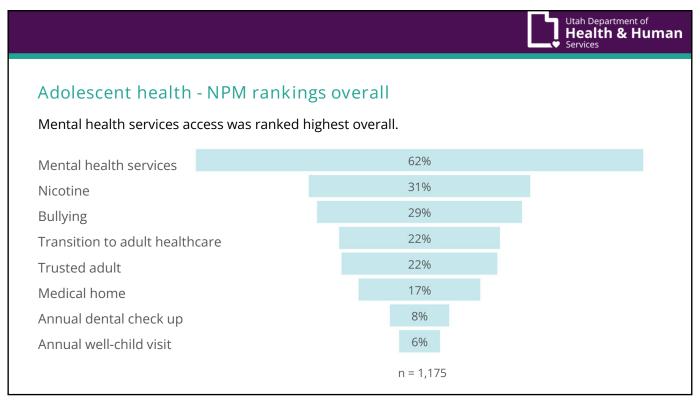
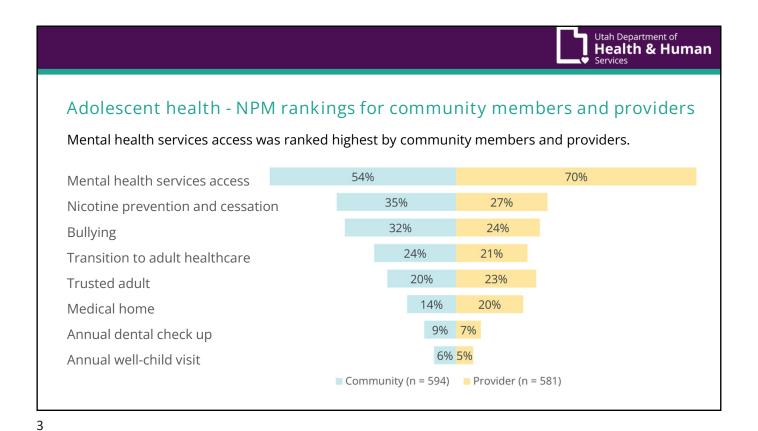


Adolescent Health Domain

2025 MCH Needs Assessment

1





Utah Department of **Health & Human** Adolescent health - NPM rankings for rural and urban areas Mental health services access was ranked highest by rural and urban community members. 59% 52% Mental health services access 36% 35% Nicotine prevention and cessation 30% 32% Bullying 17% 27% Transition to adult healthcare 20% 21% Trusted adult 13% 18% Medical home 8% 10% Annual dental check up

8% 5%

Rural (n = 128)
Urban (n = 415)

Annual well-child visit



Adolescent health - NPM rankings by race and ethnicity

Top NPMs for non-Hispanic non-White community members (n = 51):

- 1. Access to mental health services (43%)
- 2. Nicotine prevention and cessation (33%)
- 3. Bullying (33%)
- 4. Trusted adult outside the home (26%)
- 5. Transition to adult healthcare (24%)

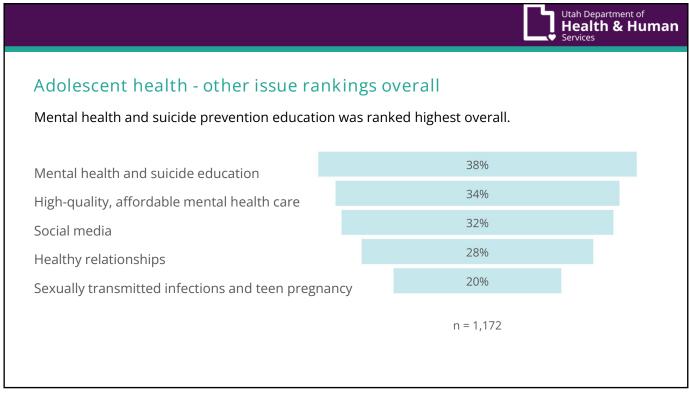
Top NPMs for Hispanic community members (n = 143):

- 1. Nicotine prevention and cessation (47%)
- 2. Bullying (38%)
- 3. Access to mental health services (37%)
- 4. Transition to adult healthcare (17%)
- 5. Medical home (15%)

Top NPMs for non-Hispanic White community members (n = 380):

- 1. Access to mental health services (62%)
- 2. Nicotine prevention and cessation (30%)
- 3. Bullying (30%)
- 4. Transition to adult healthcare (26%)
- 5. Trusted adult outside the home (22%)

5





Adolescent health - other issue rankings for community members and providers

Top other issues for community members (n = 592):

- 1. Mental health and suicide education (34%)
- 2. Social media (32%)
- 3. Healthy relationships (28%)
- 4. High-quality, affordable mental health care (25%)
- 5. Sexually transmitted infections and teen pregnancy (20%)

Top other issues for providers (n = 580):

- 1. High-quality, affordable mental health care (43%)
- 2. Mental health and suicide education (42%)
- 3. Social media (33%)
- 4. Healthy relationships (27%)
- 5. Social isolation (21%)

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Adolescent health - other issue rankings for rural and urban areas

Top other issues for rural community members (n = 128):

- 1. Social media (35%)
- 2. Mental health and suicide education (34%)
- 3. Healthy relationships (34%)
- 4. High-quality, affordable mental health care (27%)
- 5. School attendance and engagement (20%)

Top other issues for urban community members (n = 415):

- 1. Mental health and suicide education (34%)
- 2. Social media (31%)
- 3. Healthy relationships (27%)
- 4. High-quality, affordable mental health care (23%)
- 5. Sexually transmitted infections and teen pregnancy (22%)



Adolescent health - other issue rankings by race and ethnicity

Top other issues for non-Hispanic non-White community members (n = 51):

- 1. Social media (31%)
- 2. Healthy relationships (28%)
- 3. High-quality, affordable mental health care (26%)
- 4. Mental health and suicide education (24%)
- 5. Safe driving (22%)

Top other issues for Hispanic community members (n = 143):

- 1. Mental health and suicide education (32%)
- 2. Sexually transmitted infections and teen pregnancy (27%)
- 3. Dating violence (26%)
- 4. Social media (20%)
- 5. High-quality, affordable medical care (17%)

Top other issues for non-Hispanic White community members (n = 380):

- 1. Social media (35%)
- 2. Mental health and suicide education (35%)
- 3. Healthy relationships (33%)
- 4. Social isolation (18%)
- 5. School attendance and engagement (18%)

9



Mental health treatment

Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling

Adolescent mental health treatment in Utah and the U.S. and by percentage of the federal poverty level (FPL)

Utah	74%
U.S.	82%





**DATA UNAVAILABLE FOR OTHER POVERTY LEVELS



Adolescent tobacco use

Percent of adolescents, grade 9 through 12, who currently use tobacco products

Hispanic adolescents in Utah were more likely than other adolescents in Utah to use tobacco products.



**DATA UNAVAILABLE FOR OTHER GROUPS

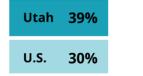
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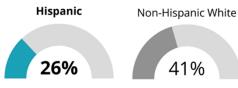


Bullying victim

Percent of adolescents with and without special healthcare needs, ages 12 through 17, who are bullied

Adolescents in Utah are more likely to be victims of bullying than other adolescents in the U.S. overall. Hispanic adolescents in Utah are less likely to be bullied than other adolescents in Utah overall.





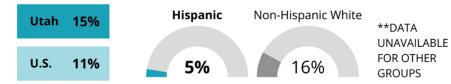
**DATA UNAVAILABLE FOR OTHER GROUPS



Bullying perpetrator

Percent of adolescents with and without special healthcare needs, ages 12 through 17, who bully others

Adolescents in Utah were more likely to bully others than other adolescents in the U.S. overall. Hispanic adolescents in Utah were less likely to bully others than other adolescents in Utah overall.



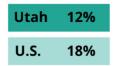
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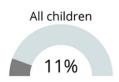
Transition to adult health care

Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care

Children in Utah were less likely than other children in the U.S. to receive services to prepare them for adult health care.









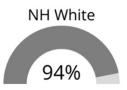
Adult mentor

Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance

Utah adolescents were more likely than other adolescents in the U.S. to have one or more adults outside of the home who they could rely on for advice or guidance.

Utah	93%
U.S.	86%





**DATA UNAVAILABLE FOR OTHER GROUPS

15



DHHS recommendations

⁷Domain recommendations:

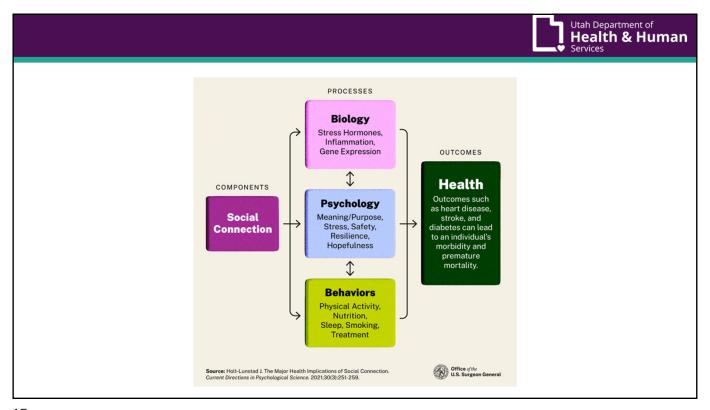
• Adult mentor (trusted adult)

Why?

- Only social determinants of health measure
- Will touch on multiple measures (mental health, bullying, social media, etc.)
- Aligns with Utah Health Improvement Plan and other connectedness initiatives

What does UHIP stand for? Will people know what this means?

Jenny Johnson (DHHS), 3/10/2025



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Discussion

What are your thoughts on these recommendations?

Are there other recommendations for consideration?

Do you have any interest in participating in further discussion on strategies to address these priorities?

Are you doing anything in these areas that we should be considering?

Who isn't here that should be a part of these discussions?

After this discussion, is there something you would like to start or stop in your work?

BREAKOUT SESSION DISCUSSIONS

Adolescent Health

Facilitator: Hasbiallahu Mohammed



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DISCUSSION QUESTIONS

1

What are your thoughts about the results? What are one or two of your top priorities or issues you would like to discuss?

2

What do you think about the UDHHS recommendations? **Do you support the direction?** Are there other more important priorities?

3

What do you recommend? What strategies are needed for complex systems change? Are there opportunities (or low-hanging fruit) that could be addressed sooner than later? How?

4



Who needs participate? What is your/your agency's role in any of these areas? Are there existing partnerships that need to expand? New partnerships needed?

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