

ENTHEOS ACADEMY

EXCELLENCE • SERVICE • LEADERSHIP

6202 SCHOOL INSTRUCTION FOR SEX EDUCATION

Purpose

It is the position of Entheos Academy that it is the primary responsibility of parents to provide sex education for their children. It is the responsibility of the schools to provide supportive instruction that will complement the efforts in the home. The Board authorizes the District Administration to conduct non-discriminatory health, family life, and character instruction within the framework of guidelines established by the State Board of Education. Schools will provide instruction in community and personal health, physiology, personal hygiene, prevention of communicable diseases, refusal skills, and the harmful effects of pornography according to guidelines established by the Utah State Board of Education as approved by the Entheos Academy Board of Directors.

Policy

Each elementary school shall plan an elective maturation program for each fifth-grade girl and her parents and each fifth-grade boy and his parents. The ~~primary~~main purposes of the program will be to provide accurate information about sexual development and to encourage discussion in the home.

Parent approval shall be obtained by teachers in writing, using the Utah State Board of Education consent form.

The materials ~~Materials~~used in school presentations will be medically accurate and aligned with the State's ~~State~~ Core Health Curriculum. ~~These materials will be available to parents upon request before the presentations take place.~~and will be made available to parents upon request prior to the presentations taking place. Only Utah State Board of Education recommended materials ~~that have been~~ approved by the Entheos Board of Directors will be used.

District Administration will form an ad hoc Sex Education Materials Review Committee annually. ~~The committee's~~Annually, District Administration will form an ad hoc committee of community representatives and administrative members to review and consider materials available for school use. ~~The committee~~ membership will align with the requirements set forth in USBE Board Rule R277-474.

ENTHEOS BOARD POLICY – APRIL 26, 2018

UPDATED OCTOBER 23, 2018

APPROVED NO CHANGES MARCH 21, 2019;

UPDATED APRIL 23, 2020 UPDATED NOVEMBER 16, 2022

6202 School Instruction for Sex Education

~~This committee will consist of (1) Member of the Board of Directors (2) District Administrator or appointed representative (3) health specialty educator (4) parent of a student attending Entheos or representative of the Entheos PGO.~~ The ~~ad hoc~~ committee will ~~review~~screen all educational materials and present the approved list to the Entheos Board of Directors for approval.

The Entheos Board of Directors ~~encourages~~encourage parents to take the opportunity to discuss sex education with their children in the manner, and at the time that they feel most appropriate for their child(ren).



Sexually transmitted infections in Utah: Surveillance report

2012-2021

Acknowledgements

The Utah Department of Health and Human Services (DHHS) recognizes the efforts of local health department personnel throughout the state of Utah who play a critical role in case investigation and data collection for cases of sexually transmitted infections (STIs).

Sexually transmitted infection data for Utah are published by DHHS Office of Communicable Diseases. Please direct questions or comments to:

DHHS Office of Communicable Diseases
Box 142104
Salt Lake City, Utah 84114-2104
Phone: (801) 538-6191

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Executive summary

This report presents the sexually transmitted infection (STI) epidemic in Utah to assist with education, outcome monitoring, and program planning. It summarizes 2021 surveillance data for major notifiable STIs in Utah: chlamydia, gonorrhea, and syphilis, and focuses on newly reported cases of these infections within the state. Of the more than 75 reportable communicable diseases in Utah, chlamydia and gonorrhea are among the most frequently reported diseases, with 11,226 cases and 3,627 cases reported in 2021, respectively.

In collaboration with the 13 local health departments (LHDs) throughout the state, each syphilis, gonorrhea, and some chlamydia cases are investigated, and each case is provided partner services. Disease investigation specialists (DIS) promote prompt treatment and facilitate partner notification to interrupt the chain of disease transmission. DIS promote human immunodeficiency virus (HIV) testing, provide HIV pre-exposure prophylaxis (PrEP) referrals, sexual health education, and collect the data used to compile this report. Findings in this report should be used to identify priority populations for sexual health interventions. Among the findings of this report, the following are of particular note.

Data from the Centers for Disease Control and Prevention (CDC) ranks Utah in the top 10 lowest cases among all states in 2021. The following is a ranking of Utah's STI cases nationally: chlamydia (44), gonorrhea (42), primary and secondary syphilis (44), and congenital syphilis (45).

2021 rates of gonorrhea and primary and secondary (P&S) syphilis all represent 10-year highs.

The majority of infections are reported along the more populous Wasatch Front: 80% of chlamydia infections, 90% of gonorrhea infections, and 86% of P&S syphilis infections in 2021.

Racial and ethnic minorities continue to shoulder a disproportionate burden of STIs in Utah.

The rate of chlamydia increased by 2.9% from 2020.

Two-thirds of the chlamydia cases reported in 2021 were among people aged 15–24.

The rate of gonorrhea has increased 26% since 2012 (the lowest rate reported in the time frame).

In 2021, 60% of gonorrhea cases were among people aged 20–34.

The rate of P&S syphilis has increased 313% since 2012 to 6.2 cases per 100,000 persons.

Since 2012, 71% of P&S syphilis cases in men have been among men who have sex with men (MSM).

Introduction

This report consists of 6 sections: a section for the impacts of the COVID-19 pandemic, a section each for chlamydia, gonorrhea, and P&S syphilis; a section specific to chlamydia and gonorrhea in adolescents aged 15 to 19 and young adults aged 20 to 24; and a section with tables. Each disease-specific section contains text and figures that summarize data and display trends. The “Adolescents and young adults” section takes a more detailed look at the chlamydia and gonorrhea incidence in this vulnerable age group. The “Tables” section includes data for STIs by age group, sex, race/ethnicity, geography, sexual orientation in males, and testing data. Finally, the appendix contains a map of the 13 LHDs and a table listing the counties in each district’s service area.

Technical notes

The Utah Communicable Disease Rule requires healthcare providers and laboratories report cases of chlamydia, gonorrhea, and syphilis to their LHD or the Utah Department of Health and Human Services (DHHS) Office of Communicable Diseases within 3 working days of identification.¹ Upon receipt, these reports are entered into Utah-National Electronic Disease Surveillance System (UT-NEDSS), a secure statewide disease surveillance system. The cases in this report are classified by Centers for Disease Control and Prevention’s (CDC) *Morbidity and Mortality Weekly Report (MMWR)* year unless otherwise noted.

Population data used to calculate rates were obtained from the Population Estimates Query Module from the DHHS Center for Health Data and Informatics, Indicator-Based Information System for Public Health (IBIS-PH). Population estimates are provided by Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

In this report, missing and unknown age group, sex, and race/ethnicity data were not redistributed; therefore, incidence rates may be underestimated, particularly rates by race/ethnicity.

¹Utah Code Annotated. [R386-702 Communicable Disease Rule](http://www.rules.utah.gov/publicat/code/r386/r386-702.htm). <http://www.rules.utah.gov/publicat/code/r386/r386-702.htm>

Impacts of the COVID-19 pandemic

During 2020, the COVID-19 pandemic led to disruptions in STI-related prevention and care activities, including decreased screening during the initial shelter-in-place orders due to clinical closures and lack of resources, including a vaccine. STI program resources, including STI case investigators, were also redirected to COVID-19 activities which further delayed non-emergent disease investigations. Because STIs often do not show symptoms, screening is necessary for adequate diagnosis and treatment. Changes in access to healthcare affected the number of infectious diseases being diagnosed and reported.

The COVID-19 pandemic significantly affected trends in STIs—potentially resulting in underreporting of infections and possible increased STI transmission. It's likely these effects will persist for several years, and it may be difficult to understand the full impact of the pandemic on STIs. As a result, STI surveillance data collected during 2020 and 2021 should be interpreted cautiously.

Chlamydia

Background

Chlamydia trachomatis infections are the second most reported communicable disease in both Utah and the United States.² In 2021, 11,226 cases of chlamydia were reported in Utah. Between 2012 and 2021,² Utah's chlamydia rate was 68% of the U.S. rate (Figure 1).³ Utah's chlamydia rate increased 26% from 266.5 cases per 100,000 population in 2012 to 336.3 cases per 100,000 population in 2021. The increase in chlamydia rates may be an actual increase in disease trends or the result of increased screening efforts, use of increasingly sensitive diagnostic tests, increased reporting by providers and laboratories, and/or improved information systems for reporting.

Over the past 10 years, chlamydia rates in females have averaged twice that of males (Figure 2), most likely a result of higher rates of screening in women for this usually asymptomatic infection. Females with chlamydial infection are at risk for developing pelvic inflammatory disease (PID), and both men and women may become infertile as a result of untreated chlamydial infections. Susceptibility to more serious infections, such as HIV, increases when an individual is infected with chlamydia. In addition, pregnant women who have chlamydia can pass the infection to their infants during delivery, potentially resulting in pneumonia or neonatal ophthalmia.

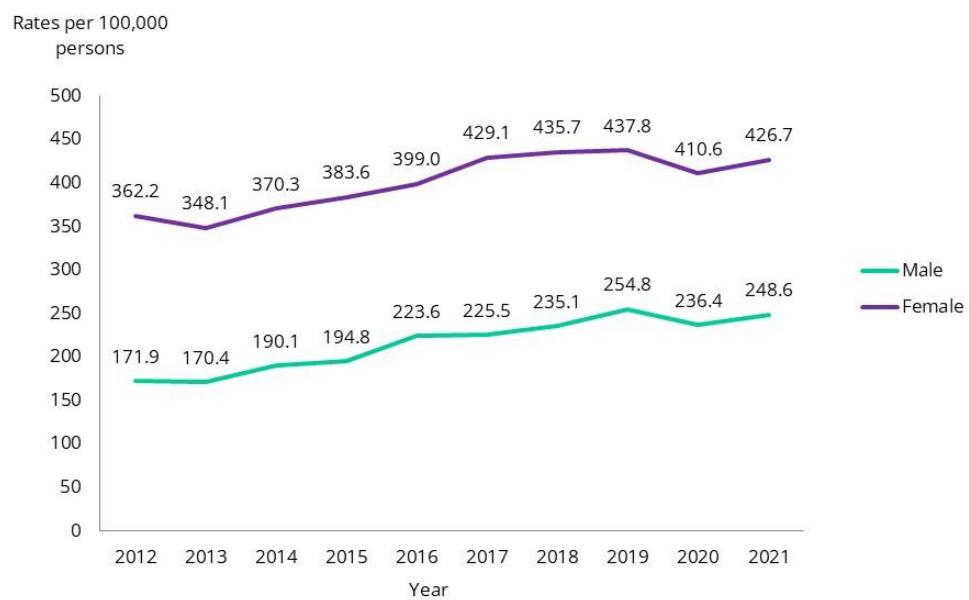
²Centers for Disease Control and Prevention (2021) Tables-Sexually Transmitted Disease Surveillance data, 2021.

³Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2021*. Atlanta: U.S. Department of Health and Human Services; 2021.

Figure 1. Chlamydia rates, Utah and United States, 2012–2021



Figure 2. Chlamydia rates by sex, Utah and United States, 2012–2021



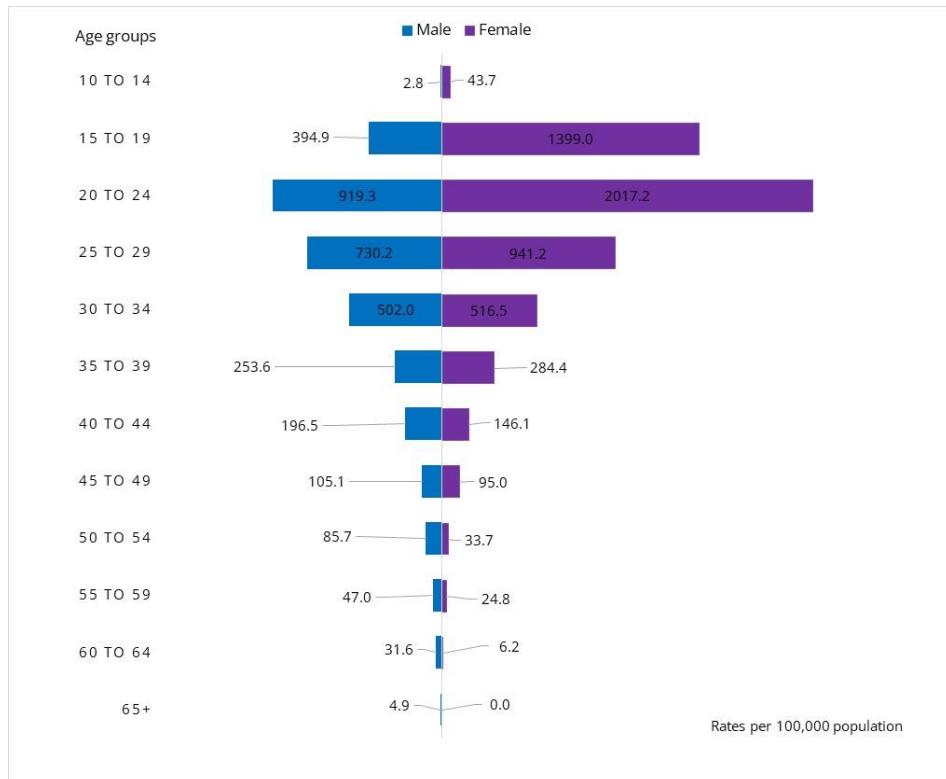
Chlamydia by age group

During the 2012–2021 time period in Utah, chlamydia rates increased in all age groups between 15–64 years old with rate increases ranging from 23% in the 15 to 19-year-old age group to more than 400% in those between 55–59 years old (Table 2). Although the rates in older adults are not as high as in younger age groups, this demonstrates the need to target prevention messages to a wide range of age groups.

Chlamydia by sex

Two-thirds of the chlamydia cases reported in Utah in 2021 were among people aged 15–24. The highest rates of infection were reported among females aged 20–24 (2,017.2 cases per 100,000 population) and aged 15–19 (1,399.0 cases per 100,000 population). The highest rate of infection reported in males was among men aged 20–24 (919.3 cases per 100,000 population) (Figure 3).

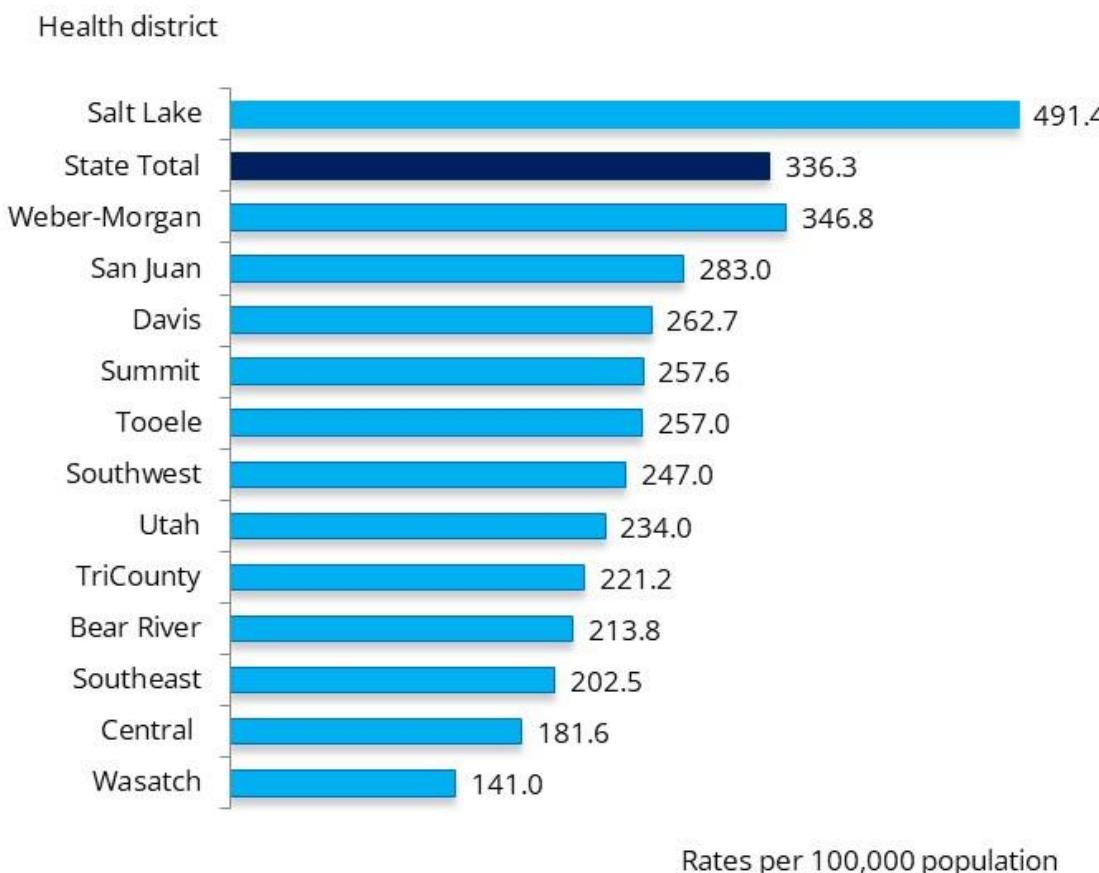
Figure 3. Chlamydia rates by age group and sex among persons aged ≥ 10 years, Utah, 2021



Chlamydia by region

In 2021, one LHD in Utah had chlamydia rates higher than the state rate: Salt Lake County health district (491.4 cases per 100,000 population) (Figure 4). Similar to prior years, the majority of chlamydial infections were identified in the 4 health districts along the Wasatch Front: Salt Lake (51.9% of cases), Utah (14.2% of cases), Weber-Morgan (8.6% of cases) and Davis (8.5% of cases).

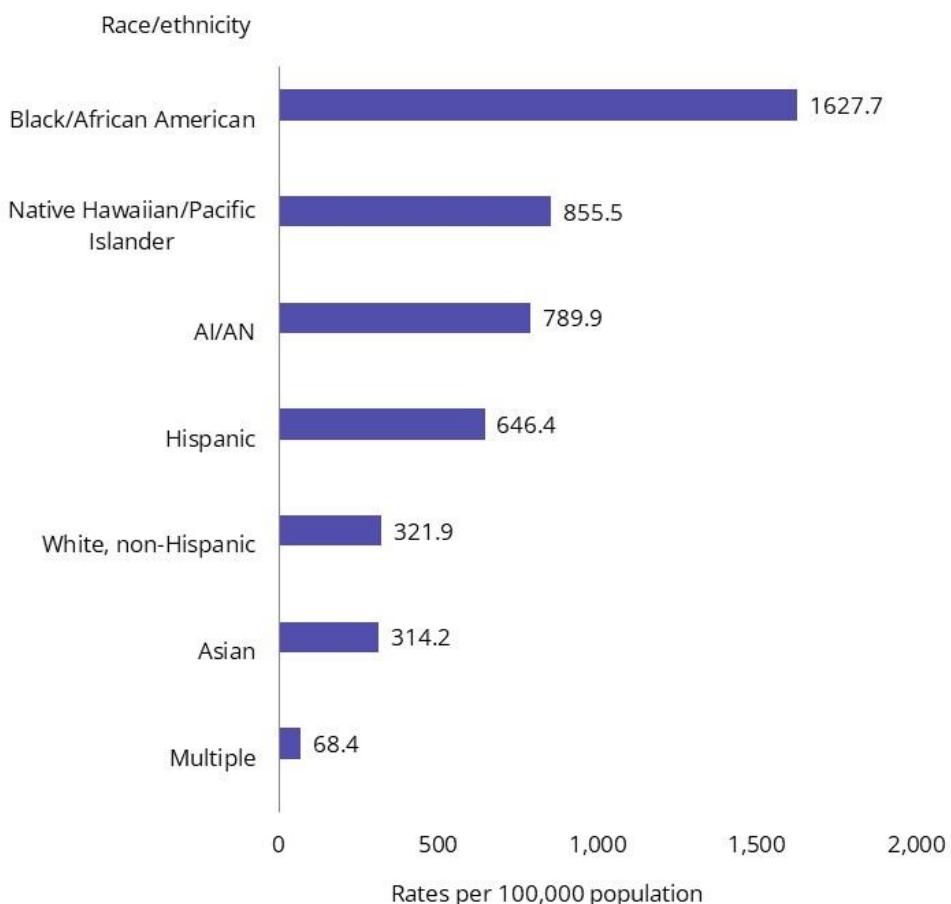
Figure 4. Chlamydia rates by local health district, Utah, 2021



Chlamydia by race/Hispanic ethnicity

In 2021, the highest chlamydia rates among the major racial and ethnic groups in Utah were reported among people who are of non-Hispanic Black/African American populations (1,627.7 cases per 100,000 population) and individuals who are of Native Hawaiian or Pacific Islander populations (855.5 cases per 100,000 population), followed by individuals who are of American Indian/Alaska Native and those who are of Hispanic populations (789.9 and 646.4 cases per 100,000 population, respectively) (Figure 5). Racial/ethnic minorities continued to be disproportionately affected by chlamydia in 2021. In comparison, rates among people who are of non-Hispanic White populations were 321.9 cases per 100,000 population.

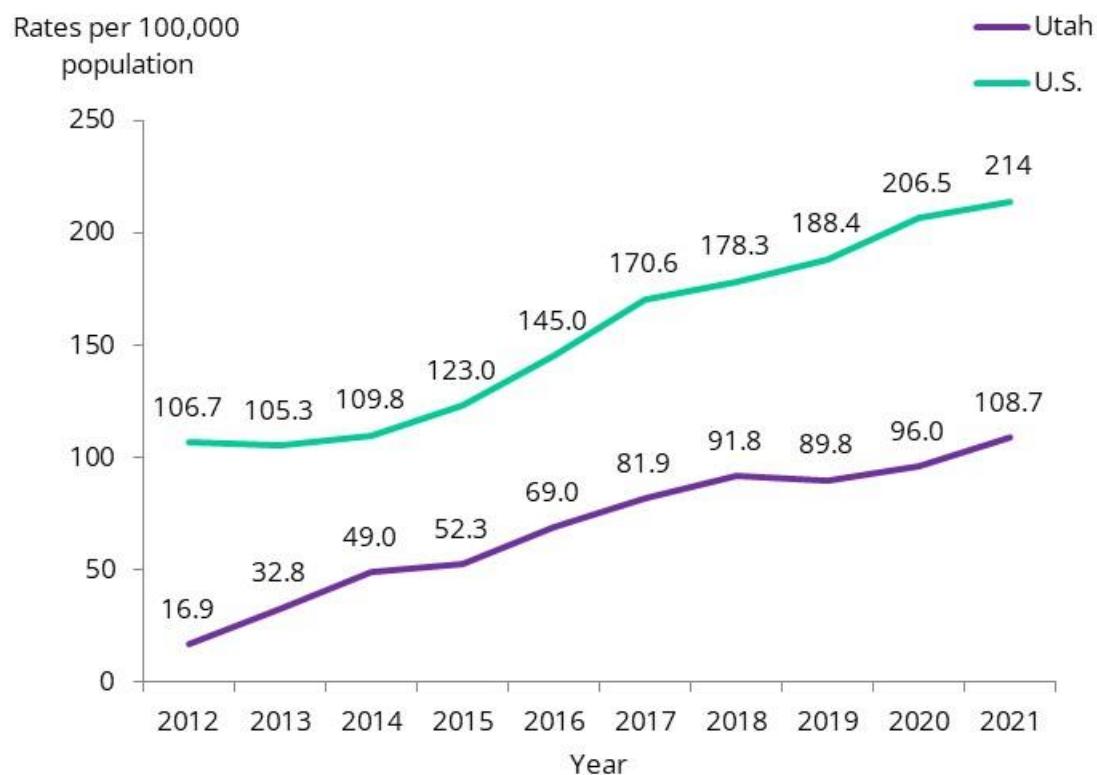
Figure 5. Chlamydia rates by race/ethnicity, Utah, 2021



Gonorrhea

In 2021, 3,627 cases of gonorrhea were reported in Utah. Gonorrhea was the third most frequently reported communicable disease. Utah's gonorrhea rate was 51% of the U.S. rate in 2021, up from 16% of the U.S. rate in 2012 (Figure 7). Following a 40% increase of Utah's gonorrhea rate between 2004 and 2006, when the rate peaked at 35.2 cases per 100,000 population, Utah's gonorrhea rate decreased annually to the lowest rate of 9.8 in 2011. The rate increased to 108.7 cases per 100,000 population in 2021, an increase of 1,009% from the 2012 rate.

Figure 7. Gonorrhea rates, Utah and United States, 2012-2021



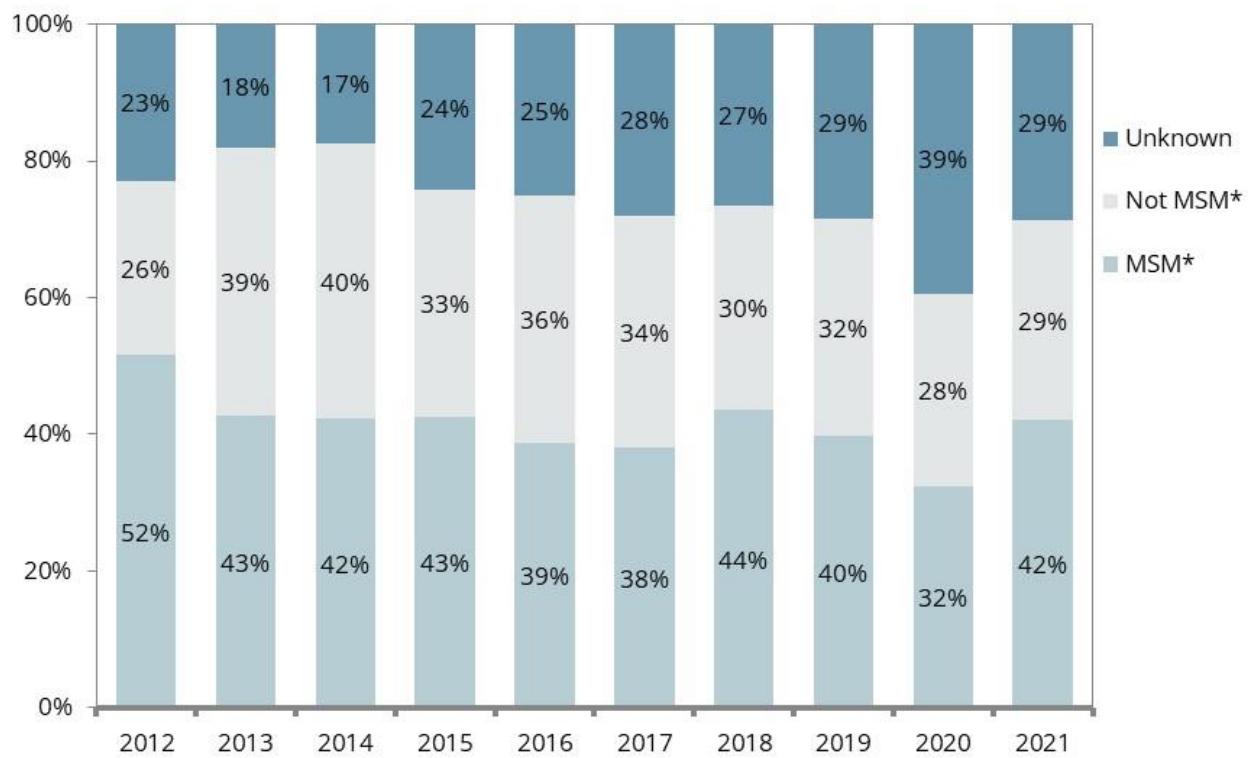
Gonorrhea by sex

Gonorrhea rates among males in Utah have consistently been higher than among females for the past 10 years (Figure 8). Rates among males averaged about 2 times higher than females from 2017 to 2021. More than half of male gonorrhea cases in 2012 were among MSM. This percentage has decreased from 52% in 2012 to 42% in 2021; however, the percentage of cases associated with unknown sexual orientation increased from 23% in 2012 to 29% in 2021 (Figure 9).

Figure 8. Gonorrhea rates by sex, 2012–2021



Figure 9. Percentage of male gonorrhea cases by sexual orientation, 2021



*MSM = Men who have sex with men

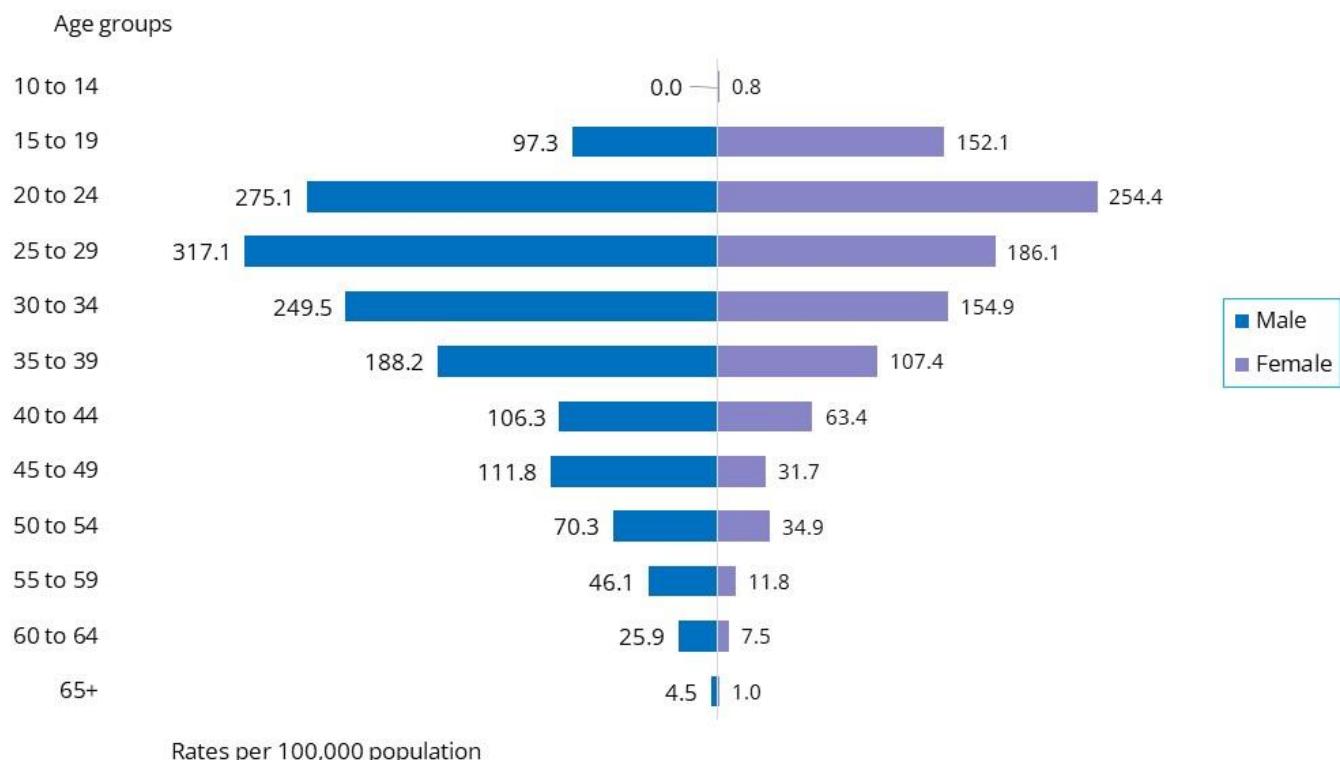
Adverse health effects from gonorrhea

Untreated gonorrhea infections can damage the reproductive system in both males and females. Females who have gonorrhea infection are at risk for developing pelvic inflammatory disease (PID). Males who have gonorrhea are at risk for developing epididymitis. Gonorrhea can spread to joints and become systemic (disseminated gonorrhea). Susceptibility to infections, such as HIV, increases in individuals infected with gonorrhea. Furthermore, pregnant women who have gonorrhea can pass the infection to their infant during delivery, potentially resulting in ophthalmia neonatorum.

Gonorrhea by age

In 2021, 59% of the reported gonorrhea cases in Utah were among people aged 20–34. In males, the highest rates of infection were in the 25–29 age group (407.9 cases per 100,000 population) followed by the 30–34 age group, and 20–24 age group (374.6 and 284.1 cases per 100,000 population, respectively) (Figure 10). In females, the highest rate of infection was among people aged 20–24 (254.4 cases per 100,000 population). Although the rates were lower, the largest percentage rate increase from 2020 to 2021 was among people aged 60–64.

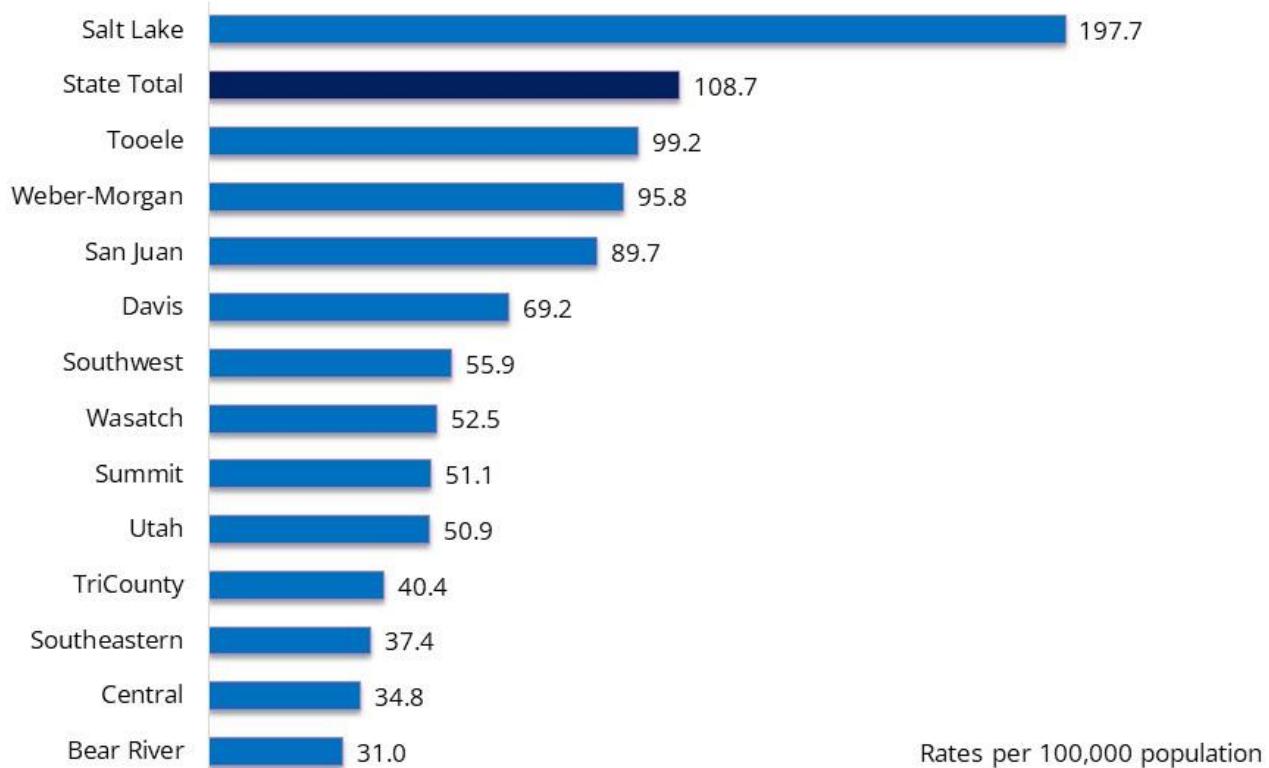
Figure 10. Gonorrhea rates by age group and sex among persons aged ≥ 10 years, Utah, 2021



Gonorrhea by local health district

In 2021, one LHD in Utah had gonorrhea rates higher than the state rate: Salt Lake County health district (197.7 cases per 100,000 population) (Figure 11). Similar to prior years, the majority of cases were identified in 4 health districts along the Wasatch Front: Salt Lake (64.6%), Utah (9.6%), Weber-Morgan (7.3%), and Davis (7.0%).

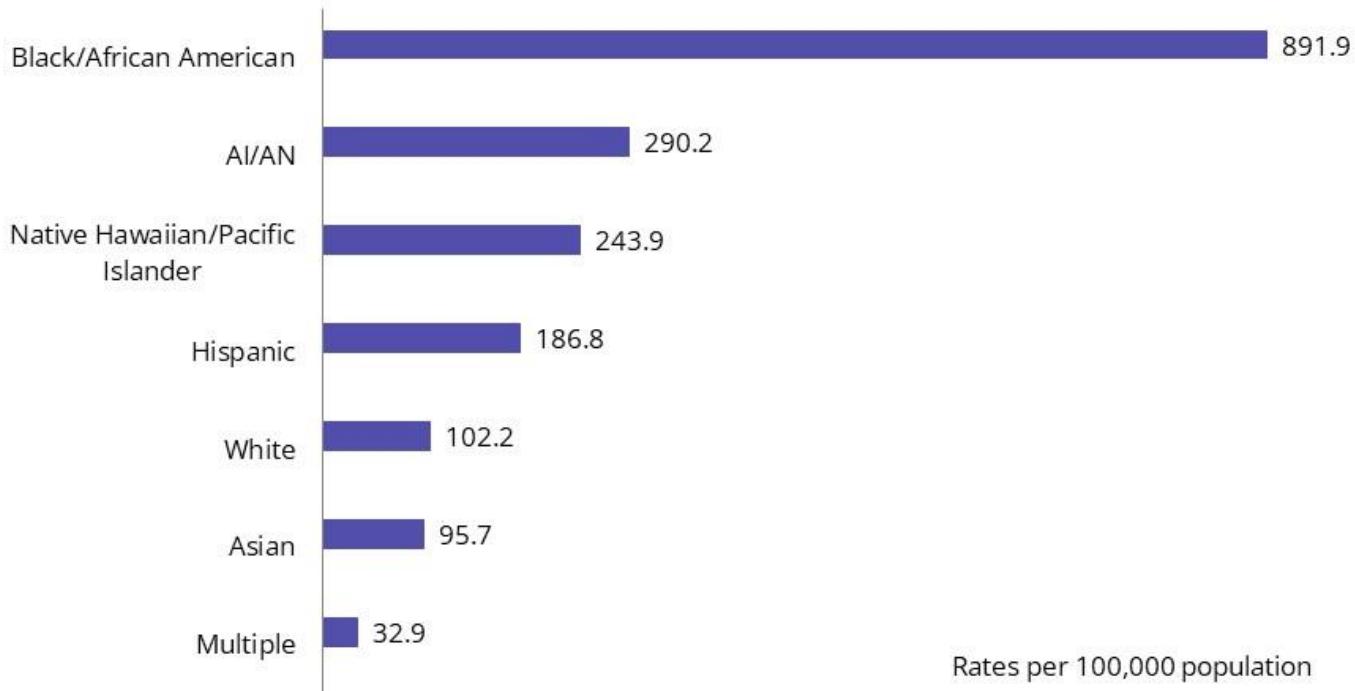
Figure 11. Gonorrhea rates by local health district, Utah, 2021



Gonorrhea by race/ethnicity

In 2021, the highest gonorrhea rate among the major racial and ethnic groups in Utah was reported among people who are of non-Hispanic Black/African American populations (891.9 cases per 100,000 population), followed distantly by individuals who are of American Indian/Native Alaska and Native Hawaiian or Pacific Islander populations, (891.9, 290.2, and 243.9 cases per 100,000 population, respectively) (Figure 12).

Figure 12. Gonorrhea rates by race/ethnicity, Utah, 2021



Primary and secondary syphilis

Background

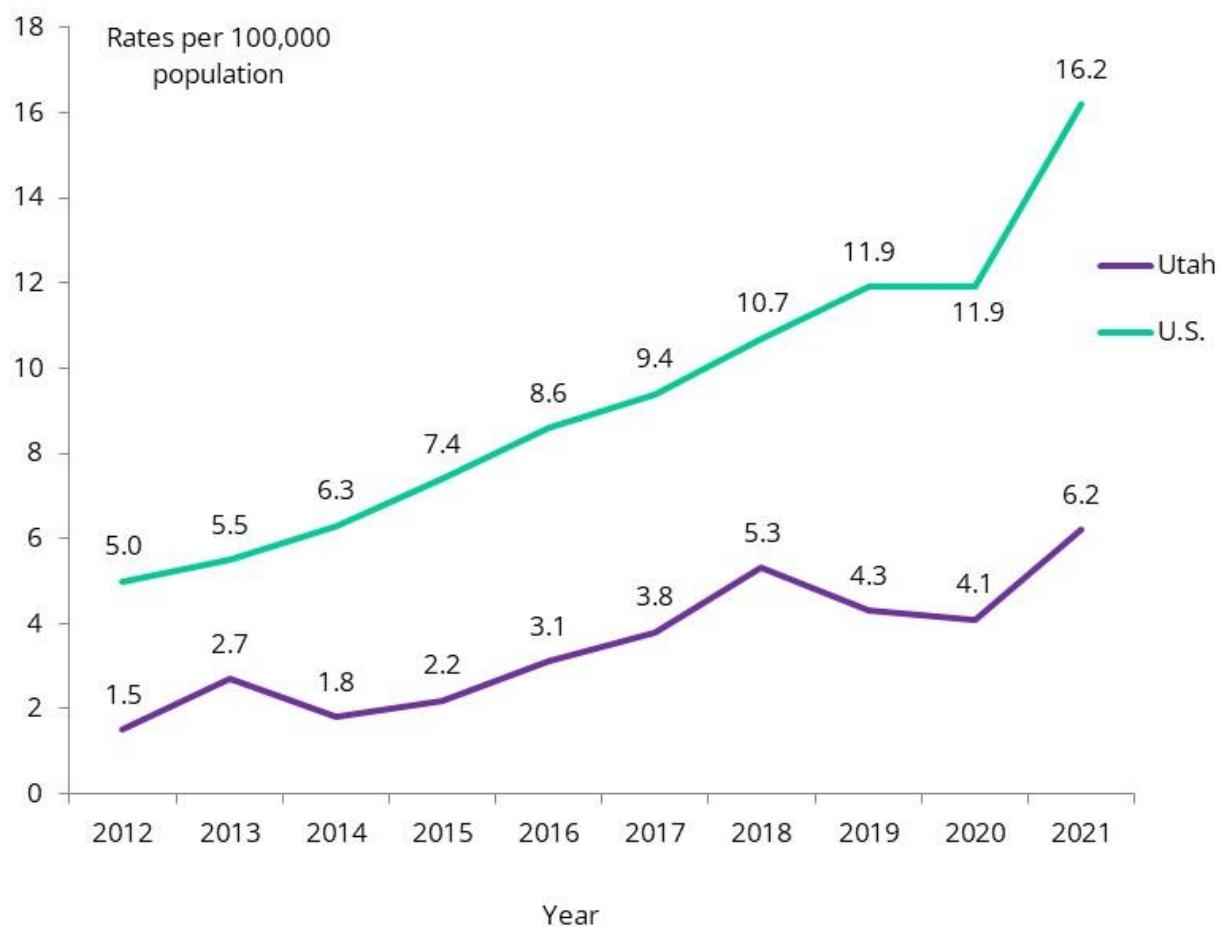
Syphilis is a complex sexually transmitted infection comprised of several stages throughout the duration of the infection. The initial stage, primary syphilis, is characterized by a highly infectious, painless open sore at the site of infection called a chancre. Syphilis is passed from person-to-person through direct contact with the chancre. Sexual transmission can also occur during the secondary stage of syphilis when there is widespread hematogenous spread of the organism throughout the body. An infant can acquire syphilis through the placenta. In later stages of the disease, bacteria moves throughout the body, damaging many organs over time. Significant complications typically occur when syphilis is left untreated. Due to the open nature of the syphilitic sores, untreated syphilis facilitates the transmission of the human immunodeficiency virus (HIV).

The P&S stages of syphilis are considered to be the most infectious stages and are the focus of this report. In 2021, 207 cases of P&S syphilis were reported in Utah compared with 133 cases in 2019. The P&S syphilis rate in Utah in 2021 was 6.2 cases per 100,000 persons.

Rates in Utah

The P&S syphilis rate in Utah has risen and fallen over the past 10 years and has often been inconsistent with the national trend during the same periods of time, either rising or falling much more sharply than what is seen at the national level (Figure 13). In 2012, was 1.5 cases per 100,000 population but has since increased. In 2021, the rate increased to 6.2 cases per 100,000 population. In 2021, Utah's syphilis rate was 38% of the national rate.

Figure 13. Primary and secondary syphilis rates, Utah and U.S., 2012–2021



Syphilis by sex

P&S syphilis rates in males were significantly higher than in females throughout the past decade in Utah (Figure 14). No cases of P&S syphilis were diagnosed among females 10 years ago.

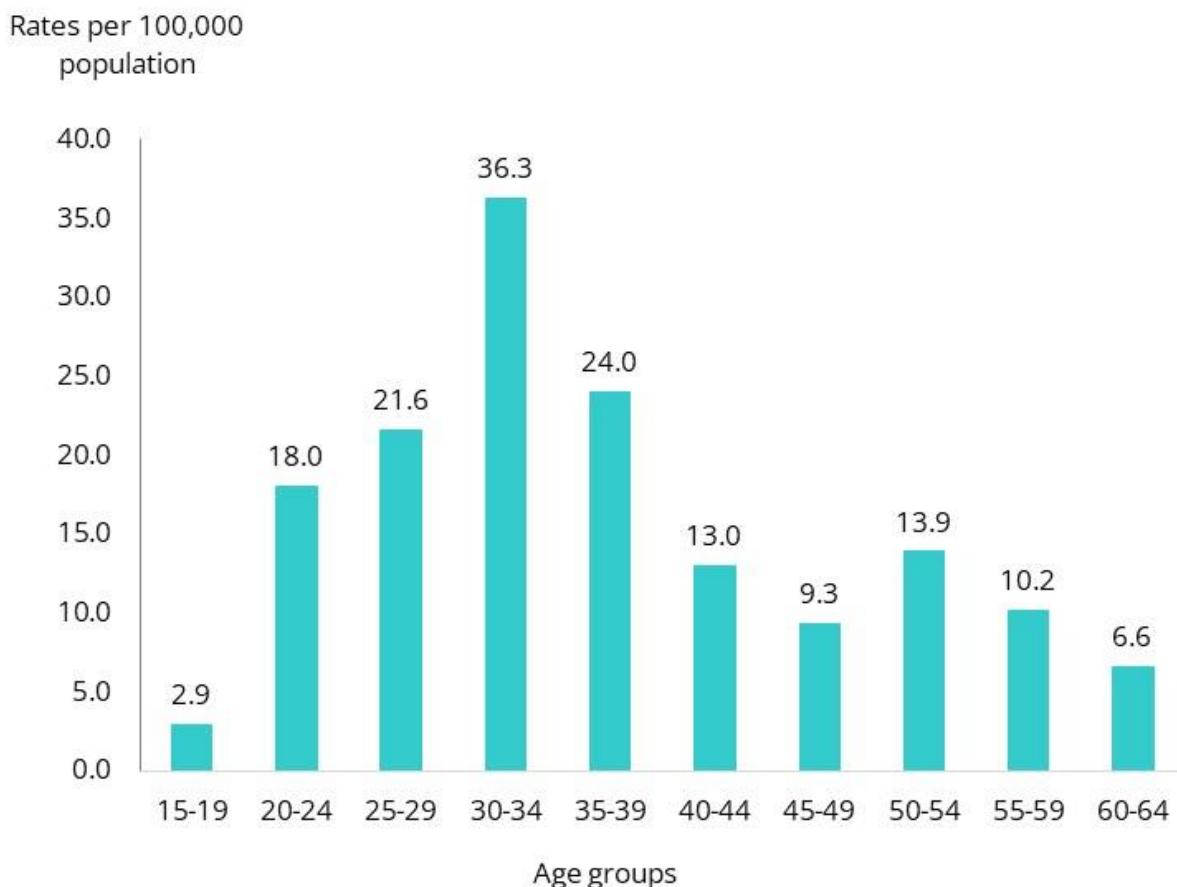
Figure 14. Syphilis rates by sex, Utah, 2012–2021



Syphilis by age group

The highest P&S syphilis rates in Utah in 2021 were among men aged 30–34 (20.1 cases per 100,000 population) and men aged 35–39 (24.0 cases per 100,000 population) (Figure 15). P&S syphilis cases were reported in all the 15–64 age groups. This highlights the need to target prevention messages to a wide range of age groups.

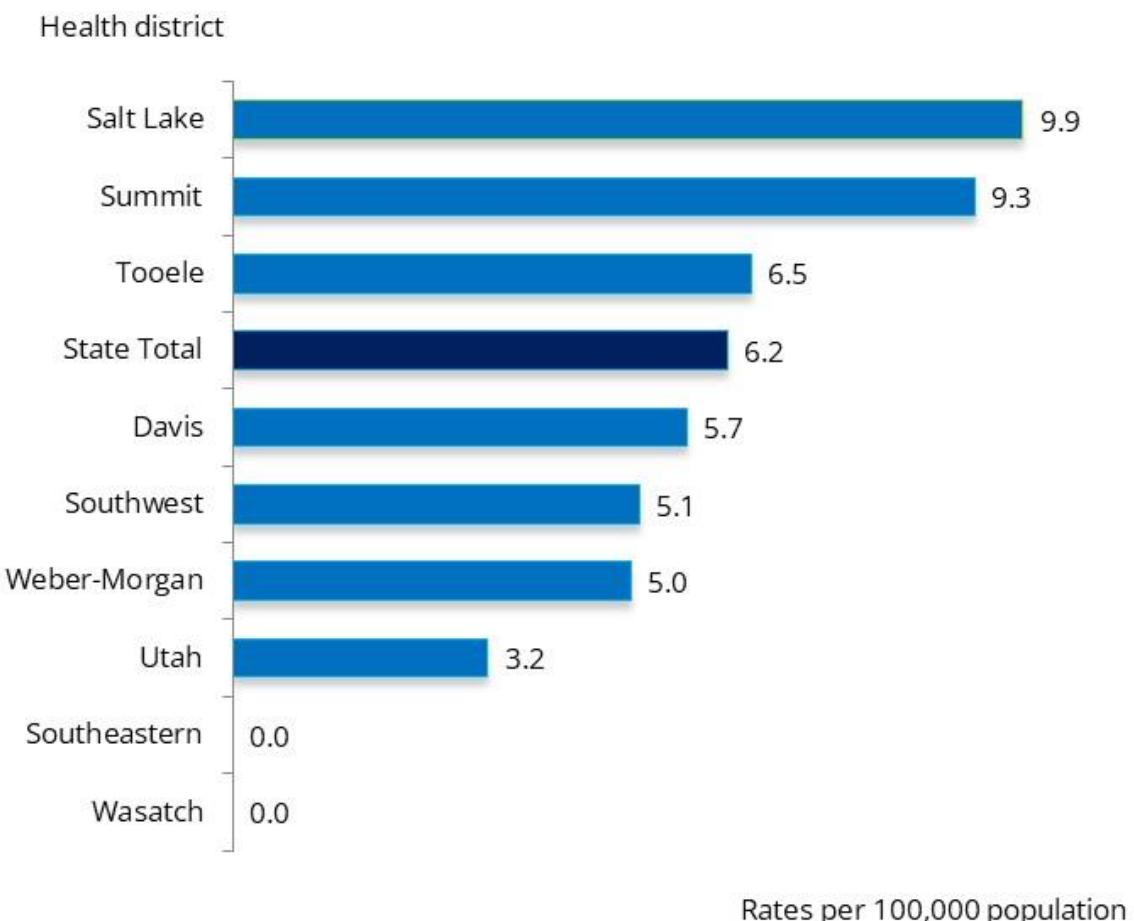
Figure 15. Primary and secondary syphilis rates in males by age group, Utah, 2021



Local syphilis by health district

In 2021, 11 health districts in Utah reported P&S syphilis cases (Figure 16). Salt Lake County health district accounted for 57% of the P&S cases in Utah in 2021, with a rate of 9.9 cases per 100,000 population.

Figure 16. Primary and secondary rates by local health district, Utah, 2021

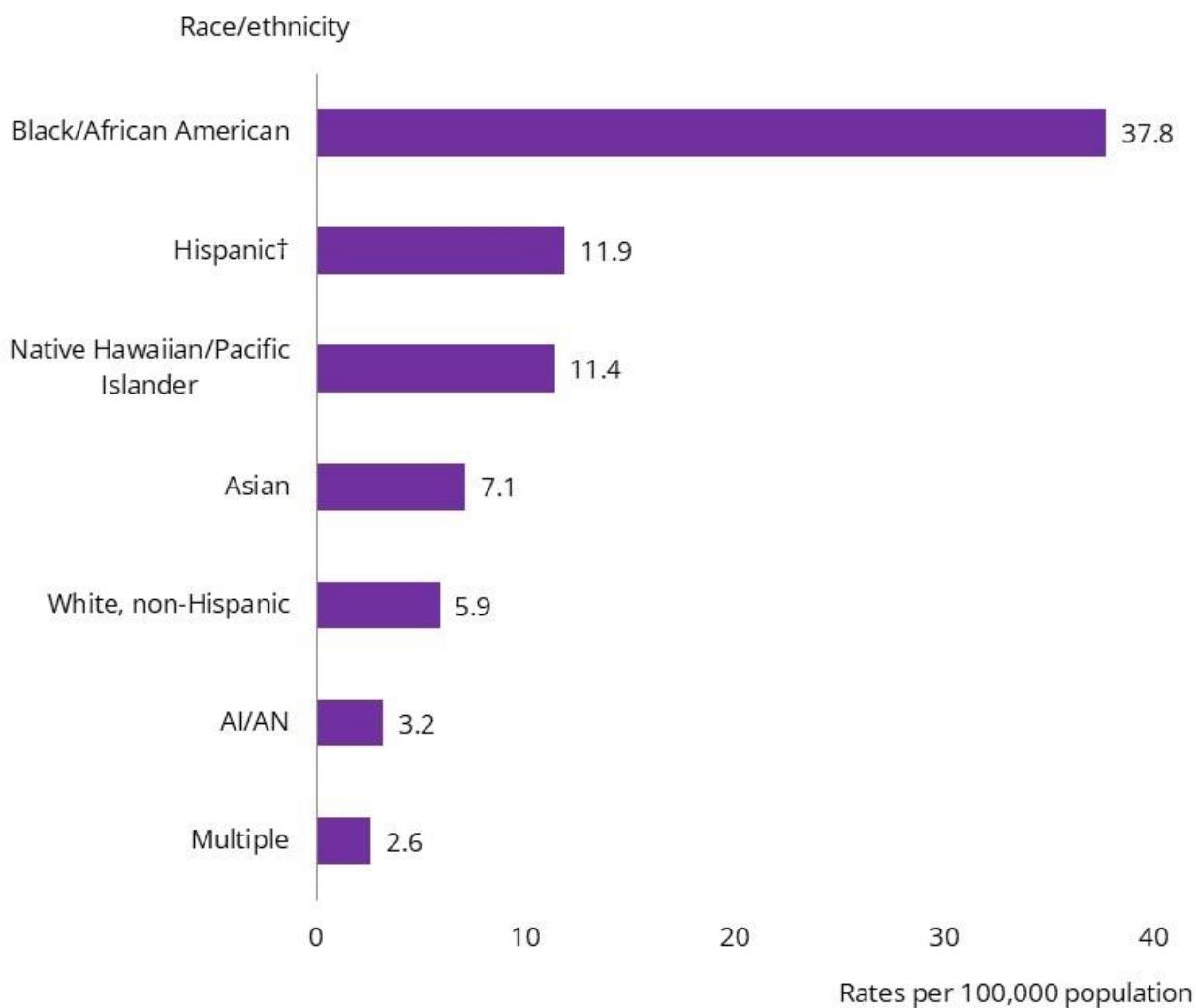


Note: LHDs with suppressed P&S syphilis rates are not displayed on the graph.

Syphilis by race/ethnicity

Of the 207 cases of P&S syphilis reported in Utah in 2021, the highest rates were among the following racial and ethnic groups: people who are of Hispanic populations (11.9 cases per 100,000) and people who are of non-Hispanic White populations (5.9 cases per 100,000 population) (Figure 17).

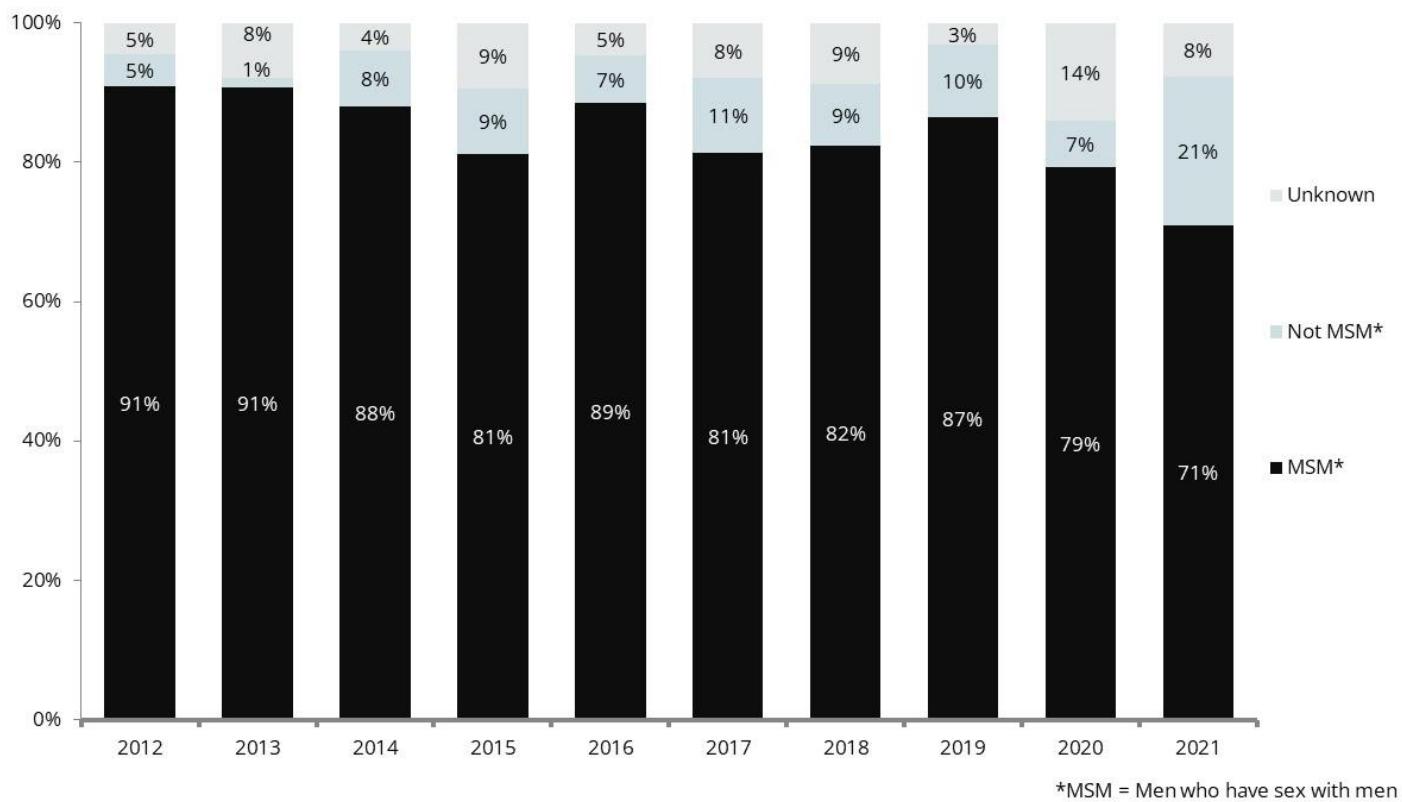
Figure 17. Primary and secondary syphilis rates by race/ethnicity 2021.



Syphilis by sexual orientation

Since 2012, the majority of male syphilis cases have been among MSM. In 2021, 71% of the P&S cases in men have been among MSM (Figure 18).

Figure 18. Primary and secondary rates by sexual orientation, Utah, 2012–2021



Chlamydia and gonorrhea in adolescents and young adults

In both Utah and the United States, adolescents 15 to 19 years of age and young adults aged 20 to 24 have higher incidences of chlamydia and gonorrhea. In 2021, people aged 15 to 24 represented 16% of Utah's population; yet this population accounted for 55% of chlamydia cases and 31% of gonorrhea cases. The increased rate of STIs can be attributed to increased risky sexual behavior among adolescents and young adults and increased screening among this age group.

Chlamydia

Chlamydia rates steadily increased in people aged 15–19 and 20–24 from 2013 to 2021, except for 2020 (Figure 19). During this 10-year period, the chlamydia rate increased on average by 3% in males aged 15–19, 3% in males aged 20–24. Rates decreased on average by 8% in females aged 15–19 and had an average increase of 2% in females aged 20–24.

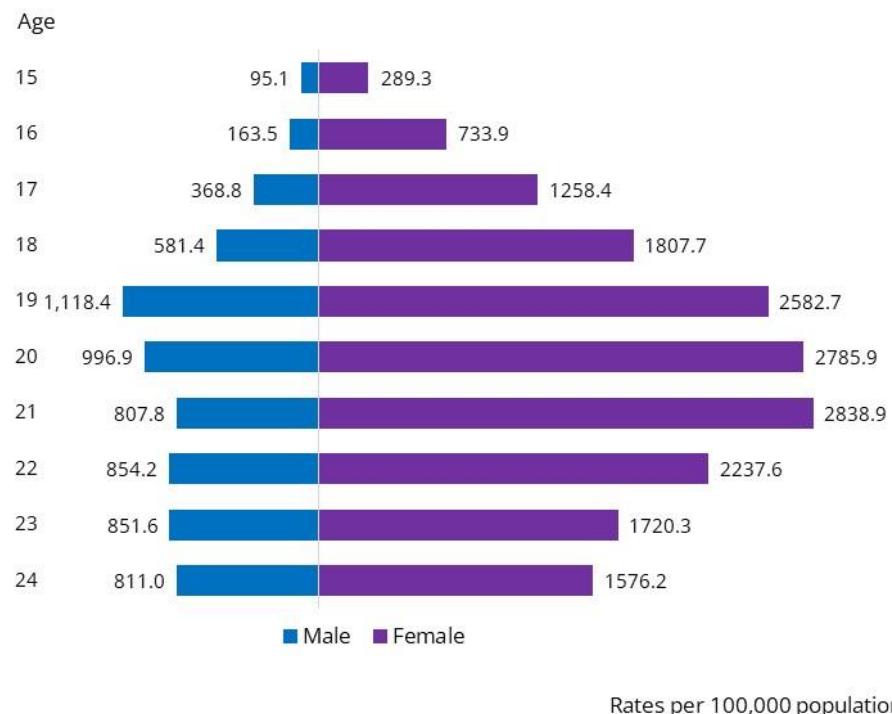
Throughout this period, the rate in females aged 15–19 was about 4 times that in males of the same age; in people aged 20–24, the female rate was about twice that of males.

In 2021, the distribution of disease in adolescents and young adults varied by age. Adolescents aged 15 and 16 years old had the lowest rates of chlamydia in both males and females (Figure 20). The rates increased with age and peaked in females at age 21 (2,838.9 cases per 100,000 population) and in males at age 19 (1,118.4 cases per 100,000 population). The rate of chlamydia in females was greater than that of males at every age; and the rate ratios generally decreased with age.

Figure 19. Chlamydia rates by age group and sex in adolescents and young adults, Utah, 2012–2021



Figure 20. Chlamydia rates by age and sex in adolescents and young adults, Utah, 2021



Gonorrhea

Gonorrhea rates in those aged 15–24 have continued on a general upward trend since 2012; previously, rates had declined for several years. Rates in both 15–19-year-olds and 20–24-year-olds increased more than 800% since the lowest rates in the past 10 years.

Previous to 2020, there were general upward trend rates in adolescents and young adults, however, from 2020 to 2021, rates in males 15–19 years of age decreased by 5% and males aged 20–24 years old decreased by 4%. In this same time frame, the rates in females decreased by 6% in females aged 15–19 and 5% in females aged 20–24.

Rates among males and females 15–19 years old have steadily increased in the past 10 years (Figure 21). The rates between the sexes in this age group showed males had more than twice the rate of females in 2012; and females had higher rates from 2013 to 2021. Between 2012–2021, females had an average 33% rate increase compared to the 23% rate increase seen in males.

Among males and females aged 20–24, males have consistently had higher rates of gonorrhea. In 2012, male rates in this age group were about twice that of female rates; however, in 2013, the gonorrhea rate of females aged 20–24 more than doubled, rendering the male and female rates similar. From 2013–2019, rates in females in this age group did not increase at the same rate as males. However, in 2019, males saw a decrease in rates by 18% and females saw an increase in rates by 26%. Consequently, in 2021, there was an 11% difference in rates among males and females compared to the 52% difference in rates in 2012.

In 2021, the distribution of disease in adolescents and young adults varied by age (Figure 22). Adolescent males and females aged 15–17 had the lowest gonorrhea rates. Rates in males were higher than in females of the same age in people 21 years or older. The highest rate in males was among young men 24 years old (324.4 cases per 100,000 population) and the highest rate in females was among young women 20 years old (401.1 cases per 100,000 population).

Figure 21. Gonorrhea in adolescents and young adults, Utah, 2012–2021

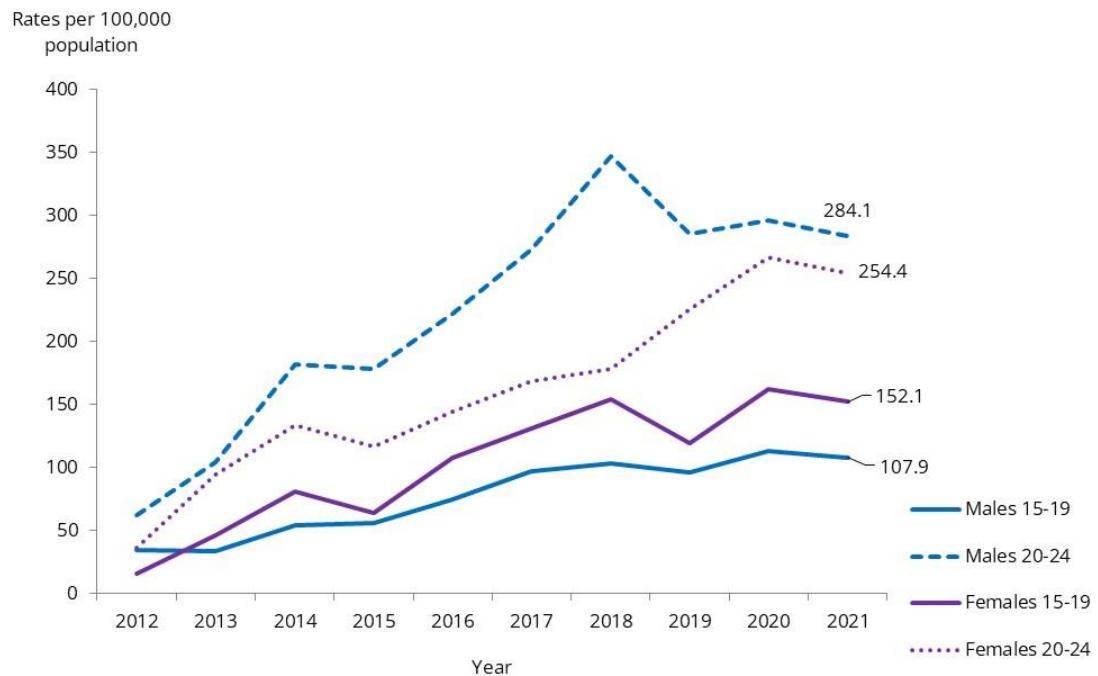
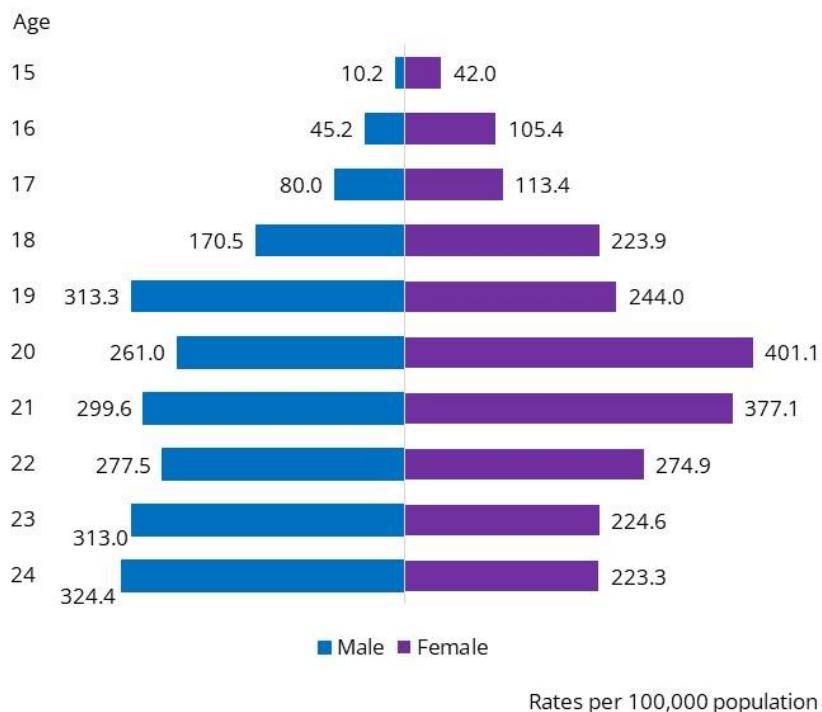


Figure 22. Gonorrhea rates by age and sex in adolescents and young adults, Utah, 2021



Tables

Table 1. Cases of sexually transmitted diseases and rates per 100,000 population, Utah and United States (U.S.), 2012–2021

Year	Chlamydia				Gonorrhea				Primary and secondary syphilis			
	Utah		U.S.		Utah		U.S.		Utah		U.S.	
	Cases	Rate	Rate		Cases	Rate	Rate		Cases	Rate	Rate	
2012	7607	266.5	453.3		483	16.9	106.7		44	1.5	5	
2013	7501	258.8	443.5		951	32.8	105.3		79	2.7	5.5	
2014	8218	279.7	452.2		1440	49.0	109.8		53	1.8	6.3	
2015	8611	288.6	475.0		1560	52.3	123.0		66	2.2	7.4	
2016	9460	310.8	494.7		2100	69.0	145.0		93	3.1	8.6	
2017	10135	326.6	524.6		2541	81.9	170.6		117	3.8	9.4	
2018	10558	334.6	537.5		2895	91.8	178.3		168	5.3	10.7	
2019	11072	345.6	552.8		2878	89.8	188.4		138	4.3	11.9	
2020	10491	322.8	481.3		3120	96.0	206.5		133	4.1	12.7	
2021	11226	336.3	495.5		3627	108.7	214		207	6.2	16.2	

Note: Cases were classified by *Morbidity and Mortality Weekly Report (MMWR)* year.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system) and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 2. Chlamydia cases and rates by age group and sex, Utah, 2012-2021

Age groups		Sex (years)										Sex (years)									
		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
M a l e	<1	<11	<11	0	0	<11	<11	<11	<11	0	0	19.4*	—	0.0	0.0	—	—	—	—	0.0	0.0
	1 to 9	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	10 to 14	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11	4.1*	—	—	6.2*	7.6*	5.2*	5.1*	—	—	—
	15 to 19	410	362	458	439	483	535	542	569	563	549	367.7	318.9	397.9	373.1	399.5	432.3	428.0	440.6	431.1	394.9
	20 to 24	875	866	934	979	1061	1117	1185	1276	1188	1330	714.7	691.5	741.9	767.0	822.7	855.1	890.4	940.4	857.1	919.3
	25 to 29	544	616	656	646	761	831	801	953	875	947	493.2	567.2	597.0	577.7	646.5	672.5	630.2	737.6	665.3	730.2
	30 to 34	322	316	336	357	463	446	532	522	491	595	280.1	273.6	293.5	315.8	416.1	405.6	484.3	466.6	430.3	502.0
	35 to 39	149	161	194	218	291	258	297	363	327	317	152.3	157.3	182.2	197.2	254.8	221.6	252.3	309.1	281.4	253.6
	40 to 44	71	79	112	121	159	131	145	187	184	226	83.6	90.6	125.5	132.5	169.0	132.7	139.9	172.9	163.1	196.5
	45 to 49	49	45	56	64	92	88	99	97	105	102	64.7	59.7	73.3	81.3	111.9	103.6	113.1	107.8	113.9	105.1
	50 to 54	26	20	44	48	63	46	58	58	71	74	33.8	25.9	57.2	63.0	83.7	61.1	77.1	76.0	90.0	85.7
	55 to 59	<11	<11	13	33	22	45	42	47	43	37	11.3*	6.9*	17.8	44.4	29.2	59.3	54.9	61.4	56.5	47.0
	60 to 64	<11	<11	<11	<11	14	<11	17	21	16	24	—	8.4*	6.4*	14*	20.9	13*	24.0	29.2	21.8	31.6
	65+	0	<11	<11	<11	<11	11	<11	15	<11	<11	0.0	—	—	—	4.7*	7.1*	4.9*	8.8	—	4.9*
	Unknown	0	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Male total	2466	2484	2810	2925	3427	3525	3735	4112	3871	4214	171.9	170.4	190.1	194.8	223.6	225.5	235.1	254.8	236.4	248.6
F e m a l e	<1	<11	<11	0	<11	0	<11	0	0	<11	—	—	—	0.0	—	0.0	0.0	0.0	0.0	0.0	—
	1 to 9	<11	<11	0	0	0	0	<11	0	<11	<11	—	—	0.0	0.0	0.0	0.0	—	0.0	—	—
	10 to 14	55	37	49	47	53	48	46	43	41	59	47.2	31.0	40.3	38.1	42.3	37.6	35.4	33.0	31.4	43.7
	15 to 19	1743	1651	1684	1815	1900	2018	2099	2051	1871	1840	1630.3	1520.0	1528.4	1605.4	1643.1	1693.1	1720.0	1642.0	1478.6	1399.0
	20 to 24	1991	1890	2088	2079	2246	2499	2553	2641	2603	2736	1656.5	1574.4	1697.9	1692.5	1828.7	2009.2	2019.2	2048.8	1982.6	2017.2
	25 to 29	705	773	792	871	912	1053	1100	1158	1051	1148	663.0	735.0	749.6	808.8	809.4	899.1	916.7	948.5	852.8	941.2
	30 to 34	374	382	457	477	473	483	511	474	501	597	338.0	343.5	412.7	436.4	434.1	447.2	474.6	436.1	452.6	516.5
	35 to 39	156	161	187	224	250	285	271	324	272	323	165.6	163.4	182.6	210.2	226.9	253.0	237.9	284.6	241.3	284.4
	40 to 44	66	78	93	89	122	124	136	141	181	166	80.8	92.8	108.3	101.3	134.7	130.7	136.3	135.2	166.3	146.1
	45 to 49	22	24	36	42	46	63	58	75	53	87	29.6	32.7	48.6	55.2	58.0	76.6	68.4	86.4	59.5	95.0
	50 to 54	16	13	14	27	20	16	29	29	28	28	20.5	16.6	17.9	35.1	26.4	21.4	39.2	38.7	36.3	33.7
	55 to 59	<11	<11	<11	11	<11	14	11	17	11	19	8.3*	8.1*	8*	14.4*	7.7*	17.8	13.9*	21.6	14.1*	24.8
	60 to 64	<11	0	<11	<11	<11	<11	<11	<11	<11	<11	—	0.0	—	—	—	8.3*	6.8*	6.6*	7.8*	6.2*
	65+	<11	0	0	<11	<11	0	<11	<11	<11	0	—	0.0	0.0	—	—	0.0	—	—	—	0.0
	Unknown	0	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Female total	5141	5017	5408	5686	6033	6610	6823	6960	6620	7012	362.2	348.1	370.3	383.6	399.0	429.1	435.7	437.8	410.6	426.7
T o t a l	<1	<11	<11	0	<11	<11	<11	<11	<11	0	<11	11.9*	—	0.0	—	—	—	—	—	0.0	—
	1 to 9	<11	<11	0	0	0	<11	0	<11	<11	—	—	0.0	0.0	0.0	0.0	0.0	0.0	0.0	—	—
	10 to 14	60	41	51	55	63	55	53	46	45	63	25.1	16.8	20.5	21.8	24.5	20.9	19.8	17.1	16.7	22.7
	15 to 19	2153	2013	2142	2254	2383	2553	2641	2620	2434	2390	985.8	906.2	950.8	977.0	1004.8	1050.8	1062.0	1031.3	946.6	883.5
	20 to 24	2866	2756	3022	3058	3307	3616	3738	3917	3791	4068	1181.3	1114.1	1214.3	1220.9	1313.4	1418.0	1440.4	1480.4	1404.6	1451.3
	25 to 29	1249	1389	1448	1517	1673	1884	1901	2111	1926	2094	576.6	649.7	671.8	691.1	726.2	782.8	769.3	840.1	756.0	832.1
	30 to 34	696	698	793	834	936	929	1043	996	992	1191	308.5	307.9	352.1	375.1	425.0	426.2	479.5	451.6	441.3	508.7
	35 to 39	305	322	381	442	541	543	568	687	599	640	158.8	160.3	182.4	203.6	241.1	237.0	245.2	297.0	261.6	268.3
	40 to 44	137	157	205	210	281	255	281	328	365	391	82.2	91.7	117.1	117.2	152.2	131.7	138.1	154.4	164.7	171.1
	45 to 49	71	69	92	106	138	151	157	172	158	189	47.3	46.4	61.2	68.4	85.4	90.3	91.1	97.3	87.2	100.2
	50 to 54	42	33	58	75	83	62	87	87	99	102	27.1	21.2	37.4	49.0	55.0	41.4	58.3	57.5	63.4	60.2
	55 to 59	14	11	19	44	28	59	53	64	54	56	9.8	7.5*	12.8	29.1	18.3	38.2	34.1	41.2	35.1	36.1
	60 to 64	<11	<11	<11	<11	17	15	22	26	22	29	—	4.1*	4.7*	7.6*	12.4*	10.6	15.2	17.6	14.6	18.6
	65+	<11	<11	<11	<11	<11	11	<11	17	<11	<11	—	—	—	—	2.8*	3.3*	2.9*	4.7	1.3*	2.3*
	Unknown	0	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Total cases	7607	7501	8218	8611	9460	10135	10558	11072	10491	11226	266.5	258.8	279.7	288.6	310.8	326.6	334.6	345.6	322.8	336.3

Note: Cases were classified by *Morbidity and Mortality Weekly Report (MMWR)* year.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system) and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

* Use caution in interpreting, the estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability. Rate estimates with relative standard errors greater than 50% have been suppressed.

Table 3. Chlamydia cases and rates by local health district, Utah, 2012-2021

Local health district	Chlamydia cases										Rates per 100,000 population									
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Bear River	295	251	267	348	354	353	394	391	381	427	175.2	147.6	155.6	200.1	199.3	195.5	214.3	209.4	201.1	213.8
Central	81	91	110	91	89	106	123	135	118	146	107.2	119.9	144.4	118.3	113.8	133.4	152.4	164.8	142.4	181.6
Davis	866	891	954	891	968	1143	1145	1154	954	965	274.0	276.4	290.1	266.1	283.7	329.5	326.1	324.8	265.6	262.7
Salt Lake	3932	3792	4279	4579	5107	5328	5289	5709	5454	5830	369.5	351.2	392.4	415.3	455.7	468.5	460.3	492.8	467.9	491.4
San Juan	N/A	N/A	N/A	55	54	59	43	55	15	41	N/A	N/A	N/A	360.6	351.9	386.0	280.4	361.2	98.2	283.0
Southeastern	147	168	126	69	69	70	100	91	69	81	259.9	299.8	225.7	171.3	171.7	175.9	250.0	225.8	169.5	202.5
Southwest	356	380	432	410	460	556	653	701	651	672	169.8	179.0	199.2	185.2	201.7	235.5	267.3	277.3	249.0	247.0
Summit	63	74	91	89	120	118	116	132	129	111	166.3	192.5	232.5	224.3	295.8	285.2	277.0	313.7	303.5	257.6
Tooele	118	141	143	164	159	194	187	188	176	197	197.3	232.5	232.6	261.7	246.0	287.4	267.3	260.7	236.2	257.0
TriCounty	90	112	137	118	124	111	147	97	107	126	164.4	197.2	235.2	197.8	215.4	197.9	261.1	171.2	188.1	221.2
Utah	791	774	940	974	1021	1180	1270	1362	1411	1603	146.5	140.3	167.5	169.9	172.7	194.2	204.2	214.3	216.7	234.0
Wasatch	42	38	35	29	46	42	46	57	52	51	165.7	143.0	125.8	99.6	151.2	131.1	138.2	166.6	147.3	141.0
Weber-Morgan	823	789	702	794	885	875	1043	1000	970	970	334.4	317.8	279.9	312.6	342.3	332.3	390.0	367.9	352.6	346.8
Unknown	<11	0	<11	0	<11	0	<11	0	<11	<11	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
State total	7,607	7,501	8,218	8,611	9,460	10,135	10,558	10,491	10,487	11,226	266.5	258.8	279.7	288.6	310.8	326.6	334.6	345.6	322.8	336.3

Note: Cases were classified by *Morbidity and Mortality Weekly Report (MMWR)* year.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system) and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

* Use caution in interpreting, the estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability. Rate estimates with relative standard errors greater than 50% have been suppressed.

Table 4. Chlamydia cases and rates by race/ethnicity, Utah, 2012-2021

Race/ethnicity	Chlamydia cases										Rates per 100,000 population									
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
AI/AN	200	204	186	157	174	167	176	169	154	245	728.3	738.7	665.6	556.6	610.2	578.8	604.7	571.1	511.2	789.9
Asian	117	119	140	141	185	211	222	192	185	266	192.4	188.7	213.4	207.4	258.3	279.8	284.6	239.3	224.4	314.2
Black/African American	301	325	357	336	438	477	526	561	511	646	1071.7	1122.3	1204.3	1101.3	1359.4	1399.2	1486.0	1523.6	1343.1	1627.7
Hispanic [†]	1965	1978	1944	2150	2417	2583	2657	2994	2898	3191	523.0	513.8	494.1	531.4	577.5	595.5	594.1	652.1	614.4	646.4
White, Non-Hispanic	4845	4678	5123	4948	5534	5884	6098	6067	5502	8298	212.0	202.1	219.0	209.1	230.2	241.3	247.1	243.0	218.1	321.9
Native Hawaiian/Pacific Islander	146	141	190	197	232	295	287	292	339	300	572.8	534.9	702.3	702.9	796.4	977.5	912.2	898.6	1008.4	855.5
2 or more	25	28	35	35	42	64	52	78	46	52	49.0	52.7	63.4	60.9	69.7	101.1	78.9	113.5	64.2	68.4
Other/Unknown	<11	28	243	647	438	454	540	719	856	1,419	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
State total	7,607	7,501	8,218	8,611	9,460	10,135	10,558	11,072	10,491	11,226	266.5	258.8	279.7	288.6	310.8	326.6	334.6	345.6	322.8	336.3

[†] Includes persons of Hispanic ethnicity regardless of race.

Note: Cases were classified by *Morbidity and Mortality Weekly Report (MMWR)* year.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system) and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 5. Gonorrhea cases and rates by age group and sex, Utah, 2012-2021

Sex (years)	Age groups										Cases										Rates per 100,000 population																														
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021																					
M	<1	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0																						
	1 to 9	0	0	0	0	0	0	0	0	<11	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0																							
	10 to 14	0	<11	0	<11	<11	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0																							
	15 to 19	39	38	62	66	90	120	131	124	148	150	35.0	33.5	53.9	56.1	74.4	97.0	103.4	96.0	113.3	107.9	62.1	104.6	181.9	178.6	221.8	273.3	347.2	285.9	295.8	284.1																				
	20 to 24	76	131	229	228	286	357	462	388	410	411	58.9	122.5	182.0	237.9	264.2	315.6	332.8	352.9	325.4	407.9	25 to 29	65	133	200	266	311	390	423	456	428	529																			
	30 to 34	60	100	150	163	257	272	343	333	335	444	52.2	86.6	131.0	144.2	231.0	247.4	312.3	297.6	293.6	374.6	35 to 39	34	60	97	122	170	219	232	224	238	287																			
	40 to 44	27	41	49	70	111	105	139	137	153	205	34.8	58.6	91.1	110.3	148.9	188.1	197.1	190.7	204.8	229.6	45 to 49	26	29	40	45	80	95	83	77	84	141																			
	50 to 54	12	33	28	51	38	53	68	59	58	109	15.6	42.8	36.4	67.0	50.5	70.5	90.4	77.3	73.5	126.3	55 to 59	<11	<11	13	35	25	35	46	35	40	66																			
	60 to 64	0	<11	<11	<11	11	18	17	23	26	36	0.0	—	11.3*	6.2*	16.4*	26.0	24.0	32.0	35.5	47.4	65+	0	0	0	<11	<11	12	13	<11	13	11																			
	Unknown	0	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Male total	349	578	875	1,056	1,384	1,671	1,956	1,870	1,929	2,392	24.3	39.7	59.2	70.3	90.3	106.9	123.1	115.8	117.8	141.1	<1	0	0	<11	0	0	0	0	0
F	1 to 9	0	0	0	0	0	0	0	0	<11	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0																						
	10 to 14	<11	<11	<11	<11	<11	11	11	<11	<11	<11	—	—	4.1*	4.9*	4.0*	7.0*	8.5*	3.1*	3.8*	—	15 to 19	17	50	89	72	125	156	188	149	205	200																			
	20 to 24	44	115	165	143	177	210	226	291	350	345	15.9	46.0	80.8	63.7	107.5	130.9	154.1	119.3	162.0	152.1	25 to 29	23	82	119	108	160	191	198	209	236	227																			
	30 to 34	24	57	102	81	130	129	121	159	146	179	21.6	78.0	112.6	100.3	142.0	163.1	165.0	171.2	191.5	186.1	35 to 39	11	35	52	55	60	85	103	87	102	122																			
	40 to 44	<11	12	18	20	34	37	52	43	73	72	4.9*	14.3	21.0	22.8	37.5	39.0	52.1	41.2	67.1	63.4	45 to 49	<11	11	<11	13	16	27	20	38	42	29																			
	50 to 54	<11	11	<11	<11	<11	16	16	<11	21	21	5.4*	14.0*	12.2*	17.1	20.2	32.8	23.6	43.8	47.2	31.7	55 to 59	0	<11	<11	<11	<11	<11	<11	<11	<11	<11																			
	60 to 64	0	<11	0	0	<11	<11	<11	<11	<11	<11	0.0	—	—	—	—	7.6*	7.6*	6.3*	11.6*	11.8*	65+	0	0	0	0	0	0	0	0	0	0																			
	Unknown	0	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Female total	134	373	565	504	716	870	939	1,008	1,191	1,234	9.4	25.9	38.7	34.0	47.4	56.5	60.0	63.4	73.9	74.5	<1	0	0	<11	0	0	0	0	0
T	1 to 9	0	0	0	0	0	0	0	0	<11	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0																						
	10 to 14	<11	<11	<11	<11	<11	11	11	<11	<11	<11	—	—	2.0*	2.8*	3.1*	3.4*	4.1*	1.5*	1.9*	—	15 to 19	56	88	151	138	215	276	319	273	353	350																			
	20 to 24	120	246	394	371	463	567	688	679	760	156	25.6	39.6	67.0	59.8	90.7	113.6	128.3	107.5	137.3	129.4	25 to 29	88	215	319	374	471	581	621	665	664	756																			
	30 to 34	84	157	252	244	387	401	464	492	481	623	37.2	69.3	111.9	109.7	175.7	184.0	213.3	223.1	214.0	266.1	35 to 39	45	95	149	177	230	304	335	311	340	409																			
	40 to 44	31	53	67	90	145	142	191	180	226	277	23.4	47.3	71.3	81.5	102.5	132.7	144.6	134.5	148.5	171.4	45 to 49	30	33	49	58	96	122	103	115	126	170																			
	50 to 54	16	44	32	56	45	69	78	80	79	138	20.0	22.2	32.6	37.5	59.4	73.0	59.8	65.0	69.5	90.1	55 to 59	<11	12	14	36	26	41	52	40	49	75																			
	60 to 64	0	<11	<11	<11	12	22	19	24	28	42	0.0	4.1*	5.5*	3.0*	8.8	15.6	13.1	16.3	18.6	26.9	65+	0	0	0	<11	<11	12	14	<11	15	15																			
	Unknown	0	0	0	0	0	0	0	0	<11	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Total cases	483	951	1,440	1,560	2,100	2,541	2,895	2,878	3,120	3,016	16.9	32.8	49.0	52.3	69.0	81.9	91.8	89.8	96.0	108.3	<1	0	0	<11	0	0	0	0	0	0

Note: Cases were classified by *Morbidity and Mortality Weekly Report (MMWR)* year.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system) and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

* Use caution in interpreting, the estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability. Rate estimates with relative standard errors greater than 50% have been suppressed.

Table 6. Gonorrhea cases and rates by local health district, Utah, 2012-2021

Local health district	Cases										Rates per 100,000 population									
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Bear River	<11	<11	35	17	27	49	53	39	57	62	4.8*	4.1*	20.4	9.8	15.2	27.1	28.8	20.9	30.1	31.0
Central	<11	<11	<11	<11	<11	<11	24	11	13	28	—	—	9.2*	10.4*	12.8*	11.3*	29.7	13.4*	15.7	34.8
Davis	41	64	105	93	138	184	217	228	244	254	13.0	19.9	31.9	27.8	40.4	53.0	61.8	64.2	67.9	316.0
Salt Lake	341	685	1001	1048	1436	1653	1909	1894	1990	2346	32.0	63.4	91.8	95.0	128.1	145.3	166.2	163.5	170.7	197.7
San Juan	0	0	0	<11	<11	<11	<11	16	<11	13	N/A	N/A	N/A	—	39.1*	32.7*	45.6*	105.1	32.7*	89.7
Southeastern	<11	<11	<11	<11	<11	19	21	15	12	15	8.8*	8.9*	12.5*	14.9*	14.9*	47.8	52.5	37.2	29.5	37.4
Southwest	14	16	23	55	56	88	65	84	94	152	6.7	7.5	10.6	24.8	24.6	37.3	26.6	33.2	36.0	55.9
Summit	<11	<11	<11	<11	11	<11	22	24	25	22	—	13*	23*	25.2*	27.1*	16.9*	52.5	57.0	58.8	51.1
Tooele	<11	<11	22	28	29	42	26	47	53	76	—	11.5*	35.8	44.7	44.9	62.2	37.2	65.2	71.1	99.2
TriCounty	<11	<11	<11	12	<11	14	28	25	20	23	—	10.6*	12*	20.1	10.4*	25.0	49.7	44.1	35.2	40.4
Utah	17	67	97	129	159	201	229	244	328	349	3.1	12.1	17.3	22.5	26.9	33.1	36.8	38.4	50.4	50.9
Wasatch	0	<11	<11	<11	<11	<11	<11	<11	17	19	0.0	—	—	—	29.6*	25*	—	20.5*	48.2	52.5
Weber-Morgan	44	85	124	147	206	262	290	243	260	268	17.9	34.2	49.4	57.9	79.7	99.5	108.4	89.4	94.5	95.8
Unknown	0	0	<11	0	<11	0	0	<11	<11	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
State total	483	951	1,440	1,560	2,100	2,541	2,895	2,878	3,120	3,627	16.9	32.8	49.0	52.3	69.0	81.9	91.8	89.8	96.0	108.7

Note: Cases were classified by *Morbidity and Mortality Weekly Report (MMWR)* year.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system) and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

* Use caution in interpreting, the estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability.

Note: Rate estimates with relative standard errors greater than 50% have been suppressed.

Table 7. Gonorrhea cases and rates by race/ethnicity, Utah, 2012-2021

Race/ethnicity	Cases										Rates per 100,000 population									
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
AI/AN	14	20	18	25	27	35	46	66	37	90	51.0	72.4	64.4	88.6	94.7	121.3	158.0	223.0	122.8	290.2
Asian	<11	13	21	22	31	43	46	45	40	81	—	20.6	32.0	32.4	43.3	57.0	59.0	56.1	48.5	95.7
Black/African American	59	74	104	143	183	193	246	200	277	354	210.1	255.5	350.8	468.7	568.0	566.1	695.0	543.2	728.1	891.9
Hispanic [†]	85	173	322	310	479	579	591	719	781	922	22.6	44.9	81.8	76.6	114.4	133.5	132.1	156.6	165.6	186.8
White	315	660	931	909	1227	1500	1785	1666	1702	2634	13.8	28.5	39.8	38.4	51.0	61.5	72.3	66.7	67.5	102.2
Native Hawaiian/Pacific Islander	<11	<11	18	23	38	54	50	50	89	86	19.6*	26.6*	66.5	82.1	130.4	178.9	158.9	153.9	264.7	243.9
Multiple	<11	<11	<11	<11	<11	15	19	18	35	25	—	—	12.7*	8.7*	10*	23.7	28.8	26.2	48.9	32.9
Other/Unknown	<11	0	19	123	109	122	112	114	159	357	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
State total	483	951	1,440	1,560	2,100	2,541	2,895	2,878	3,120	3,627	16.9	32.8	49.0	52.3	69.0	81.9	91.8	89.8	96.0	108.7

[†] Includes persons of Hispanic ethnicity regardless of race.

Note: Cases were classified by *Morbidity and Mortality Weekly Report (MMWR)* year.

The data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system) and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

* Use caution in interpreting, the estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability.

Note: Rate estimates with relative standard errors greater than 50% have been suppressed.

Table 8. Gonorrhea cases and percent among males by sexual orientation, Utah, 2012-2021

Year	MSM*		Not MSM*		Unknown		Total Cases
	Cases	Percent	Cases	Percent	Cases	Percent	
2012	180	51.6%	89	25.5%	80	22.9%	349
2013	247	42.7%	226	39.1%	105	18.2%	578
2014	370	42.3%	353	40.3%	152	17.4%	875
2015	450	42.6%	349	33.0%	257	24.3%	1056
2016	537	38.8%	499	36.1%	348	25.1%	1384
2017	635	38.0%	568	34.0%	468	28.0%	1671
2018	851	43.5%	586	30.0%	519	26.5%	1956
2019	743	39.7%	593	31.7%	534	28.6%	1870
2020	623	32.3%	546	28.3%	760	39.4%	1929
2021	1006	42.1%	699	29.2%	687	28.7%	2392

*MSM=Men who have sex with men

Note: Cases were classified by *Morbidity and Mortality Weekly Report (MMWR)* year.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system) and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 9. Primary and secondary syphilis cases and rates by age group and sex, Utah, 2012-2021

Age group Sex (years)	Cases										Rates per 100,000 population										
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
M a l e	<1	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	1 to 9	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	10 to 14	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	15 to 19	0	0	<11	<11	<11	<11	<11	<11	<11	4.9*	8*	5.6*	5.5*	11.6	18.4	15.0	14.7	7.9*	18.0	
	20 to 24	<11	<11	<11	15	24	20	20	11	26	9.1*	12.9	8.2*	13.4	10.2	17.8	28.3	17.8	19.0	21.6	
	25 to 29	<11	14	<11	15	12	22	36	23	25	8.7*	8.7*	9.6*	7.1*	9.0*	12.7	28.2	13.4	21.9	36.3	
	30 to 34	<11	<11	11	<11	<11	14	31	15	25	5.1*	11.7	5.6*	8.1*	11.4	15.5	17.8	17.0	13.8	24.0	
	35 to 39	<11	12	<11	<11	13	18	21	20	16	—	8.0*	4.5*	7.7*	9.6*	9.1*	16.4	10.2*	11.5	13.0	
	40 to 44	<11	<11	<11	<11	<11	17	11	13	15	6.6*	6.6*	—	5.1*	6.1*	7.1*	12.6*	11.1*	9.8*	9.3*	
	45 to 49	<11	<11	<11	<11	<11	11	<11	<11	<11	—	10.4*	9.1*	6.6*	15.9	6.6*	12.0*	15.7	11.4*	13.9	
	50 to 54	<11	<11	<11	<11	12	<11	<11	12	<11	—	9.7*	—	—	—	11.9*	—	9.1*	—	10.2*	
	55 to 59	<11	<11	<11	<11	<11	<11	<11	<11	<11	0.0	—	—	—	0.0	—	0.0	6.9*	6.8*	6.6*	
	60 to 64	0	<11	<11	<11	0	<11	0	<11	<11	0.0	—	—	—	—	—	—	—	—	—	
	65+	0	<11	0	<11	<11	<11	<11	0	<11	0.0	—	—	—	—	—	—	—	—	—	
	Unknown	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Male total	44	76	50	64	87	113	159	126	121	181	3.1	5.2	3.4	4.3	5.7	7.2	10.0	7.8	7.4	10.7
F e m a l e	<1	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	1 to 9	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	10 to 14	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	15 to 19	0	<11	0	<11	<11	0	0	<11	<11	0.0	—	0.0	—	0.0	—	0.0	—	0.0	—	
	20 to 24	0	0	<11	0	<11	<11	<11	<11	0	0.0	0.0	0.0	—	—	—	—	0.0	—	—	
	25 to 29	0	0	0	0	0	<11	0	<11	<11	0.0	0.0	0.0	—	—	—	—	4.1*	4.1*	4.1*	
	30 to 34	0	0	0	<11	0	0	<11	<11	<11	0.0	0.0	0.0	—	0.0	—	—	—	3.5*	3.5*	
	35 to 39	0	<11	<11	0	<11	0	0	0	0	0.0	—	—	—	—	—	—	0.0	0.0	4.4*	
	40 to 44	0	0	0	0	0	0	0	<11	<11	0.0	0.0	0.0	—	0.0	—	—	—	5.3*	5.3*	
	45 to 49	0	0	<11	0	<11	0	0	<11	<11	0.0	0.0	—	0.0	—	0.0	—	—	0.0	0.0	
	50 to 54	0	0	0	0	<11	0	<11	<11	0	0.0	0.0	0.0	—	0.0	—	—	0.0	—	0.0	
	55 to 59	0	0	0	0	0	0	0	0	<11	0.0	0.0	0.0	0.0	0.0	0.0	—	0.0	0.0	0.0	
	60 to 64	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	65+	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	Unknown	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Female total	0	<11	<11	<11	<11	<11	<11	12	12	26	0.0	0.1	0.2	0.1	0.4	0.3	0.6	0.8	0.7	1.6
T o t a l	<1	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	1 to 9	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	10 to 14	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	15 to 19	0	<11	<11	<11	<11	<11	<11	<11	<11	0.0	—	—	3.0*	—	3.2*	1.6*	1.9*	1.5*	1.5*	
	20 to 24	<11	<11	<11	<11	17	27	21	22	11	29	2.5*	4*	3.0*	2.8*	6.8	10.6	8.1	8.3	4.1*	10.3
	25 to 29	<11	14	<11	15	12	23	37	24	30	33	4.6*	6.5	4.2*	6.8	5.2	9.6	15.0	9.6	11.8	13.1
	30 to 34	<11	<11	11	<11	<11	14	35	18	27	47	4.4*	4.4*	4.9*	4.0*	4.5*	6.4	16.1	8.2	12.0	20.1
	35 to 39	<11	13	<11	<11	14	18	21	20	16	35	2.6*	6.5	3.4*	4.1*	6.2	7.9	9.1	8.6	7.0	14.7
	40 to 44	<11	<11	<11	<11	<11	<11	19	13	15	21	—	4.1*	2.3*	3.9*	4.9*	4.6*	9.3	6.1	6.8	9.2
	45 to 49	<11	<11	<11	<11	<11	<11	11	11	<11	<11	3.3*	3.4*	—	2.6*	3.7*	3.6*	6.4*	6.2*	5.5*	4.8*
	50 to 54	<11	<11	<11	<11	13	<11	<11	13	<11	14	—	5.1*	4.5*	3.3*	8.6	3.3*	6.7*	8.6	5.8*	8.3
	55 to 59	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11	—	4.8*	—	—	5.8*	—	5.1*	—	5.2*	—
	60 to 64	0	<11	<11	<11	0	<11	0	<11	<11	<11	0.0	—	—	0.0	—	0.0	3.4*	3.3*	3.8*	—
	65+	0	<11	0	<11	<11	<11	<11	<11	<11	<11	0.0	—	0.0	—	—	—	0.0	—	—	—
	Unknown	0	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Total cases	44	78	53	66	93	117	168	138	133	207	1.5	2.7	1.8	2.2	3.1	3.8	5.3	4.3	4.1	6.2

Note: Cases were classified by *Morbidity and Mortality Weekly Report (MMWR)* year.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system) and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

* Use caution in interpreting, the estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability.

Note: Rate estimates with relative standard errors greater than 50% have been suppressed.

Table 10. Primary and secondary syphilis cases and rates by local health district, Utah, 2012-2021

Local health district	Cases										Rates per 100,000 population									
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Bear River	<11	0	0	<11	<11	<11	<11	0	<11	<11	—	0.0	0.0	—	—	—	—	0.0	—	—
Central	0	<11	0	0	0	0	<11	<11	<11	<11	0.0	—	0.0	0.0	0.0	—	—	—	—	—
Davis	<11	<11	<11	<11	<11	<11	17	15	<11	21	—	1.9*	—	1.8*	1.5*	1.2*	4.8	4.2	1.9*	5.7
Salt Lake	36	66	40	49	70	87	121	97	89	118	—	6.1	3.7	4.4	6.2	7.6	10.5	8.4	7.6	9.9
San Juan	0	0	0	0	0	0	0	0	<11	<11	N/A	N/A	N/A	0.0	0.0	0.0	0.0	0.0	—	—
Southeastern	0	0	0	0	0	<11	0	<11	0	0	0.0	0.0	0.0	0.0	0.0	—	0.0	—	0.0	0.0
Southwest	<11	0	0	<11	<11	<11	<11	<11	<11	14	—	0.0	0.0	—	2.2*	3.4*	—	2.4*	3.4*	5.1
Summit	0	0	0	0	<11	0	0	<11	<11	<11	0.0	0.0	0.0	0.0	—	0.0	0.0	—	—	9.3*
Tooele	0	<11	<11	0	0	<11	0	0	<11	<11	0.0	—	—	0.0	0.0	—	0.0	0.0	—	6.5*
TriCounty	0	<11	0	0	0	<11	0	0	<11	<11	0.0	—	0.0	0.0	0.0	—	0.0	0.0	—	—
Utah	<11	0	<11	<11	<11	<11	<11	<11	11	22	—	0.0	—	1.0*	1.0*	1.3*	1.1*	0.8*	1.7*	3.2
Wasatch	0	0	<11	0	0	0	0	0	0	0	—	0.0	—	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Weber-Morgan	<11	<11	<11	<11	<11	<11	15	<11	<11	14	—	—	2.0*	—	—	1.9*	5.6	3.3*	1.5*	5.0
Unknown	0	<11	<11	0	0	0	0	0	<11	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
State total	44	79	53	66	93	117	168	138	133	207	1.5	2.7	1.8	2.2	3.1	3.8	5.3	4.3	4.1	6.2

Note: Cases were classified by Morbidity and Mortality Weekly Report (MMWR) year. San Juan County has been an independent LHD since 2015. Prior to 2015, it was served by the Southeast Utah LHD.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system) and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

* Use caution in interpreting, the estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability.

Note: Rate estimates with relative standard errors greater than 50% have been suppressed.

Table 11. Primary and Secondary Syphilis Cases and Rates by Race/Ethnicity, Utah, 2012-2021

Race/Ethnicity	Cases										Rates per 100,000 population									
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
AI/AN	<11	<11	0	0	<11	<11	0	<11	<11	<11	—	—	0.0	0.0	—	—	0.0	—	16.6*	—
Asian	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11	—	—	—	—	—	—	—	—	—	7.1*
Black/African American	<11	<11	<11	<11	<11	<11	<11	<11	<11	15	—	—	20.2*	—	15.5*	20.5*	19.8*	21.7*	15.8*	37.8
Hispanic [†]	<11	<11	<11	20	18	23	43	32	35	59	—	2.3*	2.3*	4.9	4.3	5.3	9.6	7.0	7.4	11.9
White	36	61	34	43	65	78	107	82	82	154	1.6	2.6	1.5	1.8	2.7	3.2	4.3	3.3	3.3	5.9
Native Hawaiian/Pacific Islander	0	0	<11	0	<11	<11	<11	<11	<11	<11	0.0	0.0	—	0.0	—	—	19.1*	21.5*	—	—
Multiple	0	0	<11	0	<11	<11	<11	<11	<11	<11	0.0	0.0	—	0.0	—	—	—	—	—	—
Other/unknown	0	<11	0	0	0	<11	0	<11	<11	18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
State total	44	79	53	66	93	117	168	138	133	207	1.5	2.7	1.8	2.2	3.1	3.8	5.3	4.3	4.1	6.2

[†] Includes persons of Hispanic ethnicity regardless of race.

Note: Cases were classified by *Morbidity and Mortality Weekly Report (MMWR)* year.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases , UT-NEDSS (reportable disease surveillance system) and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 12. Primary and secondary syphilis cases and percent among males by sexual orientation, Utah, 2012-2021

Year	MSM*		Not MSM*		Unknown		Total
	Cases	Percent	Cases	Percent	Cases	Percent	
2011	13	92.9%	0	0.0%	1	7.1%	14
2012	40	90.9%	2	4.5%	2	4.5%	44
2013	69	90.8%	1	1.3%	6	7.9%	76
2014	44	88.0%	4	8.0%	2	4.0%	50
2015	52	81.3%	6	9.4%	6	9.4%	64
2016	77	88.5%	6	6.9%	4	4.6%	87
2017	92	81.4%	12	10.6%	9	8.0%	113
2018	131	82.4%	14	8.8%	14	8.8%	159
2019	109	86.5%	13	10.3%	4	3.2%	126
2020	96	79.3%	8	6.6%	17	14.0%	121
2021	147	71.0%	44	21.3%	16	7.7%	207

*MSM=Men who have sex with men

Note: Cases were classified by Morbidity and Mortality Weekly Report (MMWR) year.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system) and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

Table 13. Chlamydia cases and rates per 100,000 population by age and sex in adolescents and young adults, Utah, 2021

Age	Males		Females		Total	
	Cases	Rates	Cases	Rates	Cases	Rates
15	28	95.1	80	289.3	108	189.2
16	47	163.5	202	733.9	249	442.5
17	106	368.8	344	1,258.4	450	802.5
18	150	581.4	557	1,807.7	707	1,248.9
19	232	1,118.4	688	2,582.7	920	1,941.6
20	233	996.9	639	2,785.9	872	1,883.0
21	240	807.8	670	2,838.9	910	1,707.0
22	237	854.2	521	2,237.6	758	1,485.4
23	253	851.6	406	1,720.3	659	1,299.8
24	225	811.0	367	1,576.2	592	1,155.3

Note: Cases were classified by *Morbidity and Mortality Weekly Report (MMWR)*
Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system); Population Estimates - Kem C. Gardner Policy Institute Population Estimates for Utah Counties and Local Health Districts.

Table 14. Gonorrhea cases and rates per 100,000 population by age and sex in adolescents and young adults, Utah, 2021

Age	Males		Females		Total	
	Cases	Rates	Cases	Rates	Cases	Rates
15	3	10.2	11	42.0*	14	24.5
16	13	45.2	29	105.4	42	74.6
17	23	80.0	31	113.4	54	96.3
18	44	170.5	69	223.9	113	199.6
19	65	313.3	65	244.0	130	274.4
20	61	261.0	92	401.1	153	330.4
21	89	299.6	89	377.1	178	333.9
22	77	277.5	64	274.9	141	276.3
23	93	313.0	53	224.6	146	288.0
24	90	324.4	52	223.3	142	277.1

Note: Cases were classified by *Morbidity and Mortality Weekly Report (MMWR)* year.
Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system); Population Estimates - Kem C. Gardner Policy Institute Population Estimates for Utah Counties and Local Health Districts.

* Use caution in interpreting, the estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability.

Note: Rate estimates with relative standard errors greater than 50% have been suppressed.

Appendix

Utah's 13 local health districts



Local health department	Counties in service area
Bear River Health Department	Box Elder, Cache, Rich
Central Utah Public Health Department	Juab, Millard, Piute, Sanpete, Sevier, Wayne
Davis County Health Department	Davis
Salt Lake County Health Department	Salt Lake
San Juan Public Health Department	San Juan
Southeast Utah Health Department	Carbon, Emery, Grand
Southwest Utah Public Health Department	Beaver, Garfield, Iron, Kane, Washington
Summit County Health Department	Summit
Tooele County Health Department	Tooele
TriCounty Health Department	Daggett, Duchesne, Uintah
Utah County Health Department	Utah
Wasatch County Health Department	Wasatch
Weber-Morgan Health Department	Morgan, Weber

Cases of sexually transmitted diseases and rates per 100,000 population, Utah and United States (U.S.), 2013-2022

Year	Chlamydia			Gonorrhea			Primary and secondary syphilis		
	Utah		U.S.	Utah		U.S.	Utah		U.S.
	Cases	Rate	Rate	Cases	Rate	Rate	Cases	Rate	Rate
2013	7501	258.8	443.5	951	32.8	105.3	79	2.7	5.5
2014	8218	279.7	452.2	1440	49.0	109.8	53	1.8	6.3
2015	8611	288.6	475.0	1560	52.3	123.0	66	2.2	7.4
2016	9460	310.8	494.7	2100	69.0	145.0	93	3.1	8.6
2017	10135	326.6	524.6	2541	81.9	170.6	117	3.8	9.4
2018	10558	334.6	537.5	2895	91.8	178.3	168	5.3	10.7
2019	11072	345.6	552.8	2878	89.8	188.4	138	4.3	11.9
2020	10491	322.8	481.3	3120	96.0	206.5	133	4.1	12.7
2021	11226	336.3	495.5	3627	108.7	214	207	6.2	53.2
2022	11107	328.7	*	3082	91.2	*	239	7	*

Note: Cases were classified by Morbidity and Mortality Weekly Report (MMWR) year.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system) and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

*2022 US Data not available. Utah data for 2022 is preliminary. The 2022 population was estimated by calculating the average growth of the population over the last ten years and adding it to 2021's estimate.

Chlamydia cases and rates by age group and sex, Utah, 2013-2022

Age group		2013										2012										
Sex (years)		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	<1	<11	0	0	<11	<11	<11	<11	0	0	<11	19.4*	—	0.0	0.0	—	—	—	0.0	0.0	—	—
	1 to 9	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	10 to 14	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11	4.1*	—	—	6.2*	7.6*	5.2*	5.1*	—	—	—	6.9*
	15 to 19	362	458	439	488	535	542	569	563	549	514	367.7	318.9	397.9	373.1	399.5	432.3	428.0	440.6	431.1	394.9	365.2
	20 to 24	866	934	979	1061	1117	1185	1276	1188	1330	1266	714.7	691.5	741.9	767.0	822.7	855.1	890.4	940.4	857.1	919.3	864.3
M	25 to 29	616	656	646	761	831	801	953	875	947	920	493.2	567.2	597.0	577.7	646.5	672.5	630.2	737.6	665.3	730.2	700.6
M	30 to 34	316	336	357	463	446	532	522	491	595	571	280.1	273.6	293.5	315.8	416.1	405.6	484.3	466.6	430.3	502.0	475.8
M	35 to 39	161	194	218	291	258	297	363	327	317	330	152.3	157.3	182.2	197.2	254.8	221.6	252.3	309.1	281.4	253.6	260.8
M	40 to 44	79	112	121	159	131	145	187	184	226	211	83.6	90.6	125.5	132.5	169.0	132.7	139.9	172.9	163.1	196.5	181.2
M	45 to 49	45	56	64	92	88	99	97	105	102	114	64.7	59.7	73.3	81.3	111.9	103.6	113.1	107.8	113.9	105.1	116.0
M	50 to 54	20	44	48	63	46	58	58	71	74	68	33.8	25.9	57.2	63.0	83.7	61.1	77.1	76.0	90.0	85.7	77.8
M	55 to 59	<11	13	33	22	45	42	47	43	37	18	11.3*	6.9*	17.8	44.4	29.2	59.3	54.9	61.4	56.5	47.0	22.6
M	60 to 64	<11	<11	<11	14	<11	17	21	16	24	27	8.4*	6.4*	14*	20.9	13*	24.0	29.2	21.8	31.6	35.1	—
M	65+	<11	<11	<11	<11	11	<11	15	<11	<11	15	0.0	—	—	4.7*	7.1*	4.9*	8.8	—	4.9*	8.1	—
M	Unknown	0	0	0	0	0	0	0	0	<11	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
M	Male total	2484	2810	2925	3427	3525	3735	4112	3871	4214	4069	171.9	170.4	190.1	194.8	223.6	225.5	235.1	254.8	236.4	248.6	237.1
F	<1	<11	0	<11	0	<11	0	0	0	<11	0	—	—	0.0	—	0.0	0.0	0.0	0.0	—	0.0	—
F	1 to 9	<11	0	0	0	0	<11	0	<11	<11	<11	—	—	0.0	0.0	0.0	0.0	—	0.0	—	—	—
F	10 to 14	37	49	47	53	48	46	43	41	59	33	47.2	31.0	40.3	38.1	42.3	37.6	35.4	33.0	31.4	43.7	24.1
F	15 to 19	1651	1684	1815	1900	2018	2099	2051	1871	1840	1803	1630.3	1520.0	1528.4	1605.4	1643.1	1693.1	1720.0	1642.0	1478.6	1399.0	1354.0
F	20 to 24	1890	2088	2079	2246	2499	2553	2641	2603	2736	2730	1656.5	1574.4	1697.9	1692.5	1828.7	2009.2	2019.2	2048.8	1982.6	2017.2	1988.0
F	25 to 29	773	792	871	912	1053	1100	1158	1051	1148	1231	663.0	735.0	749.6	808.8	809.4	899.1	916.7	948.5	852.8	941.2	996.8
F	30 to 34	382	457	477	473	483	511	474	501	597	561	338.0	343.5	412.7	436.4	434.1	447.2	474.6	436.1	452.6	516.5	479.3
F	35 to 39	161	187	224	250	285	271	324	272	323	290	165.6	163.4	182.6	210.2	226.9	253.0	237.9	284.6	241.3	284.4	252.2
F	40 to 44	78	93	89	122	124	136	141	181	166	200	80.8	92.8	108.3	101.3	134.7	130.7	136.3	135.2	166.3	146.1	173.9
F	45 to 49	24	36	42	46	63	58	75	53	87	89	29.6	32.7	48.6	55.2	58.0	76.6	68.4	86.4	59.5	95.0	96.0
F	50 to 54	13	14	27	20	16	29	29	28	28	39	20.5	16.6	17.9	35.1	26.4	21.4	39.2	38.7	36.3	33.7	46.3
F	55 to 59	<11	<11	11	<11	14	11	17	11	19	46	83.3*	8.1*	8*	14.4*	7.7*	17.8	13.9*	21.6	14.1*	24.8	59.3
F	60 to 64	0	<11	<11	<11	<11	<11	<11	<11	<11	10	—	0.0	—	—	83.3*	6.8*	6.6*	7.8*	6.2*	12.3*	—
F	65+	0	0	<11	<11	0	<11	<11	<11	0	<11	—	0.0	0.0	—	—	0.0	—	—	—	0.0	—
F	Unknown	0	0	0	0	0	0	0	0	<11	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
F	Female total	5017	5408	5686	6033	6610	6823	6960	6620	7012	7038	362.2	348.1	370.3	383.6	399.0	429.1	435.7	437.8	410.6	426.7	423.0
	<1	<11	0	<11	<11	<11	<11	<11	0	<11	<11	11.9*	—	0.0	—	—	—	—	—	0.0	—	—
	1 to 9	<11	0	0	0	0	<11	0	<11	<11	<11	—	—	0.0	0.0	0.0	0.0	—	0.0	—	—	—
	10 to 14	41	51	55	63	55	53	46	45	63	43	25.1	16.8	20.5	21.8	24.5	20.9	19.8	17.1	16.7	22.7	15.3
	15 to 19	2013	2142	2254	2383	2553	2641	2620	2434	2390	2317	985.8	906.2	950.8	977.0	1004.8	1050.8	1062.0	1031.3	946.6	883.5	845.9
	20 to 24	2756	3022	3058	3307	3616	3738	3917	3791	4068	3996	1181.3	1114.1	1214.3	1220.9	1313.4	1418.0	1440.4	1480.4	1404.6	1451.3	1408.0
	25 to 29	1389	1448	1517	1673	1884	1901	2111	1926	2094	2151	576.6	649.7	671.8	691.1	726.2	782.8	769.3	840.1	756.0	832.1	844.2
	30 to 34	698	793	834	936	929	1043	996	992	1191	1132	308.5	307.9	352.1	375.1	425.0	426.2	479.5	451.6	441.3	508.7	477.5
	35 to 39	322	381	442	541	543	568	687	599	640	620	158.8	160.3	182.4	203.6	241.1	237.0	245.2	297.0	261.6	268.3	256.7
	40 to 44	157	205	210	281	255	281	328	365	391	411	82.2	91.7	117.1	117.2	152.2	131.7	138.1	154.4	164.7	171.1	177.6
	45 to 49	69	92	106	138	151	157	172	158	189	203	47.3	46.4	61.2	68.4	85.4	90.3	91.1	97.3	87.2	100.2	106.3
	50 to 54	33	58	75	83	62	87	87	99	102	107	27.1	21.2	37.4	49.0	55.0	41.4	58.3	57.5	63.4	60.2	62.4
	55 to 59	11	19	44	28	59	53	64	54	56	64	9.8	7.5*	12.8	29.1	18.3	38.2	34.1	41.2	35.1	36.1	40.7
	60 to 64	<11	<11	<11	17	15	22	26	22	29	37	—	4.1*	4.7*	7.6*	12.4*	10.6	15.2	17.6	14.6	18.6	23.4
	65+	<11	<11	<11	<11	11	<11	17	<11	<11	17	—	—	—	2.8*	3.3*	2.9*	4.7	1.3*	2.3*	4.3	—
	Unknown	0	0	0	0	0	0	0	0	<11	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Total cases	7501	8218	8611	9460	10135	10558	11072	10491	11226	11107	266.5	258.8	279.7	288.6	310.8	326.6	334.6	345.6	322.8	336.3	328.6

Note: Cases were classified by Morbidity and Mortality Weekly Report (MMWR) year. Utah data for 2022 is preliminary. The 2022 population was estimated by calculating the average growth of the population over the last ten years and adding it to 2021's estimate.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system) and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

* Use caution in interpreting, the estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability. Rate estimates with relative standard errors greater than 50% have been suppressed.

Chlamydia Cases and Rates by Local Health District, Utah, 2013-2022

Local health district	Chlamydia Cases										Rates per 100,000 population									
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Bear River	251	267	348	354	353	394	391	381	427	406	147.6	155.6	200.1	199.3	195.5	214.3	209.4	201.1	213.8	200.8
Central	91	110	91	89	106	123	135	118	146	141	119.9	144.4	118.3	113.8	133.4	152.4	164.8	142.4	181.6	173.3
Davis	891	954	891	968	1143	1145	1154	954	965	972	276.4	290.1	266.1	283.7	329.5	326.1	324.8	265.6	262.7	261.4
Salt Lake	3792	4279	4579	5107	5328	5289	5709	5454	5830	5762	351.2	392.4	415.3	455.7	468.5	460.3	492.8	467.9	491.4	479.7
San Juan	N/A	N/A	55	54	59	43	55	15	41	47	N/A	N/A	360.6	351.9	386.0	280.4	361.2	98.2	283.0	320.4
Southeastern	168	126	69	69	70	100	91	69	81	97	299.8	225.7	171.3	171.7	175.9	250.0	225.8	169.5	202.5	239.5
Southwest	380	432	410	460	556	653	701	651	672	720	179.0	199.2	185.2	201.7	235.5	267.3	277.3	249.0	247.0	261.3
Summit	74	91	89	120	118	116	132	129	111	141	192.5	232.5	224.3	295.8	285.2	277.0	313.7	303.5	257.6	323.1
Tooele	141	143	164	159	194	187	188	176	197	170	232.5	232.6	261.7	246.0	287.4	267.3	260.7	236.2	257.0	219.1
TriCounty	112	137	118	124	111	147	97	107	126	91	197.2	235.2	197.8	215.4	197.9	261.1	171.2	188.1	221.2	157.7
Utah	774	940	974	1021	1180	1270	1362	1411	1603	1587	140.3	167.5	169.9	172.7	194.2	204.2	214.3	216.7	234.0	228.8
Wasatch	38	35	29	46	42	46	57	52	51	69	143.0	125.8	99.6	151.2	131.1	138.2	166.6	147.3	141.0	188.3
Weber-Morgan	789	702	794	885	875	1043	1000	970	970	900	317.8	279.9	312.6	342.3	332.3	390.0	367.9	352.6	346.8	317.7
Unknown	0	<11	0	<11	0	<11	0	<11	<11	<11	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
State total	7,501	8,218	8,611	9,460	10,135	10,558	10,491	10,487	11,226	11,107	258.8	279.7	288.6	310.8	326.6	334.6	345.6	322.8	336.3	328.6

Note: Cases were classified by *Morbidity and Mortality Weekly Report (MMWR)* year. San Juan County has been an independent LHD since 2015. Prior to 2015, it was served by the Southeast Utah LHD.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system) and population data from Utah

Population Committee estimates by the Kem C. Gardner Policy Institute.

* Use caution in interpreting, the estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability.

Note: Rate estimates with relative standard errors greater than 50% have been suppressed.

Gonorrhea cases and rates by age group and sex, Utah, 2013-2022

Age group Sex (years)	Cases										Rates per 100,000 population										
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
<1	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
1 to 9	0	0	0	0	0	0	0	0	<11	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
10 to 14	<11	0	<11	<11	0	0	0	0	0	<11	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
15 to 19	38	62	66	90	120	131	124	148	150	113	33.5	53.9	56.1	74.4	97.0	103.4	96.0	113.3	107.9	80.3	
20 to 24	131	229	228	286	357	462	388	410	411	447	104.6	181.9	178.6	221.8	273.3	347.2	285.9	295.8	284.1	305.2	
M	25 to 29	133	200	266	311	390	423	456	428	529	486	122.5	182.0	237.9	264.2	315.6	332.8	352.9	325.4	407.9	370.1
s	30 to 34	100	150	163	257	272	343	333	335	444	371	86.6	131.0	144.2	231.0	247.4	312.3	297.6	298.6	374.6	309.1
I	35 to 39	60	97	122	170	219	232	224	238	287	254	58.6	91.1	110.3	148.9	188.1	197.1	190.7	204.8	229.6	2007
e	40 to 44	41	49	70	111	105	139	137	153	205	144	47.0	54.9	76.7	118.0	106.3	134.1	126.6	135.6	178.3	123.7
45 to 49	29	40	45	80	95	83	77	84	141	73	38.4	52.4	57.2	97.3	111.9	94.8	85.6	91.1	145.3	74.3	
50 to 54	33	28	51	38	53	68	59	58	109	59	42.8	36.4	67.0	50.5	70.5	90.4	77.3	73.5	126.3	67.5	
55 to 59	<11	13	35	25	35	46	35	40	66	44	12.4*	17.8	47.0	33.2	46.1	60.2	45.7	52.5	83.8	55.2	
60 to 64	<11	<11	<11	11	18	17	23	26	36	27	-	11.3*	6.2*	16.4*	26.0	24.0	32.0	35.5	47.4	35.1	
65+	0	0	<11	<11	11	12	13	<11	13	12	0.0	0.0	3.5*	-	4.5*	7.4	7.6	5.0*	7.1	6.5	
Unknown	0	0	0	0	0	0	<11	0	0	<11	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Male total	578	875	1,056	1,384	1,671	1,956	1,870	1,929	2,392	2,032	39.7	59.2	70.3	90.3	106.9	123.1	115.8	117.8	141.1	118.4	
<1	0	<11	0	0	0	0	0	0	<11	0	0.0	-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	
1 to 9	0	0	0	0	0	<11	0	0	<11	<11	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0	-	3.1*	
10 to 14	<11	<11	<11	<11	11	<11	<11	<11	<11	-	4.1*	4.9*	4.0*	7.0*	8.5*	3.1*	3.8*	-	-	-	
15 to 19	50	89	72	125	156	188	149	205	200	177	46.0	80.8	63.7	107.5	130.9	154.1	119.3	162.0	152.1	132.9	
20 to 24	115	165	143	177	210	226	291	350	345	320	94.2	134.2	116.4	144.1	168.8	178.7	225.7	266.6	254.4	233.0	
F	25 to 29	82	119	108	160	191	198	209	236	227	188	78.0	112.6	100.3	142.0	163.1	165.0	171.2	191.5	186.1	152.2
e	30 to 34	57	102	81	130	129	121	159	146	179	140	51.3	92.1	74.1	119.3	119.4	112.4	146.3	131.9	154.9	119.6
m	35 to 39	35	52	55	60	85	103	87	102	122	104	35.5	50.8	51.6	54.4	75.5	90.4	76.4	90.5	107.4	90.4
s	40 to 44	12	18	20	34	37	52	43	73	72	59	14.3	21.0	22.8	37.5	39.0	52.1	41.2	67.1	63.4	51.3
I	45 to 49	<11	<11	13	16	27	20	38	42	29	32	5.4*	12.2*	17.1	20.2	32.8	23.6	43.8	47.2	31.7	34.5
e	50 to 54	11	<11	<11	<11	16	<11	21	21	29	14	14.0*	5.1*	6.5*	9.3*	21.4	13.5*	28.0	27.2	34.9	16.6
55 to 59	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11	-	-	-	-	7.6*	7.6*	63.3*	11.6*	11.8*	5.2*	
60 to 64	<11	0	0	<11	<11	<11	<11	<11	<11	<11	-	0.0	-	5.5*	-	-	-	7.5*	4.9*	-	
65+	0	0	0	0	0	0	<11	0	<11	0	0.0	0.0	0.0	0.0	0.0	-	-	0.0	-	0.0	
Unknown	0	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Female total	373	565	504	716	870	939	1,008	1,191	1,234	1,050	25.9	38.7	34.0	47.4	56.5	60.0	63.4	73.9	74.5	63.1	
<1	0	<11	0	0	0	0	0	0	<11	0	0.0	-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	
1 to 9	0	0	0	0	0	<11	0	0	<11	<11	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0	-	1.5*	
10 to 14	<11	<11	<11	<11	11	<11	<11	<11	<11	<11	-	2.0*	2.8*	3.1*	3.4*	4.1*	1.5*	1.9*	-	1.4*	-
15 to 19	88	151	138	215	276	319	273	353	350	290	39.6	67.0	59.8	90.7	113.6	128.3	107.5	137.3	129.4	105.9	
20 to 24	246	394	371	463	567	688	679	760	756	767	99.4	158.3	148.1	183.9	222.3	265.1	256.6	281.6	269.7	270.3	
T	25 to 29	215	319	374	471	581	621	665	664	756	674	100.6	148.0	170.4	204.5	241.4	251.3	264.6	260.6	300.4	264.5
o	30 to 34	157	252	244	387	401	464	492	481	623	511	69.3	111.9	109.7	175.7	184.0	213.3	223.1	214.0	266.1	215.6
t	35 to 39	95	149	177	230	304	335	311	340	409	358	47.3	71.3	81.5	102.5	132.7	144.6	134.5	148.5	171.4	148.2
s	40 to 44	53	67	90	145	142	191	180	226	277	203	31.0	38.3	50.2	78.5	73.4	93.9	84.7	102.0	121.2	87.7
I	45 to 49	33	49	58	96	122	103	115	126	170	105	22.2	32.6	37.5	59.4	73.0	59.8	65.0	69.5	90.1	55.0
50 to 54	44	32	56	45	69	78	80	79	138	73	28.3	20.7	36.6	29.8	46.0	52.3	52.9	50.6	81.4	42.5	
55 to 59	12	14	36	26	41	52	40	49	75	48	8.2	9.4	23.8	17.0	26.5	33.5	25.7	31.8	48.3	30.5	
60 to 64	<11	<11	<11	12	22	19	24	28	42	31	4.1*	5.5*	3.0*	8.8	15.6	13.1	16.3	18.6	26.9	19.6	
65+	0	0	<11	<11	12	14	<11	15	12	0	0.0	0.0	1.6*	-	2.1*	3.4	3.8	2.4*	3.9	3.1	
Unknown	0	0	0	0	0	0	<11	0	0	<11	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Total cases	951	1,440	1,560	2,100	2,541	2,895	2,878	3,120	3,616	3,082	32.8	49.0	52.3	69.0	81.9	91.8	89.8	96.0	1083	91.2	

Note: Cases were classified by *Morbidity and Mortality Weekly Report (MMWR)* year. Utah data for 2022 is preliminary. The 2022 population was estimated by calculating the average growth of the population over the last ten years and adding it to 2021's estimate.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system) and population data from Utah Population Committee estimates by the Kem C. Gardner Policy Institute.

* Use caution in interpreting, the estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability.

Note: Rate estimates with relative standard errors greater than 50% have been suppressed.

Gonorrhea Cases and Rates by Local Health District, Utah, 2013-2022

Local health district	Cases										Rates per 100,000 population										
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Bear River	<11	35	17	27	49	53	39	57	62	70	4.8*	4.1*	20.4	9.8	15.2	27.1	28.8	20.9	30.1	31.0	34.6
Central	<11	<11	<11	<11	<11	24	11	13	28	22	—	—	9.2*	10.4*	12.8*	11.3*	29.7	13.4*	15.7	34.8	27.0
Davis	64	105	93	138	184	217	228	244	254	236	13.0	19.9	31.9	27.8	40.4	53.0	61.8	64.2	67.9	316.0	63.4
Salt Lake	685	1001	1048	1436	1653	1909	1894	1990	2346	1999	32.0	63.4	91.8	95.0	128.1	145.3	166.2	163.5	170.7	197.7	166.4
San Juan	0	0	<11	<11	<11	<11	16	<11	13	9	N/A	N/A	N/A	—	39.1*	32.7*	45.6*	105.1	32.7*	89.7	61.3*
Southeastern	<11	<11	<11	<11	19	21	15	12	15	10	8.8*	8.9*	12.5*	14.9*	14.9*	47.8	52.5	37.2	29.5	37.4	24.7*
Southwest	16	23	55	56	88	65	84	94	152	104	6.7	7.5	10.6	24.8	24.6	37.3	26.6	33.2	36.0	55.9	37.7
Summit	<11	<11	<11	11	<11	22	24	25	22	22	—	13*	23*	25.2*	27.1	16.9	52.5	57.0	58.8	51.1	50.4
Tooele	<11	22	28	29	42	26	47	53	76	51	—	11.5*	35.8	44.7	44.9	62.2	37.2	65.2	71.1	99.2	65.7
TriCounty	<11	<11	12	<11	14	28	25	20	23	18	—	10.6*	12*	20.1	10.4*	25.0	49.7	44.1	35.2	40.4	31.2
Utah	67	97	129	159	201	229	244	328	349	325	3.1	12.1	17.3	22.5	26.9	33.1	36.8	38.4	50.4	50.9	46.8
Wasatch	<11	<11	<11	<11	<11	<11	<11	17	19	14	0.0	—	—	—	29.6*	25*	—	20.5*	48.2	52.5	38.2
Weber-Morgan	85	124	147	206	262	290	243	260	268	201	17.9	—	—	—	79.7	99.5	108.4	89.4	94.5	95.8	70.9
Unknown	0	<11	0	<11	0	0	<11	<11	0	<11	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
State total	951	1,440	1,560	2,100	2,541	2,895	2,878	3,120	3,627	3,084	16.9	32.8	49.0	52.3	69.0	81.9	91.8	89.8	96.0	108.7	91.2

Note: Cases were classified by *Morbidity and Mortality Weekly Report (MMWR)* year. 2022 US Data not available. Utah data for 2022 is preliminary. The 2022 population was estimated by calculating the average growth of the population over the last ten years and adding it to 2021's estimate.

Sources: Utah Cases - Department of Health and Human Services, Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system); Population Estimates - National Center for Health Statistics (NCHS) through a collaborative agreement with the U.S. Bureau of the Census

* Use caution in interpreting, the estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability.

Note: Rate estimates with relative standard errors greater than 50% have been suppressed.

Syphilis (all stages) cases and rates by age group and sex, Utah, 2013-2022

Age group		Cases										Rates per 100,000 population									
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	<1	<11	0	0	0	0	<11	<11	<11	0	0	—	0.0	0.0	0.0	0.0	0.0	—	—	0.0	0.0
	1 to 9	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	10 to 14	0	0	0	0	0	0	0	0	0	<11	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	—
	15 to 19	<11	<11	<11	<11	<11	13	<11	<11	17	—	—	5.1*	6.6*	6.5*	10.3	6.2*	6.9*	7.2*	12.1	—
	20 to 24	23	17	18	32	42	46	41	38	59	62	18.4	13.5	14.1	24.8	32.2	34.6	30.2	27.4	40.8	42.3
M	25 to 29	26	26	33	40	50	78	75	65	73	96	23.9	23.7	29.5	34.0	40.5	61.4	58.1	49.4	56.3	73.1
	30 to 34	17	25	22	27	42	63	58	49	88	92	14.7	21.8	19.5	24.3	38.2	57.4	51.8	42.9	74.2	76.7
	35 to 39	31	15	20	38	36	53	67	35	59	80	30.3	14.1	18.1	33.3	30.9	45.0	57.0	30.1	47.2	63.2
	40 to 44	23	<11	19	22	17	38	33	31	41	67	26.4	10.1*	20.8	23.4	17.2	36.7	30.5	27.5	35.7	57.5
	45 to 49	17	<11	<11	14	24	25	25	24	33	40	22.5	13.1*	8.9*	17.0	28.3	28.6	27.8	26.0	34.0	40.7
	50 to 54	15	14	18	22	19	26	24	17	26	35	19.4	18.2	23.6	29.2	253	34.6	31.4	21.5	30.1	40.0
	55 to 59	<11	<11	11	12	19	13	20	<11	23	27	11.1*	10.9*	14.8*	15.9	25.0	17.0	26.1	7.9*	29.2	33.9
	60 to 64	<11	<11	<11	<11	<11	<11	<11	13	22	—	8.4*	—	9*	—	9.9*	13.9*	13.7*	17.1	28.6	
	65+	<11	<11	<11	<11	<11	<11	11	11	11	13	—	3.7*	3.5*	7.4*	6.4*	5.5*	6.5*	6.2*	6*	7.0
	Unknown	<11	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Male total	173	134	161	232	269	372	374	296	436	552	11.8	9.1	10.7	15.1	17.2	23.4	23.2	18.1	25.7	32.2
	<1	<11	0	0	0	0	0	<11	0	0	0	—	0.0	0.0	0.0	0.0	0.0	—	0.0	0.0	0.0
	1 to 9	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	10 to 14	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	15 to 19	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11	—	—	—	—	—	—	—	4*	4.6*	—
F	20 to 24	<11	<11	<11	<11	<11	<11	16	<11	15	14	—	—	7.3*	4.9*	4*	7.1*	12.4*	7.6*	11.1	10.2
	25 to 29	<11	<11	<11	<11	<11	<11	<11	16	16	28	—	4.7*	—	4.4*	—	5.8*	7.4*	13.0	13.1	22.7
	30 to 34	0	<11	<11	<11	<11	<11	<11	<11	14	16	0.0	—	—	—	5.6*	10.2*	6.4*	5.4*	12.1	13.7
	35 to 39	<11	<11	<11	<11	<11	<11	<11	<11	15	14	5.1*	—	—	4.5*	6.2*	—	—	—	13.2	12.2
	40 to 44	0	<11	<11	0	<11	<11	<11	<11	<11	13	0.0	—	—	0.0	0.0	—	4.8*	—	7*	11.3
	45 to 49	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11	—	—	—	—	—	—	—	5.6*	—	7.5*
	50 to 54	<11	<11	<11	<11	<11	<11	<11	0	<11	<11	—	—	—	—	—	—	—	0.0	—	—
	55 to 59	0	<11	0	<11	<11	<11	<11	<11	<11	<11	0.0	—	0.0	—	—	—	—	—	—	—
	60 to 64	0	0	<11	0	<11	0	<11	0	<11	<11	0.0	0.0	—	0.0	—	0.0	0.0	—	—	—
	65+	<11	<11	<11	<11	<11	<11	<11	<11	11	<11	—	3.8*	—	—	2.8*	—	—	2.5*	5.4*	2.9*
	Unknown	0	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Female total	19	25	31	28	32	50	54	59	93	109	1.3	1.7	2.1	1.9	2.1	3.2	3.4	3.7	5.7	6.6
	<1	<11	0	0	0	0	<11	<11	<11	0	0	9.7*	0.0	0.0	0.0	0.0	—	—	—	0.0	0.0
	1 to 9	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	10 to 14	0	0	0	0	0	0	0	0	0	<11	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	15 to 19	<11	<11	<11	<11	<11	16	12	14	16	19	2.3*	—	3.5*	4.2*	4.1*	6.4	4.7	5.4	5.9	6.9
T	20 to 24	24	20	27	38	47	55	57	48	74	76	9.7	8.0	10.8	15.1	18.4	21.2	21.5	17.8	26.4	26.8
	25 to 29	27	31	37	45	53	85	84	81	89	124	12.6	14.4	16.9	19.5	22.0	34.4	33.4	31.8	35.4	48.7
	30 to 34	17	26	25	29	48	74	65	55	102	108	7.5	11.5	11.2	13.2	22.0	34.0	29.5	24.5	43.6	45.6
	35 to 39	36	17	22	43	43	57	69	38	74	94	17.9	8.1	10.1	19.2	18.8	24.6	29.8	16.6	31.0	38.9
	40 to 44	23	<11	20	22	17	42	38	34	49	80	13.4	5.7*	11.2	11.9	8.8	20.6	17.9	15.3	21.4	34.6
	45 to 49	20	13	<11	15	25	26	28	29	36	47	13.4	8.6	5.2*	9.3	15.0	15.1	15.8	16.0	19.1	24.6
	50 to 54	16	15	22	24	20	30	26	17	28	38	10.3	9.7	14.4	15.9	13.3	20.1	17.2	10.9	16.5	22.1
	55 to 59	<11	<11	11	15	20	16	22	<11	25	30	5.5*	6.7*	7.3*	9.8	12.9	10.3	14.2	5.8*	16.1	19.1
	60 to 64	<11	<11	<11	<11	<11	<11	<11	13	14	25	4.1*	3.2*	—	4.4*	—	4.8*	6.8*	8.7	9.0	15.8
	65+	<11	11	<11	13	15	13	13	16	22	19	1.8*	3.7*	2.9*	4.1	4.5	3.7	3.6	4.2	5.7	4.8
	Unknown	<11	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Total cases	192	159	192	260	301	422	428	355	529	661	6.6	5.4	6.4	8.5	9.7	13.4	13.4	10.9	15.8	19.6

Note: Cases were classified by Morbidity and Mortality Weekly Report (MMWR) year. Utah data for 2022 is preliminary. The 2022 population was estimated by calculating the average growth of the population over the last ten years and adding it to 2021's estimate.

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Note: Rate estimates with relative standard errors greater than 50% have been suppressed.

Syphilis (all stages) Cases and Rates by Local Health District, Utah, 2013-2022

Local health district	Cases										Rates per 100,000 population									
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Bear River	<11	<11	<11	<11	<11	<11	<11	<11	13	17	—	—	3.4*	3.4*	—	3.3*	—	3.7*	6.5	8.4
Central	<11	0	0	0	<11	<11	<11	<11	<11	<11	—	0.0	0.0	0.0	—	5*	—	—	7.5*	—
Davis	20	15	16	18	23	37	40	25	39	48	6.2	4.6	4.8	5.3	6.6	10.5	11.3	7.0	10.6	12.9
Salt Lake	139	110	129	188	204	270	271	212	304	441	12.9	10.1	11.7	16.8	17.9	23.5	23.4	18.2	25.6	36.7
San Juan	<11	0	<11	<11	<11	<11	<11	<11	<11	<11	—	0.0	—	—	—	—	—	32.7*	55.2*	27.3*
Southeastern	0	<11	<11	<11	1	0	<11	<11	<11	<11	0.0	—	—	—	—	0.0	12.4*	—	—	19.8*
Southwest	<11	<11	<11	11	19	21	15	16	27	27	2.4*	—	3.6*	4.8*	8.0	8.6	5.9	6.1	9.9	9.8
Summit	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11	—	—	—	—	—	—	18.7*	—	16.2*	13.8*
Tooele	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11	—	—	—	—	7.4*	—	—	8.1*	9.1*	9*
TriCounty	<11	0	0	0	<11	<11	<11	<11	<11	<11	—	0.0	0.0	0.0	—	—	—	—	—	—
Utah	<11	16	15	20	22	38	48	39	71	68	0.9*	2.9	2.6	3.4	3.6	6.1	7.6	6.0	10.4	9.8
Wasatch	0	<11	<11	0	<11	<11	0	0	0	<11	0.0	—	—	0.0	—	—	0.0	0.0	0.0	—
Weber-Morgan	<11	<11	<11	<11	20	37	27	32	47	38	—	4.4*	2.8*	3.9*	7.6	13.8	9.9	11.6	16.8	13.4
Unknown	<11	<11	<11	0	0	0	0	<11	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
State total	187	161	193	260	302	422	425	354	535	674	6.5	5.5	6.5	8.5	9.7	13.4	13.3	10.9	16.0	19.9

Note: Cases were classified by *Morbidity and Mortality Weekly Report (MMWR)* year. San Juan County has been an independent LHD since 2015. Prior to 2015, it was served by the Southeast Utah LHD.

Utah data for 2022 is preliminary. The 2022 population was estimated by calculating the average growth of the population over the last ten years and adding it to 2021's estimate.

Data sources: Utah Department of Health and Human Services Office of Communicable Diseases, UT-NEDSS (reportable disease surveillance system) and population data from Utah Population

* Use caution in interpreting, the estimate has a relative standard error greater than 30% and does not meet DHHS standards for reliability.

Note: Rate estimates with relative standard errors greater than 50% have been suppressed.



Utah Division of Child & Family Services

2024 annual report



Utah Department of
Health & Human Services
Child & Family Services

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Please note: Data in this report is measured by state fiscal year (FY) (July 1 through June 30) unless otherwise indicated.

Director's message



As we present this year's annual report, I want to express my deepest gratitude to our exceptional team and dedicated child welfare partners. These outcomes reflect not just the hard work of our division but the collective efforts of the entire child welfare community. Our work is complex and challenging, but we have made significant progress in supporting the safety and well-being of children and families.

Each day, we navigate difficult and sensitive situations while focusing on child safety and the well-being of families as a top priority. Despite these challenges, this year's annual report highlights the accomplishments that result from these efforts and reflects our shared commitment to positive change.

Together, focused on our shared goal, we are supporting positive outcomes that are truly making a lasting difference in the lives of Utah's children and families. Our commitment and collaboration are not just words but actions that provide care and support to the most vulnerable members of our community. Our work is a source of pride and a testament to our connection with the community we serve.

As we look to the future, we reiterate our unwavering commitment to our mission of safe children, strengthened families. We will build on this year's achievements and continue our efforts to create quality outcomes for all those we serve. Our dedication to this mission should reassure you of our continued commitment and the confidence we have in our collective ability to make a difference.



Tonya Myrup, LCSW
Director, Division of Child and Family Services

Utah Division of Child and Family Services (DCFS)

Safe children

Safety is the reason we exist. At DCFS our mission is to keep children safe from abuse and neglect by working with communities and strengthening families.

Strengthened families

A child's physical and emotional well-being largely exists within the context of the adults in their life. When a family is strengthened through individualized, trauma-informed, community-based services that are both safety driven and family driven, an environment that promotes child safety and well-being is created.

Supported workforce

Our most important resource in achieving success with children and families is our staff. They enter the lives of children and families at times of crisis and vulnerability. The professionalism and skill of our staff in engaging, teaming, assessing, planning, and intervening with families are essential to good outcomes. Due to the complex and critical nature of child welfare, our community expects and deserves a well trained, experienced, ethical, compassionate, and supported workforce.



Integrated service community

DCFS is not the child welfare system – we are the child welfare agency within a much larger social service continuum. Our ability to provide timely, effective, and extensive services to our most vulnerable populations is integrated within a robust network of legal partners and private and public community providers.

Services provided

Child Protective Services is a short-term intervention to assess a child's risk for abuse, neglect, or dependency. Services are provided to keep children in the home and families intact whenever safely possible.

In-home services keep children who have been assessed to be at risk of abuse and neglect safely with their parents. Services may include parent supports, child safety planning, and linking the family to community resources.

Foster care is a temporary intervention for children who are unable to remain safely in their homes. Once a child is placed in DCFS custody the goal is to provide a safe, stable, and loving environment until they can be safely reunited with their family. DCFS must consider a placement with a non-custodial parent, relative, friend, or former foster parent before considering other placements.

Kinship care allows a child to stay in the care of a family member or friend who is willing to meet all of the child's needs, including working with the child's parents or guardian so they can return home. Sometimes kin placements provide a permanent home for the child in the event they cannot safely return home.

Transition to adult living (TAL) services provide support to youth ages 14 to 21 who are transitioning from foster care to adult living. The program utilizes a network of organizations and offers services including academic mentoring, financial planning, career preparation, and limited financial assistance.

Transition to adult living (TAL) aftercare services provide support to youth who have aged out of foster care, or who obtained permanency through adoption or custody and guardianship at the age of 16 or older through their 23rd birthday. Services include case management for independent living needs, and limited financial assistance for education, transportation, personal care, work related expenses, and housing.

Adoption services support children who cannot reunify safely with their family. Children may be adopted by relatives, families who fostered them, or other families seeking to provide a loving home for a child.

Prevention of child abuse and neglect is a focus of DCFS through the support of community programs. These services include parenting classes, evidence-based home visitation programs, statewide community and school-based education presentations, support to grandparents raising grandchildren, and 17 crisis and respite nurseries in local Family Support Centers across the state.

Domestic violence services funding is provided by DCFS to help support domestic violence shelters and outreach services, therapy for victims of domestic violence, and other resources including the state's domestic violence hotline.

Child Protective Services (CPS)

Reports of alleged child abuse or neglect come to a centralized intake office. A trained professional collects information to find out if the report meets the criteria to open an investigation.

Allegations must meet the child abuse and neglect statutes outlined in Utah state law in order for DCFS to open an investigation. Sometimes reports to our hotline may sound concerning, but don't qualify as child abuse or neglect under state law.

Reports that don't meet the criteria to open an investigation are documented in our child welfare information system as unaccepted. Reports that do meet the criteria of child abuse or neglect are then assigned to Child Protective Services (CPS) workers. Most of the time, the intake worker does not make this decision alone. A supervisor or licensed social worker helps make the decision whether it rises to the level of abuse or neglect under state law. They also look at any history of the involvement with DCFS to assist in this decision.

The moment CPS becomes involved with a family, our goal is to assess for safety concerns, work with the family to create a safety plan, and provide effective interventions that promote child safety and strengthen parents.

During a CPS investigation, a caseworker collects different types of information and evidence of child abuse or neglect, conducts interviews, and does safety and risk assessments.

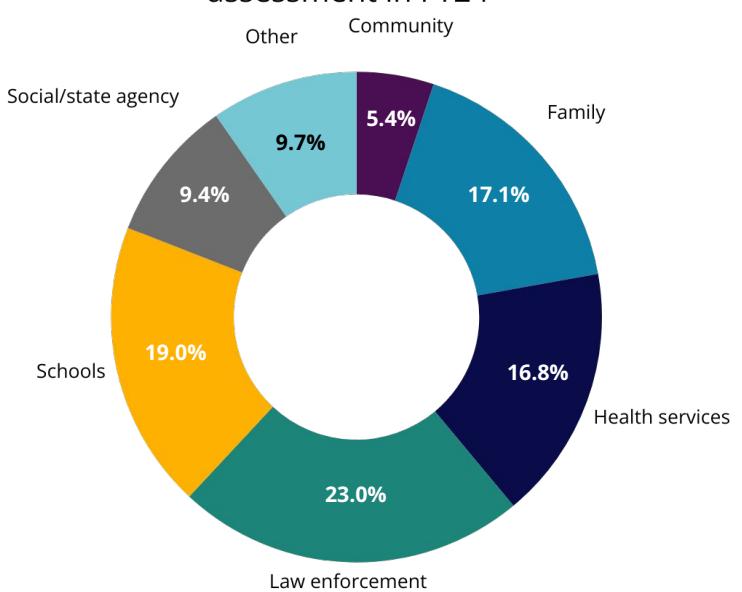
- Review any involvement the child or family had with DCFS in the past.
- Interviews with child, parent, and caregiver.
- Interviews with person alleged to be responsible for abuse or neglect.
- Interviews with third-party collateral contacts, like teachers or doctors.
- Conduct an assessment of safety and risk.
- Suicide screener on every child age 10 and older (this is also conducted regularly as a part of in-home and foster care services).
- Safe sleep assessment if a mother is pregnant or if there is a child 12 months or younger.
- Developmental milestone checklist for children who are non-verbal or younger than age 5.
- A home visit or unannounced home visit.

Child Protective Services (CPS)

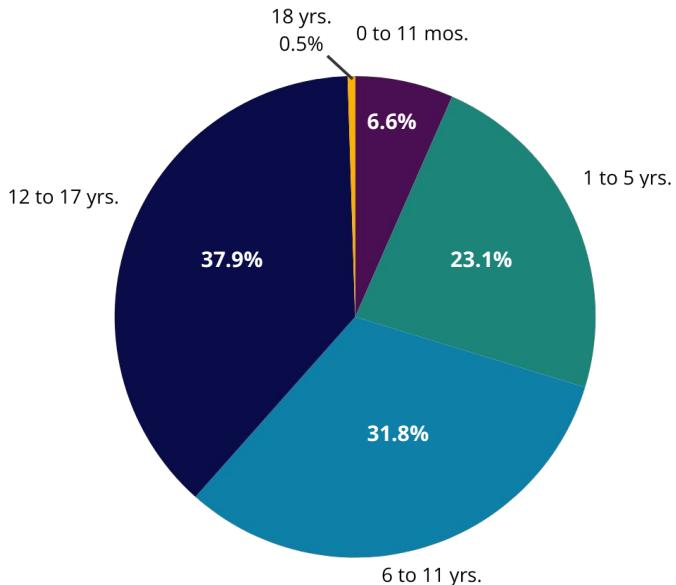
FY 24 in review:

- **48,542 reports** of abuse or neglect were received by intake in FY 24.
- **22,650 reports** met the criteria necessary to open CPS investigation.
- **8,791 confirmed victims** of child abuse or neglect.
- **70.2%** of the alleged perpetrators were the victim's parent. **16.2%** were other relatives.
- **18.1% of supported abuse or neglect cases** had domestic violence related child abuse as a contributing factor.

Sources of reports accepted for assessment in FY24



Victims by age in FY24



FY 24 in review continued:

- **6,706** of the 8,791 victims of child abuse or neglect were able to remain safely at home without subsequent DCFS involvement within the year.
- **1,967 cases** received in-home services from DCFS.
- **91.2%** of confirmed victims **did not** experience repeat maltreatment within 12 months of DCFS services.
- **Approximately 2 of every 1,000 children*** enter foster care in Utah, while the national average is 5 of every 1,000 children.

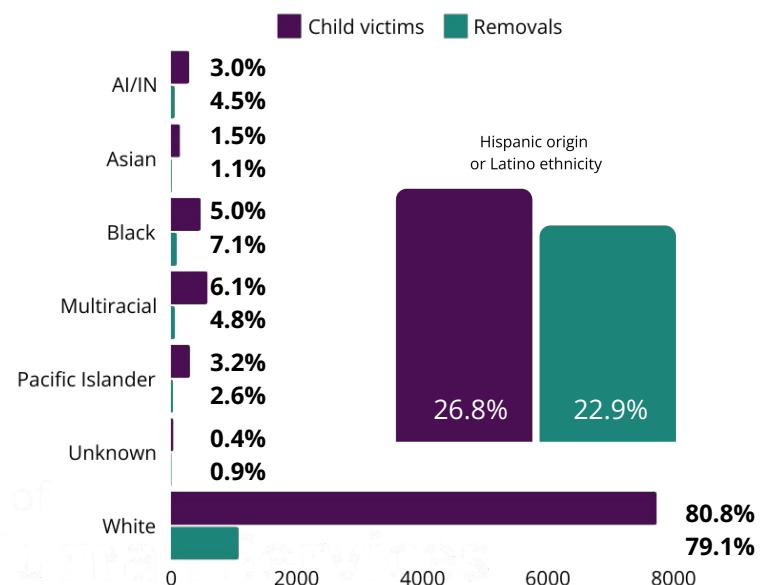
*Based on [2021 National Kids Count](https://datacenter.kidscount.org) data, datacenter.kidscount.org.

Child Protective Services (CPS)

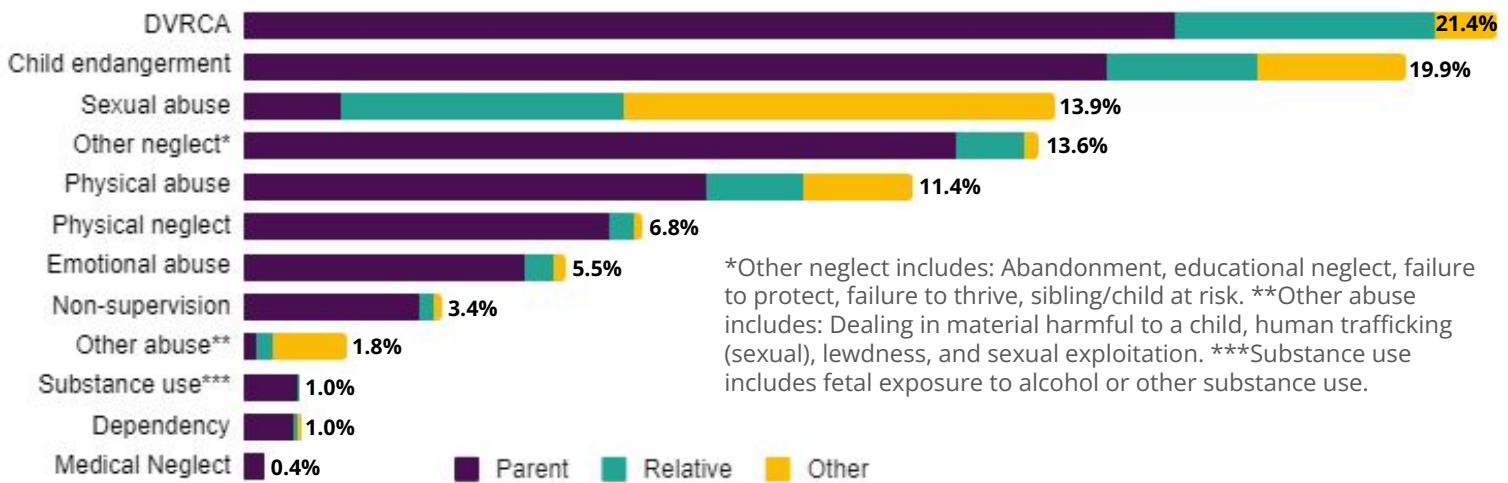
DCFS' work in child welfare brings us into communities and lives of diverse families with diverse needs. DCFS is committed to making every effort to treat all families with respect and dignity, while making sure they receive interventions that support the family's success.

DCFS continues to research best practices that focus on positive outcomes for children and families. DCFS seeks input from people with lived experience and partners with researchers while using data to develop strategies at various points in the child welfare process. These collaborative efforts increase effectiveness, reduce disparities, and improve the experience of the children and families we serve.

Race among confirmed child victims vs. removals into foster care in FY24



Confirmed allegations by type and relationship of individual responsible for abuse or neglect to child victim, FY24



In-home services

DCFS believes that children should remain with their families whenever safely possible. Most parents who are involved with DCFS are able to keep their children safely at home with the right help and support. We take a family-centered approach to providing services and support. Each family is unique and diverse. We try to tailor services to their strengths and needs by respecting their financial circumstances, beliefs, culture, values, practices, and traditions.

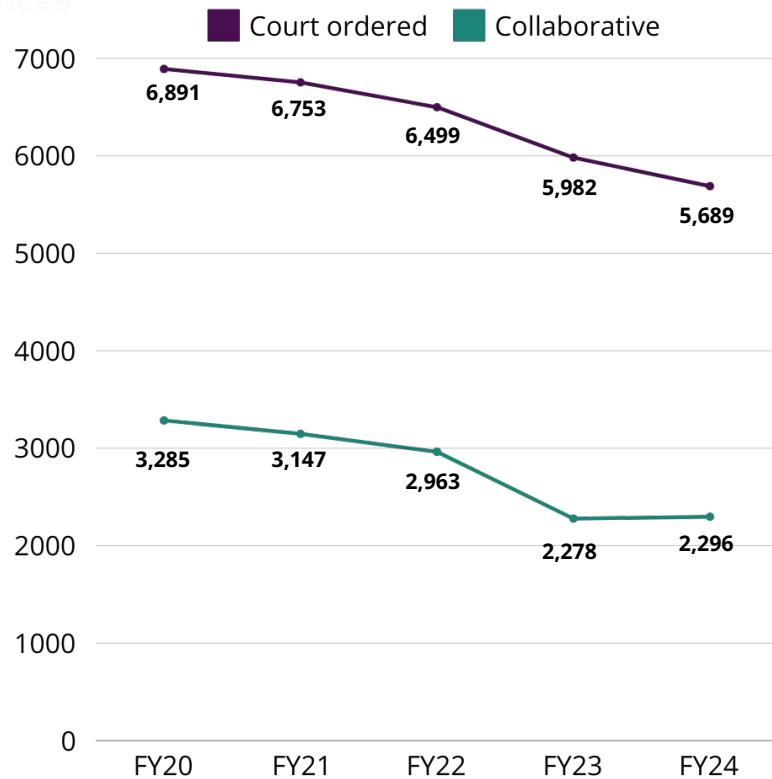
Kids have better outcomes if their parents are involved with their caseworker early on. We try to focus on strengths and needs that are most relevant to each child and involve the parents in selecting the services and resources they need most.

Services can include teaching parenting skills, developing child safety plans, teaching conflict resolution, and linking the family to evidence-based community resources including mental health treatment and substance use disorder treatment.

FY 24 in review:

- **1,967 cases** received in-home services.
- **88.1%** of in-home services child clients **did not** have a subsequent supported CPS case within 12 months of case closure.
- **95.6%** of in-home services child clients **did not** enter foster care within 12 months of the in-home case closure.
- On average court-ordered in-home services cases were open for **208 days**.
- On average collaborative (voluntary) in-home services cases were open for **131 days**.

Adult and child clients receiving in-home services



Kinship care

The first priority for DCFS is to maintain a child safely at home. When children are unable to safely remain in their own homes, foster care acts as a temporary intervention until children are able to be safely reunited with their family.

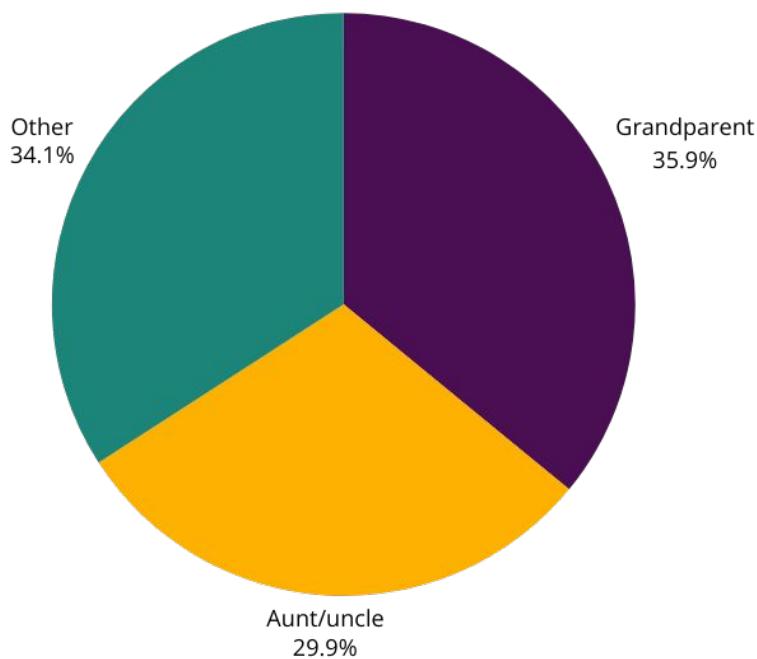
Safety, health, and the best interest of the child drive all placement decisions. Kinship is a priority if a child must be removed from their home. It reduces trauma to the child and helps keep them connected to their family and maintain a sense of belonging. Keeping siblings together is also critically important. We can help reduce the overall trauma by keeping kids connected to their family, school, community, and culture by placing them with relatives or someone familiar to them.

DCFS makes active efforts to locate potential kinship caregivers for placement to build and sustain family connections for the child. In cases where reasonable efforts to reunify the child and parent were not successful, custody or adoption by a relative is pursued.

FY 24 in review:

- **43.7% of days** foster children spent in foster care were spent in a kin placement.
- **90.4%** of children who exited foster care to a relative in FY 23 did not receive subsequent CPS services within 12 months.
- **95.0%** of children who exited foster care to a relative in FY 23 did not re-enter foster care within 12 months.

Relationship to kinship caregiver to children placed in kinship care



Foster care

Foster care is provided to children who cannot safely remain in their homes. Children in foster care may live with relatives or with unrelated foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living.

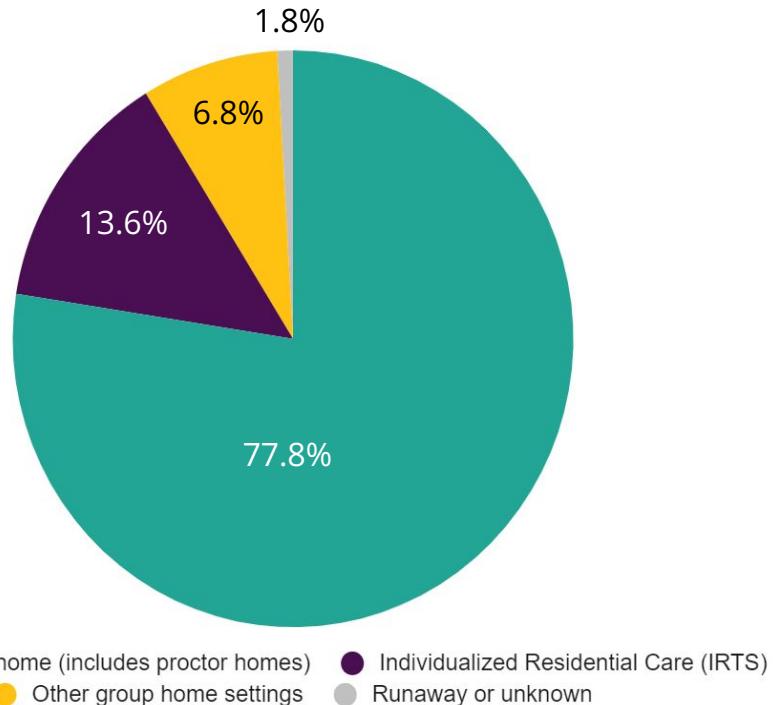
DCFS utilizes an evidence-based assessment tool to determine the recommended level of care for children in foster care, referred to as the Utah Family and Children Engagement Tool (UFACET). The UFACET has a built-in algorithm that utilizes identified patterns of need to determine an appropriate level of care for the child.

The first three levels, Level I, Level II, and Level III, are most frequently provided in foster family homes licensed by the DHHS Office of Licensing (OL). Occasionally these services are provided to children in proctor homes, i.e. when foster family homes are not available or when siblings of a child in proctor care are placed together. Children with severe emotional or behavioral difficulties that cannot be cared for in traditional family settings because of a need for more intensive supervision and treatment may be placed in higher levels of care (Levels IV, V, or VI) through contracts with licensed providers.

FY 24 in review:

- **3,133 children** received foster care services.
- **80.2%** of children that received foster care services for less than 12 months experienced 2 or fewer placements.
- **1,275** children were newly placed in foster care.
- **34.7%** of children in foster care were aged 0 to 5 years old.
- **34.4%** of children in foster care were aged 6 to 13 years old.
- **30.9%** of children in foster care were aged 14 to 18+ years old.

Placement level of youth in care, June 30, 2024



Exiting foster care

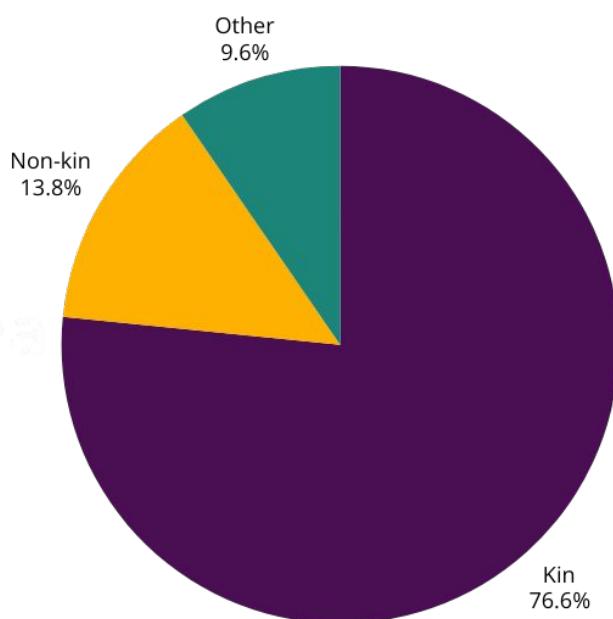
Reunification is the goal for the child and family in almost every case. While DCFS works to reunify the child with the parent, the court requires DCFS to also create an alternative permanency plan for the child at the same time—in case reunification is not possible. This helps make sure children do not linger in foster care.

Every child deserves safety, stability and permanency. For children who cannot reunify safely with their family, DCFS seeks to find a safe, nurturing and permanent family through adoption or guardianship.

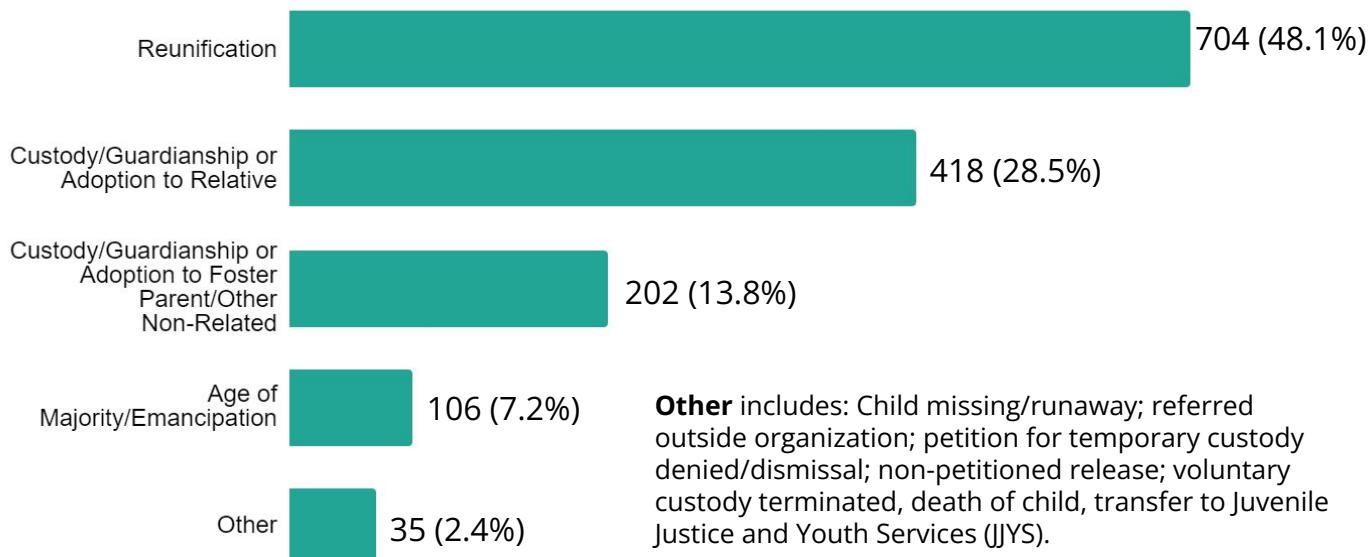
FY 24 in review:

- **1,465** children exited foster care.
- Average time in care for children exiting foster care was **12.9 months**.
- Average time in care for children reunified with their family was **10.5 months**.
- Average time in care for children that were adopted was **21.2 months**.

Relationship of caregiver to children when exiting foster care



Reasons children exited foster care



Substance use-disorder

We recognize substance use disorders (SUDs) as a health crisis that affects countless Utah families. The majority of cases requiring a child welfare intervention involve substance use.

Our goal is always for the child to remain in the home whenever safely possible while we work to connect the parent or caregiver to services to help build their long-term capacity to safely care for their children.

Utah has several residential substance use disorder treatment programs that allow young children, including children in foster care, to reside with their parents while completing treatment.

FY 24 in review:

- **829** children newly placed in foster care were from families affected by substance use.
- **244** children have been placed with a parent in a SUD residential treatment program to date since this service could be federally funded for children in foster care in Utah.
- **78%** of children placed with a parent in a SUD residential treatment program successfully reunified with a parent at the time of case closure.
- **85.2%** of children placed with a parent in a SUD residential treatment program did not have a subsequent supported CPS case.

Domestic violence services

Connecting adults affected by domestic violence to trauma-informed services also enhances stability, safety and permanency for children. Domestic violence services provided by local shelter and treatment programs with federal and state funding through DCFS include:

- 16 domestic violence shelters
- Trauma-informed therapy, financial planning and safety planning
- Assistance with protective orders
- LINKline domestic violence crisis hotline
- Lethality Assessment Protocol (LAP) program utilized by law enforcement and victims advocates to assist and educate victims
- Trauma-focused treatment for both survivors and offenders

More than \$14.1 million was provided through DCFS to support the domestic violence services program in FY 24.

FY 24 in review:

- **45,549** calls were made to the LINKline domestic violence crisis hotline.
- **2,822** adult and child clients received support from a domestic violence shelter.
- **2,617** children were victims of domestic violence related child abuse.
- **13.9%** of clients receiving in-home services cited domestic violence as a safety concern.

Child abuse prevention

Prevention of child abuse and neglect is a focus of DCFS through local community-based services that include:

- Parenting classes
- Six evidence-based home visitation programs
- Statewide community and school-based education presentations
- Support to grandparents raising grandchildren
- 17 respite and emergency nurseries in local Family Support Centers across the state

More than \$7 million of federal and state funds were provided through DCFS for these community-based prevention services in FY 2024.

Child Abuse Prevention services focus on upstream efforts that strengthen children, families and communities before abuse ever occurs. Families are strong when they have the skills to find resources when needed, have support of family, friends and their community, are prepared and able to handle stressful situations and parents have strong parenting skills and are able to build a positive relationship with their children.

FY 24 in review:

- **11,946** children received support from local community-based services.
- **10,092** adults received support from local community-based services.
- **7,893** families received support from local community-based services.
- **22,038** people received outreach support and services.
- Launched a child abuse prevention awareness campaign on social media reaching **over 3,000** community members.
- Shared family strengthening tips and child abuse prevention messaging with **5** local newsroom programs.



Utah DHHS



@Utah DHHS



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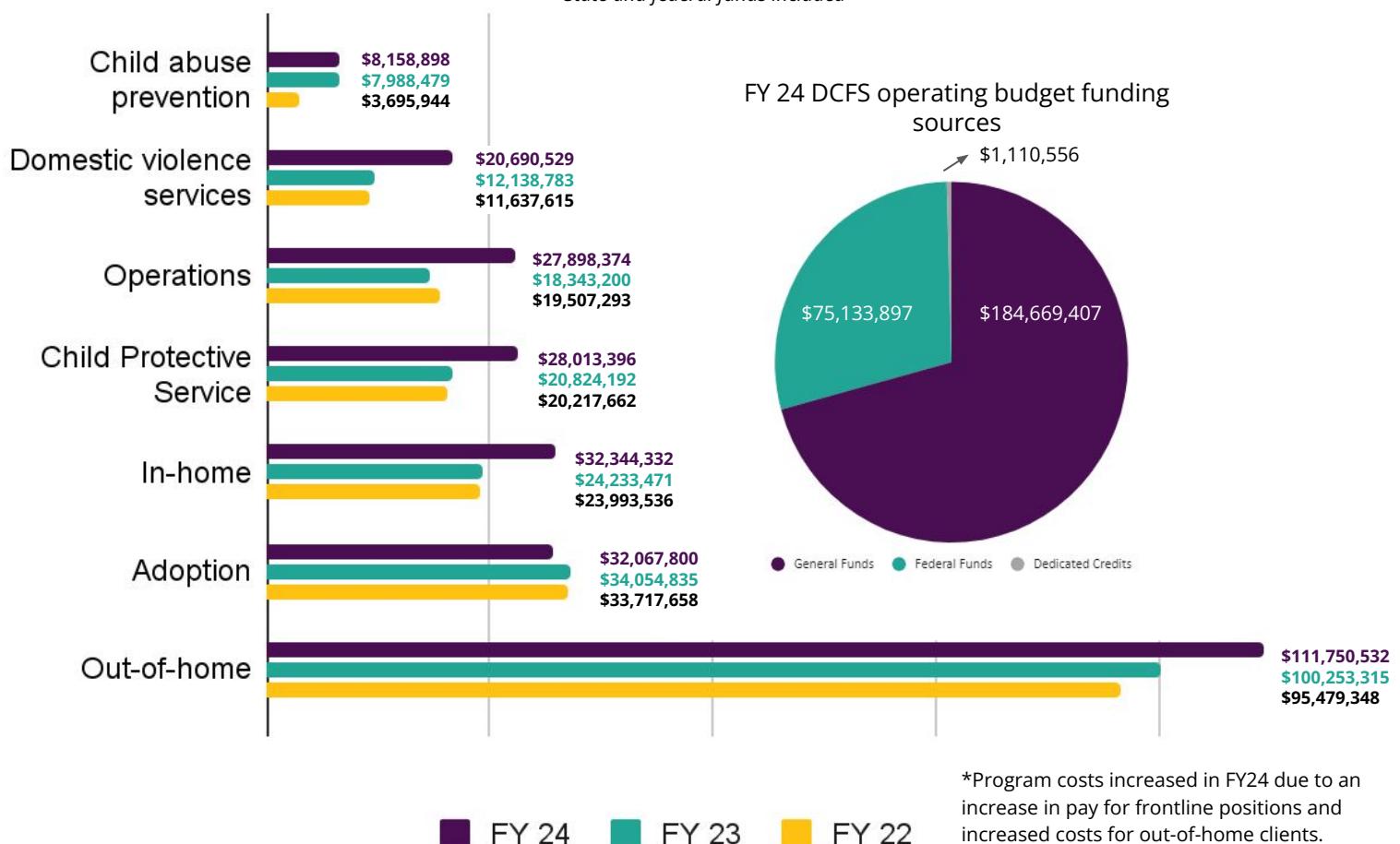
Annual budget

The budget for DCFS is primarily made up of a mix of state general fund, federal funds and dedicated credits. The following four general fund restricted accounts are appropriated by the Legislature and distributed through DCFS for services that focus on child abuse prevention and treatment programs, adoption, health and education programs for adults and children, and domestic violence services:

- Children's Account
- Choose Life Adoption Support Restricted Account
- National Professional Men's Basketball Team Support Women and Children Issues Restricted Account
- Victims of Domestic Violence Services Account

DCFS expenditures by program*

State and federal funds included



Workforce development

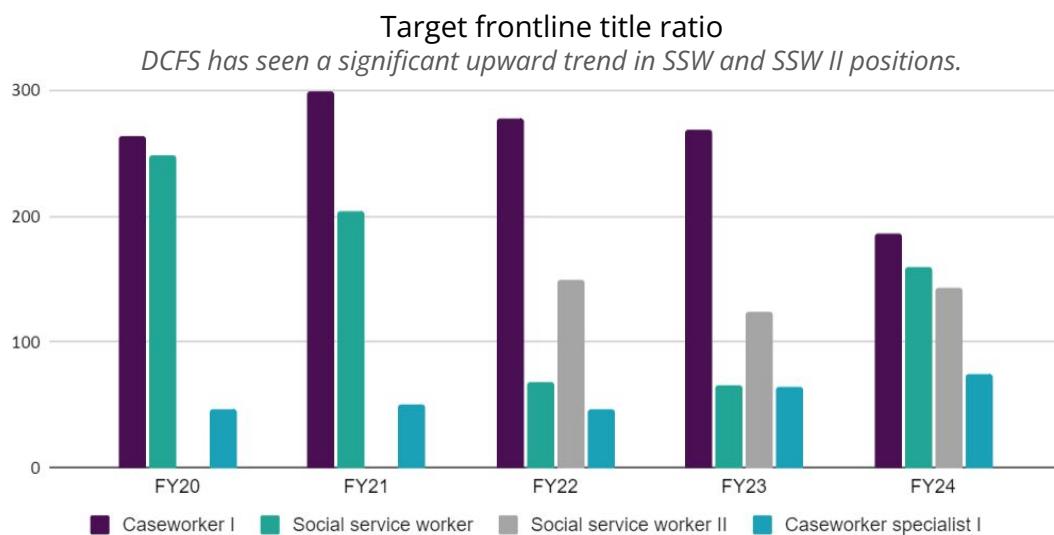
Our most important resource in achieving success with children and families is our staff. They enter the lives of children and families at times of crisis and vulnerability. The professionalism and skill of our staff in engaging, teaming, assessing, planning, and intervening with families are essential to good outcomes. Due to the complex and critical nature of child welfare, our community expects and deserves a well trained, experienced, ethical, compassionate, and supported workforce.

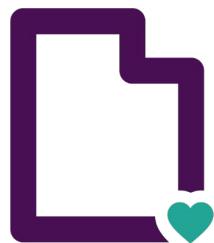
Required training includes:

- All DCFS direct service staff are required to complete practice model training before assuming any independent casework responsibilities
- Within 90 days of hire, direct services staff are required to complete online training on the 4th and 14th Amendment
- Within 90 days of hire, direct service staff are required to complete online training on the Indian Child Welfare Act and recognizing situations involving domestic violence and substance use
- After the first year, direct service staff must complete at least 20 hours of additional annual training

FY 24 in review:

- **100% of new case workers** completed the required onboarding training in their first year.
- **77.5% of employees** with 1 or more years with the agency completed 20 hours or more of training.
- **654 employees** in frontline positions.
- **55%** of all frontline employees have less than 3 years of experience.
- **28.1% turnover rate** for frontline positions.





Utah Department of
Health & Human Services
Child & Family Services

For an online copy of this report, or to find previous annual reports, please go to dcfs.utah.gov.

For questions about this report please contact the Department of Health and Human Services Office of Public Affairs and Education at dhhs@utah.gov.



Public Health Indicator Based Information System (IBIS)

Utah's Public Health Data Resource

Path: IBIS-PH » health indicators » index » report

Complete Health Indicator Report of Adolescent Births

Definition

The adolescent birth rate is reported as the number of live births per 1,000 adolescent females aged 15-19.

Numerator

The number of live births to adolescent mothers aged 15-19.

Denominator

The number of adolescent females in the population.

Data Interpretation Issues

The adolescent birth rate does not include abortions or miscarriages, and is an underestimate of the adolescent pregnancy rate.

Why Is This Important?

Research indicates that bearing a child during adolescence is associated with long-term difficulties for the mother, her child, and society. These consequences are often attributable to poverty and other adverse socioeconomic circumstances that frequently accompany early childbearing.

Compared to babies born to older mothers, babies born to adolescent mothers, particularly young adolescent mothers, are at higher risk of low birth weight and infant mortality. These babies are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn a high school diploma. For mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce future employment prospects and earning potential.

Other Objectives

Utah's 42 Community Health Indicators

Similar to HP2020 Objective FP-8: Reduce PREGNANCIES among adolescent females.

How Are We Doing?

The teen birth rates per 1,000 females aged 15-19 in Utah, for the past five years were:

2018: 13.1

2019: 12.0

2020: 10.5

2021: 9.2

2022: 8.2

According to the 2021 Pregnancy Risk Assessment Monitoring Survey (PRAMS) data, 39% of Utah teen mothers (age 15-19) reported their pregnancies as mistimed or unwanted. Another 26% reported that they were unsure whether or not they wanted to be pregnant.

How Do We Compare With the U.S.?

The adolescent birth rate in Utah has been lower than the U.S. overall rate over the past decade but is higher than

The adolescent birth rate in Utah has been lower than the U.S. overall rate over the past decade but is higher than in several other states. Utah and U.S. adolescent birth rates per 1,000 females aged 15-19 for the past five years were:

2018: Utah 13.1/U.S. 17.4
2019: Utah 12.0/U.S. 16.7
2020: Utah 10.5/U.S. 15.4
2021: Utah 9.2/U.S. 13.9
2022: Utah 8.2/U.S. 13.6

What Is Being Done?

Teen Pregnancy Prevention Programs:

The Utah Department of Health and Human Services receives federal funding from the U.S. Department of Health and Human Services, Administration for Children and Families, Family & Youth Services Bureau to provide two programs addressing teen pregnancy prevention in Utah.

The first program is Sexual Risk Avoidance Education (SRAE). Funds for this program must be used to implement evidence-based programs that teach participants to voluntarily refrain from sexual activity; normalize the optimal health behavior of avoiding non-marital sexual activity; and address the social, psychological, and health gains to be realized by refraining from sexual activity and engaging in healthy relationships.

SRAE prioritizes youth ages 10-19 and/or their parents, with a specific focus on youth in the Utah juvenile justice and foster care systems; youth of Hispanic, Black/African American, Pacific Islander, or American Indian origin; and youth residing in rural areas or other disadvantaged geographical areas with teen birth rates higher than the Utah average.

The second program is the Personal Responsibility Education Program (PREP). These funds must be used for evidence-based interventions designed to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, including HIV/AIDS, and at least three adulthood preparation subjects (healthy relationships, education and career success, healthy life skills, adolescent development, financial literacy, and parent-child communication).

The priority population for PREP in Utah is youth ages 14-19, and their parents, with a specific focus on youth in the Utah Juvenile Justice and foster care systems; pregnant and parenting teens; youth of Hispanic, Black/African American, Pacific Islander, or American Indian origin; and youth residing in rural areas or other disadvantaged geographical areas with teen birth rates higher than the Utah average.

The Utah Department of Health and Human Services (UDHHS) sub-contracts these federal funds to local health departments, community agencies, and tribal entities or governments.

For more information or questions regarding the two programs mentioned above, contact Elizabeth Gerke at 801-273-2870 or egerke@utah.gov.

Evidence-based Practices

The Utah teen pregnancy prevention programs utilize the following evidence-based interventions:

- Choosing the Best
- Families Talking Together
- INcluded
- Get Real
- Making Proud Choices
- Sexual Health and Adolescent Risk Prevention (SHARP)
- Teen Outreach Program (TOP)

Available Services

Youth development programs, resources for health teachers, and/or classes for youth and parents are available in local areas across the state.

For more information, contact Elizabeth Gerke at egerke@utah.gov or 801-273-2870.

Related Indicators

Related Relevant Population Characteristics Indicators:

- Utah Population Characteristics: Age Distribution of the Population
- Births from unintended pregnancies

Related Health Care System Factors Indicators:

- Prenatal care

Risk Factors

Experiencing birth during adolescence can increase a teen's risk of acquiring a sexually-transmitted infection as well as seriously hinder future financial stability due to limited educational attainment.

Related Risk Factors Indicators:

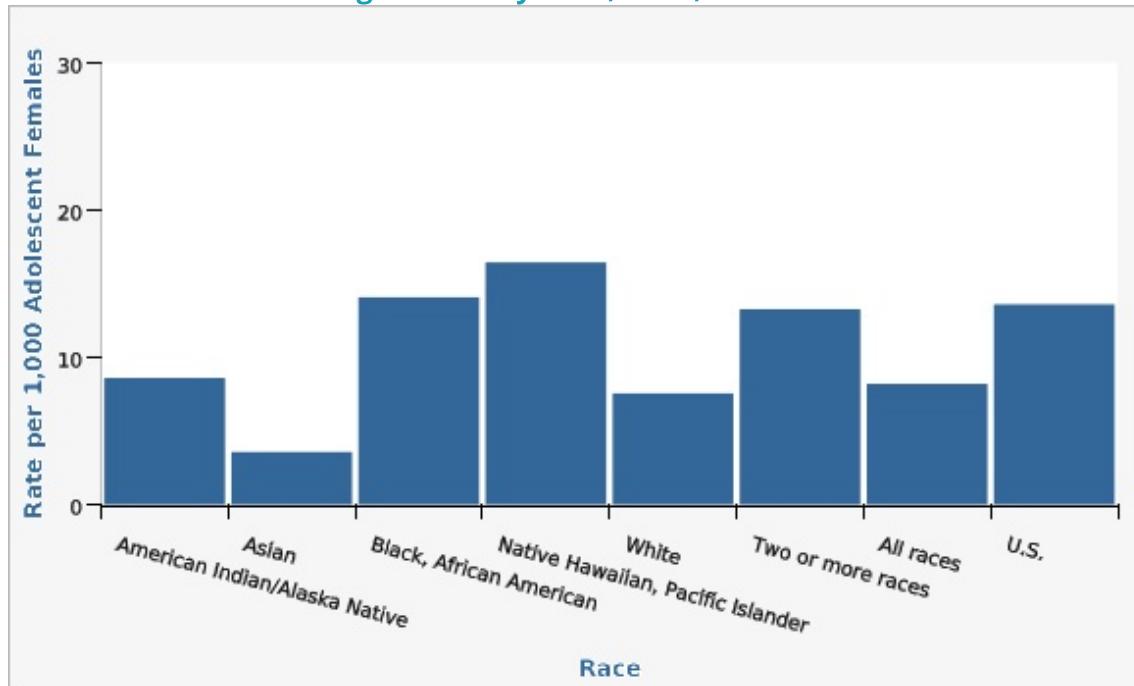
- Chlamydia Cases
- Utah Population Characteristics: Education Level in the Population
- Gonorrhea Cases
- Syphilis Cases - Primary and Secondary

Related Health Status Outcomes Indicators:

- Infant mortality
- Low Birth Weight

Graphical Data Views

Birth Rate for Females Aged 15-19 by Race, Utah, 2022



Race	Rate per 1,000 Adolescent Females	Lower Limit	Upper Limit	Note	Numerator	Denominator
American Indian/Alaska Native	8.6	5.1	13.6		18	2,094
Asian	3.6	1.7	6.6	*	10	2,802
Black, African American	14.1	9.6	20.0		31	2,202
Native Hawaiian, Pacific Islander	16.4	10.8	23.9		27	1,641
White	7.6	7.1	8.1		906	120,007

Two or more races	13.3	10.4	16.7	72	5,424
All races	8.2	7.7	8.7	1,280	139,963
U.S.	13.6				

Record Count: 8

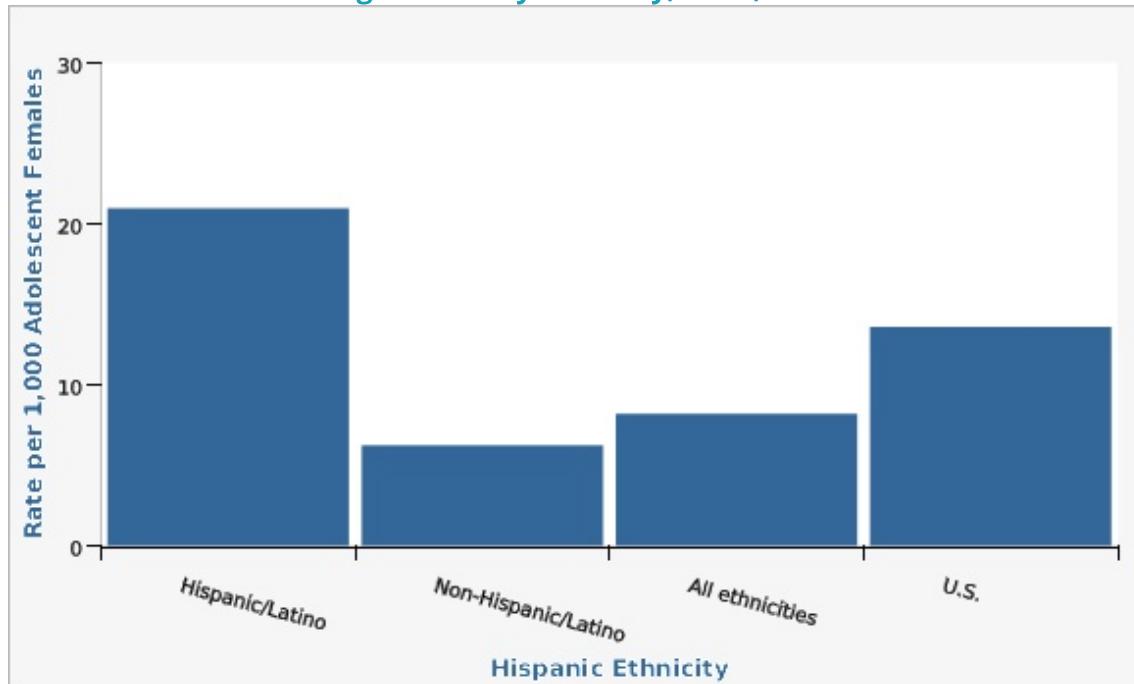
Data Notes

*Use caution in interpreting; the estimate has a coefficient of variation > 30% and is therefore deemed unreliable by Utah Department of Health and Human Services standards.

Data Sources

- Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022
- Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services
- National Vital Statistics System, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention

Birth Rate for Females Aged 15-19 by Ethnicity, Utah, 2022



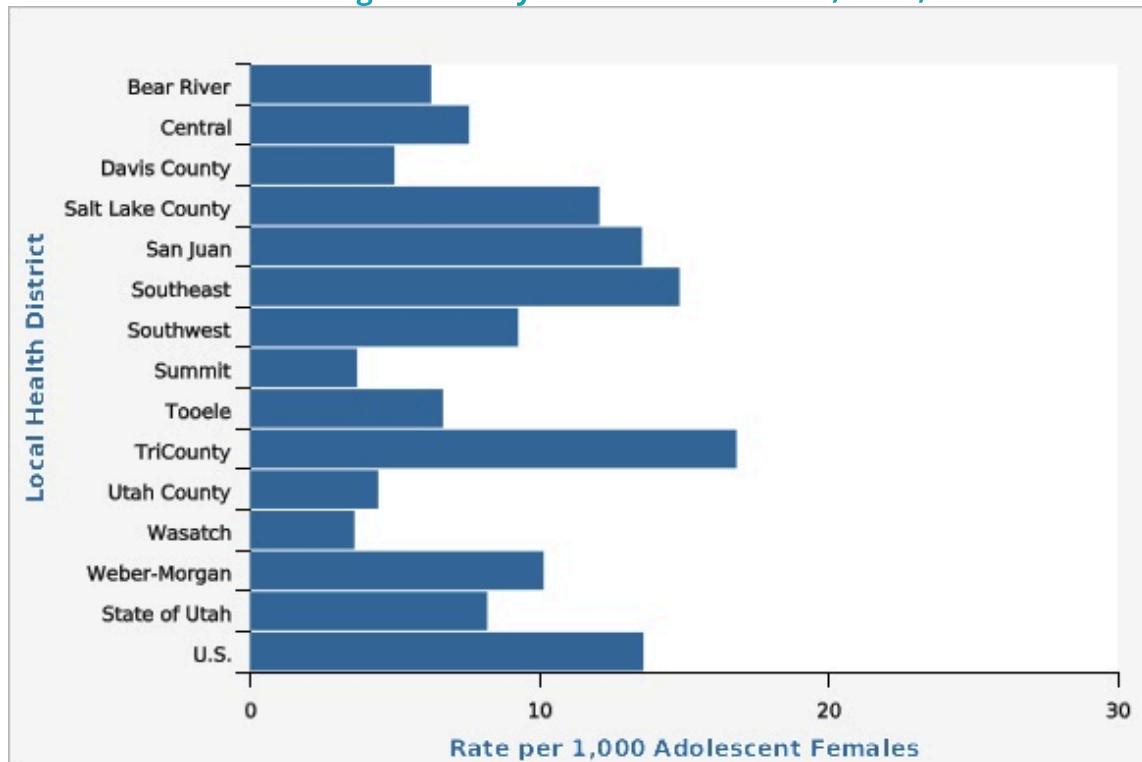
Hispanic Ethnicity	Rate per 1,000 Adolescent Females	Limit	Limit	ator	inator
Hispanic/Latino	21.0	19.2	22.9	503	23,987
Non-Hispanic/Latino	6.2	5.8	6.7	687	110,183
All ethnicities	8.2	7.7	8.7		
U.S.	13.6				

Record Count: 4

Data Sources

- Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022
- Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services
- National Vital Statistics System, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention

Birth Rate for Females Aged 15-19 by Local Health District, Utah, 2022



<u>Local Health District</u>	<u>Rate per 1,000 Adolescent Females</u>	<u>Lower Limit</u>	<u>Upper Limit</u>	<u>Note</u>	<u>Numerator</u>	<u>Denominator</u>
Bear River	6.3	4.8	8.0		63	10,058
Central	7.6	5.2	10.6		34	4,491
Davis County	5.0	4.0	6.2		84	16,835
Salt Lake County	12.1	11.1	13.2		521	43,125
San Juan	13.6	5.8	26.7	*	8	590
Southeast	14.8	9.5	22.1		24	1,617
Southwest	9.3	7.6	11.1		115	12,404
Summit	3.7	1.4	8.0	*	6	1,623
Tooele	6.7	4.4	9.8		26	3,900
TriCounty	16.8	12.0	23.0		39	2,319
Utah County	4.4	3.8	5.2		165	37,254
Wasatch	3.6	1.3	7.9	*	6	1,662
Weber-Morgan	10.2	8.4	12.2		112	11,036
State of Utah	8.2	7.7	8.7			
U.S.	13.6					

Record Count: 15

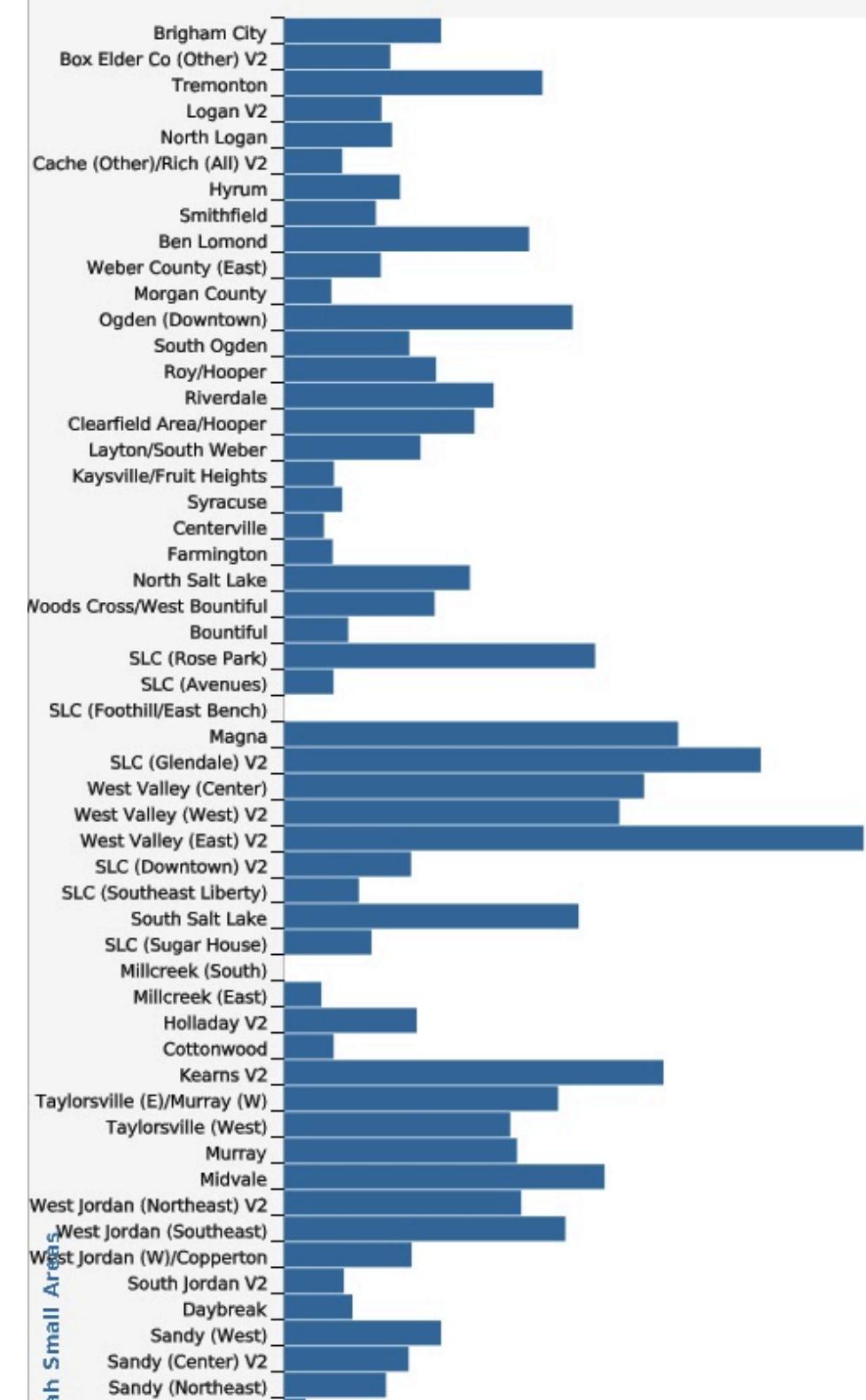
Data Notes

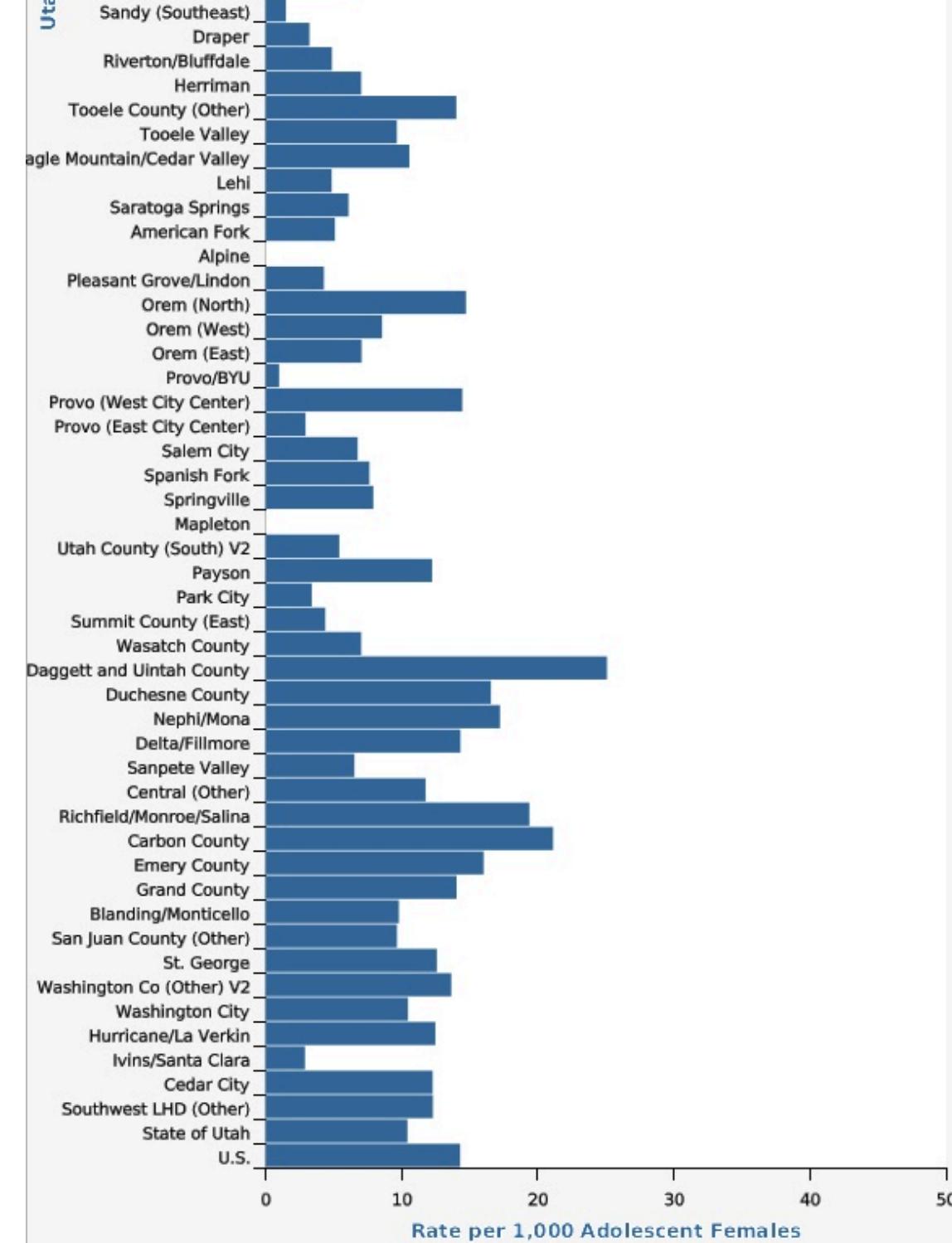
*Use caution in interpreting; the estimate has a coefficient of variation >30% and is therefore deemed unreliable by Utah Department of Health and Human Services standards.

Data Sources

- Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services
- For years 2020 and later, the population estimates are provided by the Kem C. Gardner Policy Institute, Utah state and county annual population estimates are by single year of age and sex, IBIS Version 2022
- National Vital Statistics System, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention

Birth Rate for Females Aged 15-19 by Utah Small Area, 2020-2022





Utah Small Areas	Rate per 1,000 Adolescent Females	Lower Limit	Upper Limit	Note	Number	Denominator
Brigham City	10.8	7.3	15.4		30	2,775
Box Elder Co (Other) V2	7.3	3.5	13.5	*	10	1,366
Tremonton	17.8	12.4	24.6		36	2,025
Logan V2	6.7	5.1	8.6		61	9,083
North Logan	7.4	4.9	10.9		26	3,495
Cache (Other)/Rich (All) V2	4.0	2.1	7.0		12	2,986
Hyrum	8.0	4.0	14.3	*	11	1,377
Smithfield	6.3	3.2	11.3	*	11	1,737
Ben Lomond	16.9	13.9	20.3		113	6,701
Weber County (East)	6.7	4.4	9.7		27	4,048
Morgan County	3.3	0.9	8.4	*	4	1,222
Ogden (Downtown)	19.8	16.0	24.4		90	4,533
South Ogden	8.6	6.0	12.0		36	4,172
Roy/Hooper	10.5	7.8	13.7		53	5,063
Riverdale	14.4	10.4	19.6		41	2,843
Clearfield Area/Hooper	13.1	10.8	15.8		108	8,238
Layton/South Weber	9.4	7.5	11.6		88	9,364
Kaysville/Fruit Heights	3.4	2.0	5.6		16	4,634
Syracuse	4.0	2.3	6.5		16	3,980
Centerville	2.8	0.9	6.4	*	5	1,813
Farmington	3.4	1.4	6.6	*	8	2,383
North Salt Lake	12.8	8.4	18.7		26	2,033
Woods Cross/West Bountiful	10.4	5.8	17.1		15	1,446
Bountiful	4.4	2.7	6.8		21	4,736
SLC (Rose Park)	21.4	17.1	26.4		87	4,066

SLC (Avenues)	3.4	1.3	7.4	*	6	1,753
SLC (Foothill/East Bench)	**			**		
Magna	27.1	21.7	33.4		87	3,209
SLC (Glendale) V2	32.8	26.3	40.4		88	2,684
West Valley (Center)	24.8	20.8	29.3		137	5,532
West Valley (West) V2	23.1	18.2	28.8		78	3,381
West Valley (East) V2	39.9	34.6	45.7		208	5,218
SLC (Downtown) V2	8.8	6.2	12.0		38	4,341
SLC (Southeast Liberty)	5.2	2.6	9.2	*	11	2,130
South Salt Lake	20.3	14.9	27.0		47	2,319
SLC (Sugar House)	6.0	3.5	9.7		17	2,817
Millcreek (South)	**			**		
Millcreek (East)	2.6	1.0	5.6	*	6	2,324
Holladay V2	9.1	5.4	14.4		18	1,969
Cottonwood	3.4	1.8	6.0		12	3,496
Kearns V2	26.1	21.6	31.3		117	4,483
Taylorsville (E)/Murray (W)	18.9	14.5	24.1		63	3,340
Taylorsville (West)	15.6	11.8	20.1		58	3,724
Murray	16.0	11.8	21.3		48	2,994
Midvale	22.0	17.2	27.9		70	3,174
West Jordan (Northeast) V2	16.3	12.2	21.4		52	3,186
West Jordan (Southeast)	19.4	15.3	24.2		76	3,925
West Jordan (W)/Copperton	8.8	6.7	11.4		57	6,485
South Jordan V2	4.1	2.4	6.5		18	4,361
Daybreak	4.7	2.9	7.2		21	4,452
Sandy (West)	10.8	7.4	15.3		32	2,961
Sandy (Center) V2	8.6	5.4	12.9		23	2,681

Sandy (Center) V2	3.0	3.1	12.0	12	1,551	
Sandy (Northeast)	7.0	4.0	11.4	16	2,275	
Sandy (Southeast)	1.5	0.5	3.5	*	5	3,342
Draper	3.2	1.9	5.2		17	5,259
Riverton/Bluffdale	4.9	3.2	7.0		28	5,742
Herriman	7.0	5.2	9.2		52	7,398
Tooele County (Other)	14.0	9.4	20.1		29	2,068
Tooele Valley	9.6	7.4	12.3		64	6,632
Eagle Mountain/Cedar Valley	10.6	7.8	13.9		50	4,731
Lehi	4.9	3.4	6.7		37	7,606
Saratoga Springs	6.1	4.0	8.8		28	4,593
American Fork	5.1	3.6	7.1		36	7,058
Alpine	**			**		
Pleasant Grove/Lindon	4.3	2.9	6.1		31	7,231
Orem (North)	14.7	11.2	19.0		60	4,072
Orem (West)	8.6	6.5	11.1		57	6,657
Orem (East)	7.1	4.3	10.9		20	2,834
Provo/BYU	1.0	0.6	1.6		16	15,965
Provo (West City Center)	14.5	10.7	19.2		48	3,319
Provo (East City Center)	2.9	1.8	4.6		19	6,453
Salem City	6.8	3.1	12.8	*	9	1,330
Spanish Fork	7.6	5.5	10.3		42	5,507
Springville	7.9	5.3	11.3		30	3,790
Mapleton	**			**		
Utah County (South) V2	5.4	2.8	9.5		12	2,212
Payson	12.2	8.9	16.5		43	3,514
Park City	3.4	1.6	6.3	*	10	2,939

Summit County (East)	4.4	1.4	10.2	*	5	1,139
Wasatch County	7.0	4.6	10.2		27	3,839
Daggett and Uintah County	25.1	20.3	30.7		94	3,746
Duchesne County	16.6	11.5	23.0		35	2,213
Nephi/Mona	17.2	10.5	26.6		20	1,161
Delta/Fillmore	14.3	8.2	23.3		16	1,117
Sanpete Valley	6.5	4.3	9.5		27	4,135
Central (Other)	11.8	7.8	17.1		27	2,295
Richfield/Monroe/Salina	19.4	13.4	27.2		33	1,702
Carbon County	21.1	15.3	28.5		43	2,035
Emery County	16.0	9.2	26.0		16	998
Grand County	14.0	7.2	24.5		12	855
Blanding/Monticello	9.8	4.5	18.6	*	9	918
San Juan County (Other)	9.7	4.2	19.0	*	8	828
St. George	12.6	10.5	14.9		133	10,566
Washington Co (Other) V2	13.6	7.5	22.9		14	1,026
Washington City	10.5	7.1	15.0		30	2,864
Hurricane/La Verkin	12.5	8.8	17.1		38	3,046
Ivins/Santa Clara	2.9	0.9	6.8	*	5	1,727
Cedar City	12.3	9.8	15.1		88	7,165
Southwest LHD (Other)	12.3	8.4	17.4		31	2,521
State of Utah	10.4	10.1	10.8		3,842	368,378
U.S.	14.3					

Record Count: 101

Data Notes

A description of the Utah Small Areas may be found on IBIS at the following URL:
<https://ibis.health.utah.gov/resource/Guidelines.html>.

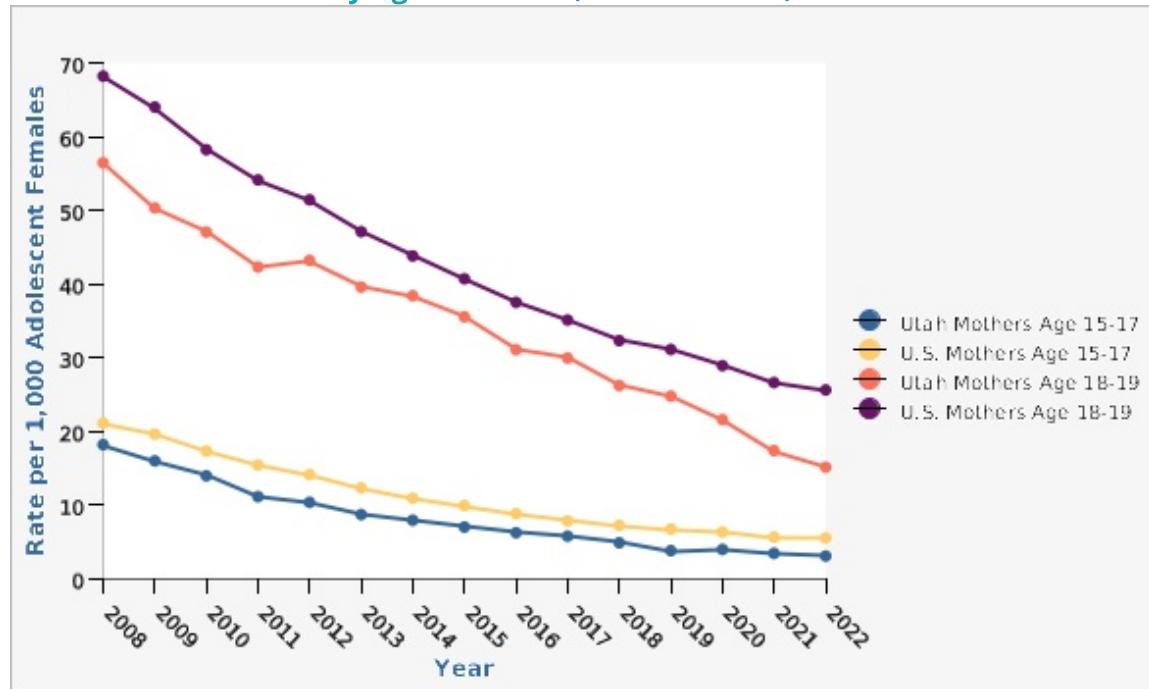
*Use caution in interpreting, the estimate has a coefficient of variation >30% and is therefore deemed unreliable by

**The estimate has been suppressed because 1) the relative standard error is greater than 50% or 2) the observed number of events is very small and not appropriate for publication.

Data Sources

- Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services
- Population estimates used linear interpolation of U.S. Census Bureau, Kem C. Gardner Policy Institute population estimates, and ESRI ZIP Code data provided annual population estimates for ZIP Code areas by sex and age groups, IBIS Version 2022
- National Vital Statistics System, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention

Adolescent Birth Rate by Age of Mother, Utah and U.S., 2008-2022



Age 15-17 vs 18-19, UT & US	Year	Rate per 1,000 Adolescent Females	Lower Limit	Upper Limit	Note	Numer- ator	Denom- inator
Utah Mothers Age 15-17	2008	18.2	17.1	19.3			

Utah Mothers Age 15-17	2009	16.0	15.0	17.0		
Utah Mothers Age 15-17	2010	14.0	13.0	14.9		
Utah Mothers Age 15-17	2011	11.1	10.3	12.0		
Utah Mothers Age 15-17	2012	10.3	9.6	11.1		
Utah Mothers Age 15-17	2013	8.7	8.0	9.4		
Utah Mothers Age 15-17	2014	7.9	7.3	8.6		
Utah Mothers Age 15-17	2015	7.0	6.4	7.6		
Utah Mothers Age 15-17	2016	6.2	5.7	6.8		
Utah Mothers Age 15-17	2017	5.7	5.2	6.3		
Utah Mothers Age 15-17	2018	4.9	4.4	5.4		
Utah Mothers Age 15-17	2019	3.8	3.4	4.2		
Utah Mothers Age 15-17	2020	3.9	3.5	4.4		
Utah Mothers Age 15-17	2021	3.4	3.0	3.8		
Utah Mothers Age 15-17	2022	3.0	2.7	3.4	257	84,333
U.S. Mothers Age 15-17	2008	21.1				
U.S. Mothers Age 15-17	2009	19.6				

U.S. Mothers Age 15-17	2010	17.3				
U.S. Mothers Age 15-17	2011	15.4				
U.S. Mothers Age 15-17	2012	14.1				
U.S. Mothers Age 15-17	2013	12.3				
U.S. Mothers Age 15-17	2014	10.9				
U.S. Mothers Age 15-17	2015	9.9				
U.S. Mothers Age 15-17	2016	8.8				
U.S. Mothers Age 15-17	2017	7.8				
U.S. Mothers Age 15-17	2018	7.2				
U.S. Mothers Age 15-17	2019	6.7				
U.S. Mothers Age 15-17	2020	6.3				
U.S. Mothers Age 15-17	2021	5.6				
U.S. Mothers Age 15-17	2022	5.5			*	
Utah Mothers Age 18-19	2008	56.4	54.3	58.6		
Utah Mothers Age 18-19	2009	50.3	48.3	52.4		
Utah Mothers Age 18-19	2010	47.0	45.1	49.0		

Utah Mothers Age 18-19	2011	42.3	40.4	44.3			
Utah Mothers Age 18-19	2012	43.2	41.2	45.2			
Utah Mothers Age 18-19	2013	39.6	37.7	41.5			
Utah Mothers Age 18-19	2014	38.4	36.5	40.3			
Utah Mothers Age 18-19	2015	35.5	33.8	37.4			
Utah Mothers Age 18-19	2016	31.0	29.4	32.7			
Utah Mothers Age 18-19	2017	29.9	28.4	31.6			
Utah Mothers Age 18-19	2018	26.2	24.8	27.7			
Utah Mothers Age 18-19	2019	24.8	23.4	26.2			
Utah Mothers Age 18-19	2020	21.6	20.3	22.9			
Utah Mothers Age 18-19	2021	17.4	16.3	18.5	998	57,450	
Utah Mothers Age 18-19	2022	15.1	14.2	16.1	946	62,582	
U.S. Mothers Age 18-19	2008	68.2					
U.S. Mothers Age 18-19	2009	64.0					
U.S. Mothers Age 18-19	2010	58.2					
U.S. Mothers Age 18-19	2011	54.1					
U.S. Mothers Age 18-19	2012	51.4					

U.S. Mothers Age 18-19	2012	51.4			
U.S. Mothers Age 18-19	2013	47.1			
U.S. Mothers Age 18-19	2014	43.8			
U.S. Mothers Age 18-19	2015	40.7			
U.S. Mothers Age 18-19	2016	37.5			
U.S. Mothers Age 18-19	2017	35.1			
U.S. Mothers Age 18-19	2018	32.3			
U.S. Mothers Age 18-19	2019	31.1			
U.S. Mothers Age 18-19	2020	28.9			
U.S. Mothers Age 18-19	2021	26.6			
U.S. Mothers Age 18-19	2022	25.6		*	

Record Count: 60

Data Notes

*2022 Provisional Data

Data Sources

- Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services
- For years 2020 and later, the population estimates are provided by the Kem C. Gardner Policy Institute, Utah state and county annual population estimates are by single year of age and sex, IBIS Version 2022
- Population Estimates for 2000-2019: National Center for Health Statistics (NCHS) through a collaborative agreement with the U.S. Census Bureau, IBIS Version 2020
- National Vital Statistics System, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention

References and Community Resources

Utah Department of Health and Human Services

Adolescent Health Program

<https://adolescenthealth.utah.gov/teen-pregnancy-prevention/>

Power to Decide: The Campaign to Prevent Unplanned Pregnancy

<https://powertodecide.org/news/we-are-power-decide>

Center for Disease Control and Prevention, Division of Adolescent and School Health (DASH)

<http://www.cdc.gov/healthyyouth/>

U.S. Department of Health & Human Services, Administration for Children & Families, Family and Youth Services Bureau (FYSB)

<https://www.acf.hhs.gov/fysb>

More Resources and Links

Evidence-based community health improvement ideas and interventions may be found at the following sites:

- Centers for Disease Control and Prevention (CDC) WONDER Database, a system for disseminating public health data and information.
- United States Census Bureau data dashboard.
- Utah healthy Places Index, evidence-based and peer-reviewed tool, supports efforts to prioritize equitable community investments, develop critical programs and policies across the state, and much more.
- County Health Rankings
- Kaiser Family Foundation's StateHealthFacts.org
- Medical literature can be queried at PubMed library.

Page Content Updated On 11/06/2023, Published on 01/05/2024

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UTAH ADOLESCENT BIRTH DATA
2022

Table 1: Utah Adolescent Birth Rates, Age 15-19 by Local Health District, 2022

Location	Rate per 1,000 females
TriCounty	16.8
Southeast	14.8
U.S. AVERAGE	13.6
San Juan	13.6*
Salt Lake County	12.1
Weber-Morgan	10.2
Southwest	9.3
STATE OF UTAH AVERAGE	8.2
Central	7.6
Tooele	6.7
Bear River	6.3
Davis County	5.0
Utah County	4.4
Summit	3.7*
Wasatch	3.6*

Table 2: Utah Adolescent Birth Rates, Age 15-19 by Race, 2022

Race	Rate per 1,000 females
Pacific Islander	16.4
Black or African	14.1
America Indian/Alaskan Native	8.6
White	7.6
Asian	3.6*

Table 3: Utah Adolescent Birth Rates, Age 15-19 by Ethnicity, 2022

Ethnicity	Rate per 1,000 females
Hispanic	21.0
Non-Hispanic	6.2

Table 4: Utah Adolescent Birth Rates, Age 15-19 by Small Area, 2020-2022

Location	Rate per 1,000 females	Location	Rate per 1,000 females
West Valley (East)	39.9	Holladay	9.1
SLC (Glendale)	32.8	West Jordan (West)/Copperton	8.8
Magna	27.1	SLC (Downtown)	8.8
Kearns	26.1	South Ogden	8.6
Daggett and Uintah County	25.1	Sandy (Center)	8.6
West Valley (Center)	24.8	Orem (West)	8.6
West Valley (West)	23.1	Hyrum	8.0*
Midvale	22.0	Springville	7.9
SLC (Rose Park)	21.4	Spanish Fork	7.6
Carbon County	21.1	North Logan	7.4
South Salt Lake	20.3	Box Elder County (Other)	7.3*
Ogden (Downtown)	19.8	Orem (East)	7.1
Richfield/Monroe/Salina	19.4	Sandy (Northeast)	7.0
West Jordan (Southeast)	19.4	Herriman	7.0
Taylorsville (East)/Murray (West)	18.9	Wasatch County	7.0
Tremonton	17.8	Salem City	6.8*
Nephi/Mona	17.2	Logan	6.7
Ben Lomond	16.9	Weber County (East)	6.7
Duchesne County	16.6	Sanpete Valley	6.5
West Jordan (Northeast)	16.3	Smithfield	6.3*
Murray	16.0	Saratoga Springs	6.1
Emery County	16.0	SLC (Sugar House)	6.0
Taylorville (West)	15.6	Utah County (South)	5.4
Orem (North)	14.7	SLC (Southeast Liberty)	5.2*
Provo (West City Center)	14.5	American Fork	5.1
Riverdale	14.4	Riverton/Bluffdale	4.9
Delta/Fillmore	14.3	Lehi	4.9

U.S AVERAGE	14.3	Daybreak	4.7
Grand County	14.0	Bountiful	4.4
Tooele County (Other)	14.0	Summit County (East)	4.4*
Washington County (Other)	13.6	Pleasant Grove/Lindon	4.3
Clearfield Area/Hooper	13.1	South Jordan	4.1
North Salt Lake	12.8	Cache County (Other)	4.0
St. George	12.6	Syracuse	4.0
Hurricane/LaVerkin	12.5	Kaysville/Fruit Heights	3.4
Southwest LHD (Other)	12.3	Cottonwood	3.4
Cedar City	12.3	SLC (Avenues)	3.4*
Payson	12.2	Park City	3.4*
Central (Other)	11.8	Farmington	3.4*
Brigham City	10.8	Morgan County	3.3*
Sandy (West)	10.8	Draper	3.2
Eagle Mountain/Cedar Valley	10.6	Provo (East City Center)	2.9
Roy/Hooper	10.5	Ivins/Santa Clara	2.9*
Washington City	10.5	Centerville	2.8*
STATE OF UTAH AVERAGE	10.4	Millcreek (East)	2.6*
Woods Cross/West Bountiful	10.4	Sandy (Southeast)	1.5*
Box Elder County (Other)	10.5	Provo/BYU	1.0
Blanding/Monticello	9.8*	SLC (Foothill/East Bench)	**
San Juan County (Other)	9.7*	Millcreek (South)	**
Tooele Valley	9.6	Alpine	**
Layton/South Weber	9.4	Mapleton	**

*Use caution in interpreting; the estimate has a coefficient of variation >30% and is therefore deemed unreliable by Utah Department of Health and Human Services standards.

**The estimate has been suppressed because 1) The relative standard error is greater than 50% or when the relative standard error can't be determined. Consider aggregating years to decrease the relative standard error and improve the reliability of the estimate. 2) the observed number of events is very small and not appropriate for publication, or 3) it could be used to calculate the number in a cell that has been suppressed.

More detailed data can be found on Utah's Public Health Indicator Based Information System (IBIS) (<https://ibis.health.utah.gov/ibisph-view/>) You may also contact the Adolescent Health Program Manager, Elizabeth Gerke (egerke@utah.gov or 801-273-2870), for data specific to your area or population.

5th Grade
Maturation

BOYS

Agenda

- Welcome
- Learning Targets
- Puberty
- Anatomy Handout
- Video
- Discussion/Review
- What to do if you have questions!

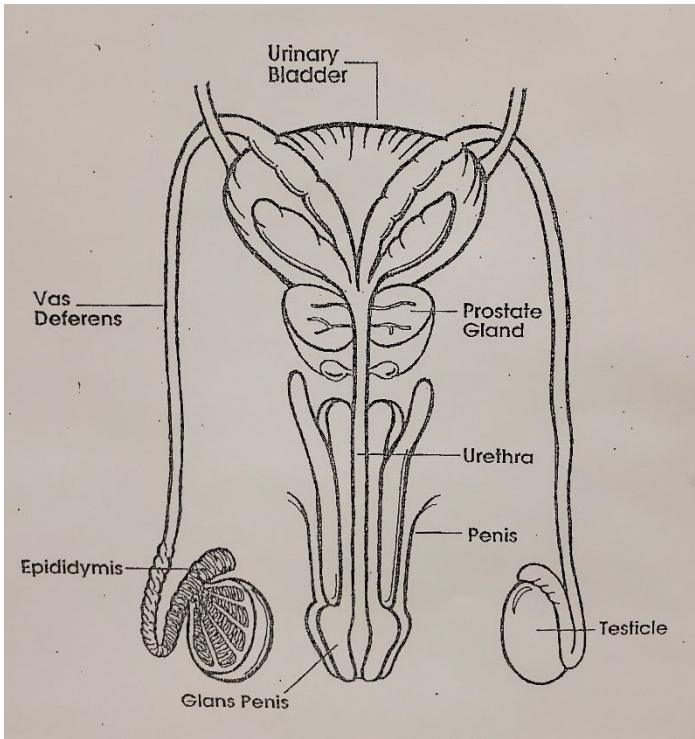
Learning Targets

- I can list the changes that occur in my body during puberty.
- I can identify the name and function of the basic parts of the male reproductive system.
- I am responsible to keep my body healthy and clean.

What is puberty?

- A time of physical, mental and emotional changes.
- Definition: When a boy's body begins the process of gradually growing and changing from childhood into adulthood.
- The timing is different for each person.
- Every boy grows and changes as his own pace.
- Most boys start puberty between 11-16 years old.
- Usually boys begin puberty 2 years after girls.
- Puberty can be scary, embarrassing and confusing BUT the more you know, the easier it is!

General Anatomy



Vocabulary

Penis- the male reproductive organ. It also serves as the male organ for urinary excretion.

Testes- male reproductive glands that produce sperm and hormones.

Scrotum- sac-like structure that contains the testicles.

Epididymis- structure where sperm are stored.

Prostate Gland- makes white fluid that keeps the sperm alive.

Semen- thick white fluid which contains sperm.



Puberty

- Physical Changes-
 - Grow taller, gain weight, pubic hair, under arm hair, chest hair, facial hair, broad shoulders, more muscular, penis, testicles and scrotum grow larger, vocal chords lengthen.
 - Testicles start to produce sperm (erection, ejaculation)
- Emotional Changes-
 - Mood swings, more mature
- Mental Changes-
 - More responsible, set and achieve personal goals, increased decision making, interests change

Hygiene

- Shower everyday
- Wash face/hands
- Wear clean clothes (including underwear and socks!)
- Wear deodorant
- Brush teeth

Healthy Bodies

- Sleep
 - 9-11 hours a night
- Nutrition
 - Eat from all the food groups
 - Less Junk Food
 - More Water
- Exercise
 - Everyday!

Pornography

- Current research indicates that pornography is destructive to individuals, families and our society.
- Pornography is bombarding teenagers like never before. Teenagers are the largest consumers and smart phone/internet is the biggest provider.
- Fight the New Drug- website with research and information to help families
- Prevention- have a family meeting, set rules & limits

Questions!

- Ask your Mom or Dad or Guardian
- You can always ask me!
- Trusted adult
- DO NOT ASK THE INTERNET!

Q&A



5TH GRADE MATURATION

GIRLS

AGENDA

Welcome

Learning Targets

Puberty

Anatomy Handout

Video

Discussion/Review

What to do if you have questions!

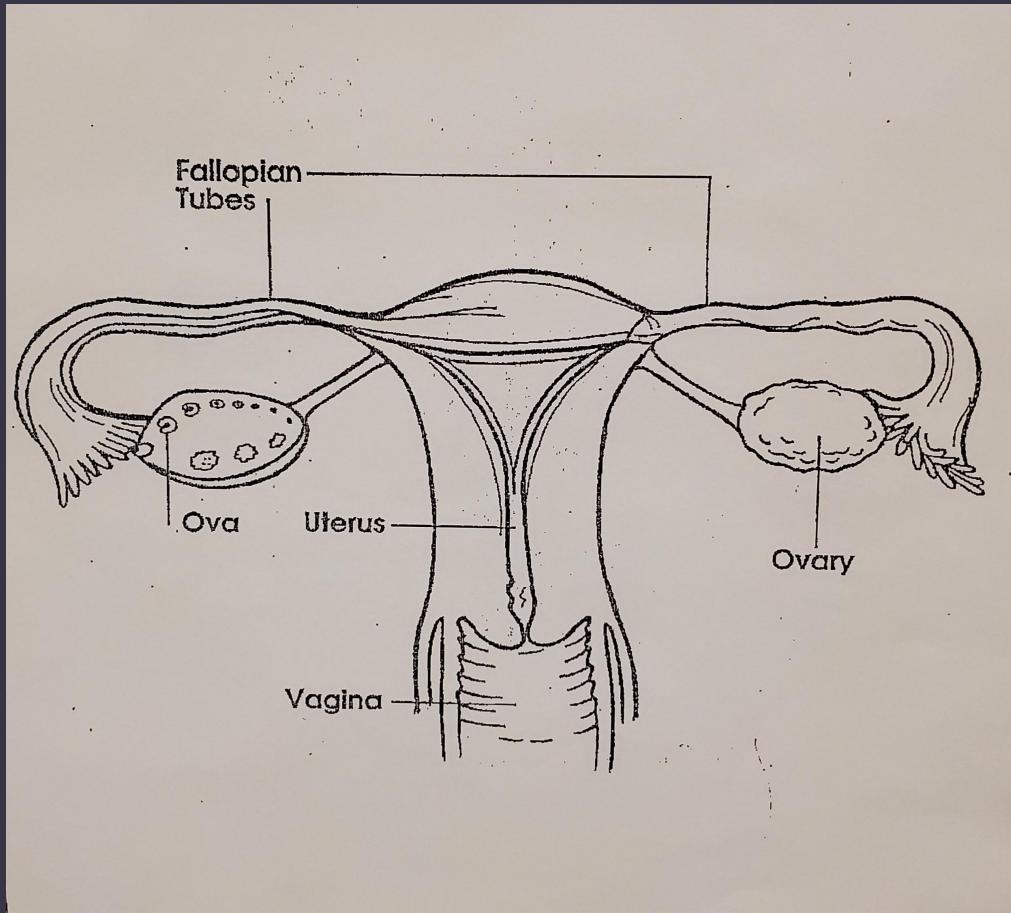
Learning Targets

- I can list the changes that occur in my body during puberty.
- I can identify the name and function of the parts of the female reproductive system.
- I am responsible to keep my body healthy and clean.

What is puberty?

- A time of physical, mental and emotional changes.
- A time when a girl's body begins the process of gradually growing and changing from childhood into adulthood.
- The timing is different for each person.
- Every girl grows and changes at her own pace.
- Most girls start puberty between 8-14 years old.
- Usually boys begin puberty 2 years after girls.
- Puberty can be scary, embarrassing and confusing BUT the more you know, the easier it is!

General Anatomy



Vocabulary

Vulva- external female genitalia, sex organs.

Labia- two folds of skin surrounding the entrance to the vagina.

Vagina- an organ from the opening of the vulva to the cervix of the uterus.

Cervix- lower end or “neck” of uterus.

Uterus- where a baby develops during pregnancy.

Ovaries- female reproductive organ the produces ovum (eggs).

Ovum- the female reproductive cell: egg

Fallopian Tubes- pair of tubes through which ovum pass from the ovaries to the uterus.

VIDEO PRESENTATION

[Video Link](#)

PUBERTY

- Physical Changes-
- Grow taller, gain weight, pubic hair, under arm hair, hips broaden, breasts become round and full & can be more sensitive
 - Vaginal Discharge & Menstruation
- Emotional Changes-
 - Mood swings (hormones), more mature
- Mental Changes-
 - More responsible, set and achieve personal goals, increased decision making, interests change

Menstruation

- Having a period!
- Part of the female reproductive process—it is the process that prepares a woman's body for pregnancy.
- When pregnancy doesn't occur, menstruation starts.
- Cycle length is different for everyone but generally it occurs monthly.
- It can be irregular at first.
- Tips & tricks-
 - PMS
 - Cramps
 - Take a warm bath, exercise, heating pad, medicine

Hygiene

- Shower everyday
- Wash face/hands
- Wear clean clothes (including underwear and socks!)
- Wear deodorant
- Brush teeth

Healthy Bodies

- Sleep
 - 9-11 hours a night
- Nutrition
 - Eat from all the food groups
 - Less Junk Food
 - More Water
- Exercise
 - Everyday!

Pornography

- Current research indicates that pornography is destructive to individuals, families and our society.
- Pornography is bombarding teenagers like never before. Teenagers are the largest consumers and smart phone/internet is the biggest provider.
- Fight the New Drug- website with research and information to help families
- Prevention- family meeting, rules, limits, awareness

QUESTIONS?

Ask Mom or Dad/Grandma or Grandpa/Guardian

Ask me!

Ask your teacher

Ask a trusted adult

DO NOT ASK THE INTERNET

Boys' Maturation Program

The presentation follows the Utah State Core Curriculum.

The 5th Grade Human Development Standards are:

1. Explain how the timing of puberty and adolescent development varies, including that there is a wide range of what is healthy or typical.
2. Describe the basic structures of the reproductive and endocrine systems and identify their respective functions.
3. Describe the body changes that accompany puberty and how puberty prepares human bodies for reproduction.
4. Explain the physical, social and emotional changes that occur during puberty and adolescence and healthy ways to manage these changes.
5. Identify trusted adults to talk with about puberty.

Topics discussed in the presentation are as follows:

Puberty:

- Definition of puberty
- Physical, emotional and mental changes that occur during puberty in boys.
- The typical ages in which puberty begins for boys and girls.

Human Reproduction:

- General anatomy of male reproductive system.
- General physiology of male reproductive system.

Hygiene:

- Importance of nutrition, sleep and exercise.
- Importance of keeping body clean and odor free.

Other Important Points:

- Growing up is a gradual process.
- Boys should talk to their parents or guardians about the information presented or if they have questions. Do not ask the internet.
- Pornography awareness: encourage family meeting about technology rules and limits.
- Definition of pornography and its impact on a developing brain.

Question & Answer Session

Utah State Board of Education

Parent/Guardian Consent Form

Maturation Instruction

Parents must receive this form no later than two weeks prior to the beginning of instruction

Date of Planned Instruction: _____ Name of Student: _____

Course: _____ Teacher(s): _____

School: _____ Telephone Number: _____

Dear Parents/Guardian:

As part of your child's education, he/she will be invited along with the parents/guardians to participate in a maturation program of instruction, which includes Health Core Standards outlined by the Utah State Board of Education. Utah rule requires parental consent for instruction on maturation (R277-474-5).

Please read the form carefully, select **one option**, sign, and return to the teacher above. Your student will not be allowed to participate in class activities without this completed and signed form on file.

Thank you.

Presentation Outline for Physiology, Reproductive Anatomy, and Reproduction:

- Explain how the timing of puberty and adolescent development varies, including that there is a wide range of what is healthy or typical.
- Describe the basic structures of the reproductive and endocrine systems and identify their respective functions.
- Describe the body changes that accompany puberty and how puberty prepares human bodies for reproduction.
- Explain the physical, social, and emotional changes that occur during puberty and adolescence and healthy ways to manage these changes
- Identify trusted adults (for example, parent, guardian, relative, teacher, counselor, clergy) to talk with about puberty.

Options: Please read and check only one of the following. Parents are invited and encouraged to attend.

- Option 1:** I grant permission for my child to participate in the maturation discussions as described above.
- Option 2:** Prior to deciding, I will contact you at the school within the next two weeks to arrange a time to discuss the planned curriculum and review the materials
- Option 3:** I DENY permission for my child to participate in any of the maturation discussions as checked in the box above. I understand my child will not be involved in the maturation presentation. If the presentation is held during the school day my child will instead be provided a safe, supervised place and receive an alternate activity.

Please sign and return form to verify you reviewed it and have chosen one option from the preceding list.

Parent/Guardian Signature: _____

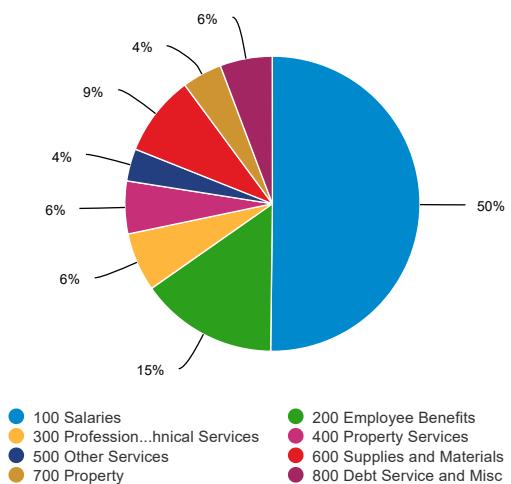
Phone Number: _____

Date: _____

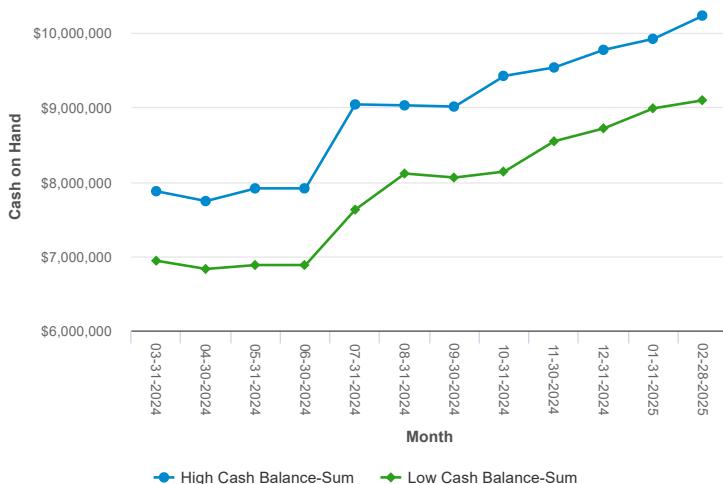
Financial Summary

Category	YTD Amount	Total Budget	Total Forecast	% Target	% Forecast
Revenue (3 School Category records)					
1000 Local Revenue	\$380,645	\$402,720	\$546,766	46.0%	69.6%
3000 State Revenue	\$7,941,830	\$12,039,680	\$12,117,434	64.5%	65.5%
4000 Federal Revenue	\$471,989	\$886,249	\$890,721	0.4%	53.0%
TOT	\$8,794,464	\$13,328,649	\$13,554,921		
Expense (8 School Category records)					
100 Salaries	-\$3,780,970	-\$6,135,700	-\$6,185,700	62.8%	61.1%
200 Employee Benefits	-\$1,215,202	-\$1,871,069	-\$1,861,069	65.7%	65.3%
300 Professional and Technical Services	-\$389,520	-\$791,815	-\$791,815	9.6%	49.2%
400 Property Services	-\$419,953	-\$611,060	-\$711,060	-0.0%	59.1%
500 Other Services	-\$158,274	-\$438,251	-\$438,251	-0.0%	36.1%
600 Supplies and Materials	-\$567,634	-\$1,082,815	-\$1,090,015	-0.0%	52.1%
700 Property	-\$372,516	-\$530,000	-\$539,202	-0.0%	69.1%
800 Debt Service and Misc	-\$424,484	-\$707,539	-\$707,539	59.8%	60.0%
TOT	-\$7,328,552	-\$12,168,249	-\$12,324,651		
TOT	\$1,465,912	\$1,160,400	\$1,230,270		

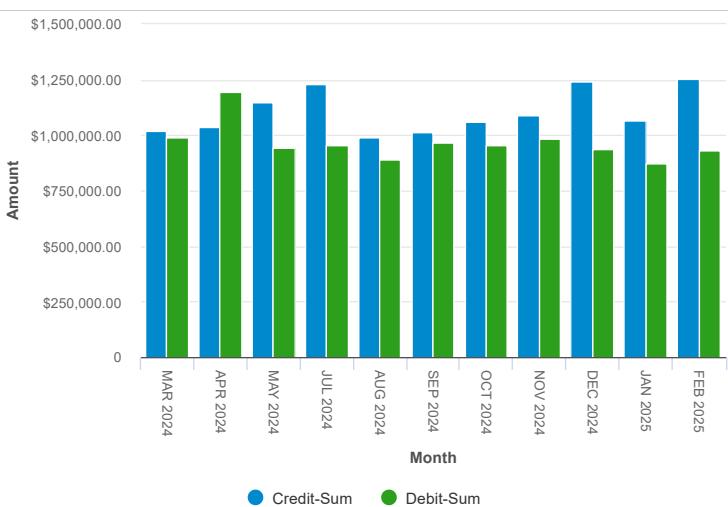
Expense Distribution



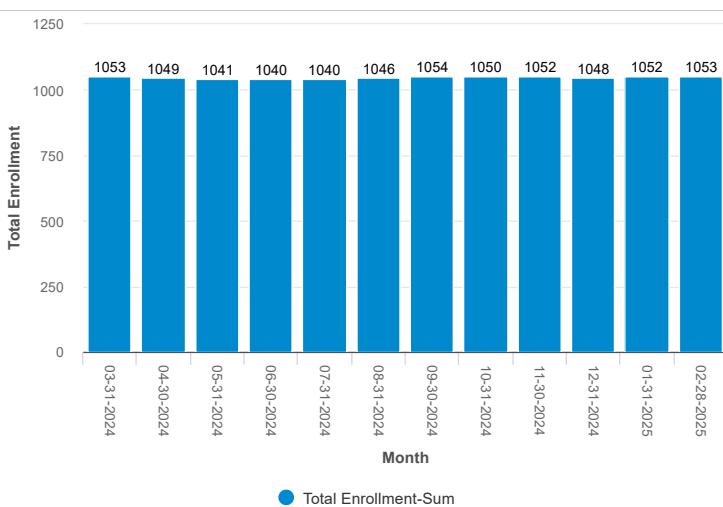
Cash Balance



Revenue vs Expenses



Enrollment Trend



Entheos Kearns

Director's Report

March 2025



ENTHEOS ACADEMY

EXCELLENCE • SERVICE • LEADERSHIP

Service Learning/Adventure

The following was reported by Melanie Louviere:

Service

- Kindergarten made hand knotted blankets for some of the homeless population downtown (tied to weather expedition).
- Miss Whitley's crew helped their buddy crew, Miss Jenna's crew, by teaching the kids how to tie knots and helped immensely! (pictures attached)
- Miss Jenna's crew made cards to hand out with the blankets. (pictures attached)
- Student council helped at the second kinder open house and greeted and read at Dr Seuss day.

Adventure : N/A



PCO

The following was reported by PCO:

- PCO provided drinks for the March 17th potluck for St. Patrick's Day and completed bulletin board.



Staff Recognition

Elementary: Elizabeth Miner

Elizabeth Miner is our new elementary special education teacher for kindergarten through second grade. Since beginning with us at the start of the school year, Elizabeth has shown herself to be a dedicated advocate for students, ensuring they receive the support they need to thrive. She is a true team player, bringing exceptional leadership skills, reliability, and a strong growth mindset to our school community. Her passion for inclusive education and commitment to collaboration has been a positive impact on both students and staff. We are thrilled to have her on our crew. Thank you for all you do Elizabeth!



Staff Recognition

Support Staff: Tanielle McDaniel

Ms. McDaniel, our amazing librarian, created *additional* magic in our library space in celebration of Dr. Seuss' birthday, bringing the beloved author's world to life for students. Her creativity and dedication enhanced an already vibrant and engaging environment, sparking greater excitement for reading. In addition to her incredible library display, she also decorated for the special breakfast birthday celebration, making the event even more memorable for students and their families. Her hard work and passion for literacy continue to inspire our school community! Thank you, Tanielle, for always going above and beyond for our school community.



Staff Recognition

Support Staff: Katie Pentico

Katie Pentico, our kitchen manager on the Kearns campus, brings warmth and positivity to the school every day with her constant smile and genuine love for the students. She is passionate about providing healthy, nutritious meals, ensuring that every child is well-fed and supported. Katie runs a tight ship in the kitchen, keeping everything organized and running smoothly while maintaining high standards for food quality and service. Most recently, she hosted a Dr. Seuss birthday celebration, successfully catering to hundreds of students and their families. Her dedication to creating a welcoming and nourishing environment makes a significant impact on our school community.



Work Plan: Mastery of Knowledge and Skills

2024-25 Performance Goal:

65% of students will make typical or better growth by the end of the year, as measured by the state assessments of Acadience and RISE. This goal includes the subcategories of Multi Language Learners and Special Education Students

This year's MKS Learning Target for teachers:

I can use 1) evidenced based differentiated instructional strategies, 2) engaging protocols and 3) data analysis to achieve 65% or more of my students making typical or better growth.

MKS conducted three different sessions for professional development. One session focused on multi-language skill development using the book “EL Excellence Every Day”. Another session focused on conducting small group or centers to help with T2 and T3 targeted interventions for grades 3-8. Final session focused on using data to form small groups and conducting centers to provide targeted support to students in grades K-2.

Work Plan: Character

2024-25 Performance Goal:

80% of teachers will implement a morning Crew centered around our school values, and support our Entheos PBIS structure with strong classroom management to help shape student character.

This year's Character Learning Target for teachers:

I can implement a strong crew centered on the school values to create, shape and reinforce good character. I can support our Entheos PBIS structure with strong classroom management.

Our Character Crew recently completed mid-year Crew observations, focusing on how school values are being integrated into Crew activities. We were excited to see many great examples of our values in action. Additionally, Character Crew led a professional development session for teachers, highlighting how our personal commitment to values influences the way we engage with students.

Work Plan: High Quality Work

2024-25 Performance Goal:

80% of students will have High Quality Work samples from the current school year in their portfolio by EOY.

This year's HQW Learning Target for teachers:

I can recognize what high quality work looks like for the grade level/s and subjects that I teach, and ensure that my students produce high quality work, samples of which are housed in their portfolio.

Our upcoming professional development will focus on preparing meaningful, high-quality reflections for end-of-year student-led conferences, ensuring that students can confidently showcase their learning and growth.

Work Plan: Leadership

2024-25 Performance Goal:

80% of crew members feel supported and capable of positively impacting student achievement by EOY. To improve consistent student attendance by at least 5%. In 2022-23, it was 63.9%, in 2023-24 it was 76.5%.

We completed our middle of the year review of our work plan with our District Leadership to determine how we are going on executing our work plan. We have completed all teacher observations and completed all full time teacher offers for next year. We are also working on interviewing and selecting candidates for the next school year. Our Parent Teacher Conference final percentage for the MOY was 90.3%. Two of our Special Education teachers attended CEC conference in Baltimore. They will debrief the board at the April meeting. We are super proud of our teachers working to still meet with parents who missed the chance to discuss their respective student's progress.

Dr. Seuss Birthday Celebration



Dr. Seuss Birthday Celebration



Concert Pianist Misha Galant: Gina Bachauer Assembly

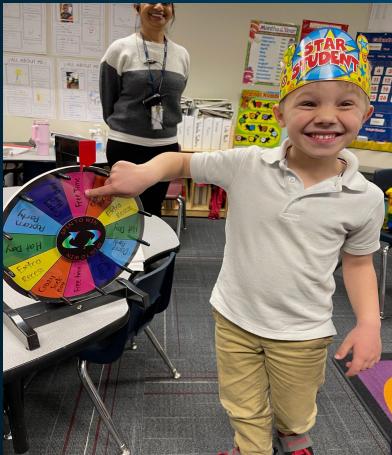


6th Grade: All day Space Camp (Discovery)



Director-Drop Ins: Attendance Wheel of FUN!

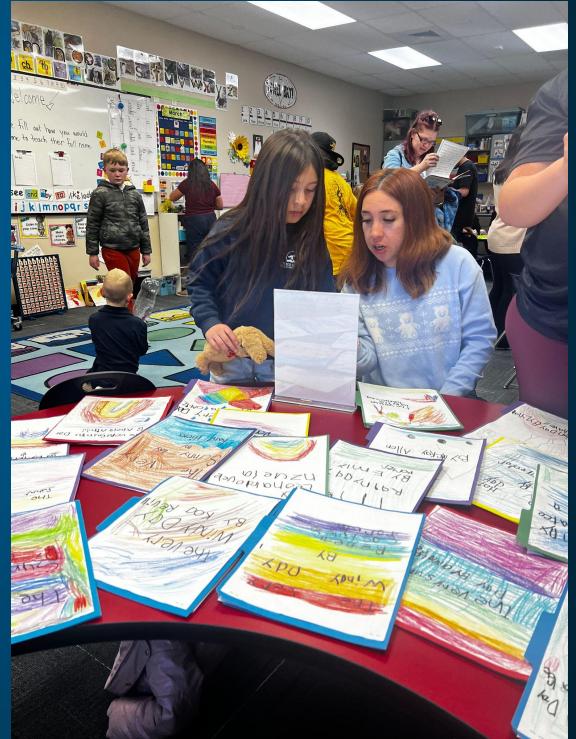
Director Drop-Ins are a way for us to celebrate strong attendance! During these visits, we stop by classrooms to check if their attendance is above expectations. Classes that meet or exceed our attendance goals get a chance to spin the 'Wheel of Fun', where they can win exciting rewards like Crazy Hair Day, extra free time, a popcorn party, a dance party, and more! It's a fun way to reinforce the importance of showing up every day and celebrate our students' commitment to learning.



College Quiz Game: To inspire the rising generation



Kindergarten Celebration of Learning : Weather



Director's 200 Club

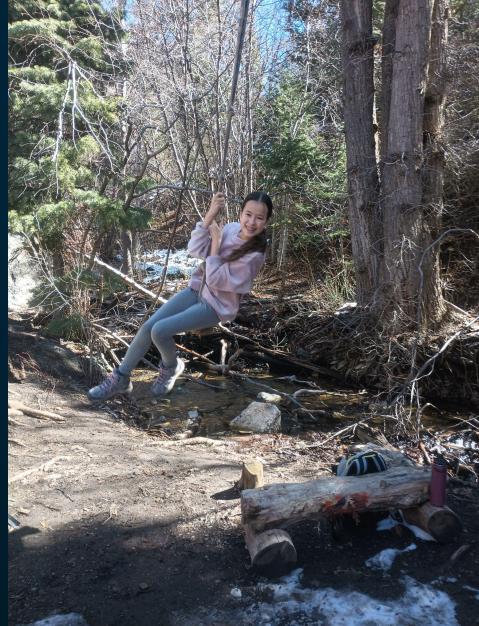


FAREWELL TO WINTER



6th Grade Adventure Hike

Deuel Creek Waterfall: Tied to Ecosystems





ENTHEOS ACADEMY

EXCELLENCE • SERVICE • LEADERSHIP

Entheos Magna Director's Report

March 2025

Service Learning

As reported by Melanie Louviere:

- As part of their **Secret World of Pollination Expedition**, Anita's class donated herb plants they grew in hand painted pots to Catholic Community Services for their refugee program. These will help welcome the families to our area and help provide some herbs for cooking. (Pictures attached)
- Kindergarten made bird feeders to put in trees to feed the birds that live in those trees as part of their **Are Trees Alive Expedition**.
- Student Council helped out at middle school and kindergarten orientations, giving tours at the two kindergarten orientations, and helping out with the student council and Adventure rotations at the middle school orientation (Tania said she has some photos)

Service Learning Continued...

As reported by Melanie Louviere:



Staff Spotlight

Aysia Claflin - 1st Grade



We are excited to celebrate an exceptional teacher who is known by her students as kind, caring, and deeply committed to their success. She consistently goes above and beyond to address her students' concerns, ensuring every child feels valued and supported in her classroom. With a background as a cheerleader, she has brought her infectious spirit and enthusiasm into the learning environment. Her creative cheers have become a beloved part of her classroom culture, encouraging students to celebrate each other's successes and build a sense of unity and joy. Her dedication to her students' growth is evident in her recent achievement of having the highest growth percentage in elementary math. This accomplishment is a testament to her passion for teaching, her innovative approach, and her unwavering belief in her students' potential. Thank you for your kindness, creativity, and dedication. You inspire not only your students but also our entire school community. We are so proud to have you as part of our Crew!

Staff Spotlight

Tania Vake - Social Studies

We are thrilled to spotlight an incredible teacher who serves as our student council leader. Her dedication to empowering students and fostering leadership through service is truly inspiring. Under her guidance, our student council members have gained invaluable leadership skills, learning how to serve their school and community with confidence. From leading school tours and collaborating with our Kearns campus to planning our community circles and organizing a successful middle school dance, her leadership has left a lasting impact. Her passion for student growth is evident in every event and initiative she supports. Looking ahead, her student council is preparing an exciting school spirit week that will undoubtedly bring joy and unity to our campus. What truly sets her apart is her unwavering belief in the potential of every student. Known for her kindness, flexibility, and warm heart, she has a remarkable ability to see the good in others and connect with each student in a meaningful way. She is always ready to lend a helping hand and uplift those around her, making our school a better place for all. Thank you for your dedication and leadership. You are an invaluable part of our school community, and we are so grateful for the positive influence you bring every day!



Staff Spotlight

Sarah Pritchett - Paraprofessional



We are proud to spotlight an outstanding paraprofessional who brings kindness, dedication, and professionalism to our school community. She has a natural ability to connect with her students, creating a supportive environment where they feel safe and valued. Her unwavering commitment to maintaining respectful and professional interactions sets a wonderful example for others. She approaches each day with compassion, ensuring that every student she works with receives the support and encouragement they need to succeed. We are grateful for her dedication and the positive impact she has on our school. Thank you for your hard work and for being a constant source of support and kindness. You truly make a difference every day!

Work Plan Overview 2024-2025

School Year

Entheos Academy District 2024-25 Work Plan

Multi-Year Impact Goals	Mastery of Knowledge and Skills	Character	High Quality Work
	Entheos Academy will meet or exceed state growth scores on EOY testing in the areas of: Early Literacy Math ELA Science	Entheos Academy will create and maintain a school-wide approach to teaching students to be ethical people, effective learners, and individuals who contribute to a better world.	High Quality Expeditions and classroom experiences will be implemented in every grade, that generate student work which is complex, has high craftsmanship, and is authentic.
2024-25 Performance Goals	65% of students will make typical or better growth by the end of the year, as measured by the state assessments of Acadience Reading, RISE and WIDA. This goal includes the subcategories of <ul style="list-style-type: none">• English Language Learners• Special Education Students	80% of teachers will implement a morning Crew centered around our school values, and support our Entheos PBIS structure with strong classroom management to help shape student character.	80% of students will have High Quality Work samples from the current school year in their portfolio by EOY.
2024-25 Implementation Priorities	Core Practice 30 D Core Practice 29 B	Core Practice 23 B Core Practice 21 B	Core Practice 12 D
Leadership Multi-Year Impact Goal	To foster an environment that facilitates a strong, confident, supported and capable staff crew with an increased sense of teacher efficacy.		
2024-25 Leadership Goal	<ol style="list-style-type: none">1. To build a strong staff crew where 80% of crew members feel supported and capable of positively affecting their students, by EOY. Core Practice 34 A and 34 B2. Increase regular student attendance by 5% from 2023-24 to 2024-25.		

Work Plan - Mastery of Knowledge and Skills

Performance Goal

65% of students will make typical or better growth by the end of the year, as measured by the state assessments of Acadience and RISE.

This goal includes the subcategories of:

- *Multi Language Learners*
- *Special Education Students*

MKS Crew is working to help our teachers prepare for EOY testing that is starting in a few weeks.

Work Plan - Character

Performance Goal

80% of teachers will implement a morning Crew centered around our school values, and support our Entheos PBIS structure with strong classroom management to help shape student character.

Character Crew and MKS are organizing RISE plans for student motivation.

Work Plan - High Quality Work

Performance Goal

80% of students will have High Quality Work samples from the current school year in their portfolio by EOY.

HQW Crew is preparing for 8th grade passage portfolios in May. We would like to invite a board member to come and speak to the 8th graders about passages and the expectations.

Work Plan - Leadership

Performance Goal

1. To build strong collective teacher efficacy where 80% or more of Crew members express they feel supported and capable of positively impacting student achievement by EOY.
2. Increase regular student attendance by 5% from 2023-24 to 2024-25.
 - Students with 100% attendance increased from 26% to 34% for the month of October.
 - 34% to 36% in November.
 - 36% to 38% in December.
 - 38% to 30% in January.
 - 30% to 25% in February.

*We've had a lot of absences due to sickness and other outside circumstances in January and February.



Yellow = September

Orange = October

Brown = November

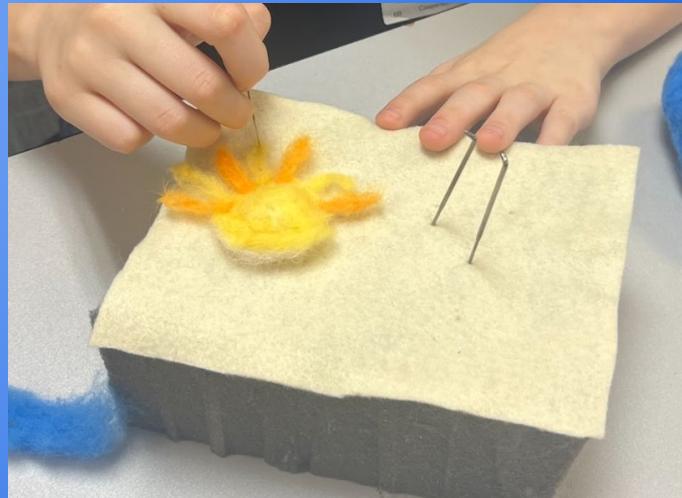
Red = December

Blue = January

Pink = February

Discovery

Middle School got to participate in their Having of Wonderful Ideas Discovery session. It was an amazing session that the students were able to do things like baking, needling, pinata making, comic book art, and other fun activities.



MOY Growth Celebration

We held an assembly to celebrate our students that showed typical or better growth for the middle of year. We had so many that we could only do the top 3 in each class. However, everyone else was able to get recognized in their Crews.



5th Grade - Aquarium

5th grade went to the Living Planet Aquarium as part of their rainforest module.



3rd Grade - Kingsbury Hall

3rd graders went to Kingsbury Hall to see “Charting Neverland.”



Dr. Seuss Day

Ms. Charlene put together a bunch of fun activities for Dr. Seuss Day! We had a great turnout of families before school to help celebrate.



Entheos Executive Director's Report

...

March 2025

March Value: Adventure

We believe outdoor adventure helps participants learn teamwork, courage, craftsmanship, perseverance, and compassion while discovering they can accomplish more than they imagined.

Upcoming Calendar Dates

Kearns

- 3/28 Food Drive Ends
- 4/7 - 4/11 Spring Break, No School
- 4/11 - 4/12 4-H Drone Challenge
- 4/14 EOY Testing Begins
- 4/16 Grade 7 Celebration of Learning

Magna

- 3/28 Community Circle
- 3/31 - 4/4 Spirit Week
- 4/4 Utah Opera Visit, 8:30-10:15
- 4/7 - 4/11 Spring Break, No School
- 4/15 - 4/17 Grade 6 Adventure Trip
- 4/14 EOY Testing Begins

2024- 25 Enrollment

	Magna	Kearns
Enrollment	477	577
Waitlist	124	105

2025- 26 Enrollment

	Magna	Kearns
Enrollment	479	580
Waitlist	103	161

Legislative Updates Overview: Provided by UAPCS

Fiscal Changes

Ongoing Funding

- 4% increase in the WPU
- 9% increase in the LRF
- \$1,000/teacher ongoing pay increase
- \$446 ongoing increase to Educator Salary Adjustment



Fiscal Changes

One-time Funding

- Continuation of teacher preparation hours (\$77.7M)
- Continuation of Stipends for Future Educators grant (\$12.8M)
- Continuation of Grow Your Own Educator Pipeline grant (\$7.3M)
- School Safety grant (\$25M)
- Educator support professional bonus (\$50M)
- Career and Technical Education Catalyst grant (\$65M)

2025 Policy

HB 40 School safety amendments

Rep. Ryan Wilcox



01

Glazing instead of film on exterior windows surrounding immediate entryways.

- Glazing is more likely to work, but also more expensive.
- Required on narrower collection of windows.

02

\$25 million one-time appropriation.

03

Safety assessment due October 15th, conducted "at least once every three years."



UTAH ASSOCIATION OF
PUBLIC CHARTER SCHOOLS

2025 Policy

HB 77 Flag display amendments

Rep. Trevor Lee



01

Permitted flags:

- the official flag of the United States
- an official Utah state flag
- the current and official flag of another country, state, or political subdivision of another country or state
- a flag that represents a city, municipality, county, or political subdivision of the state
- a flag that represents a branch, unit, or division of the United States military
- the National League of Families POW/MIA flag
- a flag that represents an Indian tribe as defined in federal law
- an officially licensed flag of a college or university
- an official public school flag
- an official Olympic or USOC flag



UTAH ASSOCIATION OF
PUBLIC CHARTER SCHOOLS

2025 Policy

HB 100 Food security amendments

Rep. Tyler Clancy



01

If an LEA participates in the federal school lunch program, eliminates the distinction between free and reduced price lunches.

02

State Board to reimburse LEAs for the difference between "federal reimbursement rates for a meal" and "a reduced-price meal."

03

Appropriation of \$2.5M to the State Board.



UTAH ASSOCIATION OF
PUBLIC CHARTER SCHOOLS

2025 Policy

HB 104 **Firearm safety in** **schools amendment**

Rep. Rex Shipp



01

An LEA must do a brief firearm safety instruction:

- 3 times between K-6 grades
- 2 times in middle school
- 1 time in high school

02

Expectation is that the instruction varies by age - and may only take 5 minutes.

03

Student may be opted out of the instruction by parent/guardian.



UTAH ASSOCIATION OF
PUBLIC CHARTER SCHOOLS

Council for Exceptional Children Convention, 2025

We were fortunate to be able to send the following individuals to the annual Special Education conference to receive high quality, targeted professional development, in order to provide the best possible SpEd services to our students:

- Luseane Tafisi
- Haylee Ashworth
- Elizabeth Miner
- Katie Ellis

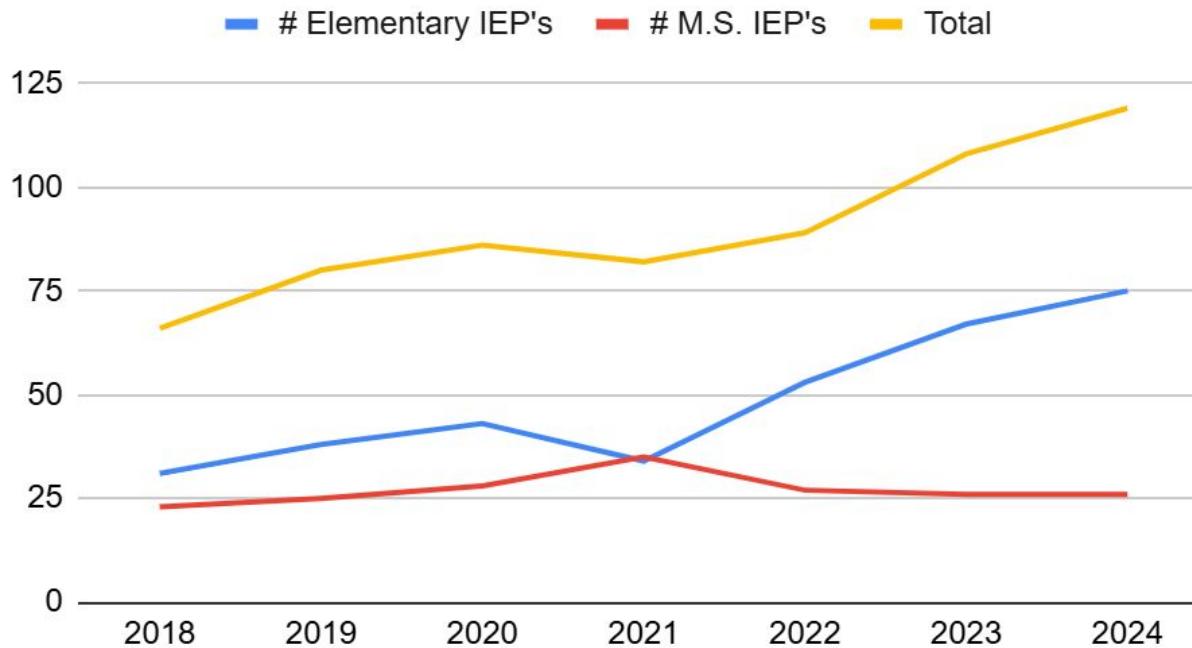


About the Convention

Each year at the CEC Convention & Expo, thousands of special education professionals from around the world come together to learn, share, grow, and connect. With hundreds of sessions on just about every topic in the field, the CEC Convention & Expo is THE professional development event for special educators to find research, tips, and strategies you can actually apply to supporting students with disabilities and/or gifts and talents.

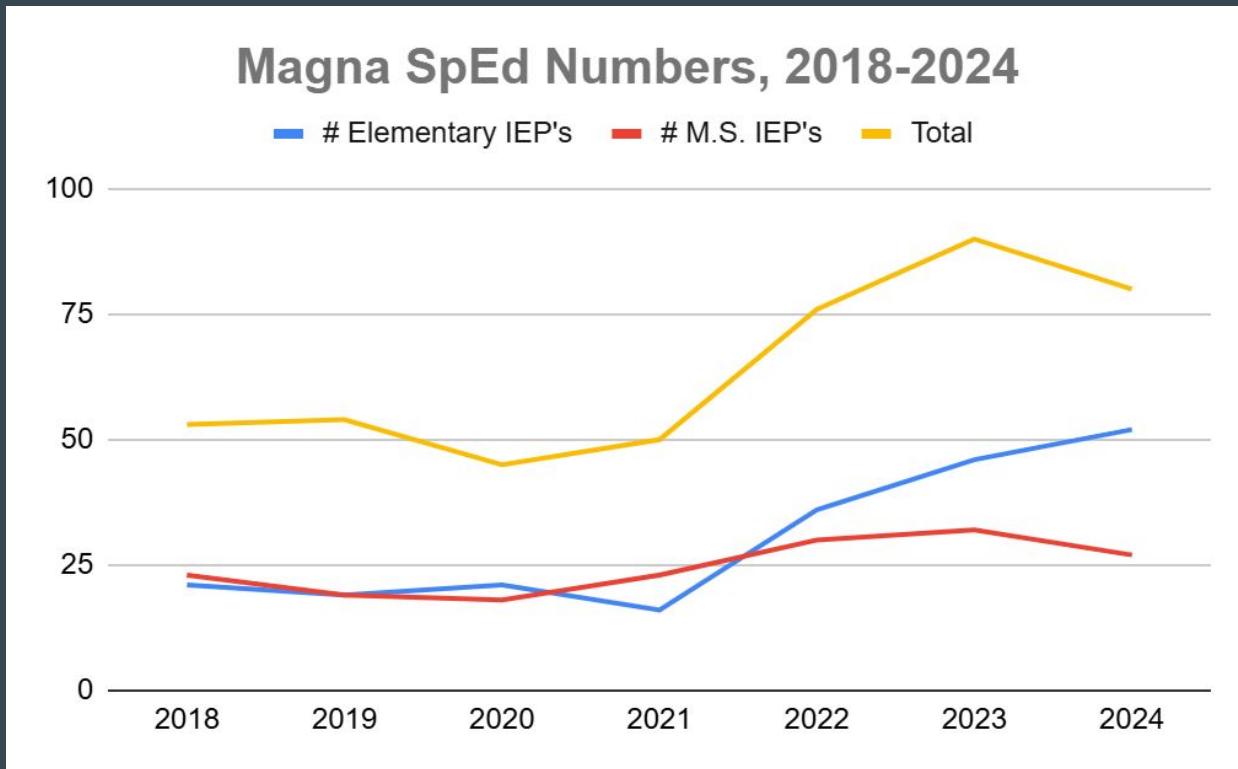
Historic SpEd Data: Kearns

Kearns SpEd Numbers, 2018-2024



We have increased from having 66 students with special needs in 2018, to now having 119 students with special needs. This trend is occurring in our elementary grades, while our middle school rates remain fairly flat.

Historic SpEd Data: Magna



We see a similar trend at Magna with our elementary numbers increasing from 53 in 2018 to 80 at present. Middle school has seen less increase.

Special Education Trends and Challenges

Causes of the increased rates:

- **Different Students** : The schools are attracting more students who need special education:
 - due to strong, positive reputation of the schools.
 - due to dissatisfaction with services offered by surrounding schools.
- **Broader Understanding of disabilities:** Schools now consider many behavioral challenges as manifestations of disabilities.
- **Better Identification** : The schools are better at spotting students who need help.
- **National Trends:** Since the pandemic, more students have struggled in manners that qualify for Special Education services.

Challenges:

We are happy to serve all students and families, and at the same time this trend puts a serious strain on our schools which we are working hard to address:

- Maintaining adequate, high-quality staffing to serve our students with special needs.
- Providing suitable and ongoing training to our educators to ensure compliant and effective services for all our students.
- Adequate administrative support and oversight of the departments.
- Building Space; we are maximizing use of our very limited space at both campuses.

Parent Resource Page on Website

Esther has been working with Melanie Louviere to create a new page on our website, that provides helpful resources for parents. So far we have added:

- Information on Student-Led Conferences, including parent directions in Spanish and English.
- Newcomer toolkits for families new to the U.S./U.S. school system.
- The “Empowering Entheos Parents” newsletters.
- Community Resources (compiled by Entheos middle school students).

We plan on continuing to develop this page into the future!

ENTHEOS ACADEMY
EXCELLENCE • SERVICE • LEADERSHIP

Our School Our Crew Programs News & Awards Resources

Request Information Enroll Now

Parent Resources

Helpful Information for Entheos Parents

Student Led Conferences

What should you expect at Student Led Conferences?

Student Led conferences are actually a time when students demonstrate that they are leaders of their own learning. Entheos students learn how to curate a personal portfolio of work, and in the weeks leading up to the conference they practice presenting and holding conversations about their work. We have found that with careful scaffolding, even our youngest students can be successful in this experience!

At your child's conference they will show you what they have been doing at school, telling you about their strengths and struggles, sharing their academic performance data and criteria for success, and outline their personal learning goals: both in the realm of character and academics.

Compass Calendar Lunch Contact Us

[Entheos Academy | Parent Resources](#)

Board Spotlight: Jaren Gibson

Jaren Gibson created and founded Entheos Academy along with his wife Stephanie, and their good friends, Monty and Susan Hardy. As one of the original creators of the Entheos mission, vision, and model of education, there is no one better to assist us in staying true to these original principles and intentions. Jaren Gibson has guided and assisted in governing the schools through all the highs and lows experienced at both campuses. His insightful, level-headed problem-solving skills, and impeccable integrity are extremely valued.

Outside of Entheos, Jaren is the President of Grace Company where he's worked for over 25 years. They are proud parents of 8 children, all of whom attended Entheos. Jaren loves to read, and is an avid baseball fan.

We are extremely grateful to both Jaren and Stephanie Gibson for creating such amazing schools that have served thousands of children and families over the years!



Questions?

ENTHEOS ACADEMY

EXCELLENCE • SERVICE • LEADERSHIP

March 27, 2025

Consent Agenda Items:

1. Item one
2. Policies for Approval

1. Item one

Insert full information here

2. Policies for Approval

- a. 3105 Travel and Related Expenses
- b. 3106 Board Budget
- c. 3600 Time and Effort Policy
- d. 3601 Time and Effort Procedures
- e. 7104 Parent and Family Engagement

3105 TRAVEL AND RELATED EXPENSES

I. Background and Purpose

- A. Entheos Academy employees may be required to travel for training or other school-sponsored~~school sponsored~~ activities. This policy provides a consistent approach for approval and reimbursement of authorized travel-related~~travel related~~ expenses.

II. Definitions

- A. “Travel Expenses” means costs incurred by an employee to travel for school-sponsored~~school sponsored~~ activities, including lodging, air travel, ground transportation, meals, parking, tolls, etc.
- B. “Employee” means a volunteer, board member, or a full-time or part-time employee of Entheos Academy.

III. Policy

- A. Travel and ~~travel-related~~travel related expenses shall be pre-approved in writing by the Executive Director.
- B. Recurring travel for a school assignment may be approved once for an entire fiscal year.
- C. Travel requests should be submitted at least 45 days before a travel event.
- D. Out-of-state travel events should be included in the approved budget before the beginning of each fiscal year ~~whenever possible~~.
- E. The school shall pay ~~travel-related~~travel related expenses directly whenever possible.
- F. Entheos Academy shall reimburse approved travel expenses and per-diem amounts incurred by school employees. This may include parking fees and tolls.
- G. Employees who use their ~~own~~ vehicle for ~~business-related~~business related travel are reimbursed at the federal mileage reimbursement rate.
- H. Mileage shall be calculated by a computer mapping application.
- I. Employee commute mileage is not reimbursable.
- J. The school shall not reimburse for moving violations, parking tickets, fuel, or electronic charging fees.
- K. Employees are responsible for travel costs incurred when changes are made for personal reasons. The Executive Director may approve exceptions for emergencies~~Exceptions for emergencies may be approved by the Executive Director.~~
- L. Travel Expense Reports
 1. Each traveler is responsible ~~for submitting~~to submit an itemized expense report for reimbursements within 30 days of the completion of ~~school-related~~school related travel. Expenses will not be reimbursed without an expense report.
 2. Each expense report shall include the traveler's name, ~~travel dates~~dates of travel, purpose of travel, destination, an itemized list of reimbursable expenses, and original receipts.

3106 BOARD BUDGET

Purpose

The Entheos School Board is vested with control and oversight of Entheos Academy finances. This policy establishes business practices related to budgeting and expenditures for board business and expenditures for individual board members.

Policy

- I. The Board approves a budget annually for its maintenance and other approved board expenses.
- II. Board expenses may include, but are not limited to the following:
 - A. Expenses for board support staff and materials for board members
 - B. Board training and other board meeting expenditures
 - C. Travel, travel reimbursements, conference fees, and other related costs
 - D. Equipment for the use of board members
- III. Processing expenditures for the Board or for individual board members
 - A. Generally, expenditures are approved by the Board in advance.
 - B. Expenditures are processed in accordance with school procurement policies.

3600 TIME AND EFFORT POLICY

Purpose

To comply with the Local Educational Agency's (LEA) requirement to establish a written time and effort policy for both federal and non-federal cost objectives, as outlined in 2 CFR 200.430(a)(1) and Special Education Rules Section X.T.1. ~~Entheos Academy Charter School acknowledges that the School will take federal grant funds and will comply with all necessary measures accordingly.~~

Policy

Documentation is required for all personnel paid with federal and, when applicable, non-federal funds. The documentation will follow 2 CFR 200.430.

The documentation will:

- I.** Be supported by an internal control system that ensures charges are accurate, allowable, and properly allocated.
- II.** Be incorporated into official LEA records.
- III.** Comply with the LEA's established accounting policies and practices.
- IV.** Reasonably reflect the total compensated activity of the employee, not exceeding 100%.
- V.** Clearly support the distribution of the employee's salary or wages among specific activities or cost objectives. Time worked must be documented as a percentage or as the actual hours spent on each activity, ensuring the total does not exceed 100%. Employees may be funded through multiple sources but have only one primary cost objective (e.g., Special Education, Title I, General Education, Curriculum Improvement, Administration, etc.).
- VI.** Include periodic comparisons of budget estimates to actuals, updating records as needed to maintain accuracy.
- VII.** ~~Time and Effort documentation of time spent by employees working within federal grants will be created and certified monthly by the signature and date of the employee working in the grant and the employee's supervisor.~~
- VIII.** ~~For employees who work in other areas of the School, in addition to a particular federal grant, all hours of the employee will be included on the multiple programs' state Personnel Activity Report (PAR) form. If the employee only worked in one federal grant, the single federal program state form will be used.~~

3601 TIME AND EFFORT PROCEDURES

1. Purpose

These procedures are established to support the implementation of the Time and Effort Policy approved by the LEA's Board of Directors.

2. Requirements

All federally funded programs, including Special Education, the National School Lunch/Breakfast Programs, and Perkins Career and Technical Education (CTE), require time and effort documentation for all employees whose work is funded by these sources.

2.1 Time and Effort Forms

a. Regular Salaries and Benefits

Required Information:

1. Name of the LEA
2. Employee's name
3. Employee's title
4. Start and end date of the reporting period
5. Certification statement confirming that the time distribution is accurate and represents 100% of the work performed during the period
6. Distribution of time (by percentage or hours) by object code(s), program(s), and funding source(s) based on actual work performed
7. The total distribution must equal, but not exceed, 100%
8. Signature of the Director or Direct Supervisor with knowledge of the employee's work
9. Date of the supervisor's signature (must be after the end of the reporting period)

Optional Information:

1. Employee's signature
2. Date of the employee's signature (must be after the end of the reporting period)

b. Stipends for Additional Duties (Outside of Standard Pay)

Required Information:

1. Name of the LEA
2. A statement confirming the stipend is for additional work on a specific cost objective
3. Funding source(s) for the stipend payment
4. A record including:
 - o Date the stipend was paid
 - o Employee name(s)
 - o Amount paid per employee
 - o Signature of the Director or Direct Supervisor with knowledge of the work completed
 - o Date of the supervisor's signature (must be after the stipend payment date)

2.2 Timing

a. Salaries and Benefits Certification

- Provided at least semi-annually
- Generally signed shortly after the completion of the first six months of the fiscal year and at the end of the fiscal year

b. Stipend Certification

- Collected annually after the final stipend payment

2.3 Reconciliation

Payroll records must be reconciled with time and effort certifications to ensure accuracy.

3. Responsibilities

3.1 School Director or Supervisor of Cost Objectives

- Communicate assignment changes, including new hires, to the Business Manager promptly to ensure documentation adjustments.
- Provide estimated responsibilities and cost objectives for all personnel before the new school year, including:
 - Estimated time allocations for multiple objectives, if applicable
 - Collaborate with the Business Manager before the school year to determine funding allocations for each cost objective.
 - Provide final time and effort certification upon an employee's termination, if necessary, before final payment.
 - Periodically review procedures to maintain compliance with updated regulations and document any necessary changes for Board approval.
 - Train employees on time and effort documentation policies and procedures.
 - Ensure proper time and effort documentation retention per LEA record retention policies or state/federal requirements, whichever is greater.

3.2 Business Manager

- Maintain estimated budgets and funding sources for each employee and cost objective annually.
- Update estimated budgets and actuals as assignment changes, terminations, and new hires occur.
- Reconcile payroll documentation with time and effort certifications.
- Provide input on updates and changes to procedures based on new regulations.

- e. Collect and review time and effort certifications at least semi-annually and as needed, ensuring:
 - Proper timing
 - Accurate information
- f. Review budget progress and time and effort certifications with LEA Administration.

7104 PARENT AND FAMILY ENGAGEMENT POLICY

Purpose

~~Entheos Academy recognizes the vital positive impact that parental involvement in their child's academic work has on student achievement. The following Parent and Family Engagement Policy—created in consultation with parents, and in conjunction with section 1118 of the Elementary and Secondary Education Act (ESEA)~~

Policy

- I. ~~(ESEA) sets forth the parameters and conditions for parental involvement in the educational programs at Entheos Academy, which are supported in part by Title I program funds. Entheos Academy shall:~~
 - A. ~~Convene an annual meeting to explain the Title I program to parents and inform them of their opportunity to be involved in the program;~~
 - B. ~~Be flexible in scheduling meetings to meet parents' needs. Title I funds may be used to pay related expenses such as child care, transportation, or home visits;~~
 - C. ~~Involve parents, in an organized, ongoing, and timely way, in planning, reviewing, and improving (including dissenting views) the school's programs supported in part by Title I funds;~~
 - D. ~~Provide timely information about its programs to parents; describe the curricula, the student assessments, and proficiency levels students are expected to meet; provide opportunities for regular meetings, such as SEP Conferences, where parents can provide input and respond promptly to parent suggestions.~~
- H. ~~In order to build capacity for involvement, the Entheos Academy staff will provide assistance to parents in such areas as understanding the State's content standards, student performance standards, and other associated assessments.~~
- III. ~~Entheos staff members will also provide parents with information as to how they can work with staff to improve the performance of their children and consult with teachers as to how they can participate in decisions relating to the education of their children. This information will be shared at the annual meeting mentioned as well as in newsletters and on the website.~~

IV. Entheos Academy will provide additional materials and training to help parents work with their children to improve achievement. Materials will be distributed by such methods as e-mail, written notices, and/or handbooks.

Entheos Academy Parent-School Compact

A. As a Parent, I will take the initiative to:

1. Volunteer time to benefit the school.
2. Understand what my student is learning through active communication with my student and his or her teacher(s).
3. Follow up at home with teaching and modeling school values and Habits of a Scholar.
4. Provide an environment at home that encourages successful continuation of learning and completion of homework.
5. Attend Student Led Conferences, Celebrations of Learning, and other Entheos events.
6. Become an active partner with teachers and the school in helping my student(s) achieve their highest potential.
7. Show proper respect to others, property, and self by appropriate communication, dress and actions whenever visiting, volunteering, or attending any school activities.

B. AS A SCHOOL, WE WILL:

1. Engage students through quality lessons and active learning activities.
2. Provide an environment that is both emotionally and physically safe.
3. Be receptive to parent questions and suggestions.
4. Show professional level of respect to others, property, and self by appropriate communication, dress, and actions.
5. Be an active partner with parents/ guardians in helping students achieve their highest academic potential and become good citizens to their communities.
6. Communicate in a timely manner with parents/guardians about all aspects of student learning, including praise, struggles, and upcoming work and after school events.
7. Provide a variety of ways for families to volunteer both in and out of the classroom.
8. Provide opportunities for students to have access to functional computers/equipment on a regular basis.
9. Continuously provide high quality, relevant Professional Development, coaching, and evaluations for teacher and staff to ensure students are receiving innovative instruction.

PART I. GENERAL EXPECTATIONS

The Entheos Academy agrees to implement the following requirements as outlined by ESSA Section 1116:

- Entheos Academy will put into operation programs, activities and procedures for the engagement of parents in all of its schools with Title I, Part A programs, consistent with section 1116. Those programs, activities and procedures will be planned and operated with meaningful consultation with parents of participating children. (Section 1116(a)(1))
- Entheos Academy will work with its Title I schools to ensure that the required school-level parent and family engagement policies meet the requirements of section 1116(b) of the ESSA
- Entheos Academy will work with its Title I schools to ensure that the school-level parent and family engagement policy must include, as a component, a school-parent compact consistent with section 1116(d).
- In carrying out the Title I, Part A parent and family engagement requirements to the extent practicable, Entheos Academy and its Title I schools will provide full opportunities for the informed participation of parents (including parents with limited English proficiency, limited literacy, disabilities, of migratory children, who are economically disadvantaged, or are of any racial or ethnic minority background), including providing information and school reports required under Section 1111 of the ESSA in an understandable and uniform format including alternative formats upon request and, to the extent practicable, in a language parents understand. (Section 1116(a)(2)(D)(i) and 1116(f))
- If the Entheos Academy plan for Title I, Part A, developed under section 1112 of the ESSA, is not satisfactory to the parents of participating children, Entheos Academy will submit any parent comments with the plan when Entheos Academy submits the plan to the Office of the State Superintendent of Education. (Section 1116(b)(4))
- Entheos Academy will involve the parents of children served in Title I, Part A schools in decisions about how the Title I, Part A funds reserved for parent and family engagement is spent, and will ensure that not less than 90 percent of the 1 percent reserved goes directly to the schools, with priority given to high-need schools. (Section 1116(a)(3)) Funds reserved for Parent and Family Engagement activities must be used for at least one of the following activities:
 - i. Supporting schools and nonprofit organizations in providing professional development for LEA and school personnel regarding Parent and Family Engagement strategies, which may be provided jointly to teachers, principals, other school leaders, specialized instructional support personnel, para-professionals, early childhood educators, and parents and family members.
 - ii. Supporting programs that reach parents and family members at home, in the community and at school.
 - iii. Disseminating information on best practices focused on Parent and Family Engagement, especially best practices for increasing the engagement of economically disadvantaged parents and family members.
 - iv. Collaborating, or providing subgrants to schools to enable schools to collaborate with community-based organizations or employers with a record of success in improving and increasing Parent and Family Engagement.
 - v. Engaging in any other activities and strategies that the LEA determines are appropriate and consistent with such agency's Parent and Family Engagement policy.
- The LEA will be governed by the following statutory definition of parent involvement, and expects that its Title I schools will carry out programs, activities and procedures in accordance with this definition (Section 8101(39):

Parental involvement means the participation of parents in regular, two-way, and meaningful communication involving student academic learning and other school activities, including ensuring—

- (A) That parents play an integral role in assisting their child's learning;*
- (B) That parents are encouraged to be actively involved in their child's education at school;*
- (C) That parents are full partners in their child's education and are included, as appropriate, in decision-making and on advisory committees to assist in the education of their child; and*
- (D) The carrying out of other activities, such as those described in section 1116 of ESSA.*

Additional Required Responsibilities of Title I Schools under Sec. 1116(c)

The Entheos Academy will:

1. Involve parents in the planning, review, and improvement of the school's parental involvement policy, in an organized, ongoing, and timely way.
2. Involve parents in the joint development of any Title I schoolwide program plan, in an organized, ongoing, and timely way.
3. Hold an annual meeting to inform parents of the school's participation in Title I, Part A programs, and to explain the Title I, Part A requirements, and the right of parents to be involved in Title I, Part A programs. The school will convene the meeting at a convenient time to parents, and will offer a flexible number of additional parental involvement meetings, such as in the morning or evening, so that as many parents as possible are able to attend. The school will invite to this meeting all parents of children participating in Title I, Part A programs (participating students), and will encourage them to attend.
4. Provide information to parents of participating students in an understandable and uniform format, including alternative formats upon the request of parents with disabilities, and, to the extent practicable, in a language that parents can understand.
5. Provide to parents of participating children information in a timely manner about Title I, Part A programs that includes a description and explanation of the school's curriculum, the forms of academic assessment used to measure children's progress, and the proficiency levels students are expected to meet.
6. On the request of parents, provide opportunities for regular meetings for parents to formulate suggestions, and to participate, as appropriate, in decisions about the education of their children. The school will respond to any such suggestions as soon as practicable possible.
7. Provide to each parent an individual student report about the performance of their child on the State assessment RISE in at least math, language arts and reading.

PART II. ENTHEOS ACADEMY PARENT AND FAMILY ENGAGEMENT POLICY

Entheos Academy will take the following actions to involve parents and family members in jointly developing its LEA plan under Section 1112, and the development of support and improvement plans under paragraphs (1) and (2) of Section 1111(d) of the ESSA, as applicable.

- a. Parent Surveys of satisfaction of school academics, culture, and growth of their student from the prior year
 - b. Parent focus groups for verbal communication on what the school needs to focus on to help student achievement
 - c. Parent focus groups looking at anonymous student data and where the academic focus needs to be placed for the following year's Work Plan Goals.
1. The Entheos Academy will provide the coordination, technical assistance, and other support necessary to assist

and build the capacity of all participating schools within the local educational agency in planning and implementing effective parent and family engagement activities to improve student academic achievement and school performance, which may include meaningful consultation with employers, business leaders, and philanthropic organizations, or individuals with expertise in effectively engaging parents and family members in education

- a. Parent Crew Organization will work with school administration and 4H of Utah to make night educational events for parents to learn about formats and tools used at the school such as Compass, DIBELS, iReady, RISE, and MasteryConnect.
 - b. Parent Crew Organization will work with school administration and 4H of Utah to create community adult educational events such as parenting classes, resume building classes, ESL classes, Mobile Health and Dental units, and other health and community aide resources.
 - c. Community Advocate through the USU extension and 4H of Utah grant will bring resources to parents to the school via the use of the school as a community center.
 - d. Programs such as Books & Breakfast before school, Target Tutoring After school, 4H after school, and Summer STEM Camps, are additional ways the school will help educate and outreach to the community.
 - e. Translation services are available at each event.
 - f. Flyers, information, emails, texts, Facebook posts, and all notifications from the school are delivered in English and Spanish.
2. The Entheos Academy will coordinate and integrate parent and family engagement strategies to the extent feasible and appropriate, with other relevant Federal, State, and local laws and programs: Entheos Academy will work closely with 4H of Utah and all of the community partners that are available and needed for the needs of our students and their families.
 3. The Entheos Academy will conduct, with the meaningful involvement of parent and family members, an annual evaluation of the content and effectiveness of the parent and family engagement policy in improving the academic quality of all schools served under this part, including identifying
 - i. Barriers to greater participation by parents in activities authorized by this section (with particular attention to parents who are economically disadvantaged, are disabled, have limited English proficiency, have limited literacy, or are of any racial or ethnic minority background);
 - ii. The needs of parents and family members to assist with the learning of their children, including engaging with school personnel and teachers; and
 - iii. Strategies to support successful school and family interactions
 - a. Parent Surveys of satisfaction of school academics, culture, and growth of their student from the prior year
 - b. Parent focus groups for verbal communication on what the school needs to focus on to help student achievement
 - c. Parent focus groups looking at anonymous student data and where the academic focus needs to be placed for the following year's Work Plan Goals.
4. The Entheos Academy will use the findings of such evaluation to design evidence-based strategies for more effective parental involvement and to revise, if necessary, the parent and family engagement policies.
 - a. Results of parent and teacher surveys will be reviewed by Administration and the Entheos Governing board.
 - b. Results of the parent and teacher focus groups will be reviewed by Administration and the Entheos Governing board.
 - c. Results of the parent and teacher focus groups will be reviewed by Administration and the Entheos Governing board.
 - d. The Entheos Administration and Governing Board will then take steps to revise and adjust the Family Engagement Policies in response to the feedback from the surveys and focus groups, as necessary.
 5. The Entheos Academy will involve parents in the activities of the schools served under Title I, which may include establishing a parent committee. The committee should comprise a sufficient number and representative group of parents or family members served by the local educational agency to adequately represent the needs of the population served by such agency for the purposes of developing, revising, and reviewing the parent and family engagement policy.

6. The Entheos Academy will build the schools' and parent's capacity for strong parental and family engagement to:

- Ensure effective involvement of parents and strong partnership among the schools involved, parents, and communities and
- Improve students' academic achievement.

A. The Entheos Academy will, with the assistance of its Title I schools, build parents' capacity for strong parental involvement by providing materials and training on such topics as literacy training and using technology (including education about the harms of copyright piracy) to help parents work with their children to improve their children's academic achievement. Assistance will also be provided to parents in understanding the following topics:

- Utah academic standards;
- The Utah State and LEA academic assessments, including alternate assessments;
- The requirements of Title I, Part A;
- How to monitor their child's progress; and
- How to work with educators.

Entheos Academy will continue to send teachers, administration, and Board members to off-campus professional development training institutes, to Utah State Board of Education trainings on Title I, ESSA, English Language Learners, and Special Education Trainings as appropriate for each person's role and need for training.

C. The Entheos Academy will, with the assistance of its schools and parents, educate its teachers, specialized instructional support personnel, principals and other school leaders in the value and utility of contributions of parents, and how to reach out to, communicate with, and work with parents as equal partners, implement and coordinate parent programs, and build ties between parents and schools by undertaking following activities:

Entheos Academy will seek to educate parents and teachers of the importance of working together to support children's education by having Student Led Conferences and Parent Teacher Conferences three times a year, family education nights at least three times a year, weekly emails with informative educational material from teacher to families, school newsletters, fun facts and articles on social media, and updated and accurate school website.

D. The LEA and each of its Title I schools will take the following actions to ensure that information related to the school and parent-programs, meetings, and other activities, is sent to the parents of participating children in an understandable and informative format, including alternative formats upon request, and, to the extent practicable, in a language the parents can understand:
All information will be sent in a multitude of formats including paper, text, electronic, social media, and will be in multiple languages. The information will also be presented more than one time when it is of importance and high need of student's learning.

E. The LEA and each of its Title I schools will, to the extent feasible and appropriate, coordinate and integrate parent involvement programs and activities with the following Federal, District, and LEA programs, including public preschool programs, and conduct other activities, such as parent resource centers, that encourage and support parents in more fully participating in the education of their children:

4H of Utah and USU Extension program for afterschool STEM enrichment and Target Tutoring.

F. The LEA and each of its Title I schools shall provide such other reasonable support for its parental involvement activities as the parents may request.

Entheos Academy Parent-School Compact

AS A PARENT, I WILL:

Take the initiative to:

- ❖ Volunteer time to benefit the my student and the school
 - ❖ Understand what my student is learning, through active communication with my student and his or her teacher(s).
 - ❖ Follow up at home with teaching and modeling school values and Habits of a Scholar. ❖
- Provide an environment at home that encourages successful continuation of learning and completion of homework.
- ❖ Attend Student Led Conferences, Celebrations of Learning, and other Entheos events. ❖
- Become an active partner with teachers and school in helping my student achieve to their highest potential.
- ❖ Show proper respect to others, property and self by appropriate communication, dress and actions whenever visiting, volunteering or attending any school activities.
 - ❖ Help my student attend school, on time, regularly to ensure consistency of learning.

AS A SCHOOL, WE WILL:

- ❖ Engage students through quality lessons and active learning activities.
- ❖ Provide an environment that is both emotionally and physically safe.
- ❖ Be receptive to parent questions and suggestions.
- ❖ Show professional level respect to others, property, and self by appropriate communication, dress, and actions.
- ❖ Be an active partner with parents/ guardians in helping students achieve their highest academic potential and become good citizens to their communities.
- ❖ Communicate in a timely manner with parents/guardians about all aspects of student learning including praise, struggles, and upcoming work and after school events.
- ❖ Provide a variety of ways for families to volunteer both in and out of the classroom.
- ❖ Provide opportunities for students to have access to functional computers/equipment on a regular basis.
- ❖ Continuously provide high quality, relevant Professional Development, coaching, and evaluations for teacher and staff to ensure students are receiving innovative instruction.

ENTHEOS ACADEMY BOARD MEETING MINUTES

February 27, 2027 6:00pm

Held at Entheos Academy Kearns Campus
4710 West 6200 South Kearns, UT 84118

OPENING

- I. Roll Call
 - a. Board Members Present: Xazmin Prows, Deb Ivie, Karen Bogenschutz, Rod Eichelberger, Brittany Garner, Jaren Gibson
 - b. Board Members Excused:
 - c. Administrators and Staff also present: Esther Blackwell, Jason Bennion, Denise Mathews, Sue Talmadge, Brian Cates of Red Apple, Alisha Cartier
 - d. Administrators Excused:
 - e. Time: (6:08 pm)
- II. Meeting Opened by Rod Eichelberger (6:08 pm)
- III. Pledge of Allegiance led by Karen Bogenschutz(6:08 pm)
- IV. Mission Statement by Jaren Gibson (6:09 pm)
- V. Approve minutes from January 23, 2025 (6:10 pm)
 - a. **Motion: Rod Eichelberger motions we approve the January 23, 2025 board meeting minutes. Xazmin Prows Seconds. Passes 6-0.**
- VI. Approve February 27, 2025 Consent Agenda (6:11 pm)
 - a. **Motion: Rod Eichelberger motions we approve the Consent Agenda. Brittany Garner seconds. Passes 6-0.**
- VII. Entheos Value Presentation by Jason Bennion (6:11 pm)
 - a. Value: Leadership

PUBLIC COMMENT

- I. Public Comment: (6:24 pm)
 - a. NONE

INFORMATIONAL ITEMS

- I. Q&A on Director Reports (6:24 pm)
 - a. District: Esther Blackwell - included a lot of data. Rod Eichelberger wants to call out both schools for amazing movement in scores. Question about Summer learning loss slide. Esther Blackwell comments that kids ending the year strong but then feel like starting back at square one in the new school year. She asked iReady for a meeting. How do we compare with other schools across the nation? Reading slide 21. Population that is being served is more impacted by being away from school in the summer. Some grades are coming in stronger. Thinking about what this means for our communities to keep learning going over the summer. Deb Ivie - funding for summer school. Currently do end of the school year. Not as effective because students are tired and busy. What if

- they move to right before school starts? Esther Blackwell would like to have a conversation regarding this. Sent off for summer curriculum. Rod Eichelberger asks if there is a difference between both campuses? Rod Eichelberger also asks about audio help. Esther Blackwell suggests partnership with library could also be possible.
- b. Kearns: Denise Mathews - data information shared. District science fair. PBIS and Attendance award. 8th grade field work and Discovery recital. Brittany Garner loved science fair.
 - c. Magna: Jason Bennion - data, teachers feeling successful with growth. Attendance. Discovery. Brittany Garner - no red in math or reading for Kinder. Looking at numbers, decline in 5th grade, covid kinders.
- II. Staff Recognitions (6:40 pm)
- a. District: Karen Bogenschutz
 - b. Kearns: Dalton Horscroft, Joe Hall, Aileen Zendejas
 - c. Magna: Alicia Seeley, Alisha Cartier, Chris Gau
- III. Kearns Campus Crew Olympics by Sara Erickson (6:47 pm)
- a. Collaboration with other teachers, create competitions that highlight or target behavior or academic tasks. Crew games in fall. Math targets, unscramble mission statement. Start to grow together. Leaders emerge. Average number of tardies and absences. Pacer test, informational texts. Library time this year, extra points for book report. Next Friday - college board. Study the college board. Food drive and other events.
- IV. Literacy Conference Presentation by Jenna Marshall and Laura Butterworth (6:51 pm)
- a. Thank you to Sue Talmadge
 - b. Gave a summary of their learning at the Literacy Conference and key takeaways.
- V. EL Conference Presentation by Denise Mathews (7:16 pm)
- a. First EL Conference. Impressed with setup. There are other people that do what we do. Different seeing other people doing it and talking about it. Key takeaways. Student Centered Learning. Student voice is critical. Student led, presentations. High quality. Character development. Behavior gets in the way of academics. MS crew curriculum. Ignite passion for college and careers. The world needs everyone. Didn't just push college. Staff crew every morning. Time for people to visit. Contribute to feel capable and supported. Equity and inclusion. Modules MLL supports, teachers customize. Teacher collaborations. Feel validated. Authentic assessments. Performance, experts. Experiential learning. Outdoor program, validates us doing it. Brings it to life, not just reading it but seeing it. Karen Bogenschutz - real value in going to conferences. Learning things from other people.
- VI. Budget and Finance Report by Deb Ivie (7:23 pm)
- a. 58% through year, end of January. About where we are percent of forecast. PTIF - interest lower because of interest rates. Still great, just not as high as it has been. Getting ready to start next year's budget. Enrollment pretty steady. Revenue and Expenses steady. Esther Blackwell shares ready to put another \$500K into PTIF. Offer letters for upcoming year. Building maintenance and curriculum costs. WPU will increase 4%. Deb Ivie clarifies audit report and audit committee report are two different reports. One is report on actual audit. Other is about how we are doing with current auditor and the committee. Rod Eichelberger asks about restricted cash. \$500K. Esther Blackwell - SpEd, NSLC - can unrestrict 35% end of year.
- VII. Safety Committee Report by Karen Bogenschutz (7:28 pm)
- a. I Love You Guys safety protocol - state adopting. Training to employees BOY. 4H - received abbreviated during winter break. Two staff members full training. What do we

do for employees joining middle of the year? Safety upgrades. Money received for upgrades to schools. \$600K upgrade buildings, key cards, security cameras, glass on windows, additional fencing, with more still to do. Each teacher to have a panic button to call 911. Bleed kits in classrooms. First aid kits in classrooms. Need to work on mental health issues, belonging. Have things in our schools that help - service, crew, uniform, values. Goal is to keep the kids safe.

- VIII. Kearns School LAND Trust Plan 2025-2026 by Denise Mathews (7:33 pm)
 - a. Goal 65% of students will make typical or better growth in math by the end of year.
 - b. Measurements: Acadiane math - MOY and EOY, iReady math MOY, lead indicator for RISE math scores.
 - c. Action Steps: Math Curriculum K-8, send teachers to conferences - will select a math conference, spend money on technology (sound systems and tech devices)
 - d. Distribution: estimation \$89,843.85 for the three categories.
- IX. Magna School LAND Trust Plan 2025-2026 by Jason Bennion (7:36 pm)
 - a. Goal 65% of students will make typical or better growth in math by the end of year.
 - b. Measurements: Acadiane math - MOY and EOY, iReady math MOY, RISE EOY.
 - c. Curriculum, send teachers to conferences, tech devices
 - d. Distribution - estimated \$73,706 total for three categories

DISCUSSION ITEMS

- I. Board Development by Rod Eichelberger (7:38 pm)
 - a. Chapter 10 - 12 "It's Your Ship"
 - i. Board members share their key takeaways from the book and how they feel it applies to themselves and Entheos Academy.
 - ii. Will read last chapter and epilogue for next meeting
- II. Policies for discussion by Brittany Garner (7:50 pm)
 - a. 3105 Travel and Related Expenses - no comments or questions
 - b. 3106 Board Budget - no comments or questions
 - c. 3600 Time and Effort Policy - no comments or questions
 - d. 3601 Time and Effort Procedures (new) - USBE requiring this be its own separate thing. no comments or questions
 - e. 7104 Parent and Family Engagement - needed to have compact included in the same policy - no questions or comments

ACTION ITEMS

- I. **MOTION** (7:54 pm)
 - a. **Motion: Xaxmin Prows motions that we approve the Kearns 2025-2026 School LAND Trust Plan. Karen Bogenschutz seconds. Passes 5-0, Rod Eichelberger abstains.**
- II. **MOTION** (7:55 pm)
 - a. **Motion: Brittany Garner motions to approve Magna 2025-2026 School LAND Trust Plan. Xazmin Prows seconds. Passes 5-0, Rod Eichelberger abstains.**

ADJOURN

- I. Time 7:56 pm
- II. **Motion: Brittany Garner motions to adjourn. Karen Bogenschutz seconds. Passes 5-0, Rod Eichelberger abstains.**

Girls' Maturation Program

The presentation follows the Utah State Core Curriculum.

The 5th Grade Human Development Standards are:

1. Explain how the timing of puberty and adolescent development varies, including that there is a wide range of what is healthy or typical.
2. Describe the basic structures of the reproductive and endocrine systems and identify their respective functions.
3. Describe the body changes that accompany puberty and how puberty prepares human bodies for reproduction.
4. Explain the physical, social and emotional changes that occur during puberty and adolescence and healthy ways to manage these changes.
5. Identify trusted adults to talk with about puberty.

Topics discussed in the presentation are as follows:

Puberty:

- Definition of puberty
- Physical, emotional and mental changes that occur during puberty in girls.
- The typical ages in which puberty begins for boys and girls.

Menstruation & Human Reproduction:

- General anatomy of female reproductive system.
- General physiology of female reproductive system.
- Menstruation information including what it is, why it comes, when it comes and helpful tips to manage it.

Hygiene:

- Importance of nutrition, sleep and exercise.
- Importance of keeping body clean and odor free.

Other Important Points:

- Growing up is a gradual process.
- Girls should talk to their parents or guardians about the information presented or if they have questions. Do not ask the internet.
- Pornography awareness: encourage family meeting about technology rules and limits.
- Definition of pornography and its impact on a developing brain.

Question & Answer Session