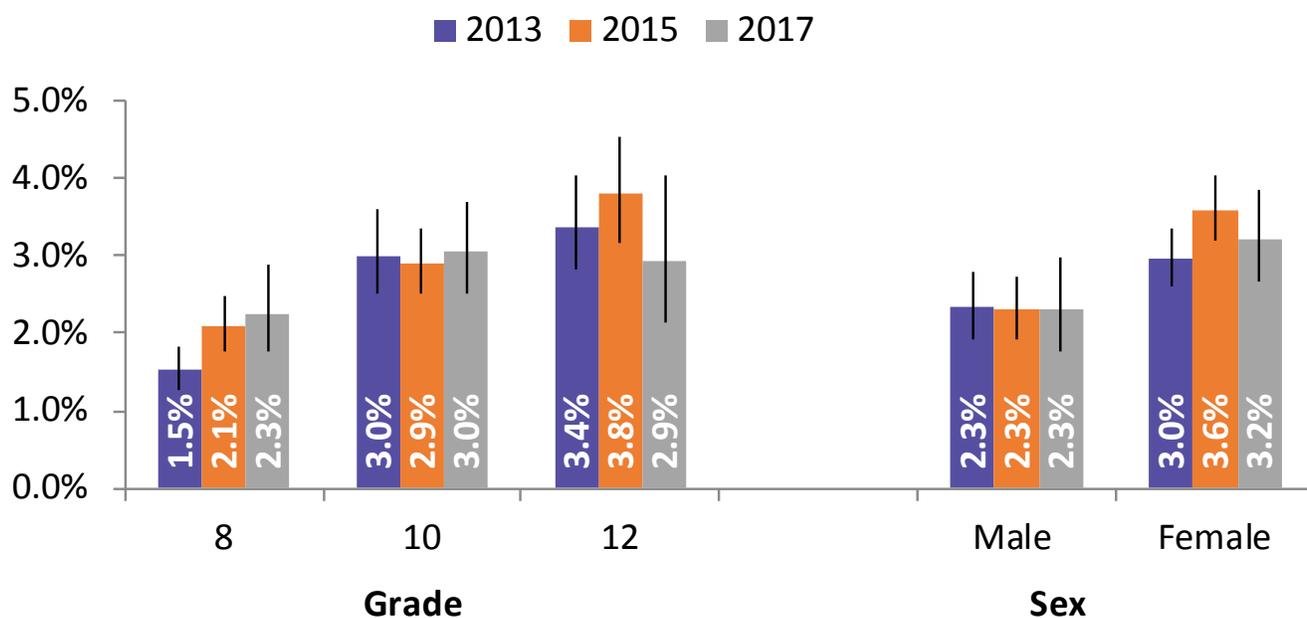
Prescription drugs can be very helpful when prescribed by a doctor and used as directed, but the misuse and abuse of prescription medications is a mounting health concern in Utah and has, consequently, led to an increase in deaths due to drug overdose.

In 2017, 2.7 percent of 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, which is not significantly different from recent years.

No significant differences were noted among male and female students or students in different grades (**Figure 35**).

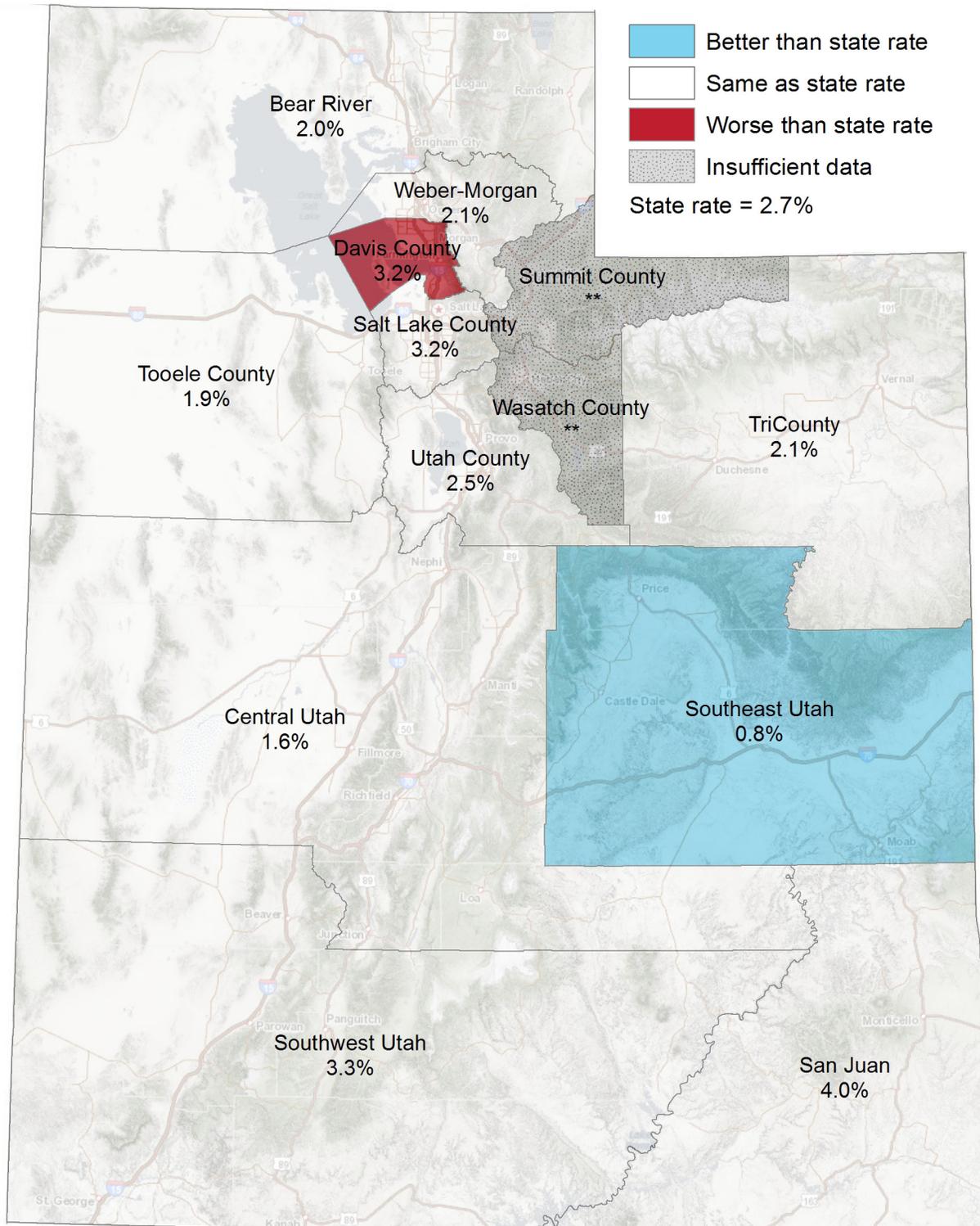
Among local health districts, students in Southeast reported a significantly lower percentage (0.8%) of prescription drug misuse than the state percentage (2.7%) in 2017 (**Figure 36**). Students in Davis (3.2%) reported a significantly higher percentage than the state percentage in 2017.

Figure 35: Percentage 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



# Substance Abuse: Prescription Drug Use

Figure 36: Percentage 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, 2017



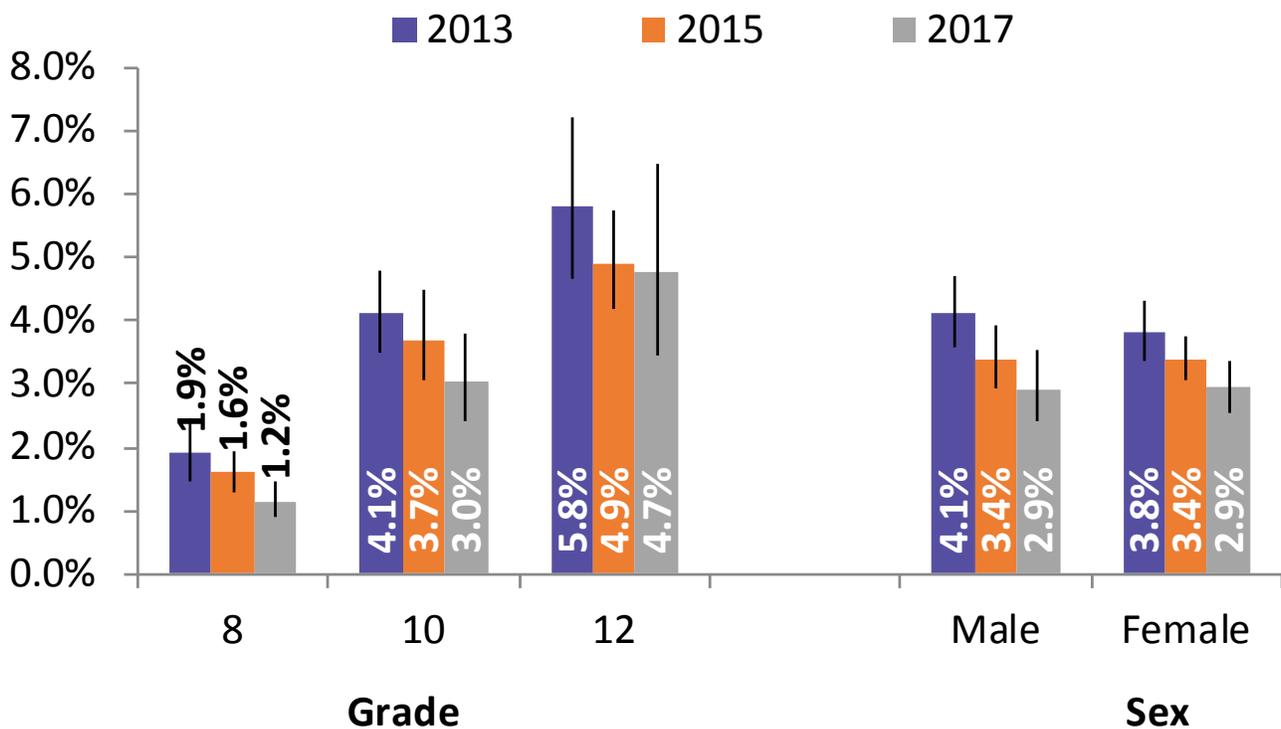
# Substance Abuse: Cigarette Smoking

Current cigarette smoking among Utah students has declined significantly since the Utah Department of Health expanded its comprehensive Tobacco Prevention and Control Program in 2000, following adoption of the Master Settlement Agreement with major tobacco companies. In 2017, 2.9 percent of students in 8th, 10th, and 12th grade in Utah reported that they had smoked cigarettes in the past 30 days. Percentages have steadily decreased; 3.8 percent of students reported smoking in 2013.

Cigarette smoking increased as students increased in grade level (**Figure 37**). In 2017, the smoking percentage for 8th grade students (1.2%) was significantly lower than smoking percentages for students in 10th (3.0%) and 12th (4.7%) grade. Smoking percentages for male and female students in grades 8, 10, and 12 combined were not significantly different. From 2013 to 2017, cigarette smoking decreased for all grades and for males and females.

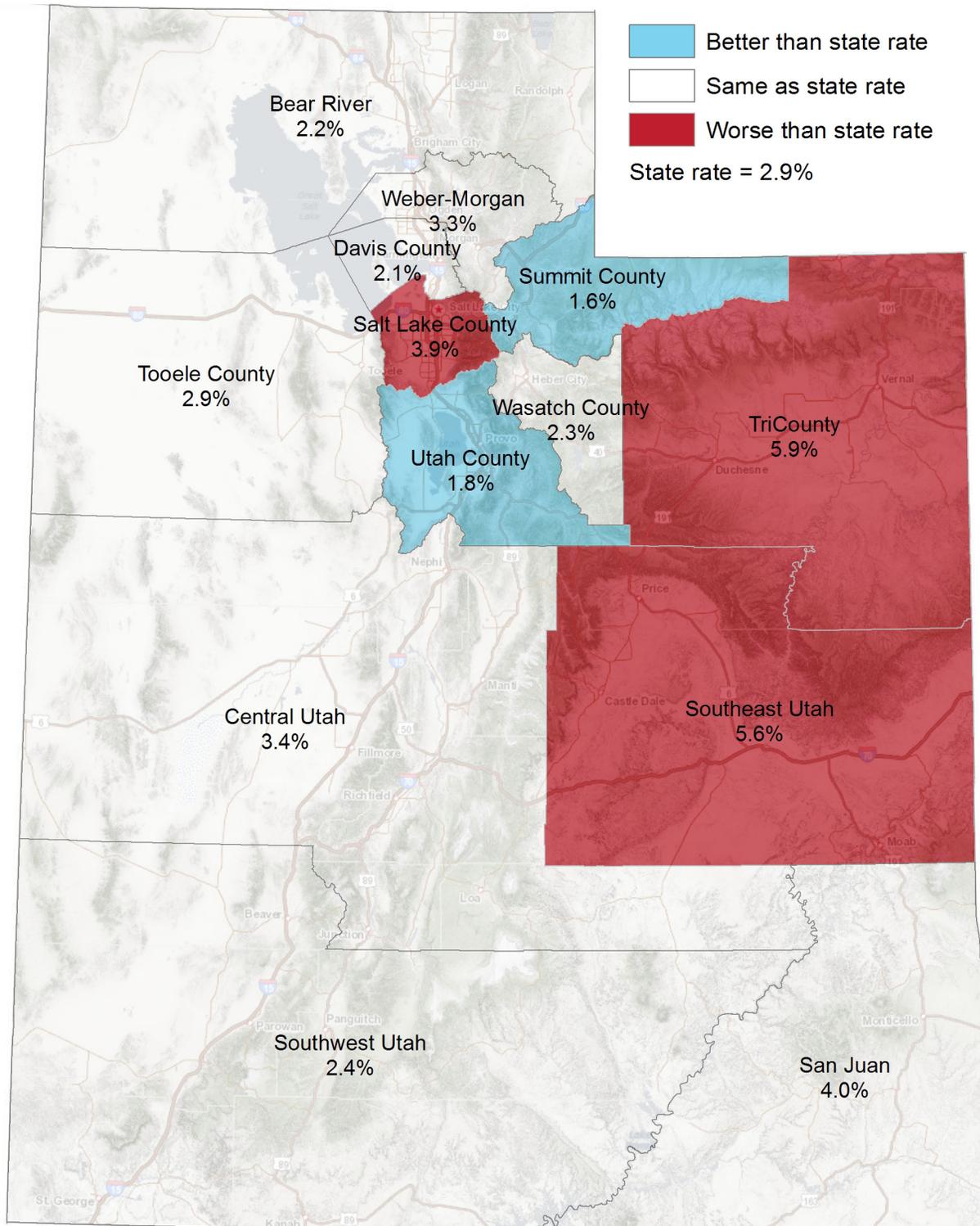
Among local health districts, students in Southeast (5.6%), Salt Lake County (3.9%), and TriCounty (5.9%) districts reported significantly higher percentages of cigarette smoking than the state percentage (2.9%) in 2017 (**Figure 38**). Students in Utah County (1.8%) and Summit (1.6%) districts reported significantly lower percentages than the state percentage in 2017.

Figure 37: Percentage of Utah Students (Grades 8, 10, 12) Who Smoked Cigarettes in the Past 30 Days by Grade and Sex, Utah, 2013, 2015, 2017



# Substance Abuse: Cigarette Smoking

Figure 38: Percentage of Utah Students (Grades 8, 10, 12) Who Smoked Cigarettes in the Past 30 Days by Local Health District Map, Utah, 2017



# Substance Abuse:

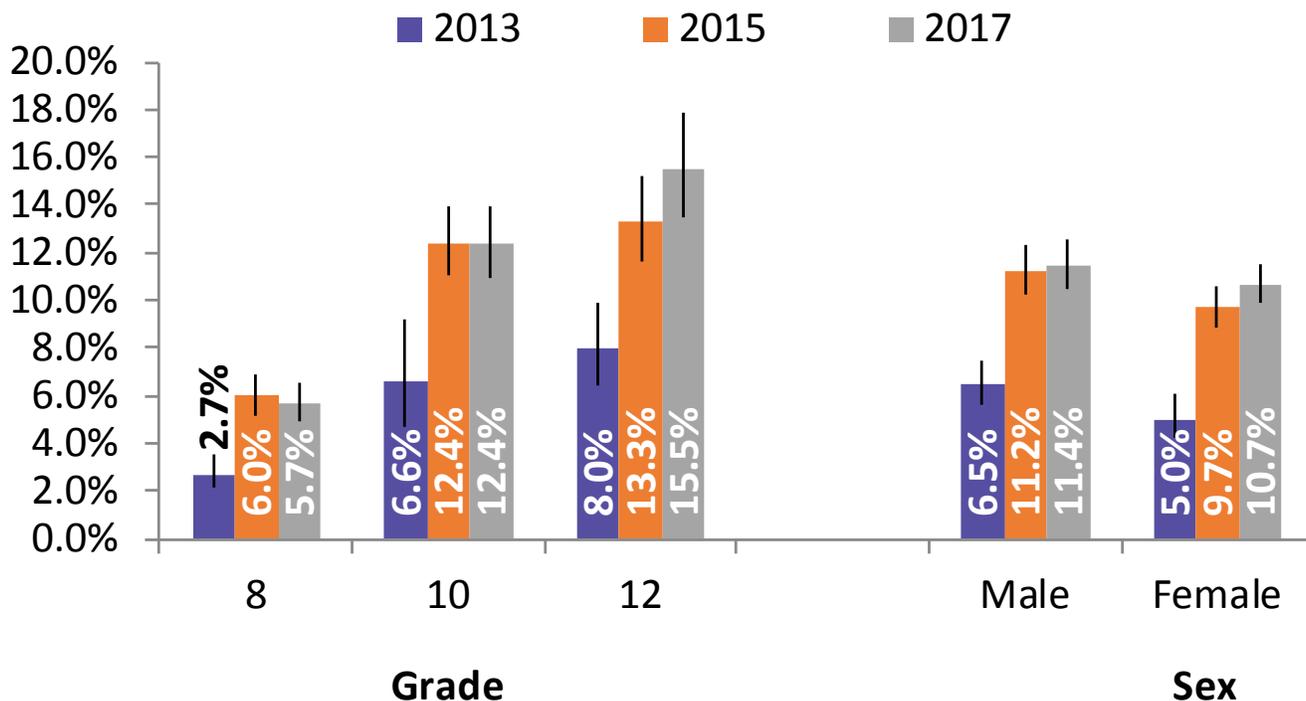
## Electronic Cigarette Use

Electronic cigarettes (also known as e-cigarettes, vape products, or mods) are battery-powered devices that turn liquids (usually containing nicotine) into an aerosol inhaled by the user. They are frequently marketed as safer alternatives to conventional cigarettes. Use of vape products among Utah adolescents nearly doubled from 2013 to 2017. In 2017, 11.1 percent of students in grades 8, 10, and 12 reported that they used vape products in the past 30 days compared to 5.8 percent in 2013.

From 2013 to 2017, use of vape products increased significantly among male and female students as well as 8th, 10th and 12th grade students (**Figure 39**). There were not significant differences in use of vape products between males and females in 2017. Vaping percentages increased with increasing grade level; in 2017, 10th and 12th grade students were significantly more likely to report vaping than 8th grade students. Vaping percentages doubled from 8th grade (5.7%) to 10th grade (12.4%). Among 12th grade students, the 2017 percentage of current vaping was 15.5 percent.

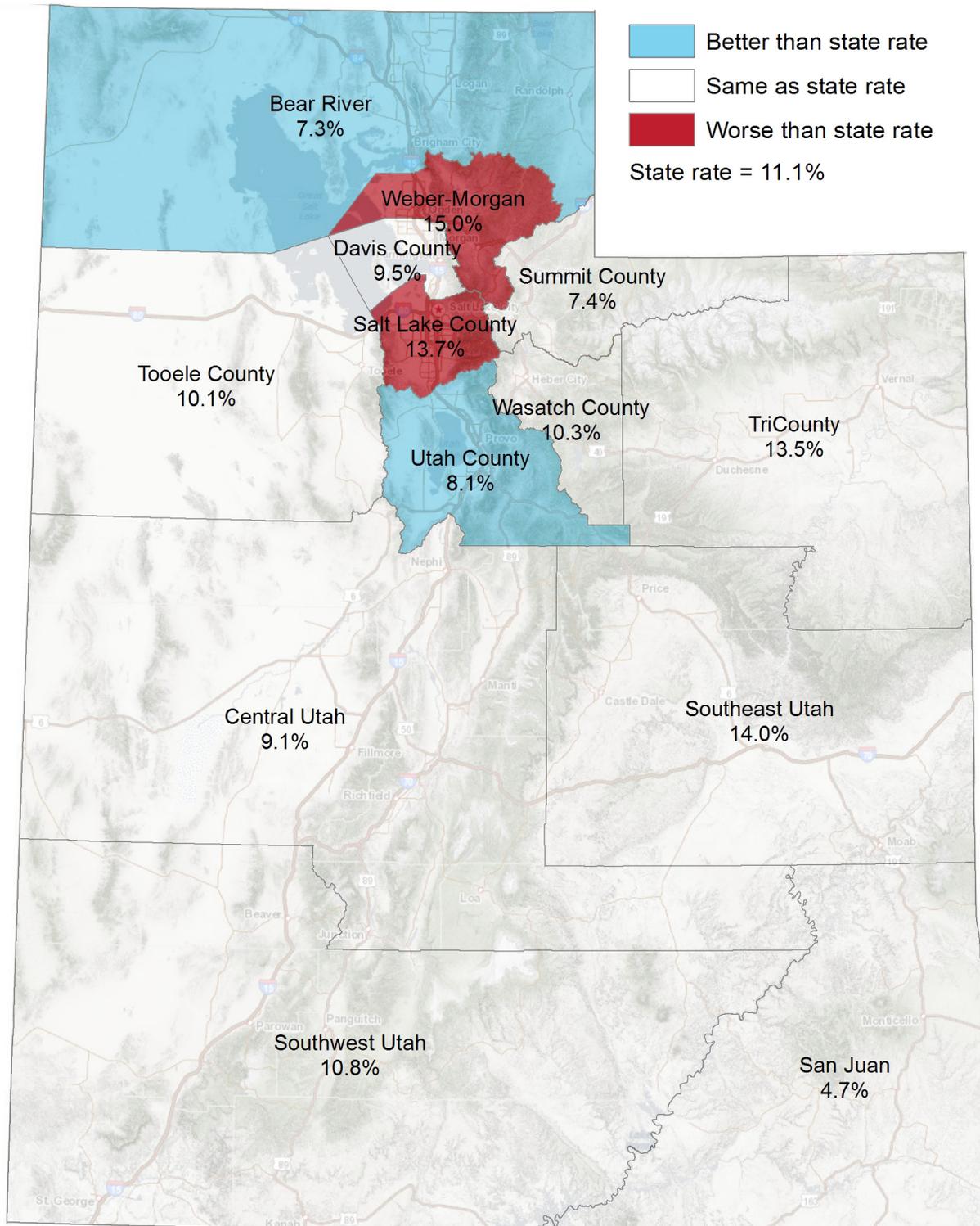
Among local health districts, students in Weber-Morgan (15.0%) and Salt Lake County (13.7%) districts reported significantly higher vaping percentages than the state percentage (11.1%) in 2017 (**Figure 40**). Students in Bear River (7.3%) and Utah County (8.1%) districts reported lower percentages than the state percentage in 2017.

Figure 39: Percentage of Utah Students (Grades 8, 10, 12) Who Used E-Cigarettes in the Past 30 Days by Grade and Sex, Utah, 2013, 2015, 2017



# Substance Abuse: Electronic Cigarette Use

Figure 40: Percentage of Utah Students (Grades 8, 10, 12) Who Used E-Cigarettes in the Past 30 Days by Local Health District Map, Utah, 2017



# Substance Abuse:

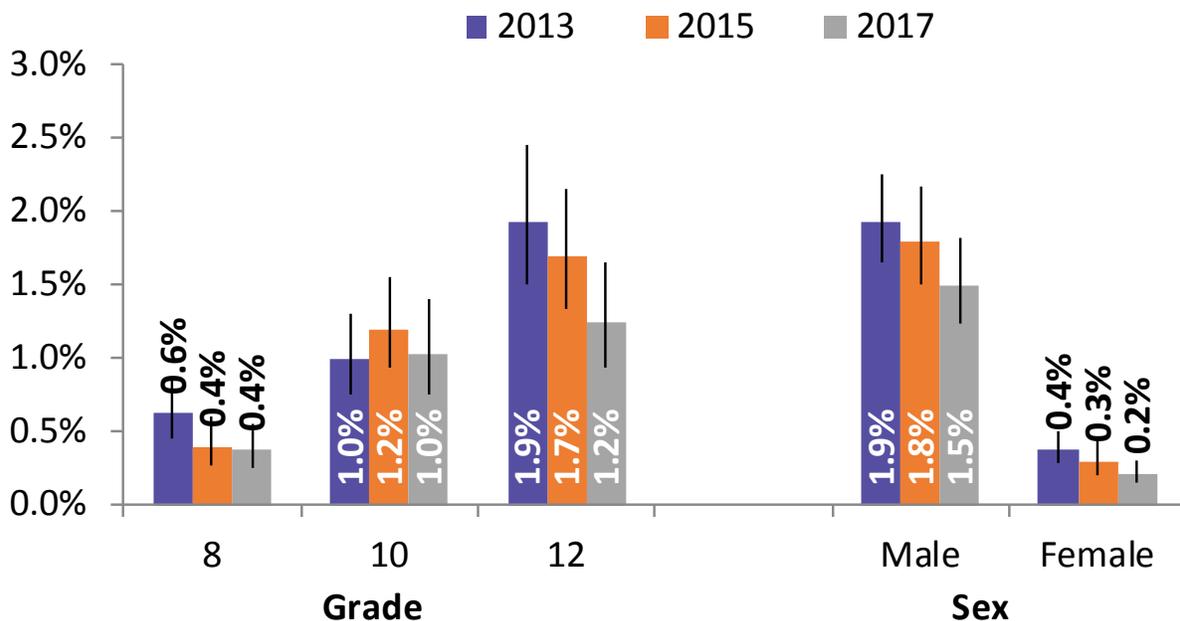
## Use of Chew, Snuff, or Dip

Use of smokeless tobacco is not a safe alternative to cigarette smoking. The health risks associated with smokeless use include heart disease and cancer of the mouth, esophagus, pharynx, larynx, stomach and pancreas. In 2017, 0.9 percent of 8th, 10th, and 12th grade students in Utah reported that they had used chew, snuff, or dip in the past 30 days. Use of smokeless tobacco has not significantly changed in recent years.

Smokeless tobacco use increased with increasing grade (**Figure 41**). In 2017, smokeless tobacco use increased significantly from 0.4 percent among 8th grade students to 1.0 percent among students in 10th grade in 2017. Students in grade 12 reported a percentage of 1.2 percent. At 1.5 percent, male students were significantly more likely to use smokeless tobacco than female students (0.2%). Changes in chew, snuff or dip use from 2013 to 2017 by grade or sex were not significant.

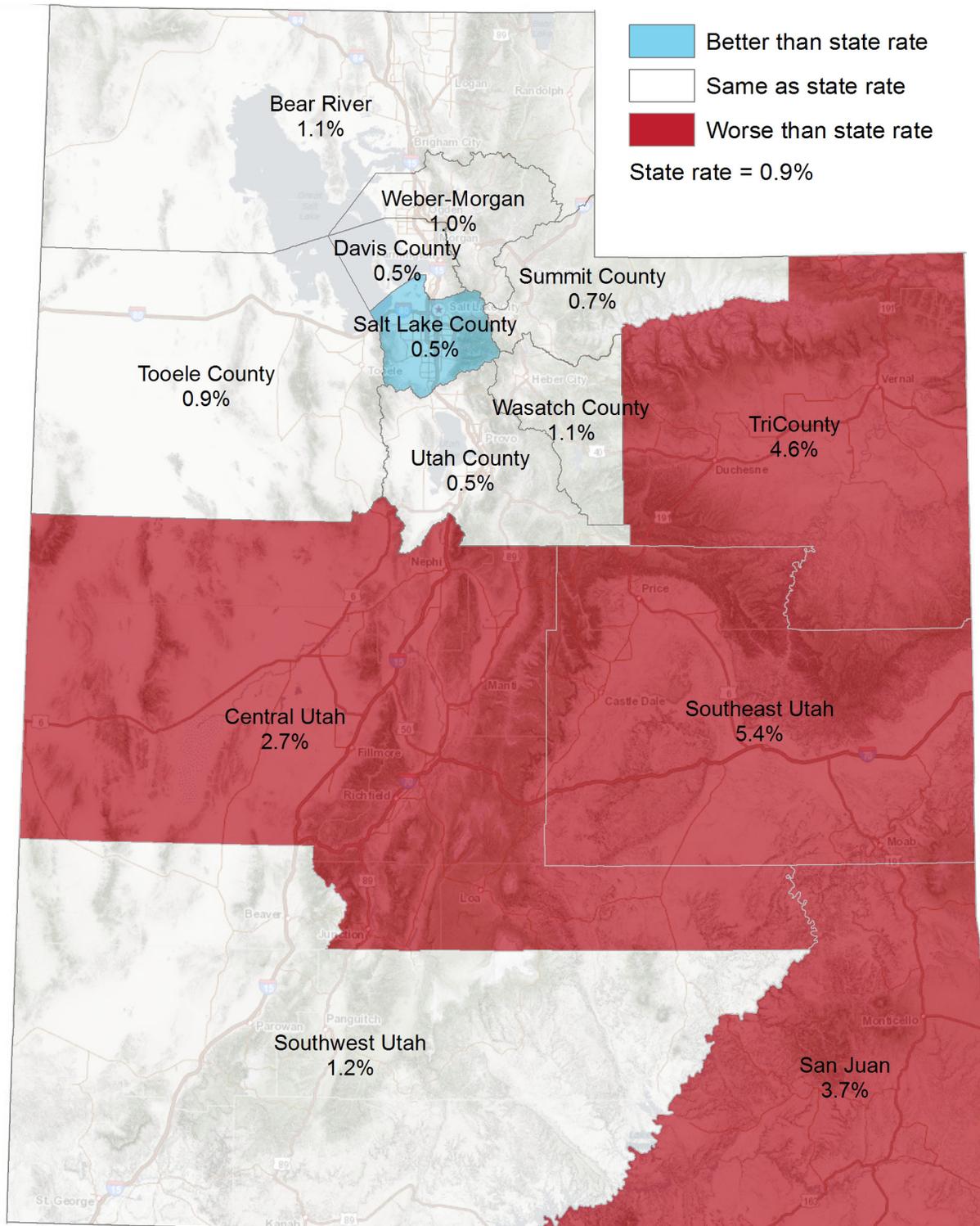
Among local health districts, students in Southeast (5.4%), TriCounty (4.6%), Central (2.7%), and San Juan (3.7%) districts reported significantly higher percentages of smokeless tobacco use than the state percentage (0.9%) in 2017 (**Figure 42**). Students in Salt Lake County reported a significantly lower percentage (0.5%) of smokeless tobacco than the state percentage in 2017.

Figure 41: Percentage of Utah Students (Grades 8, 10, 12) Who Used Chewing Tobacco, Snuff, or Dip in the Past 30 Days by Grade and Sex, Utah, 2013, 2015, 2017



# Substance Abuse: Use of Chew, Snuff, or Dip

Figure 42: Percentage of Utah Students (Grades 8, 10, 12) Who Used Chewing Tobacco, Snuff, or Dip in the Past 30 Days by Local Health District Map, Utah, 2017



# Substance Abuse:

## Anti-tobacco Ad Recall

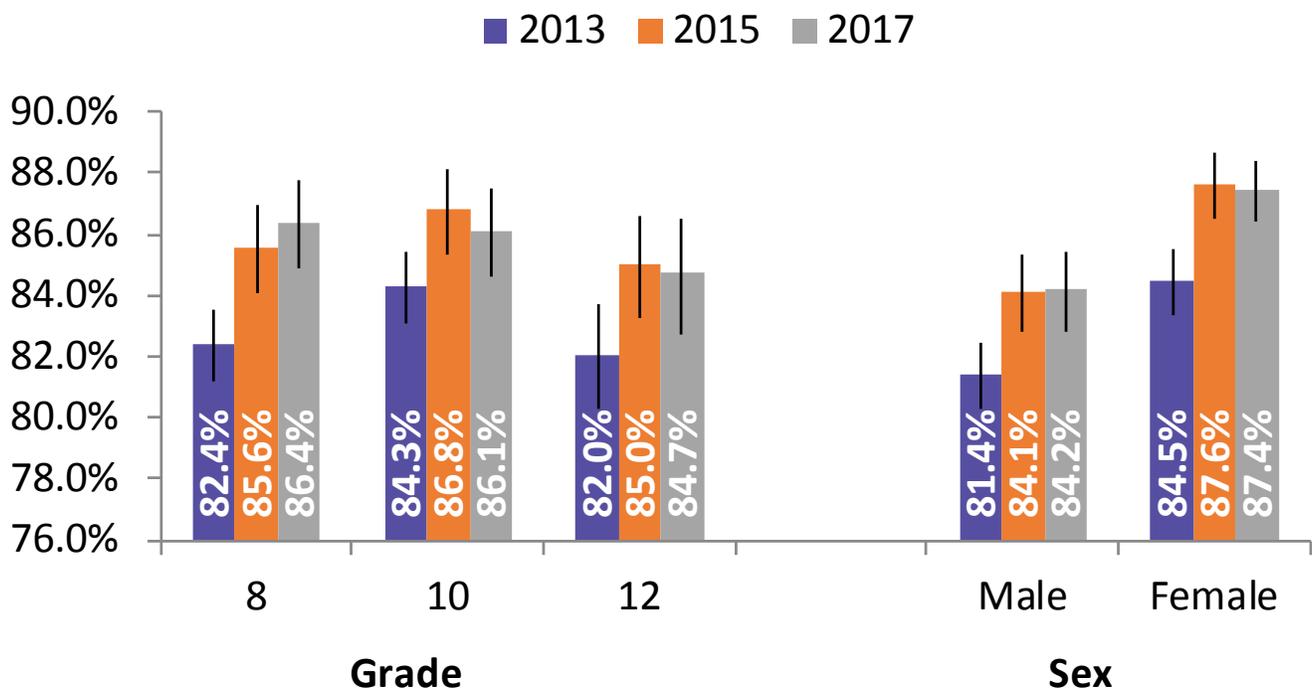
Although tobacco advertising targeted to adolescents is prohibited in the U.S., young people continue to be exposed to pro-tobacco messages in a variety of locations. To counter pro-tobacco messages and inform the public of the health and social consequences of tobacco use, the UDOH Tobacco Prevention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

In 2017, 85.8 percent of Utah students reported that they had seen advertising or campaigns against smoking in the past 30 days. This was an increase from the reported 81.1 percent in 2013 and no change from the reported percentage in 2015.

In 2013, 2015, and 2017, female students were significantly more likely to report that they saw anti-smoking ads in the past 30 days than male students (**Figure 43**). Reporting seeing the ads was not significantly different across grade levels in 2017.

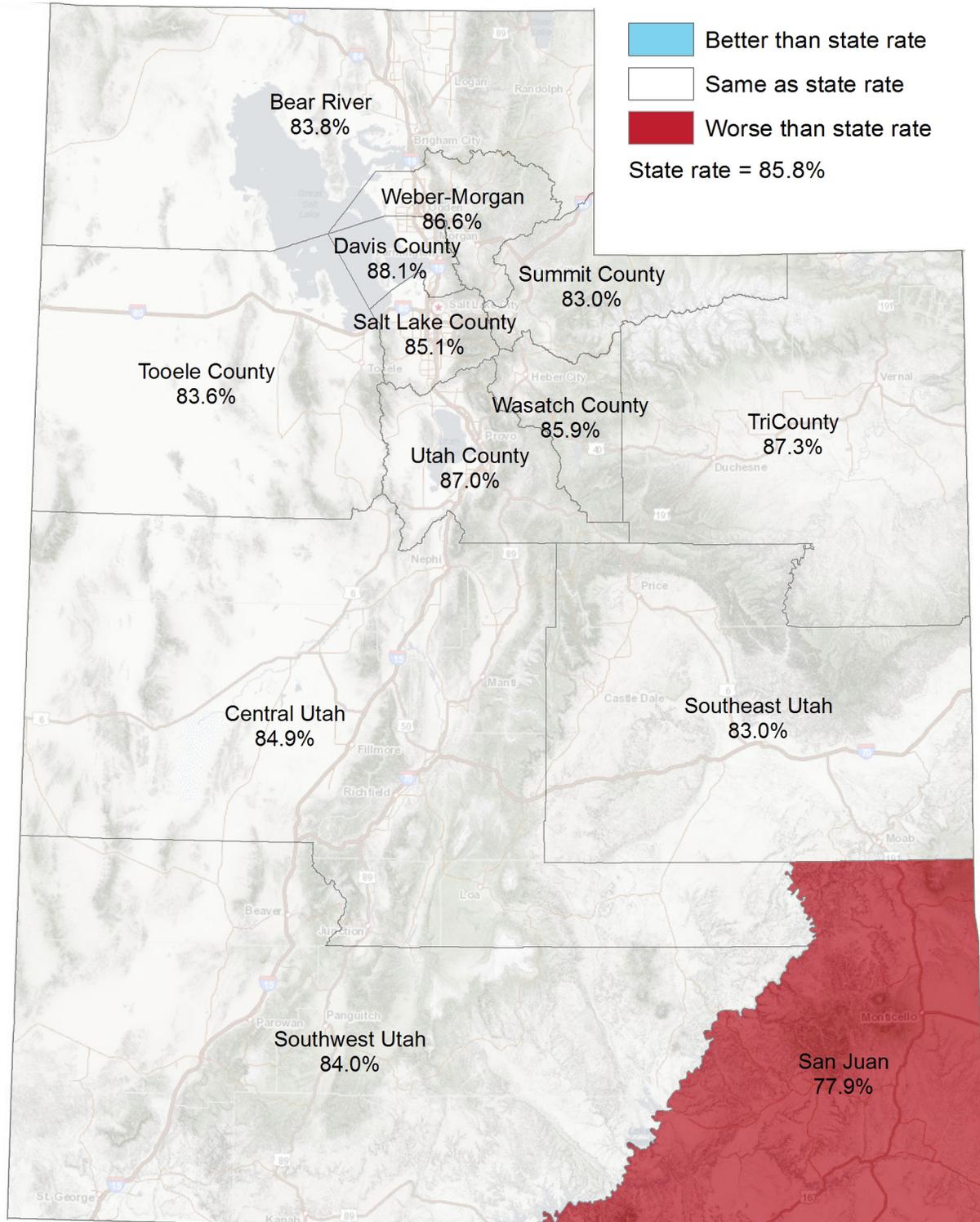
Among local health districts, students in San Juan County (77.9%) reported a significantly lower percentage of anti-smoking ad exposure than the state percentage (85.8%) in 2017 (**Figure 44**). No local health districts reported significantly higher percentages of anti-tobacco advertising than the state percentage in 2017.

Figure 43: Percentage 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



# Substance Abuse: Anti-tobacco Ad Recall

Figure 44: Percentage 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, 2017



# Substance Abuse:

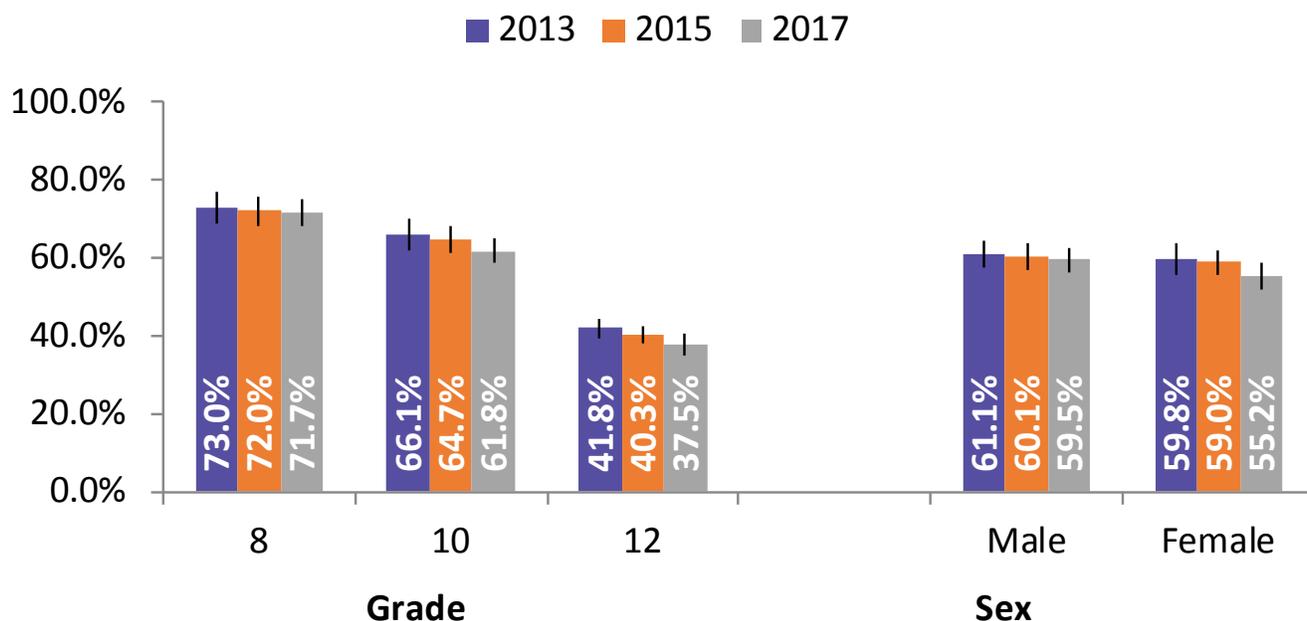
## Anti-tobacco Lessons in School

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.

In 2017, 57.4 percent of Utah students in grades 8, 10, and 12 reported that they received anti-tobacco education during the past school year. The 2017 percentage is not significantly different from previous recent years. Exposure to anti-tobacco education decreased with increasing grade level (**Figure 45**). Twelfth grade students reported significantly lower percentages of anti-tobacco education than other grades, reporting 37.5% in 2017 compared to 61.8 percent of 10th grade students and 71.7 percent of 8th grade students. There were not significant differences in percentages of receiving anti-tobacco lessons for males and females.

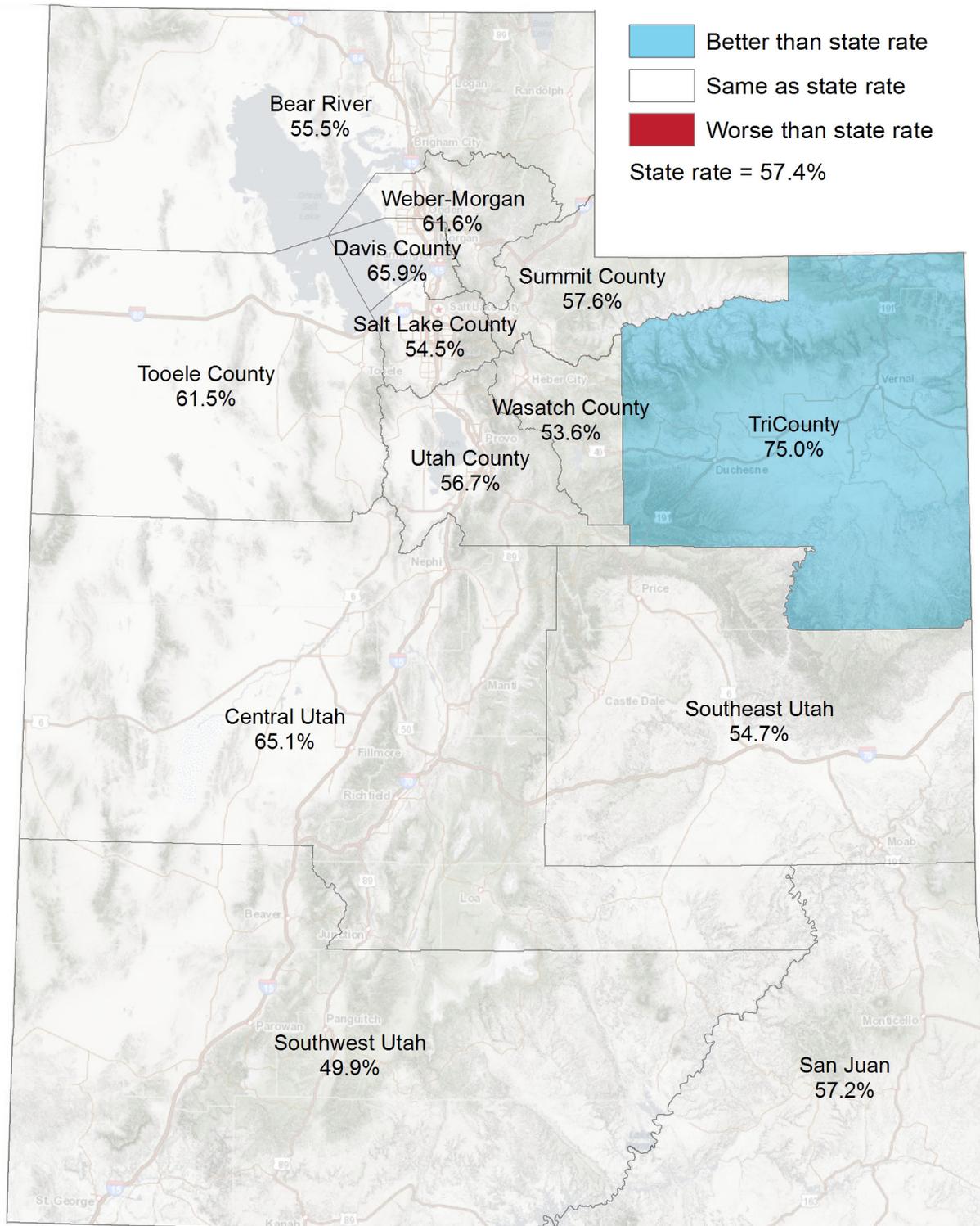
Among local health districts, students in TriCounty (75.0%) reported significantly higher percentages of receiving anti-tobacco education in the past school year than the state percentage (57.4%) in 2017 (**Figure 46**). No local health districts reported significantly lower percentages of students receiving anti-tobacco education than the state percentage in 2017.

Figure 45: Percentage of Utah Students (Grades 8, 10, 12) Who Were Taught About the Dangers of Tobacco During the Current School Year by Grade and Sex, Utah, 2013, 2015, 2017



# Substance Abuse: Anti-tobacco Lessons in School

Figure 46: Percentage of Utah Students (Grades 8, 10, 12) Who Were Taught About the Dangers of Tobacco During the Current School Year by Local Health District Map, Utah, 2017



# Substance Abuse: Exposed to Smoking at Home

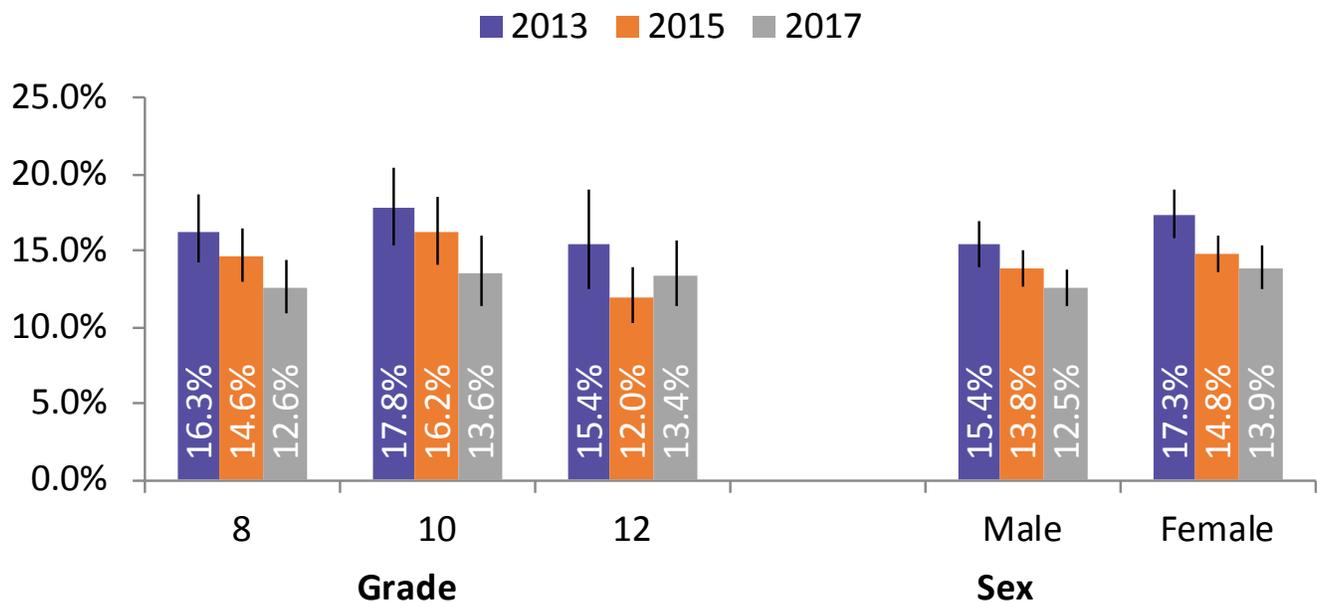
Children who live in households where one or more of the other household members smoke cigarettes are more likely to have tried smoking than children who live in households without smokers.

In 2017, 13.2 percent of students in grades 8, 10, and 12 reported that they lived in a household where someone smoked cigarettes. Percentages have significantly decreased; 16.4 percent reported someone in their household smoking cigarettes in 2013.

There were no significant differences in exposure to smoking at home by grade or sex (**Figure 47**).

Among local health districts, students in Southeast (28.4%), TriCounty (20.4%), Salt Lake County (16.8%), Tooele County (16.7%), and Central (15.5%) districts reported significantly higher percentages of living in a household with one or more smokers than the state percentage (13.2%) in 2017 (**Figure 48**). Students in Utah County (8.3%), Wasatch County (9.5%), and Bear River (10.3%) districts reported significantly lower percentages of exposure to smoking at home than the state percentage in 2017.

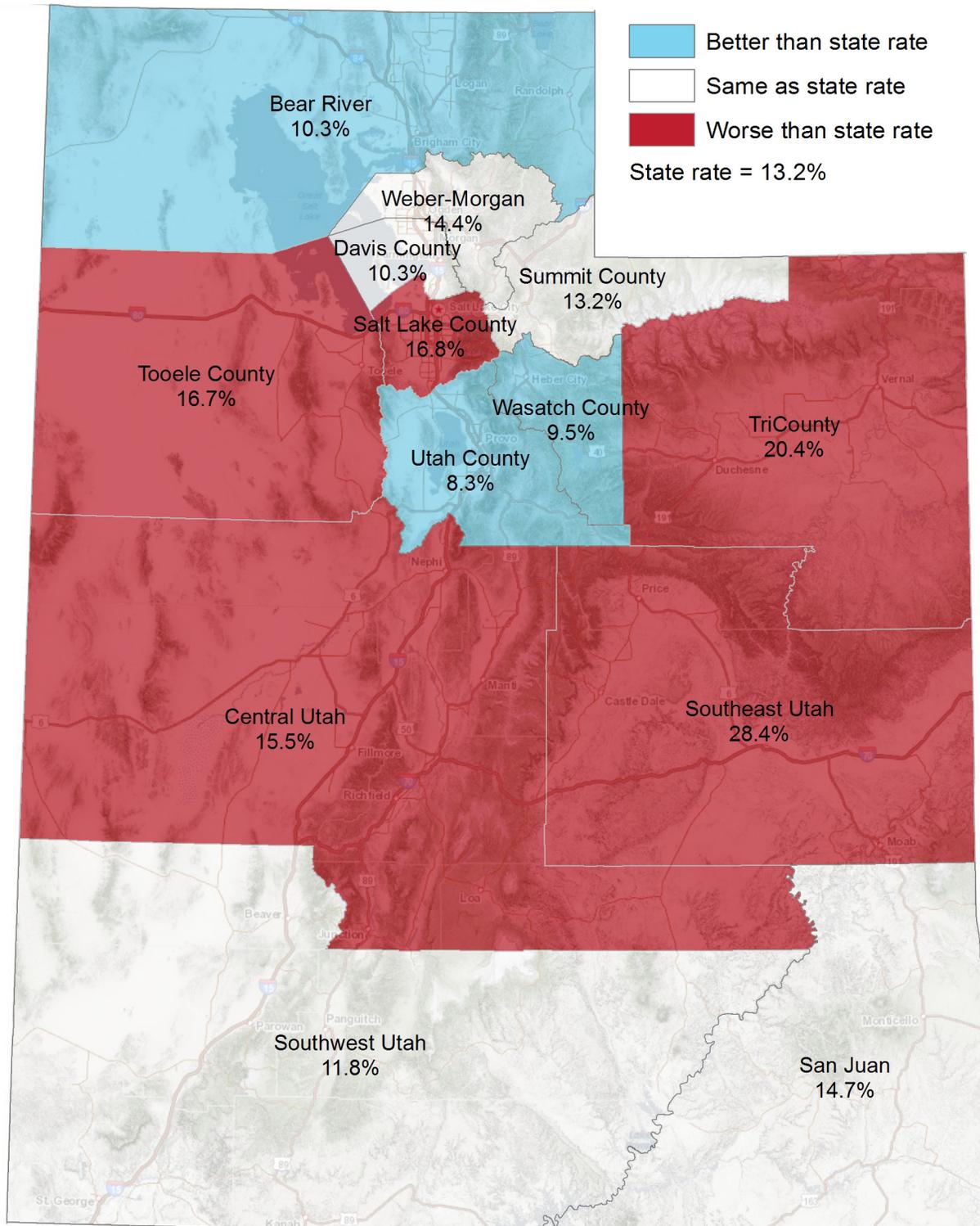
Figure 47: Percentage of Utah Students (Grades 8, 10, 12) Who Currently Live With Someone Who Smokes Cigarettes by Grade and Sex, Utah, 2013, 2015, 2017



# Substance Abuse: Exposed to Smoking at Home

Figure 48: Percentage of Utah Students (Grades 8, 10, 12) Who Currently Live With Someone Who Smokes

Cigarettes by Local Health District Map Utah 2017



# Substance Abuse: Secondhand Smoke Exposure

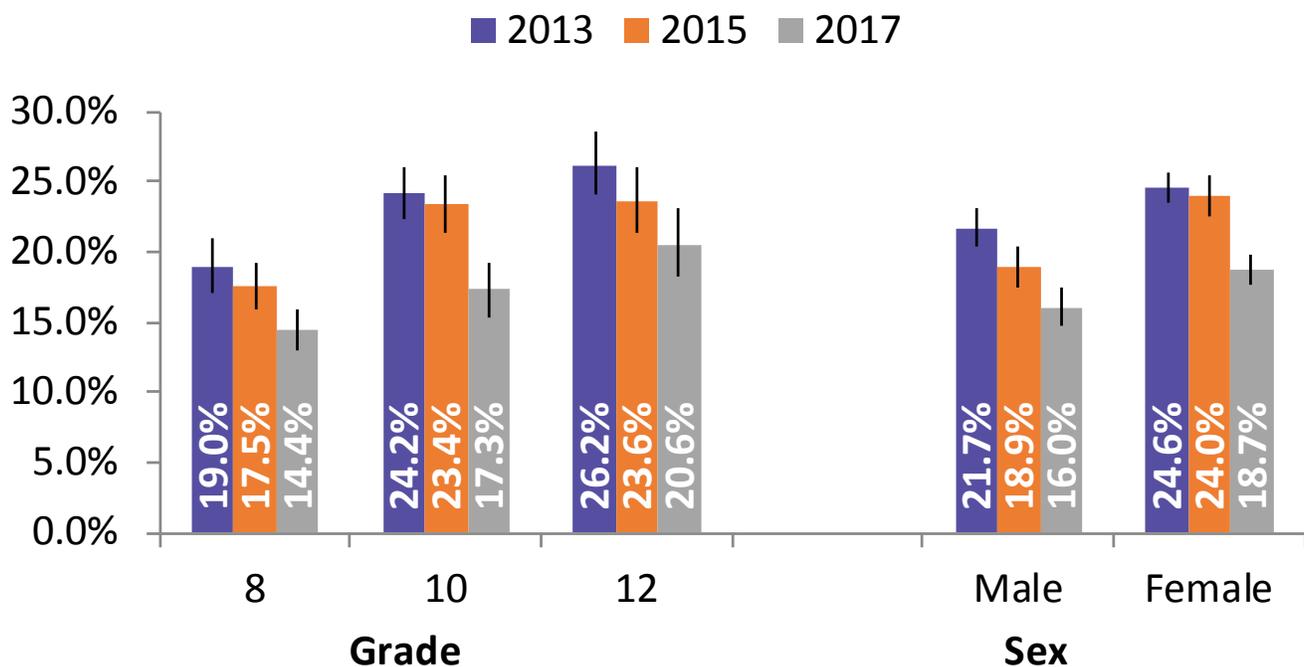
Children who are exposed to secondhand smoke (SHS) are at increased risk for bronchitis, pneumonia, and ear infections. In addition, SHS can trigger asthma attacks. Children with asthma who are exposed to SHS have more severe and frequent asthma attacks.

To measure indoor exposure to SHS, Utah students were asked if they had been in a room with someone who was smoking a cigarette during the past seven days. In 2017, 17.4 percent of 8th, 10th, and 12th grade students in Utah reported such exposure in the past seven days. Secondhand smoke exposure has decreased significantly in recent years; the percentage of students who reported indoor exposure to SHS decreased from 23.2 percent in 2013 to 17.4 percent in 2017.

In 2017, exposure to SHS increased significantly from 14.4 percent in 8th grade to 20.6 percent in 12th grade (**Figure 49**).

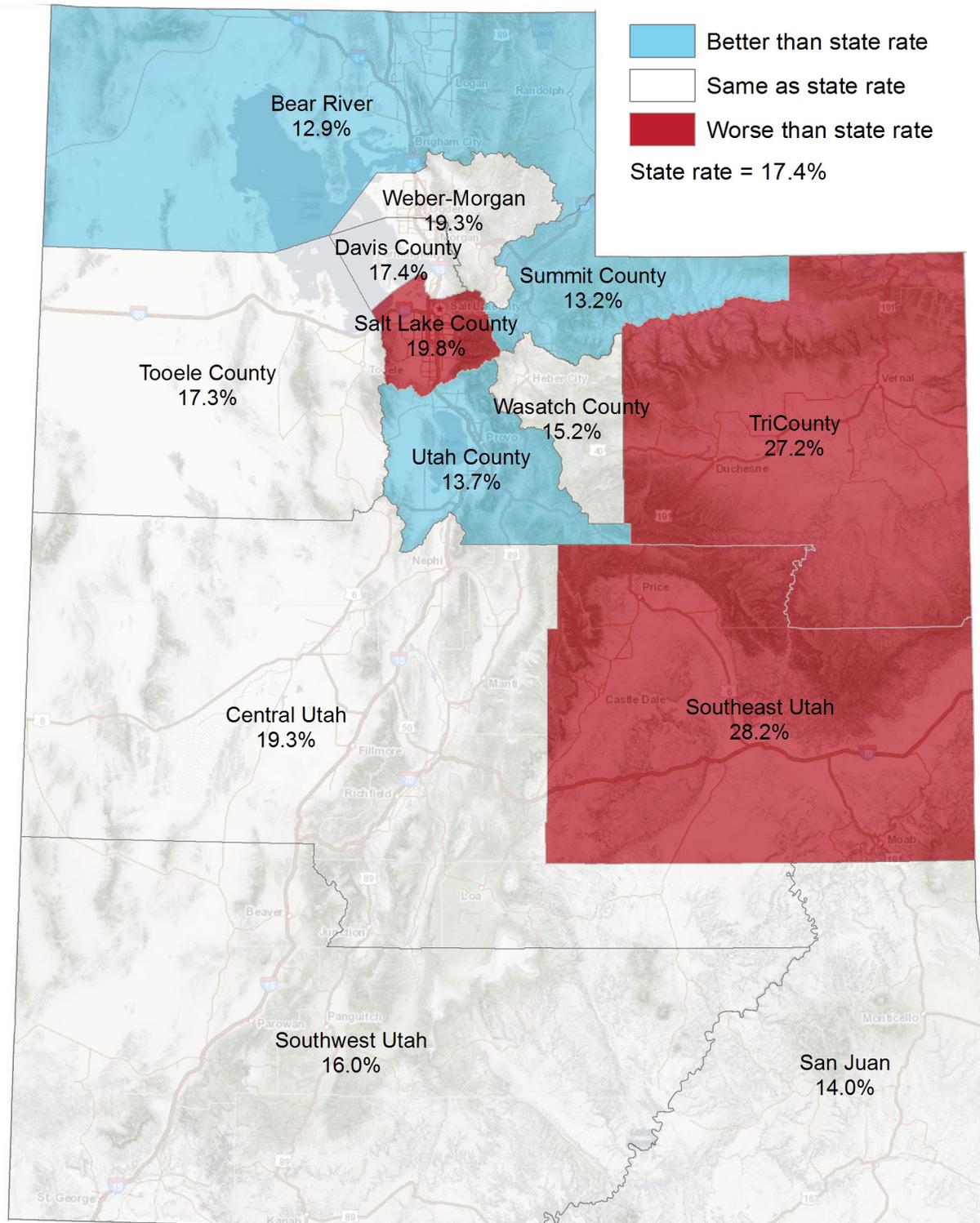
Among local health districts, students in Southeast (28.2%), Salt Lake County (19.8), and TriCounty (27.2%) districts reported significantly higher percentages of indoor SHS exposure than the state percentage (17.4%) in 2017 (**Figure 50**). Students in Summit County (13.2%), Bear River (12.9%), and Utah County (13.7%) districts reported significantly lower percentages than the state percentage in 2017.

Figure 49: Percentage 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



# Substance Abuse: Secondhand Smoke Exposure

Figure 50: Percentage 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, 2017



# Violence and Injury: Driver Talking on Cell Phone

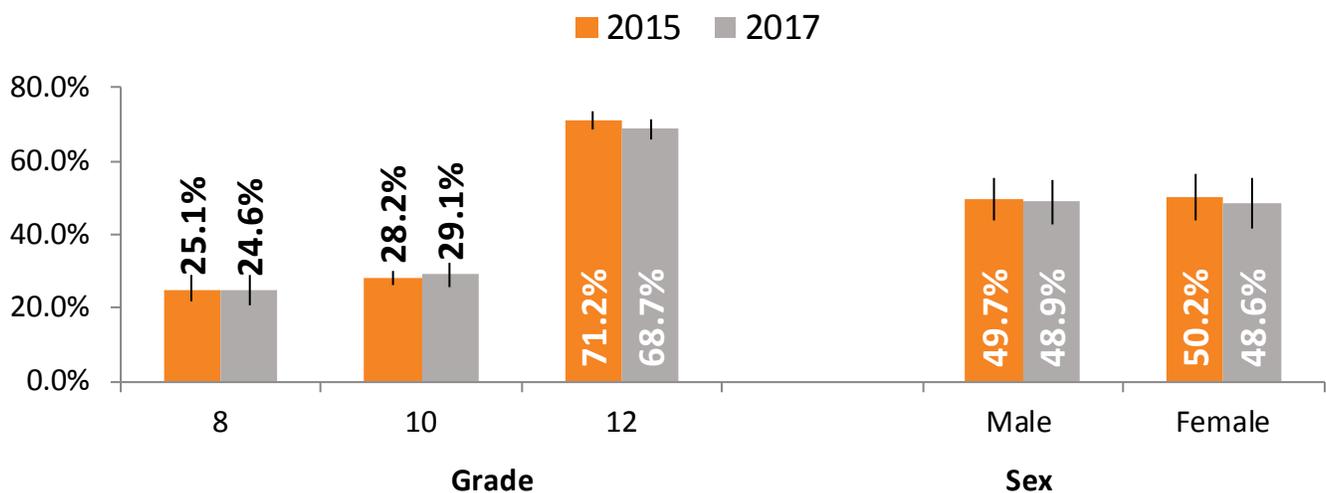
Talking on a cell phone while driving is a form of distracted driving. It can distract the driver manually if they take their hand off the wheel and can also distract the driver cognitively if they take their mind off of driving. Younger drivers have the highest proportion of distraction-related fatal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

In 2017, 48.8 percent of students in grades 8, 10, and 12 reported talking on the phone while driving. This is not statistically different from the 2015 percentage. Eighth grade students reported on this question regardless of the fact that 16 is the legal driving age.

No significant differences were noted between male and female students reporting talking while on their cell phone (**Figure 51**). In Utah during 2017, students in 12th grade reported significantly more cell phone use while driving than students in 8th and 10th grade.

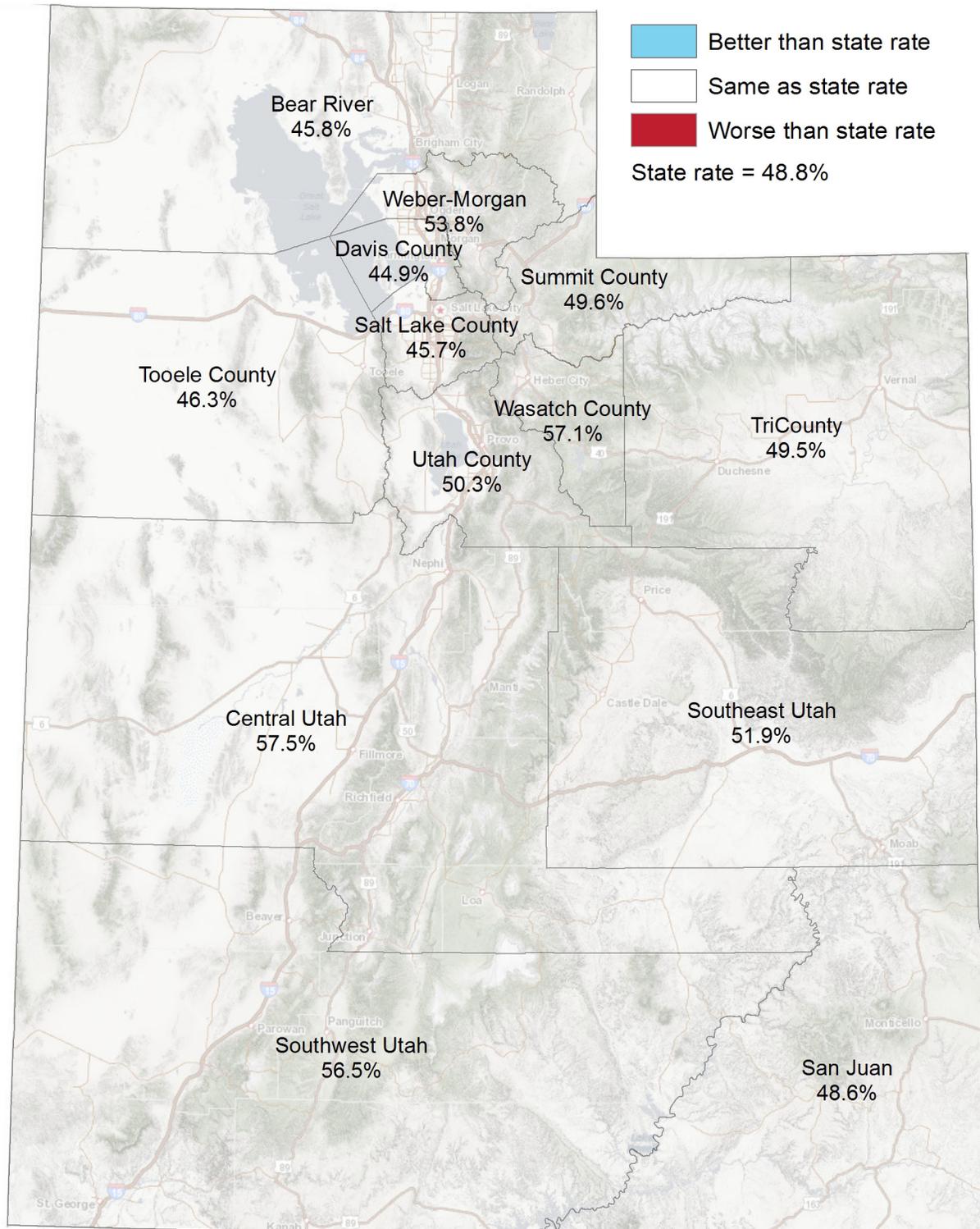
Among local health districts, none reported significantly higher or lower percentages of students driving while talking on cell phones than the state percentage (48.8%) in 2017 (**Figure 52**).

Figure 51: Percentage 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



# Violence and Injury: Driver Talking on Cell Phone

Figure 52: Percentage 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, 2017



# Violence and Injury: Texting while Driving

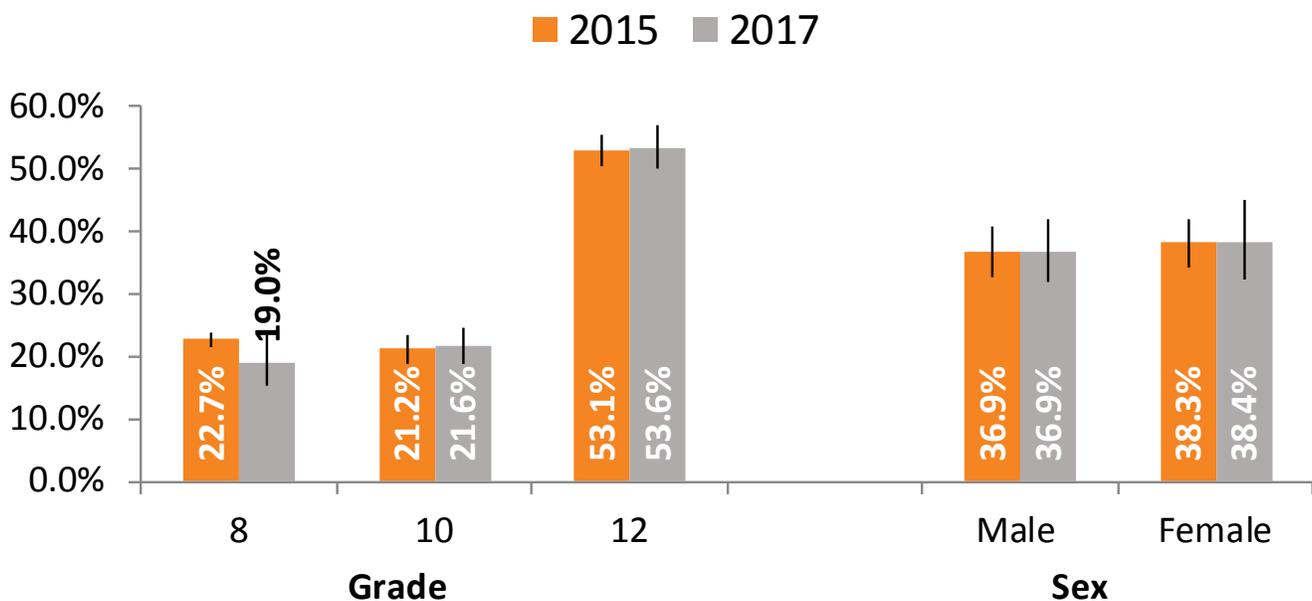
Texting while driving is the most dangerous form of distracted driving because it requires the driver to take their eyes off of the road, their hands off of the wheel, and their mind off of driving. Younger drivers have the highest proportion of distraction-related fatal crashes.<sup>27</sup>

In 2017, more than one-third (37.6%) of students in grades 8, 10, and 12 reported texting while driving in the past 30 days. This is similar to the 2015 percentage of 37.5%. Eighth grade students reported on this question regardless of the fact that 16 is the legal driving age.

In Utah during 2017, students in 12th grade reported significantly more texting while driving (53.6%) than students in 8th and 10th grade (**Figure 53**). There was not a significant difference reported in texting while driving between males and females.

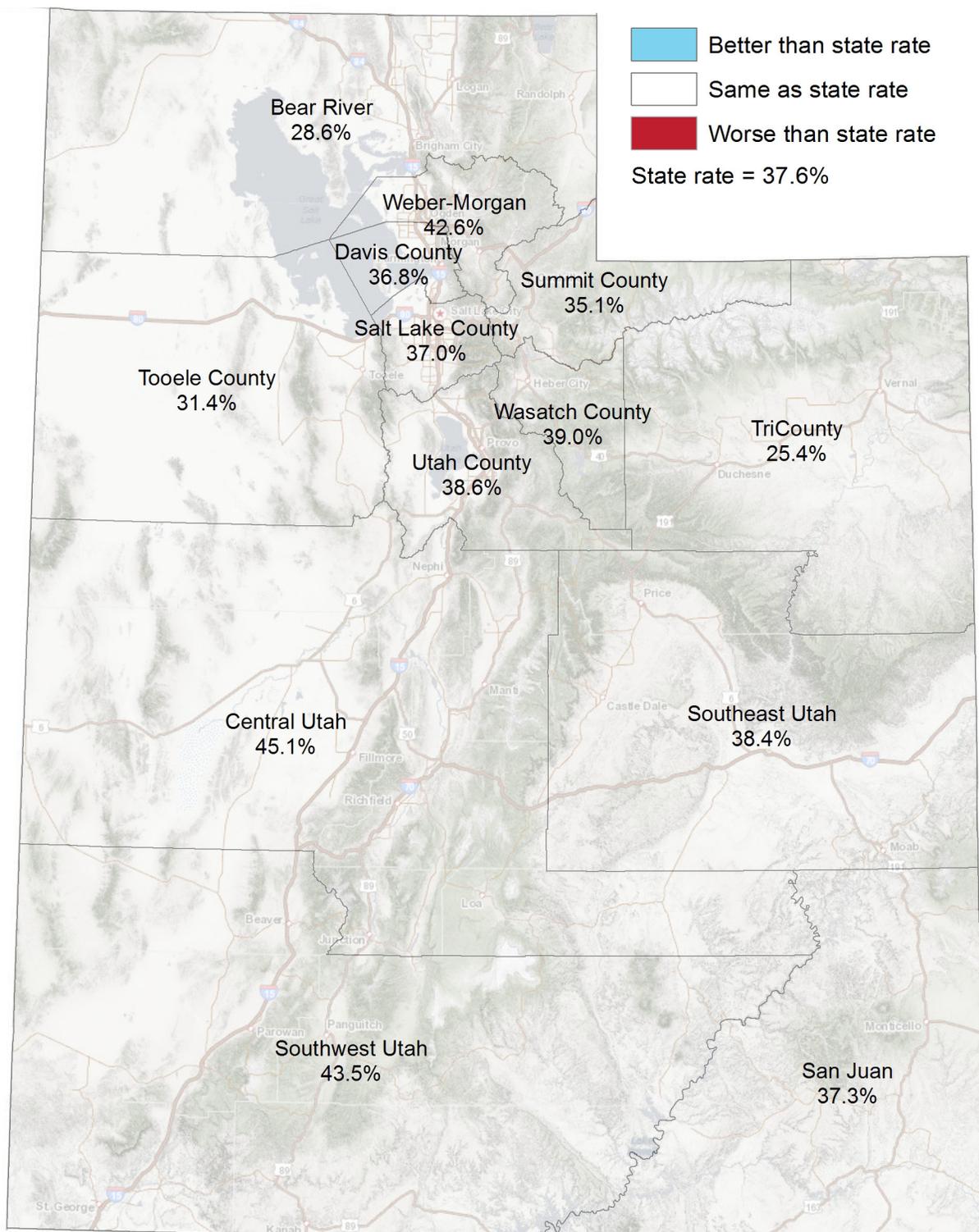
Among local health districts, none reported significantly higher or lower percentages of students texting while driving than the state percentage (37.6%) in 2017 (**Figure 54**).

Figure 53: Percentage of Utah Students (Grades 8, 10, 12) Who Reported Texting While Driving in the Past 30 Days by Grade and Sex, Utah, 2015, 2017



# Violence and Injury: Texting while Driving

Figure 54: Percentage of Utah Students (Grades 8, 10, 12) Who Reported Texting While Driving in the Past 30 Days by Local Health District Map, Utah, 2017



# Violence and Injury: Seat Belt Use

Seat belts are the single most effective safety device for preventing serious injuries and reducing fatalities in motor vehicle crashes. In Utah, for 2016, unrestrained crash occupants were 240 times more likely to be ejected from a motor vehicle and 24 times more likely to be killed than restrained crash occupants.

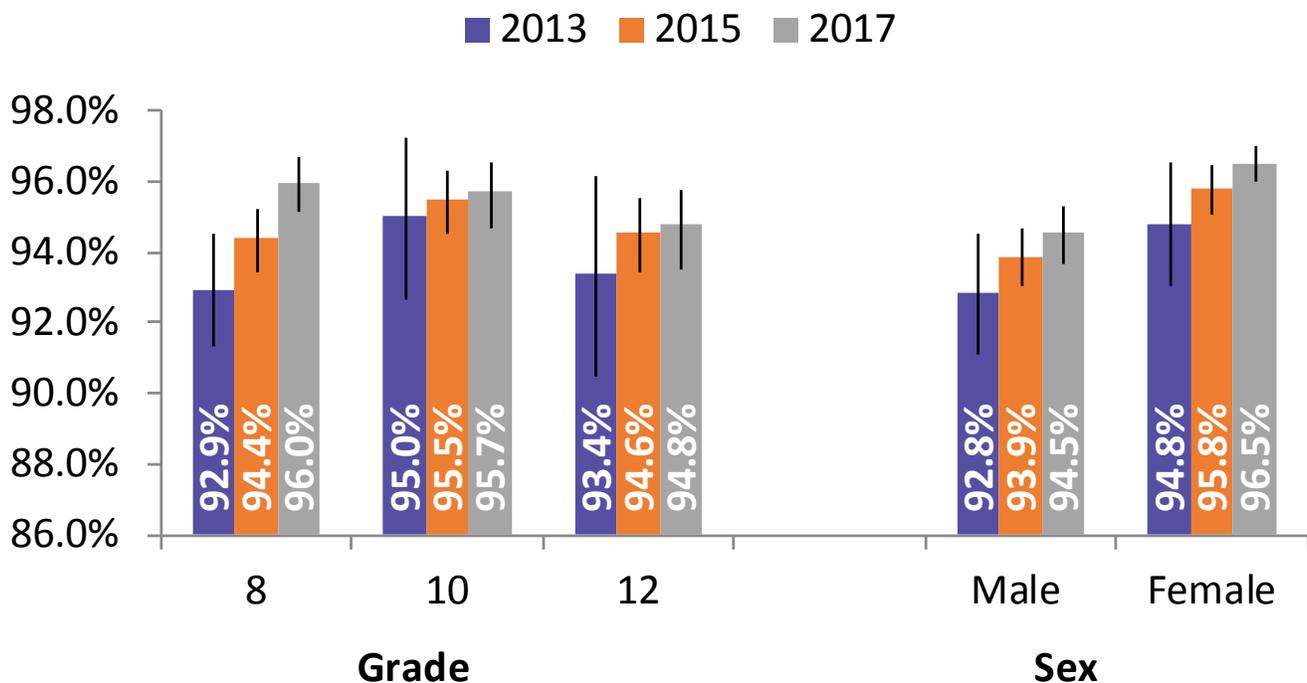
Teens buckle up less frequently than any other age group. In 2015, Utah's seat belt law became a primary enforcement law. Primary seat belt laws allow law enforcement officers to ticket a driver for not wearing a seat belt without any other traffic offense taking place. All vehicle occupants must wear seat belts and children ages 8 and younger must be properly restrained in a car seat or booster seat.

In 2017, 95.5 percent of students in grades 8, 10, and 12 reported that they always, most of the time, or sometimes wear a seatbelt. The 2017 percentage is significantly higher than the 2013 percentage of 93.8 percent.

Female students reported wearing seat belts more frequently than male students in 2017 (**Figure 55**). There were no significant differences among grade levels reporting seat belt usage in 2017.

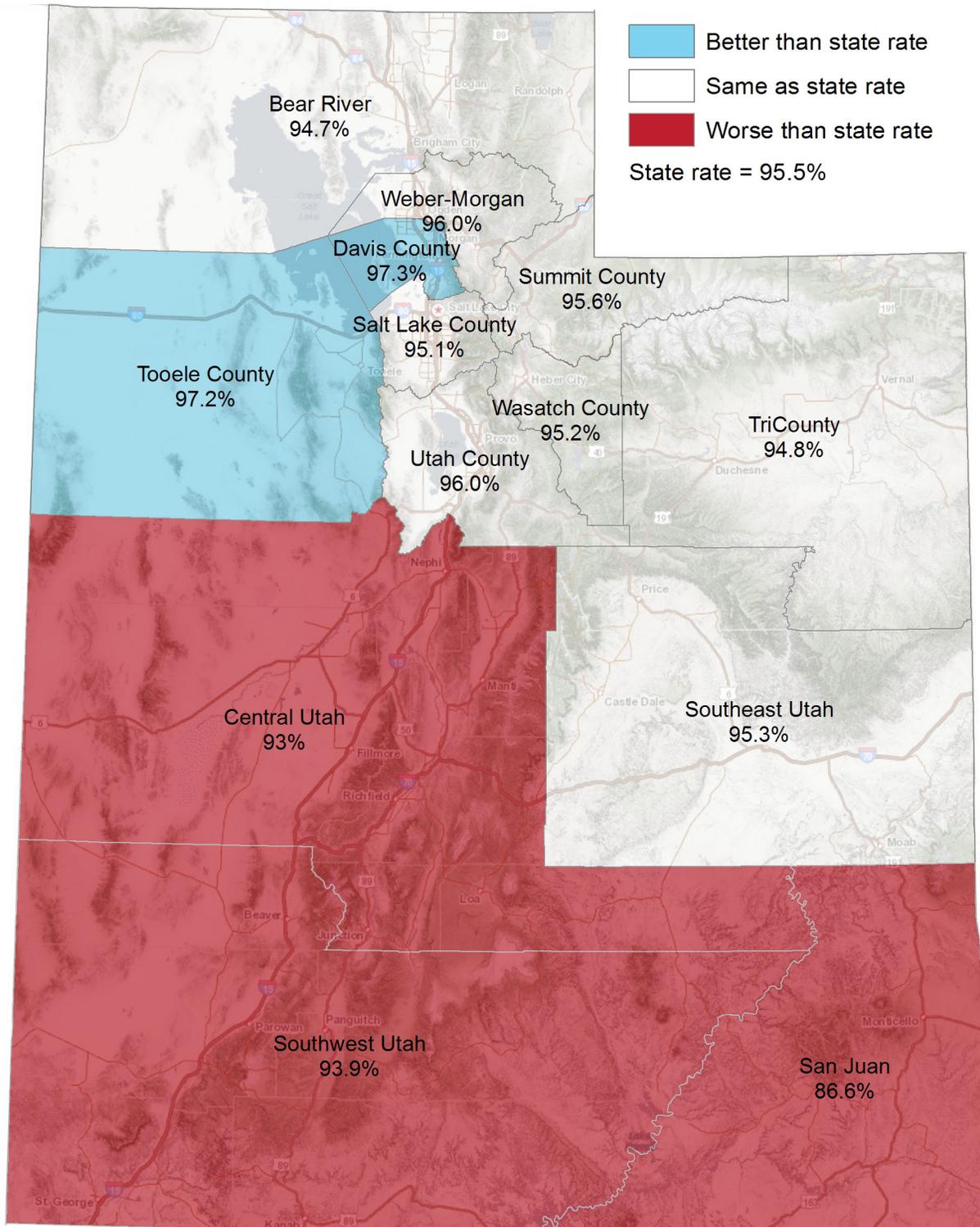
Among local health districts, students in Davis (97.3%) and Tooele (97.2%) counties reported significantly higher percentages of seat belt use than the state percentage (95.5%) in 2017 (**Figure 56**). Students in Southwest Utah (93.9%), Central Utah (93.0%) and San Juan (86.6%) districts reported a significantly lower percentage of seat belt use than the state percentage in 2017.

Figure 55: Percentage of Utah Students (Grades 8, 10, 12) Who Always, Most of the Time, or Sometimes Wear a Seat Belt When Riding in a Car Driven by Someone Else by Grade and Sex, Utah, 2013, 2015, 2017



# Violence and Injury: Seat Belt Use

Figure 56: Percentage of Utah Students (Grades 8, 10, 12) Who Always, Most of the Time, or Sometimes Wear a Seat Belt When Riding in a Car Driven by Someone Else by Local Health District Map, Utah, 2017



# Violence and Injury: Bullied at School

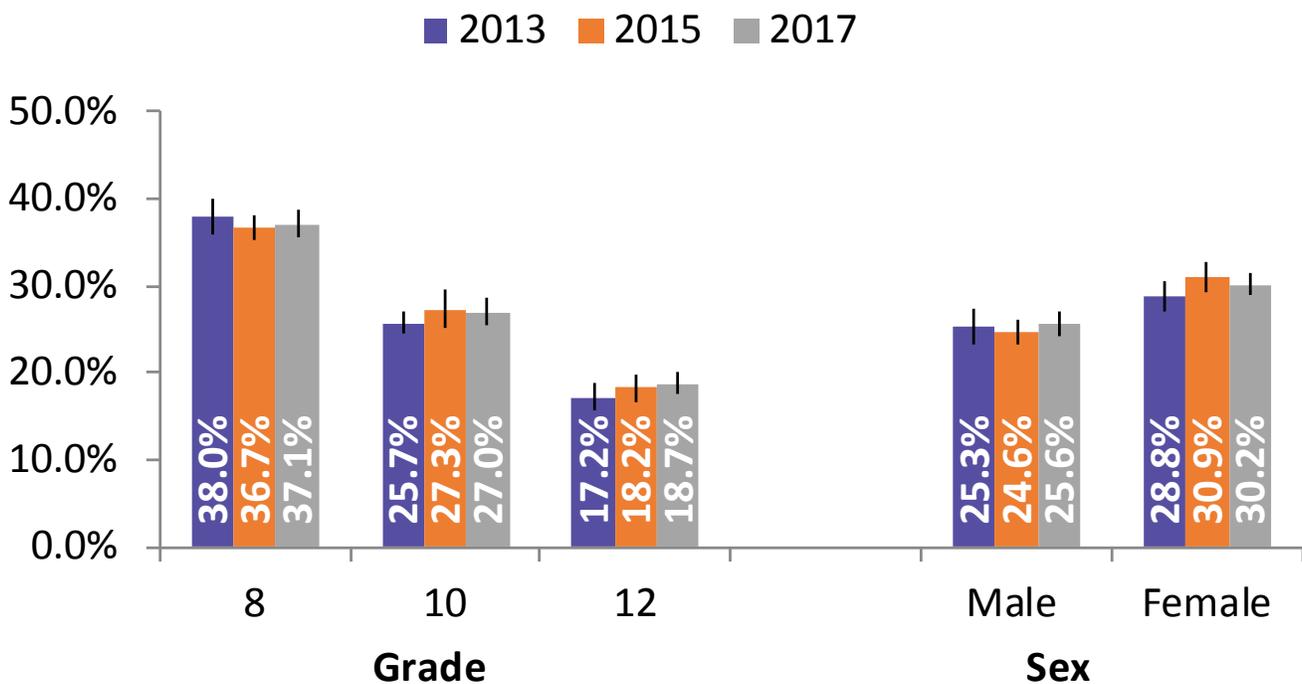
Bullying is a form of Adolescents violence. Bullying is defined as any unwanted, aggressive behavior(s) by another Adolescents or group of adolescents who are not siblings or current dating partners that involves an observed or perceived power imbalance. The behavior is repeated, or has the potential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

In 2017, 27.9 percent of students in grades 8, 10, and 12 reported that during the past 12 months they were picked on or bullied by a student on school property. This is not a significant change from recent years.

Reported bullying diminished as students increased in age (**Figure 57**). Students in 8th grade (37.1%) reported significantly more bullying and students in 12th grade (18.7%) reported significantly less bullying, when compared to the 2017 state percentage of 27.9%. Females (30.2%) were significantly more likely to be picked on or bullied than males (25.6%) in 2017.

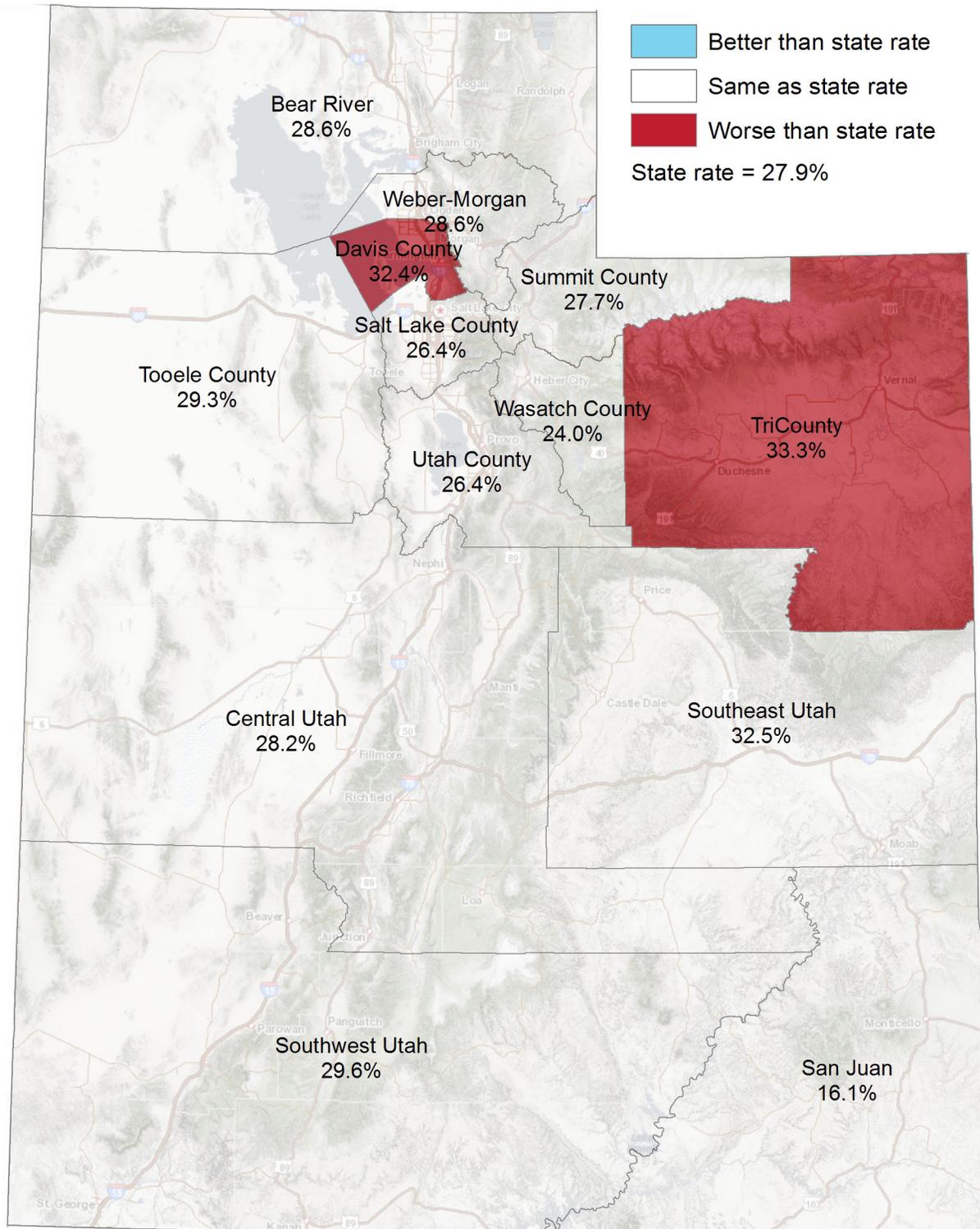
Among local health districts, students in TriCounty (33.3%) and Davis County (32.4%) districts reported significantly higher percentages of being bullied than the state percentage (27.9%) in 2017 (**Figure 58**). No local health districts reported significantly lower percentages than the state percentage in 2017.

Figure 57: Percentage 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



# Violence and Injury: Bullied at School

Figure 58: Percentage of Utah Students (Grades 8, 10, 12) Who Were Bullied at School in the Past 12 Months by Local Health District Map, Utah, 2017



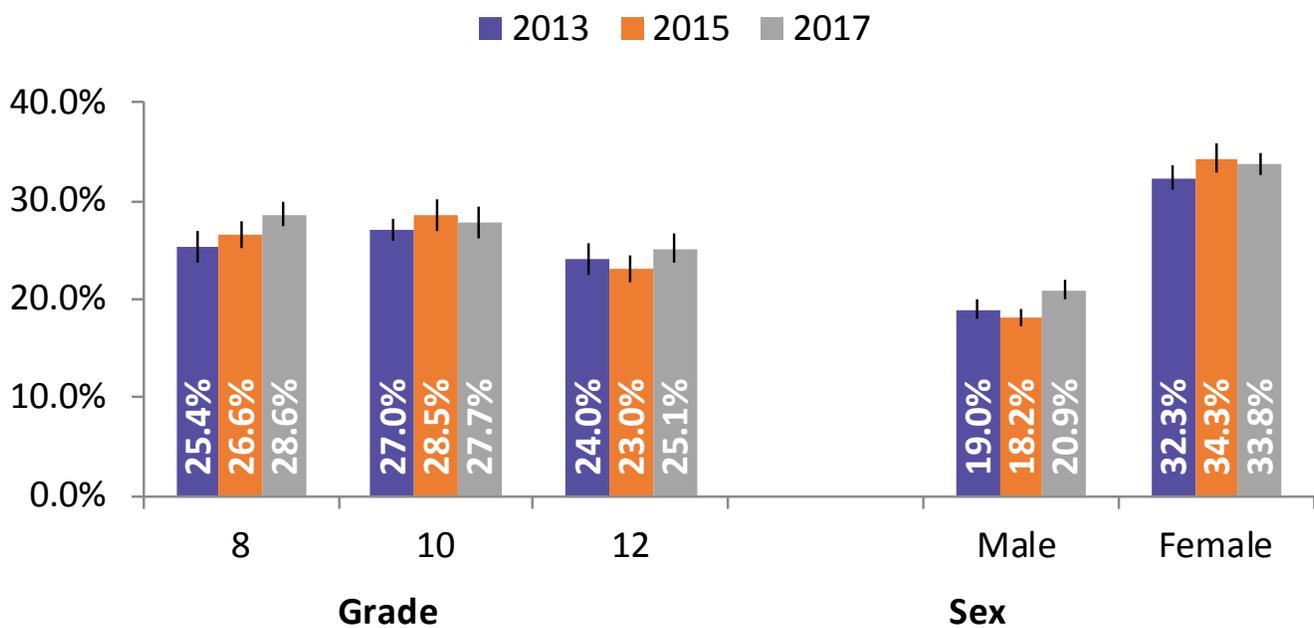
# Violence and Injury: Electronic Bullying

An increasing number of adolescents are becoming victims of electronic bullying or cyberbullying. Cyberbullying is bullying that takes place over digital devices like cell phones, computers, and tablets. Cyberbullying can occur through SMS; texting; and apps; or online in social media, forums, or gaming where people can view, participate in, or share content. Cyberbullying includes sending; posting; or sharing negative; harmful, false, or mean content about someone else. It can include sharing personal or private information about someone else causing embarrassment or humiliation.

In 2017, one out of every four Utah students (27.2%) in grades 8, 10, and 12 reported being threatened or harassed over the internet, by email, or by someone using a cell phone. The 2017 percentage is a significant increase from 2013 (25.5%). Females (33.8%) were significantly more likely than males (20.9%) to be electronically bullied in 2017 (**Figure 59**). In 2017, 8th grade students (28.6%) were significantly more likely to be electronically bullied than 12th grade students (25.1%).

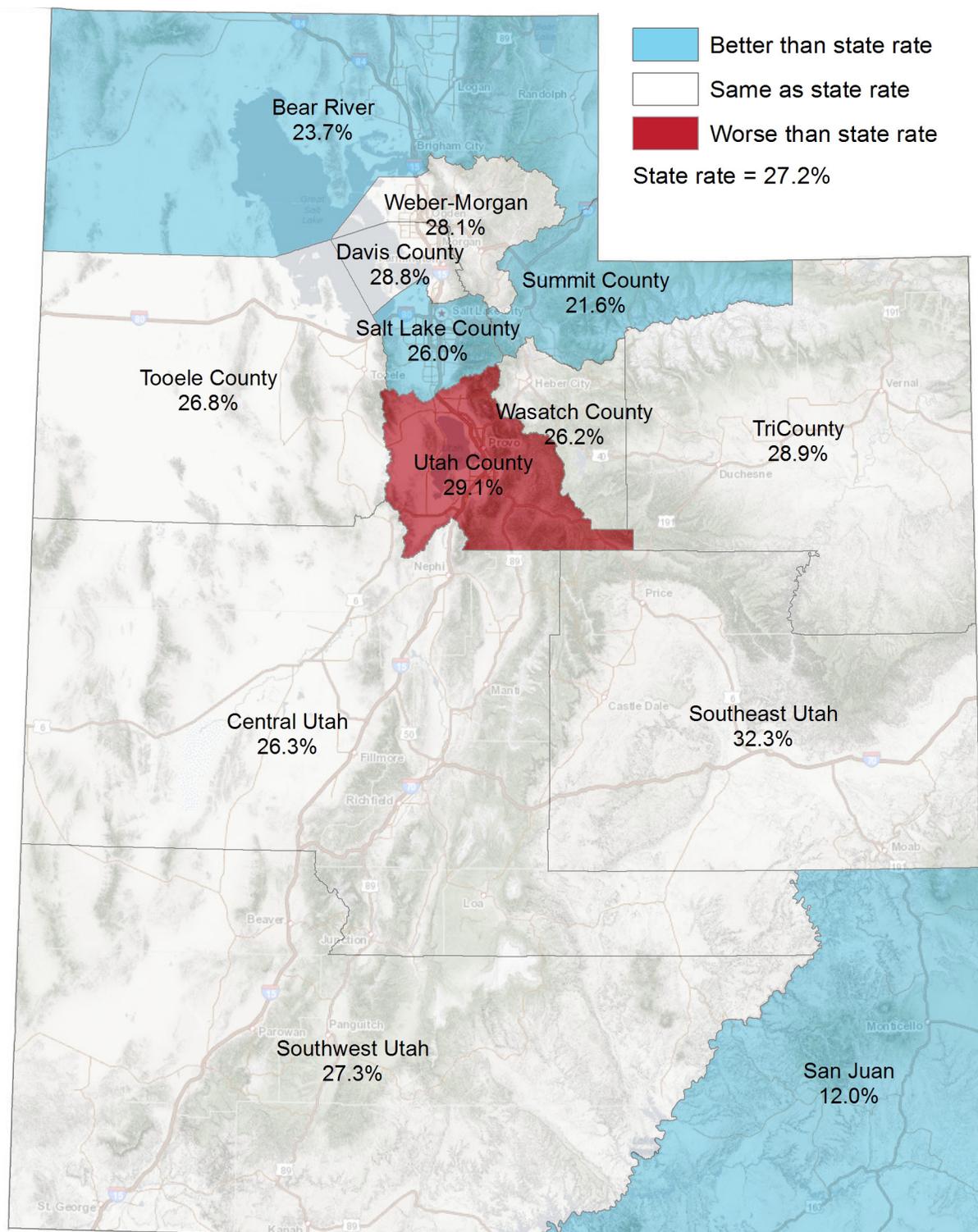
Among local health districts in 2017, students in Utah County (29.1%) reported significantly higher percentages of being electronically bullied in the past year than the state percentage (27.2%) in 2017 (**Figure 60**). Salt Lake County (26.0%), Bear River (23.7%), Summit County (21.6%), and San Juan County (12.0%) districts all reported significantly lower percentages of electronic bullying in 2017 than the state percentage in 2017.

Figure 59: Percentage of Utah Students (Grades 8, 10, 12) Who Reported Electronic Bullying by Grade and Sex, Utah, 2013, 2015, 2017



# Violence and Injury: Electronic Bullying

Figure 60: Percentage of Utah Students (Grades 8, 10, 12) Who Reported Electronic Bullying by Local Health District Map, Utah, 2017



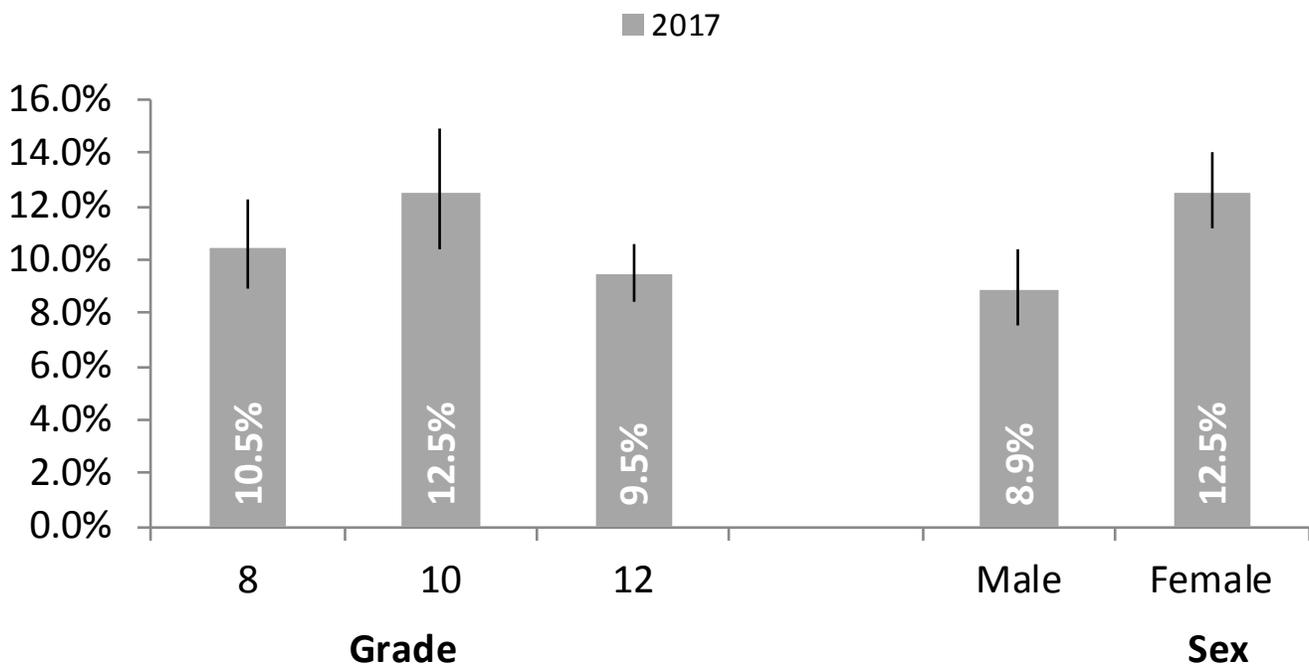
# Violence and Injury: Dating Violence

Dating violence is defined by the CDC as “the physical, sexual, psychological, or emotional aggression within a dating relationship, including stalking.” 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, anxiety, and suicidal thoughts, use tobacco, drugs and alcohol, and display antisocial behavior. Additionally, adolescents who experience dating violence in high school are more likely to be victims later in life.

In 2017, 10.7 percent of students in grades 8, 10, and 12 reported experiencing dating violence (including such things as being hit, slammed into something, or injured with an object or weapon) in the past 12 months. Female students (12.5%) were significantly more likely to report dating violence than male students (8.9%) (Figure 61). There was not a significant difference in dating violence across grades.

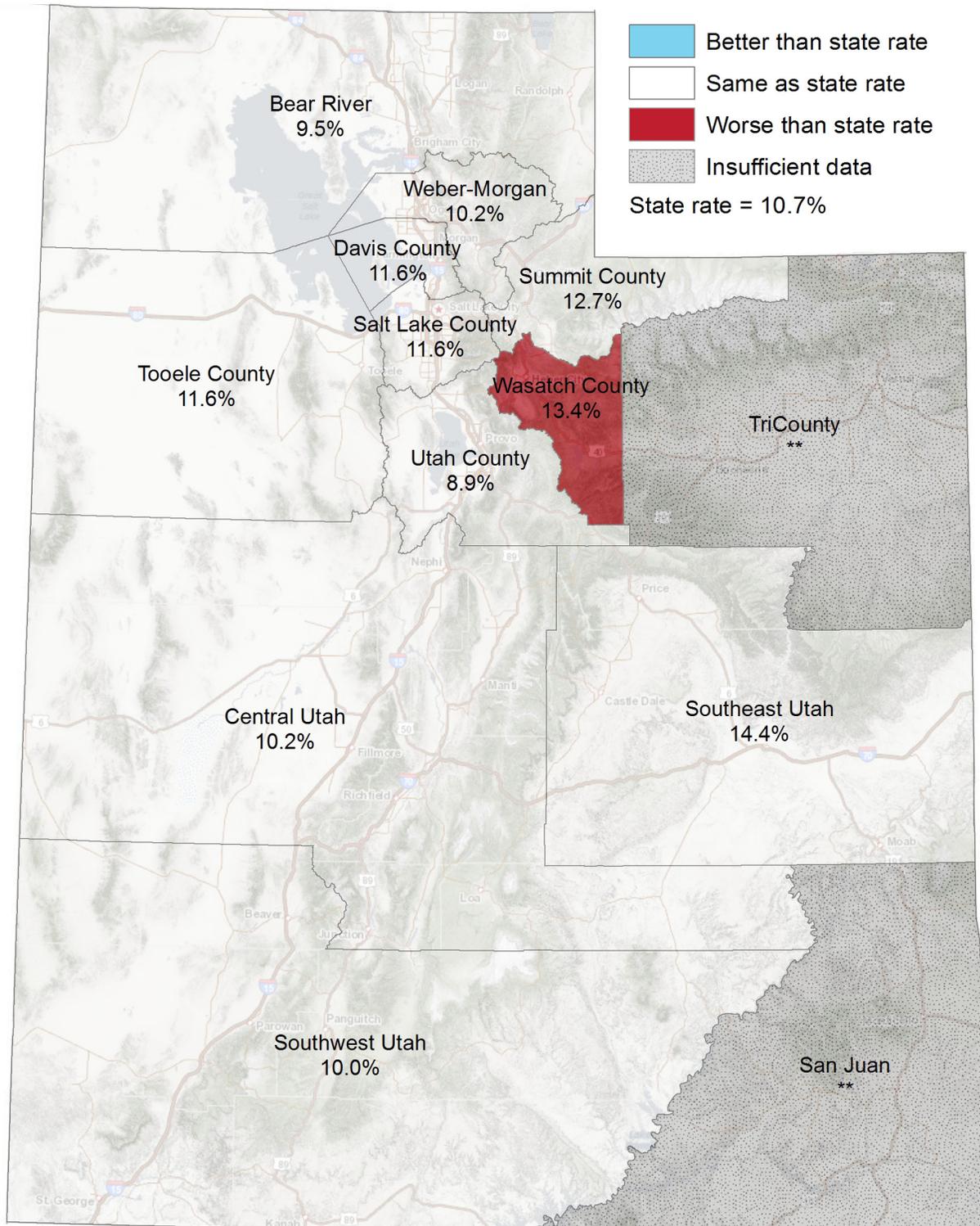
Among local health districts, students in Wasatch County reported a significantly higher percentage (13.4%) of dating violence than the state percentage (10.7%) in 2017 (Figure 62). No local health districts reported a significantly lower percentage of dating violence than the state percentage in 2017.

Figure 61: Percentage of Utah Students (Grades 8, 10, 12) Who Reported Experiencing Dating Violence by Grade and Sex, Utah, 2013, 2015, 2017



# Violence and Injury: Dating Violence

Figure 62: Percentage of Utah Students (Grades 8, 10, 12) Who Reported Experiencing Dating Violence by Local Health District Map, Utah, 2017



# Methodology

The Utah Department of Health (UDOH) partners with the 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 Adolescents 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 Adolescents 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 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 2017, 39 of 41 school districts and 17 charter schools participated in the PNA. Of the 39 participating school districts, 34 sampled all schools within their district. The remaining five large school districts conducted a random sample. 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 grade 6 were also not included in the analysis. The total number of honest students in grades 8, 10, and 12 included in the analysis was 34,229. The total sample size for individual indicators depends on which questionnaire the item or items were placed.

**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. The data were analyzed using SAS 9.3 software.

## Limitations

The PNA does not include adolescents populations, such as 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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