Complete Health Indicator Report of Adverse Childhood Experiences ACEs

Definition

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. The ACEs included here are a collection of common experiences that may be traumatic to children and youth. They include abuse, neglect, and household challenges that occur during the first 18 years of life. ACEs have been shown to have a potential impact on future violence, victimization, and perpetration, as well as lifelong health and opportunity. ACEs are common; as nearly two-thirds (61.6%) of surveyed U.S. adults experienced at least one ACE and many adults experienced more than one. ACEs can affect optimal health and development across the lifespan, particularly in the absence of protective factors. However, ACEs are preventable, and when present their effects can be mitigated.

Numerator

The 2013, 2016, 2018, and 2020 BRFSS respondents who responded affirmatively to the eleven questions in the Adverse Childhood Experience (ACE) Module.

Denominator

The number of adults aged 18 and above who participated in the 2013, 2016, 2018, and 2020 BRFSS.

Data Interpretation Issues

BRFSS Adverse Childhood Experience (ACE) Module

Looking back before you were 18 years of age---. 1) Did you live with anyone who was depressed, mentally ill, or suicidal? 2) Did you live with anyone who was a problem drinker or alcoholic? 3) Did you live with anyone who used illegal street drugs or who abused prescription medications? 4) Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? 5) Were your parents separated or divorced? 6) How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? 7) Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. 8) How often did a parent or adult in your home ever swear at you, insult you, or put you down? 9) How often did anyone at least 5 years older than you or an adult, ever touch you sexually? 10) How often did anyone at least 5 years older than you or an

adult, try to make you touch sexually? 11) How often did anyone at least 5 years older than you or an adult, force you to have sex?

Module Weaknesses: Limited to specific more common adversities; Severity or frequency of potential trauma is unknown; All experiences are weighted equally; Module does not account for protective factors in the past that might prevent or mitigate the negative long-term impacts of childhood adversities.

Why Is This Important?

Exposure to ACEs may result in toxic stress responses that can impede a child's development, such as changes in gene expression, changes in brain connectivity and immune function, and changes in the type of coping strategies adopted. While many coping strategies are healthy and help reduce acute stress, some (e.g. smoking cigarettes, drinking alcohol, using substances, engaging in risky sexual behavior) present additional risks to health and wellbeing. As such, exposure to early adversity can increase the risk of later chronic and infectious health conditions through changes in physiological mechanisms, as well as increased engagement in health risk behaviors, and can ultimately result in premature death.

Healthy People Objective IVP-38:

Reduce nonfatal child maltreatment
U.S. Target: 8.5 maltreatment victims per 1,000 children

How Do We Compare With the U.S.?

When comparing BRFSS data, the prevalence of 4+ ACEs in Utah is lower than nationally (15.4% vs 15.8%). National prevalence comes from a 2018 Merrick, et al. study that included 2011-2014 BRFSS data from 23 states, while Utah prevalence is from the ACEs Module included in the Utah BRFSS in 2013, 2016, 2018, and 2022.

Source: Merrick, M.T., Ford, D.C., Ports, K. A., Guinn, A. S. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. JAMA Pediatrics, 172(11), 1038-1044.

Evidence-based Practices

Promote safe stable nurturing relationships and environments for all children by:

Available Services

The Violence and Injury Prevention Program housed in the Utah Department of Health in coordination with the Utah Coalition for Protecting Childhood (UCPC) has developed a State Action Plan for the Primary Prevention of Child Maltreatment in Utah utilizing the CDC's Essentials for Childhood framework. This plan

includes specific strategies and approaches to preventing ACEs and mitigating their negative effects by creating safe, stable, and nurturing relationships and environments for all Utah children. The state plan can be found at vipp.health.utah.gov

This is also a sensitive topic and if you need information or help finding support for your own experiences you can dial 1-800-422-4453.

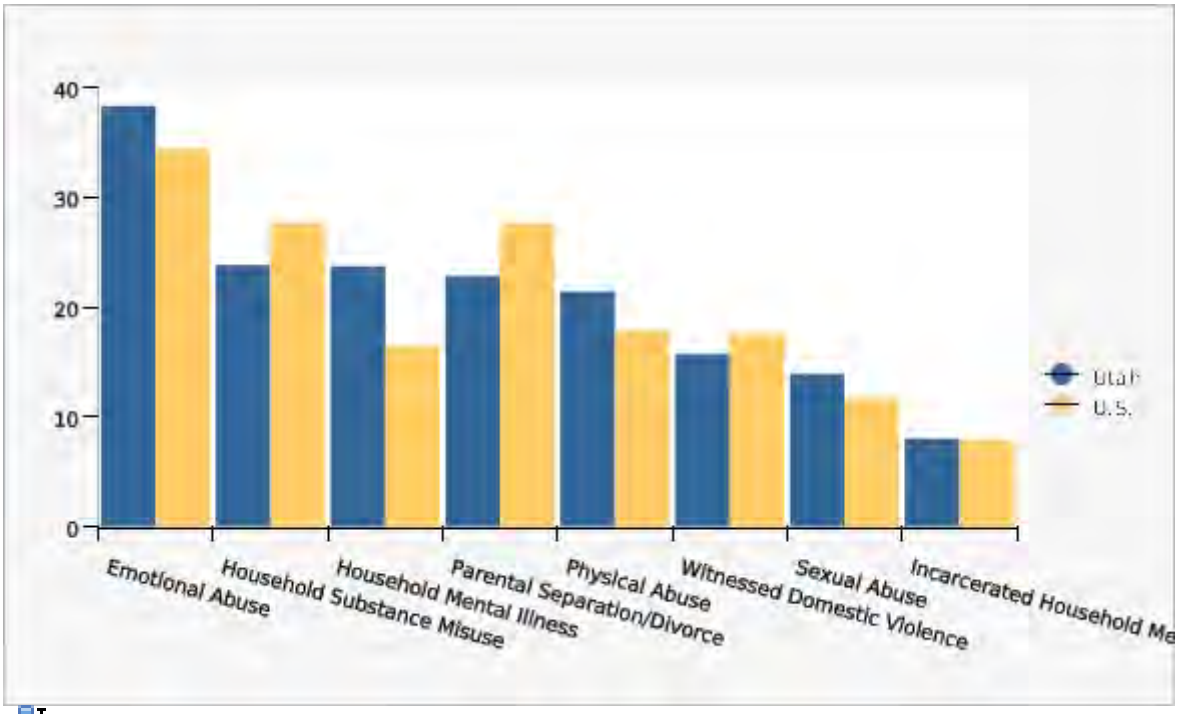
Related Indicators

Relevant Population Characteristics

As the number of ACEs increases so does the risk of injury, sexually transmitted infections (including HIV), mental health problems, maternal and child health problems, teen pregnancy, involvement in sex trafficking, a wide range of chronic diseases, and dying from one of the leading causes of death (such as cancer, diabetes, heart disease, and suicide). ACEs can also negatively impact education, employment, and earnings potential. However, it is important to remember that the presence of ACEs does not mean a child will experience poor outcomes. The presence of positive childhood experiences and protective factors like healthy connections can prevent and mitigate the negative effects of childhood adversity.

Graphical Data Views

Adverse Childhood Experiences (ACEs) Prevalence by Type, Utah vs USA 2013, 2016, 2018, 2020



The most common ACE experienced by adults in Utah was emotional abuse with 38.3% indicating a parent or adult in the home had sworn at them, insulted them, or put them down before the age of 18. The next most prevalent ACEs in Utah are household substance abuse reported by 23.8% of adults and household mental illness reported by 23.7% of adults.

Compared with national respondents, Utahns had a higher prevalence of Household Mental Illness (23.7% vs 16.5% nationally), Sexual Abuse (13.9% vs 11.6% nationally), Emotional Abuse (38.3 vs 34.4% nationally), and Physical Abuse (21.4% vs 17.9% nationally). Nationally, there are a higher prevalence of Divorce (27.6% vs 22.8% in Utah), Household Substance Abuse (27.6% vs 23.8% in Utah) and Domestic Violence (17.5% vs 15.7% in Utah).

Utah vs. U.S.			Lower Limit	Upper Limit	Numer-ator	Denom-inator
Utah	**Emotional Abuse**	38.3%	37.5%	39.2%	8,882	23,361
Utah	**Household Substance Misuse**	23.8%	23.0%	24.5%	5,488	23,361
Utah	**Household Mental Illness**	23.7%	23.0%	24.4%	5,223	23,361
Utah	**Parental Separation/Divorce**	22.8%	22.1%	23.6%	4,931	23,361
Utah	**Physical Abuse**	21.4%	20.7%	22.1%	5,084	23,361
Utah	**Witnessed Domestic Violence**	15.7%	15.1%	16.3%	3,445	23,361
Utah	**Sexual Abuse**	13.9%	13.3%	14.5%	3,284	23,361
Utah	**Incarcerated Household Member**	8.0%	7.5%	8.5%	1,608	23,361
U.S.	**Emotional Abuse**	34.4%	33.8%	35.0%		214,157
U.S.	**Household Substance Misuse**	27.6%	27.0%	28.1%		214,157
U.S.	**Household Mental Illness**	16.5%	16.0%	17.0%		214,157
U.S.	**Parental Separation/Divorce**	27.6%	27.0%	28.2%		214,157
U.S.	**Physical Abuse**	17.9%	17.4%	18.5%		214,157
U.S.	**Witnessed Domestic Violence**	17.5%	17.0%	18.0%		214,157
U.S.	**Sexual Abuse**	11.6%	11.3%	11.9%		214,157
U.S.	**Incarcerated Household Member**	7.9%	7.4%	8.4%		214,157

Data Notes

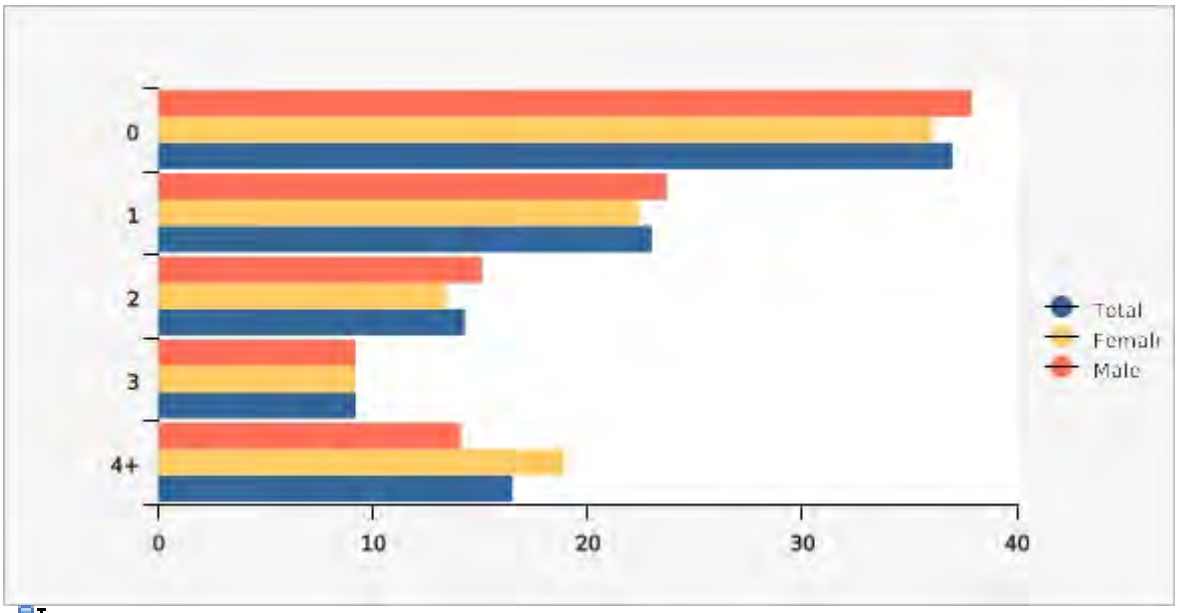
All questions refer to the time period before respondents were 18 years of age. Source of national data: Merrick, M.T., Ford, D.C., Ports, K. A., Guinn, A. S. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. JAMA Pediatrics, 172(11), 1038-1044.

Data Sources

- The Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System (BRFSS)

- Behavioral Risk Factor Surveillance System Survey Data, US Department of Health and Human Services Centers for Disease Control and Prevention (CDC).

Adverse Childhood Experiences (ACEs) Prevalence by Score, Utah 2013, 2016, 2018, 2020



In Utah, 63% of adults have experienced at least one ACE, and over one in four have experienced three or more. Among Utah women, 28.1% experienced three or more ACEs compared with 23.3% of men, a statistically significant difference. Females affirmed experiencing more household substance abuse, house mental illness, domestic violence, divorce, and emotional abuse. Also, females were two times more likely to affirm experiencing sexual abuse than males. Males affirmed experiencing more physical abuse and incarcerated household members.

Males vs. Females			Lower Limit	Upper Limit	Numerator	Denominator
Male	**0**	37.9%	36.7%	39.1%	4,358	10,998
Male	**1**	23.7%	22.7%	24.7%	2,708	10,998
Male	**2**	15.1%	14.3%	16.1%	1,636	10,998
Male	**3**	9.2%	8.5%	10.0%	931	10,998
Male	**4+**	14.1%	13.2%	15.0%	1,365	10,998
Female	**0**	36.1%	35.0%	37.3%	4,892	12,345
Female	**1**	22.4%	21.4%	23.4%	2,750	12,345
Female	**2**	13.4%	12.6%	14.3%	1,611	12,345
Female	**3**	9.2%	8.5%	9.9%	1,072	12,345
Female	**4+**	18.9%	18.0%	19.9%	2,020	12,345
Total	**0**	37.0%	36.2%	37.9%	9,261	23,361

Males vs. Females			Lower Limit	Upper Limit	Numer-ator	Denom-inator
Total	**1**	23.0%	22.3%	23.7%	5,459	23,361
Total	**2**	14.3%	13.7%	14.9%	3,249	23,361
Total	**3**	9.2%	8.7%	9.7%	2,006	23,361
Total	**4+**	16.5%	15.8%	17.2%	3,386	23,361

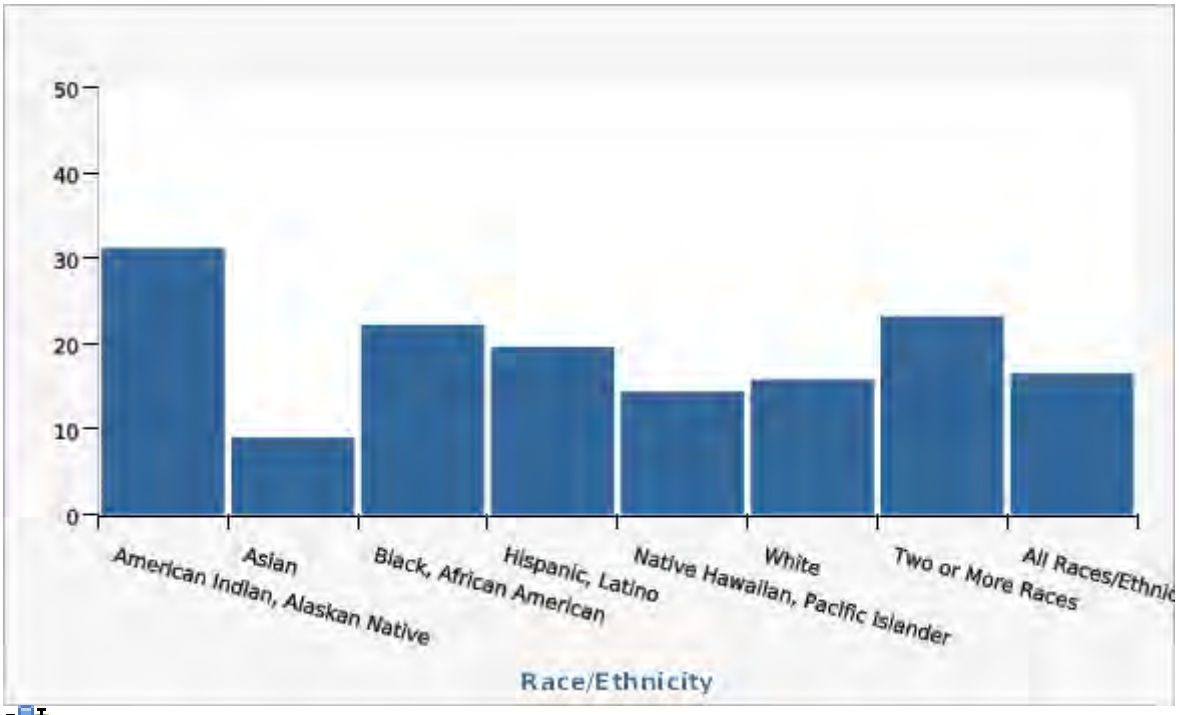
Data Notes

All questions refer to the time period before respondents were 18 years of age.

Data Source

The Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System (BRFSS)

High ACE Score (4+ACEs) Prevalence by Race/Ethnicity, Utah 2013, 2016, 2018, 2020



ACEs are common across all sociodemographic characteristics, yet some populations are more vulnerable to experiencing ACEs, such as children living in poverty and racial and ethnic minorities, because of the structural and social conditions in which some children and families live, learn, work, and play.

Adults who identify as American Indian or Alaska Native are impacted with the highest numbers of ACEs, 31.2% having 4+ ACEs (almost double the overall prevalence); followed by Multiracial at 23.2% and Black at

22.2%.

Race/Ethnicity		Lower Limit	Upper Limit	Numer-ator	Denom-inator
American Indian, Alaskan Native	31.2%	22.9%	40.9%	64	3,386
Asian	9.0%	5.1%	15.5%	22	3,386
Black, African American	22.2%	14.3%	32.9%	37	3,386
Hispanic, Latino	19.6%	17.3%	22.1%	352	3,386
Native Hawaiian, Pacific Islander	14.4%	9.4%	21.5%	24	3,386
White	15.8%	15.1%	16.5%	2,813	3,386
Two or More Races	23.2%	16.1%	32.3%	38	3,386
All Races/Ethnicities	16.5%	15.8%	17.2%	3,386	3,386

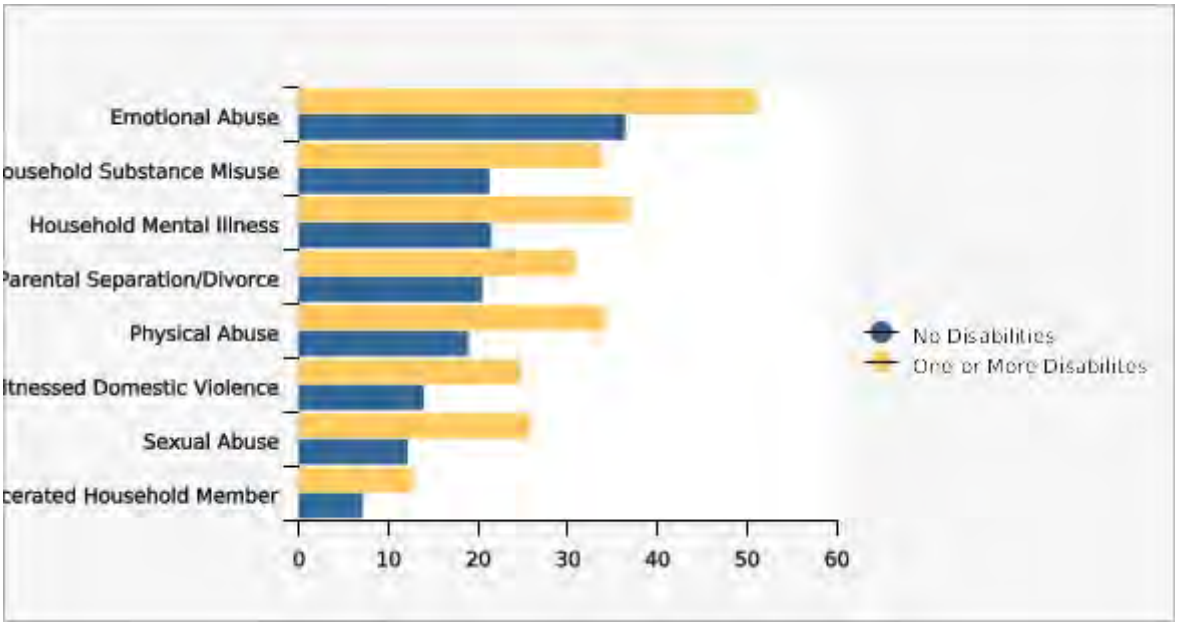
Data Notes

All questions refer to the time period before respondents were 18 years of age. The 4+ ACE score is highlighted here because research suggests a higher prevalence of negative long-term impacts with higher ACE scores.

Data Source

The Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System (BRFSS)

Adverse Childhood Experiences (ACEs) Prevalence by Disability, Type, Utah 2016, 2018, 2020



Compared to those with no disabilities, individuals with one or more disabilities indicated a statistically higher prevalence of experiencing all eight of the surveyed ACEs with sexual abuse being more than two times

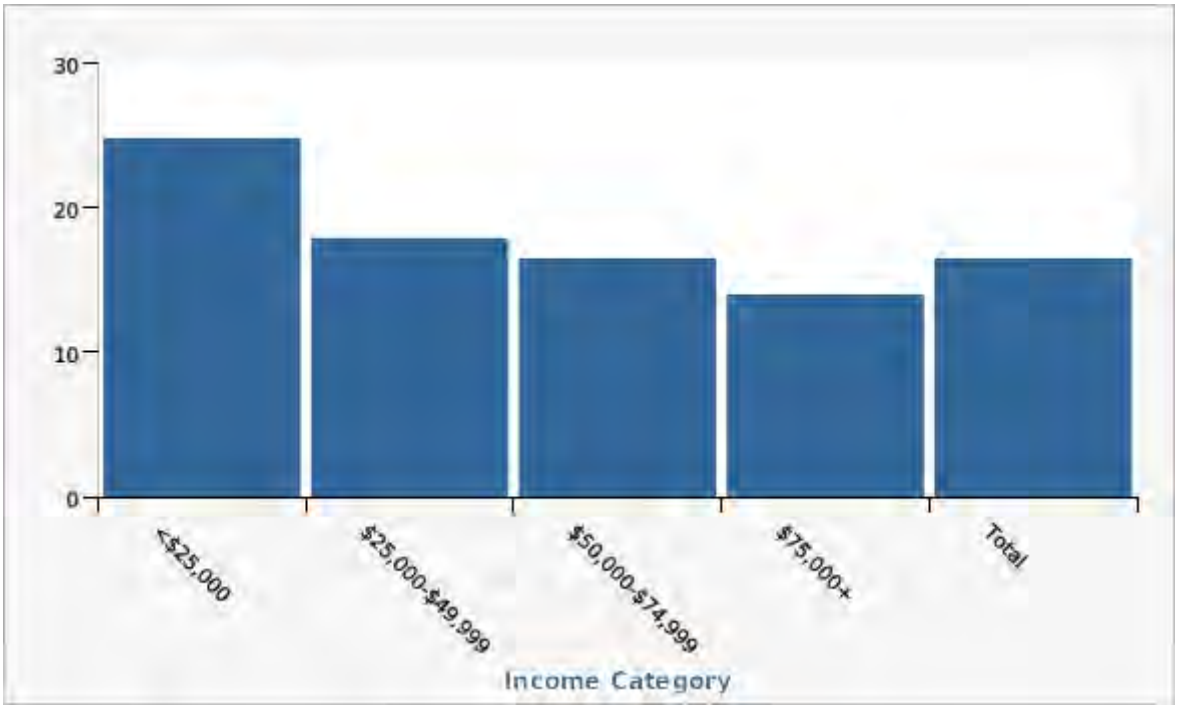
more prevalent (26% vs 12.2%).

One or more disabilities vs No disabilities		
One or More Disabilites	Emotional Abuse	51.2%
One or More Disabilites	Household Substance Misuse	33.9%
One or More Disabilites	Household Mental Illness	37.0%
One or More Disabilites	Parental Separation/Divorce	30.9%
One or More Disabilites	Physical Abuse	34.3%
One or More Disabilites	Witnessed Domestic Violence	24.9%
One or More Disabilites	Sexual Abuse	26.0%
One or More Disabilites	Incarcerated Household Member	12.9%
No Disabilities	Emotional Abuse	36.5%
No Disabilities	Household Substance Misuse	21.3%
No Disabilities	Household Mental Illness	21.5%
No Disabilities	Parental Separation/Divorce	20.5%
No Disabilities	Physical Abuse	19.0%
No Disabilities	Witnessed Domestic Violence	14.0%
No Disabilities	Sexual Abuse	12.2%
No Disabilities	Incarcerated Household Member	7.2%

Data Notes

All questions refer to the time period before respondents were 18 years of age.

High ACE Score (4+ACEs) Prevalence by Income, Utah 2013, 2016, 2018, 2020



ACEs are common across all sociodemographic characteristics, yet some populations are more vulnerable to experiencing ACEs, such as children living in poverty and racial and ethnic minorities, because of the structural and social conditions in which some children and families live, learn, work, and play.

Lower-income households are impacted with significantly more ACEs than the state as a whole, 24.8% of households making less than $25,000 affirmed 4+ ACEs. Households in extreme poverty (less than 50% of the poverty level) are even more impacted with 29.3% having 4+. This is more than two times the prevalence of 4+ ACEs experienced by households making more than $75,000.

Income Category		Lower Limit	Upper Limit	Numerator	Denominator
<$25,000	24.8%	22.7%	27.0%	703	3,386
$25,000-$49,999	17.9%	16.4%	19.6%	698	3,386
$50,000-$74,999	16.5%	14.8%	18.3%	542	3,386
$75,000+	14.0%	13.0%	15.0%	1,095	3,386
Total	16.5%	15.8%	17.2%	3,386	3,386

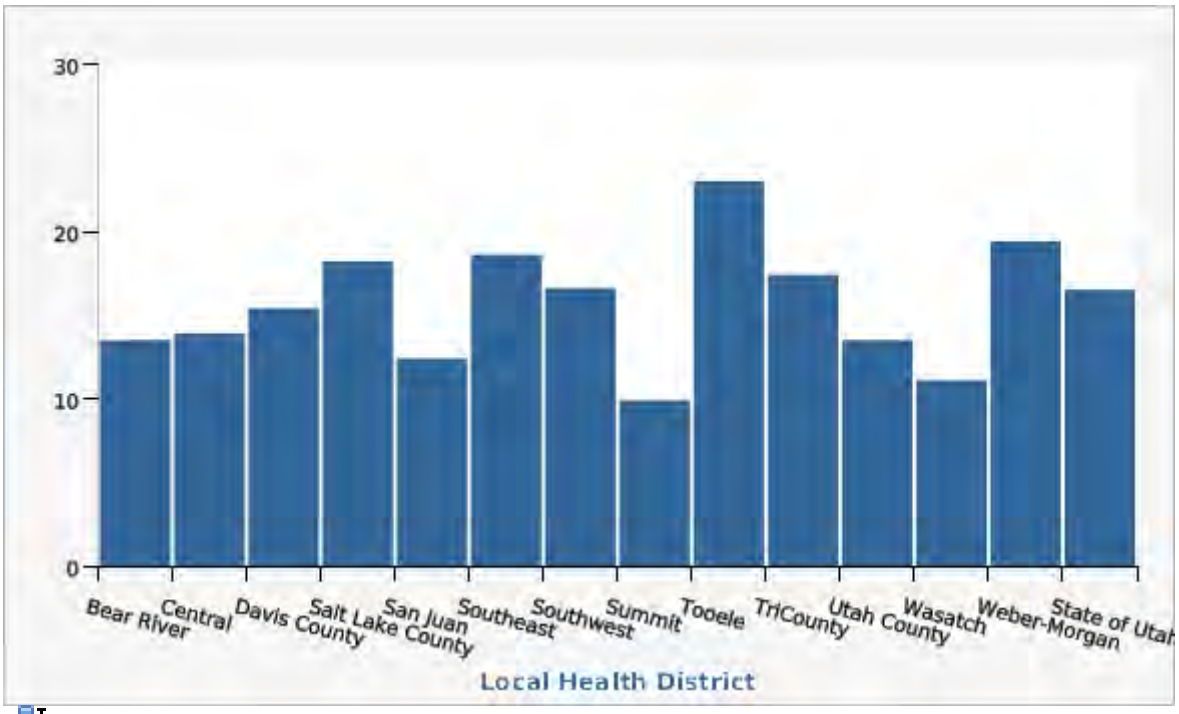
Data Notes

All questions refer to the time period before respondents were 18 years of age. The 4+ ACE score is highlighted here because research suggests a higher prevalence of negative long-term impacts with higher ACE scores.

Data Source

The Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System (BRFSS)

High ACE score 4+ACEs by Local Health District, Utah 2013, 2016, 2018, 2020



When comparing the impact of high ACE scores (4+ ACEs) by population density (Urban, Rural, Frontier), there is not a significant difference in the distribution. However, there are Local Health Districts (LHDs) that are significantly impacted by higher or lower prevalence than the state overall. LHDs with a statistically higher prevalence of high ACE scores (4+ ACEs) include Salt Lake County, Tooele County, and Weber-Morgan. LHDs with statistically lower prevalence of high ACE scores include Bear River, Summit County, Utah County, and Wasatch County.

Local Health District		Lower Limit	Upper Limit	Note	Numer-ator
Bear River	13.5%	11.5%	15.9%	significantly lower than state	175
Central	13.9%	10.7%	17.9%		137
Davis County	15.4%	13.6%	17.3%		322
Salt Lake County	18.2%	17.0%	19.5%	significantly higher than state	1,071
San Juan	12.4%	7.9%	19.0%		34
Southeast	18.6%	14.6%	23.3%		117
Southwest	16.6%	14.2%	19.3%		212
Summit	9.9%	7.3%	13.2%	significantly lower than state	61
Tooele	23.0%	19.1%	27.4%	significantly higher than state	185
TriCounty	17.4%	14.6%	20.6%		194
Utah County	13.5%	12.1%	15.0%	significantly lower than state	447
Wasatch	11.1%	7.5%	16.1%	significantly lower than state	68
Weber-Morgan	19.4%	17.3%	21.8%	significantly higher than state	333
State of Utah	16.5%	15.8%	17.2%		3,386

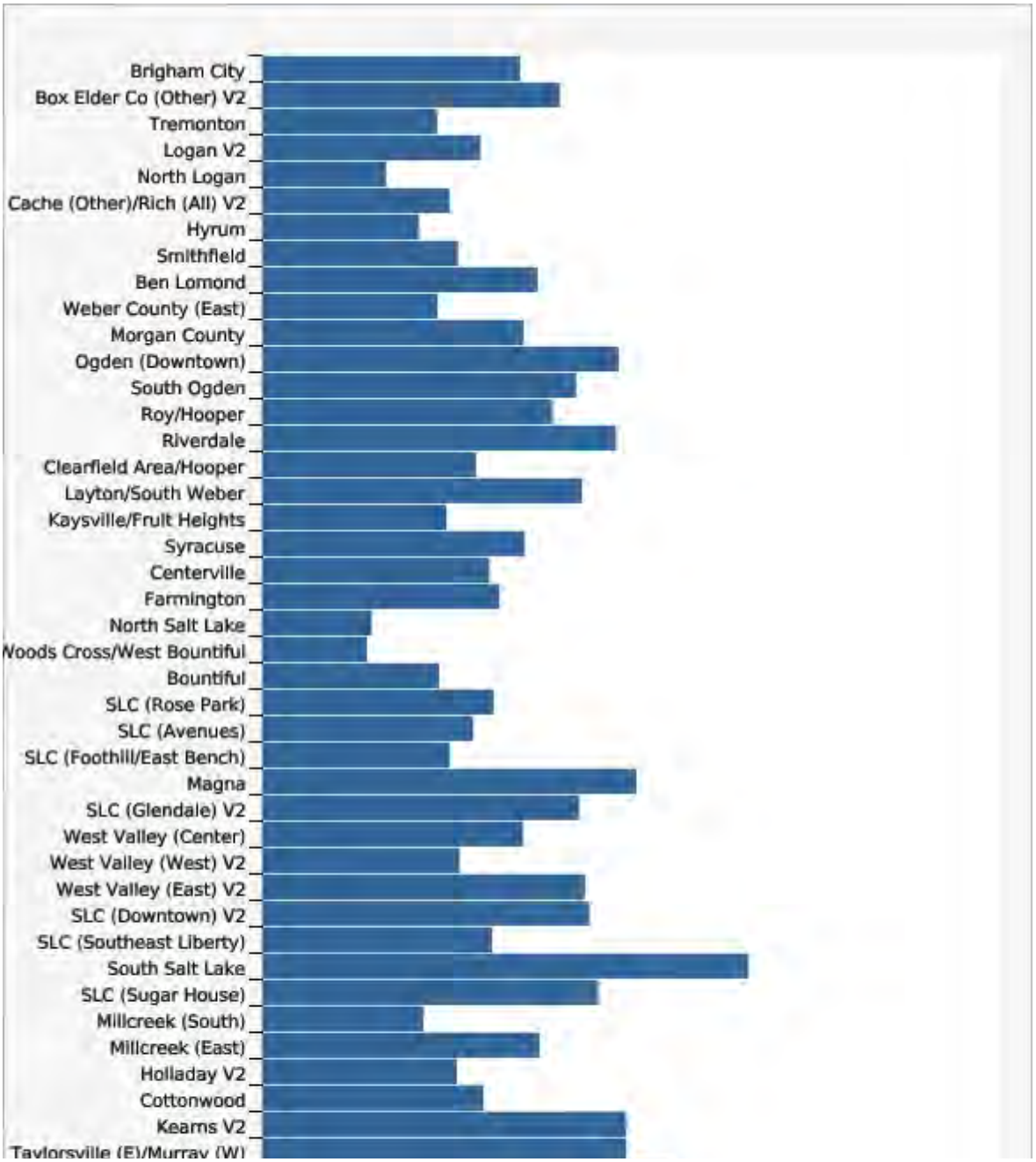
Data Notes

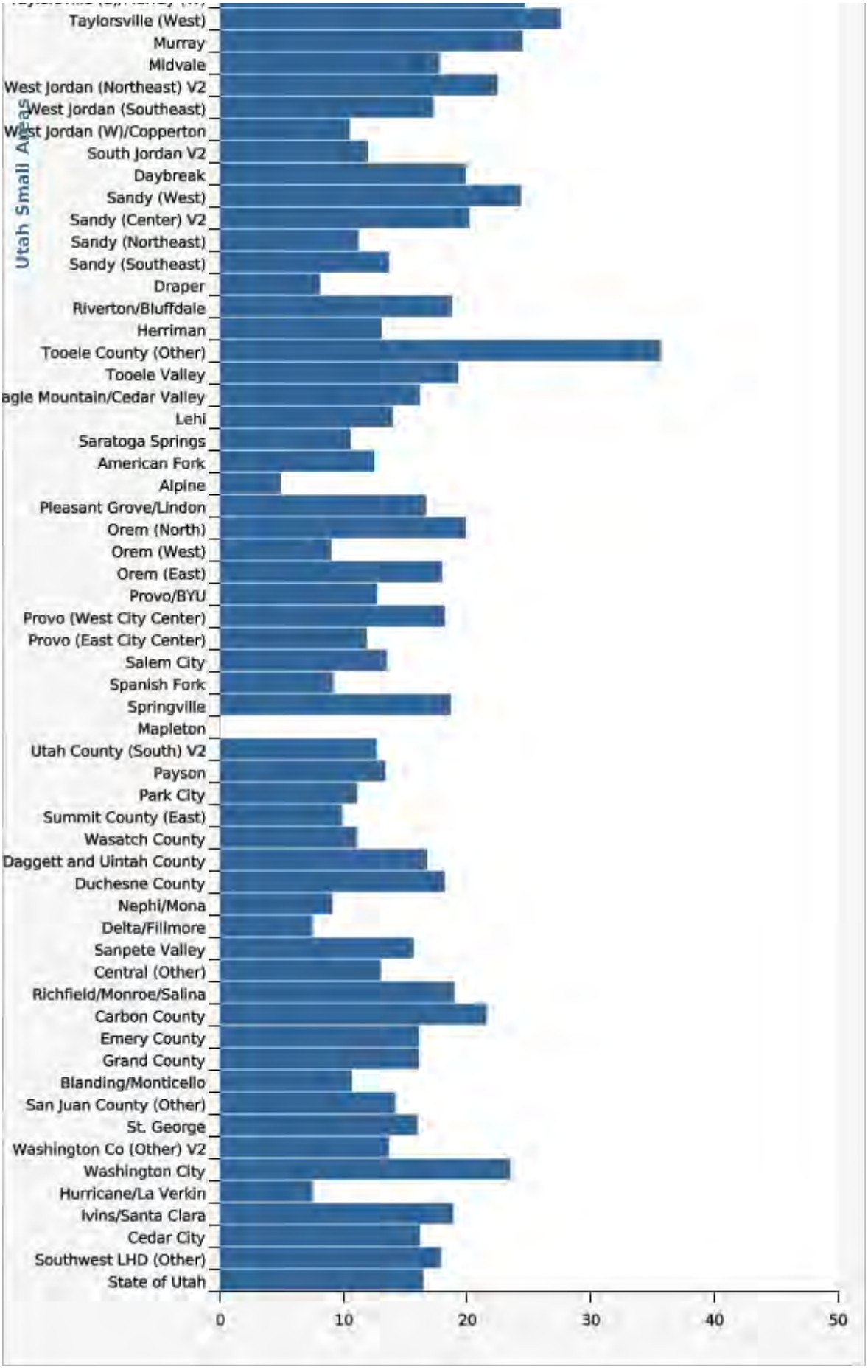
All questions refer to the time period before respondents were 18 years of age. The 4+ ACE score is highlighted here because research suggests a higher prevalence of negative long-term impacts with higher ACE scores.

Data Source

The Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System (BRFSS)

High ACE Score (4+ACEs) by Utah Small Area, Utah 2013, 2016, 2018, 2020




Utah Small Areas
Taylorsville (West)
Murray
Midvale
West Jordan (Northeast) V2
West Jordan (Southeast)
West Jordan (W)/Copperton
South Jordan V2
Daybreak
Sandy (West)
Sandy (Center) V2
Sandy (Northeast)
Sandy (Southeast)
Draper
Riverton/Bluffdale
Herriman
Tooele County (Other)
Tooele Valley
agle Mountain/Cedar Valley
Lehi
Saratoga Springs
American Fork
Alpine
Pleasant Grove/Lindon
Orem (North)
Orem (West)
Orem (East)
Provo/BYU
Provo (West City Center)
Provo (East City Center)
Salem City
Spanish Fork
Springville
Mapleton
Utah County (South) V2
Payson
Park City
Summit County (East)
Wasatch County
Daggett and Uintah County
Duchesne County
Nephi/Mona
Delta/Fillmore
Sanpete Valley
Central (Other)
Richfield/Monroe/Salina
Carbon County
Emery County
Grand County
Blanding/Monticello
San Juan County (Other)
St. George
Washington Co (Other) V2
Washington City
Hurricane/La Verkin
Ivins/Santa Clara
Cedar City
Southwest LHD (Other)
State of Utah
0
10
20
30
40
50

In order to facilitate data reporting at the community level, Utah has been divided into 99 Small Areas. These areas are determined based on specific criteria, including population size, political boundaries of cities and towns, and economic similarity. When comparing Utah Small Areas by population density (Urban, Rural, Frontier), there is not a significant difference in the distribution of ACEs. However, there are Utah Small Areas that are significantly impacted by more ACEs or fewer ACEs than the state as a whole. Utah Small Areas with statistically higher prevalence of high ACE scores (4+ ACEs) include Tooele County (Other), South Salt Lake, Taylorsville (West), Magna, Taylorsville (East)/Murray (West), Kearns V2, Murray, Sandy (West), Ogden (Downtown), Riverdale, West Vally (East) V2, and Layton/South. Utah Small Areas with a statistically lower prevalence of high ACE scores include Hurrican/La Verkin, Alpine, Woods Cross/West Bountiful. North Salt Lake, Delta/Fillmore, Draper, North Logan, Orem (West), Spanish Fork, Summit County (East), West Jordan (West)/Copperton, Park City, and Wasatch County

Utah Small Areas		Lower Limit	Upper Limit	Note	Numer-ator
Brigham City	17.5%	11.4%	25.9%		25
Box Elder Co (Other) V2	20.2%	11.6%	32.6%		19
Tremonton	11.9%	6.7%	20.2%	* interpret w/caution	15
Logan V2	14.8%	11.1%	19.5%		58
North Logan	8.4%	4.9%	14.0%	significantly lower than state	19
Cache (Other)/Rich (All) V2	12.7%	7.9%	19.9%		21
Hyrum	10.6%	4.8%	21.9%	* interpret w/caution	6
Smithfield	13.3%	6.6%	25.1%	* interpret w/caution	9
Ben Lomond	18.7%	14.6%	23.8%		71
Weber County (East)	11.9%	8.3%	16.8%		38
Morgan County	17.8%	10.2%	29.1%	* interpret w/caution	14
Ogden (Downtown)	24.2%	18.5%	31.1%	significantly higher than state	58
South Ogden	21.3%	15.8%	28.2%		51
Roy/Hooper	19.7%	15.0%	25.3%		59
Riverdale	24.0%	17.3%	32.3%	significantly higher than state	37
Clearfield Area/Hooper	14.5%	10.9%	18.9%		57
Layton/South Weber	21.7%	17.7%	26.3%	significantly higher than state	103
Kaysville/Fruit Heights	12.5%	8.3%	18.3%		31
Syracuse	17.8%	11.7%	26.1%		28
Centerville	15.4%	8.8%	25.5%		14
Farmington	16.1%	8.3%	28.8%		18
North Salt Lake	7.4%	4.1%	13.2%	* interpret w/caution, significantly lower than state	12
Woods Cross/West Bountiful	7.1%	3.7%	13.4%	* interpret w/caution, significantly lower than state	10

Utah Small Areas		Lower Limit	Upper Limit	Note	Numer-ator
Bountiful	12.0%	8.5%	16.7%		43
SLC (Rose Park)	15.7%	10.4%	23.1%		28
SLC (Avenues)	14.3%	8.8%	22.4%		20
SLC (Foothill/East Bench)	12.7%	7.2%	21.5%		20
Magna	25.4%	16.9%	36.3%	significantly higher than state	28
SLC (Glendale) V2	21.5%	14.0%	31.4%		25
West Valley (Center)	17.7%	12.8%	24.1%		50
West Valley (West) V2	13.4%	8.6%	20.4%		24
West Valley (East) V2	21.9%	16.6%	28.3%	significantly higher than state	60
SLC (Downtown) V2	22.2%	15.9%	30.1%		45
SLC (Southeast Liberty)	15.6%	10.0%	23.3%		25
South Salt Lake	33.0%	24.7%	42.4%	significantly higher than state	45
SLC (Sugar House)	22.8%	15.8%	31.8%		38
Millcreek (South)	10.9%	5.6%	20.2%	* interpret w/caution	13
Millcreek (East)	18.8%	11.7%	29.0%		23
Holladay V2	13.2%	7.4%	22.3%		18
Cottonwood	15.0%	10.3%	21.3%		40
Kearns V2	24.7%	18.4%	32.3%	significantly higher than state	49
Taylorsville (E)/Murray (W)	24.7%	18.0%	32.8%	significantly higher than state	41
Taylorsville (West)	27.6%	20.7%	35.8%	significantly higher than state	44
Murray	24.5%	17.8%	32.8%	significantly higher than state	43
Midvale	17.8%	12.0%	25.7%		28
West Jordan (Northeast) V2	22.5%	15.4%	31.7%	significantly lower than state	32
West Jordan (Southeast)	17.3%	11.9%	24.4%		34
West Jordan (W)/Copperton	10.5%	7.0%	15.6%		28
South Jordan V2	12.0%	8.0%	17.5%		28
Daybreak	19.9%	12.5%	30.2%		20
Sandy (West)	24.4%	16.6%	34.4%	significantly higher than state	31
Sandy (Center) V2	20.2%	12.9%	30.1%		24
Sandy (Northeast)	11.2%	5.6%	21.3%	* interpret w/caution	13
Sandy (Southeast)	13.7%	8.4%	21.6%		21
Draper	8.1%	5.0%	12.9%	significantly lower than state	23
Riverton/Bluffdale	18.8%	13.1%	26.2%		42
Herriman	13.1%	9.0%	18.8%		35
Tooele County (Other)	35.7%	25.6%	47.2%	significantly higher than state	45
Tooele Valley	19.3%	15.7%	23.5%		136

Utah Small Areas		Lower Limit	Upper Limit	Note	Numer-ator
Eagle Mountain/Cedar Valley	16.2%	9.8%	25.7%		21
Lehi	14.0%	10.1%	19.2%		51
Saratoga Springs	10.6%	6.3%	17.3%		18
American Fork	12.5%	8.3%	18.4%		32
Alpine	4.9%	2.0%	11.9%	* interpret w/caution, significantly lower than state	5
Pleasant Grove/Lindon	16.7%	11.5%	23.8%		38
Orem (North)	19.9%	14.0%	27.4%		37
Orem (West)	9.0%	5.7%	14.1%	significantly lower than state	23
Orem (East)	18.0%	11.5%	27.0%		24
Provo/BYU	12.7%	7.9%	19.7%		24
Provo (West City Center)	18.2%	12.6%	25.6%		32
Provo (East City Center)	11.9%	6.6%	20.7%		19
Salem City	13.5%	6.9%	24.7%	* interpret w/caution	10
Spanish Fork	9.2%	5.7%	14.6%	significantly lower than state	22
Springville	18.7%	12.9%	26.2%		37
Mapleton	**			** suppressed	
Utah County (South) V2	12.7%	6.5%	23.4%	* interpret w/caution	9
Payson	13.4%	8.8%	20.1%		25
Park City	11.1%	7.4%	16.2%	significantly lower than state	35
Summit County (East)	9.9%	6.2%	15.3%	significantly lower than state	26
Wasatch County	11.1%	7.5%	16.1%	significantly lower than state	68
Daggett and Uintah County	16.8%	13.3%	20.9%		122
Duchesne County	18.2%	14.0%	23.5%		72
Nephi/Mona	9.1%	4.1%	18.8%	* interpret w/caution	9
Delta/Fillmore	7.5%	4.0%	13.6%	significantly lower than state	14
Sanpete Valley	15.7%	10.7%	22.5%		40
Central (Other)	13.0%	7.4%	21.8%	* interpret w/caution	36
Richfield/Monroe/Salina	19.0%	12.1%	28.4%		34
Carbon County	21.6%	15.7%	28.8%		65
Emery County	16.1%	10.6%	23.7%		33
Grand County	16.1%	8.6%	28.0%		19
Blanding/Monticello	10.7%	6.4%	17.3%		22
San Juan County (Other)	14.2%	6.8%	27.2%		12
St. George	16.0%	12.4%	20.4%		74
Washington Co (Other) V2	13.7%	5.8%	29.1%	* interpret w/caution	9

Utah Small Areas		Lower Limit	Upper Limit	Note	Numer-ator
Washington City	23.5%	16.0%	33.1%		26
Hurricane/La Verkin	7.5%	3.9%	14.1%	* interpret w/caution, significantly lower than state	12
Ivins/Santa Clara	18.9%	10.6%	31.4%		14
Cedar City	16.2%	11.5%	22.3%		39
Southwest LHD (Other)	17.9%	12.0%	26.0%		34
State of Utah	16.5%	15.8%	17.2%		3,386

Data Notes

All questions refer to the time period before respondents were 18 years of age. The 4+ ACE score is highlighted here because research suggests a higher prevalence of negative long-term impacts with higher ACE scores.

Utah Small Areas. Retrieved on 10/25/2021 from Utah Department of Health, Center for Health Data and Informatics, Indicator-Based Information System for Public Health website: https://ibis.health.utah.gov/ibisph-view/pdf/resource/UtahSmallAreaInfo.pdf.

Data Source

The Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System (BRFSS)

More Resources and Links

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

Additional indicator data by state and county may be found on these Websites:

- CDC Prevention Status Reports for all 50 states
- County Health Rankings
- Kaiser Family Foundation's StateHealthFacts.org
- CDC WONDER DATA2010, the Healthy People 2010 Database.

Medical literature can be queried at the PubMed website.

Page Content Updated On 06/30/2022, Published on 11/10/2022

Behavioral Risk Factor Surveillance System, The Utah Department of Health and Human Services Division of Data, Systems, and Evaluation, Office of Research & Evaluation, Salt Lake City, UT 84114-2101, Website:

https://opha.health.utah.gov/access-brfss-data/, Email: Shige Onda sonda@utah.gov

Content updated: Thu, 10 Nov 2022 17:58:37 MST