



# Utah health status update

## Key findings

- 74% of Utah youth reported at least 1 ACE and 16% reported no PCEs in 2023.
- The most commonly reported ACEs were emotional abuse (60%), household mental illness (32%), and physical abuse (29%).
- The rates of poor mental health and suicidal thoughts were higher among youth who report more ACEs and lower among youth with more PCEs.
- Evidence-based public health programs including after-school activities and home visits are needed to address the harmful effects of ACEs and offer support to at-risk families.

## Link between ACEs/PCEs and poor mental health and suicidal thoughts among Utah youth

### Purpose

This article highlights how adverse childhood experiences (ACEs) and positive childhood experiences (PCEs) affected poor mental health (including stress, anxiety, and depression) and suicidal thoughts in the past 12 months among Utah youth.

### Background

PCEs build a base for strength, emotional well-being, and healthy development. Research shows that PCEs, such as caring relationships and surroundings, help offset the effects of ACEs, which are linked to poor health outcomes.<sup>1</sup> This study used data from the 2023 Utah Youth Risk Behavior System (YRBS). Utah's YRBS is part of the Utah Student Health and Risk Prevention ([SHARP](#)) survey. The YRBS is a survey of high school students in grades 9 to 12, led by the Utah Department of Health and Human Services along with the Centers for Disease Control and Prevention (CDC), to learn about health behaviors and experiences among high school students.

### Data/method

The 2023 Utah YRBS survey had 8 questions about lifetime exposure to ACEs such as emotional abuse, physical abuse, sexual abuse, physical neglect, witnessing intimate partner violence, household substance abuse, household mental illness, and having an incarcerated relative. The survey also looked at PCEs with 3 questions about a supportive adult, peer support, and a sense of belonging at school.

The survey also asked questions about poor mental health and suicidal thoughts. The survey asked how often mental health was "not good" in the past 30 days, with "most of the time" and "always" considered as poor mental health. Questions about suicidal thoughts asked if the respondent had seriously considered attempting suicide in the past 12 months, with responses categorized as "yes" or "no".





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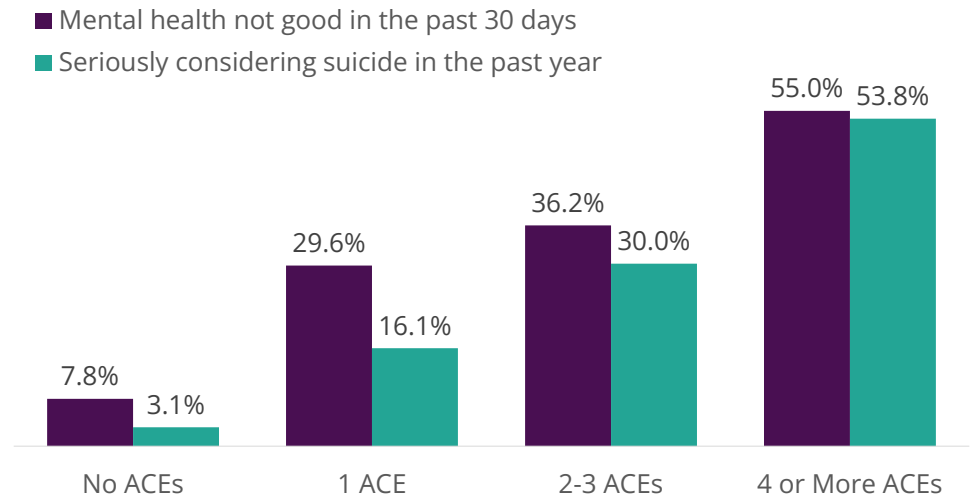
### Results

In 2023, 74% of youth experienced at least 1 ACE, and 15% reported 4 or more ACEs during their lifetime. ACEs are also common in adults, 66% of Utah adults have experienced at least 1 ACE, and 19% experienced 4 or more.<sup>2</sup> Among Utah youth, the most commonly reported ACEs were emotional abuse (60%), household mental illness (32%), and physical abuse (29%). Sixteen percent of youth reported no PCEs and 31% reported 3 PCEs. Three out of 10 students reported their mental health was not good during the past 30 days, and 23% reported they seriously thought about attempting suicide in the past 12 months. Also, 18% of students made a plan about how they would attempt suicide.

Youth exposed to 4 or more ACEs had a higher rate of poor mental health and suicidal thoughts compared to their peers with fewer or no ACEs. Fifty-five percent said their mental health was not good in the past 30 days and 54% said they seriously considered attempting suicide in the past 12 months. The rate of poor mental health and suicidal thoughts was lower when fewer ACEs were reported (Figure 1). And the rate of poor mental health and suicidal thoughts was lower when more PCEs were reported. Among youth who reported no PCEs, the rates of poor mental health and suicidal thoughts were 53% and 46% compared to 12% and 6% for youth with 3 PCEs (Figure 2).

**Figure 1. The impact of adverse childhood experience (ACE) exposures on poor mental health and suicidal thoughts, Utah youth in grades 9-12, 2023**

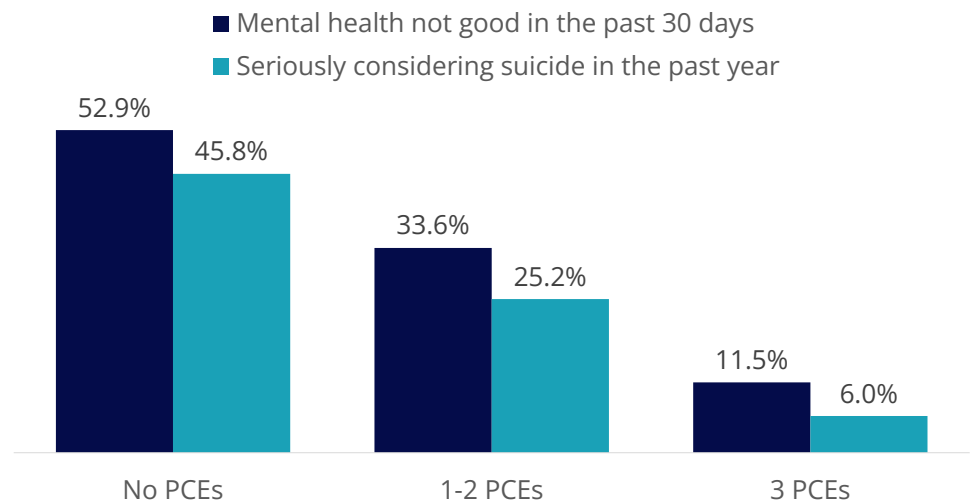
The percentage of youth who reported poor mental health or suicidal thoughts increased as the number of ACEs increased.



Source: Youth Risk Behavior System

**Figure 2. The influence of positive childhood experience (PCE) exposures on poor mental health and suicidal thoughts, Utah youth in grades 9-12, 2023**

The percentage of youth who reported poor mental health or suicidal thoughts decreased as the number of PCEs increased.



Source: Youth Risk Behavior System



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## Conclusion/discussion

These results show we need public health plans to focus on early intervention and support for at-risk youth and families to reduce adverse childhood experiences and give chances for positive childhood experiences. Evidence-based public health programs including after-school activities and home visits<sup>3</sup> are needed to address the harmful effects of ACEs and give support to families and children at risk. Public health programs can focus on social connectedness, such as ways to strengthen relationships with caring adults and peers and build up the sense of belonging at schools to reduce the harmful effects of ACEs.<sup>4</sup> When we focus on these areas, public health policies and practices can reduce the illness and death related to poor mental health and suicide risk among youth. The [Violence and Injury Prevention Program](#) has resources on ACEs and prevention. This study did not look at socioeconomic status and other social drivers of health. These factors could also impact the outcome of poor mental health and suicidal thoughts among youth.

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1. Deborah Han, Nathalie Dieujuste, Jenalee R. Doom, Angela J. Narayan, A systematic review of positive childhood experiences and adult outcomes: Promotive and protective processes for resilience in the context of childhood adversity, *Child Abuse & Neglect*, Volume 144, 2023, 106346, ISSN 0145-2134, <https://doi.org/10.1016/j.chiabu.2023.106346>.

2. Adverse Childhood Experiences (ACEs). Retrieved on December 16, 2024 from Utah Department of Health and Human Services, Division of Data, Systems, and Evaluation, Indicator-Based Information System for Public Health website: <https://ibis.utah.gov/ibisph-view/indicator/view/ACEs.Type5.html>.

3. Phillips, M.A.; McDonald, T.W.; Kishbaugh, D.I. Using Evidence-Based Home Visiting for Preventing Intergenerational Adverse Childhood Experiences. *Psychology* 2017, 8, 2516.

4. Suh, B.C.; Gallaway, M.S.; Celaya, M.F. Supportive Relationships Mitigate the Effect of Cumulative Exposure to Adverse Childhood Experiences on Depression, Anxiety, Stress, and Suicide Considerations— The Arizona Youth Risk Behavior Survey. *Children* 2024, 11, 161. <https://doi.org/10.3390/children11020161>.

## Supporting Afghan refugee families with young children: helping close the gaps

The Utah Department of Health and Human Services (DHHS) Integrated Services Program (ISP), in the Office of Children with Special Health Care Needs (CSHCN), was started in 2015 to help families in Utah who have children with serious medical or developmental needs. In 2023, ISP began helping families with children younger than age 9 who may not have special needs. These programs offer "care coordination" to connect families to services and resources. Care coordination means they help parents/guardians organize and schedule the right services for their children to meet their needs.

The DHHS received federal funding in July 2023 to offer care coordination to Afghan refugee families with children younger than age 6. This funding, through the Department of Workforce Services Refugee Services Office, connects them to medical, educational, and social services programs and providers to help these children get ready for kindergarten.

Since April 2024, the ISP's Afghan Early Childhood Care Coordination team has helped 79 children from 51 families. Almost half of these families (43%) have children younger than age 6. Refugee families face many challenges when they get to the U.S., like trying to understand a complicated medical and legal system, learning a new language and culture, and coping with trauma. Many also have trouble with transportation, and there are limited resources available to help them.

For young children, these challenges can delay important developmental milestones, which can affect their health and success later in life. Care coordination helps identify gaps in the support these families get and works to make sure they get the services they need on time.

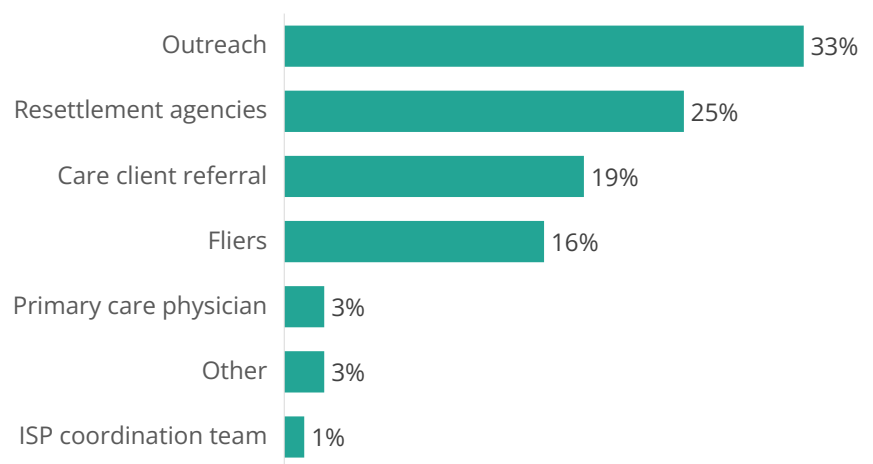
Program impact	Number
Number of families served	51
Number of children served	79
Average services* per child	8

\*Some of the services offered include help with medical insurance, housing, healthcare appointments, mental health support, school enrollment, and help for developmental delays.

Children and families join the program in several ways (see figure). Once they get connected to a care coordinator, each child gets a developmental screening to check for any delays or concerns that might need special attention. They are also linked to health care providers for regular checkups, lead screenings (a common health concern for Afghan refugees), and other necessary services.

The program also helps families get the children enrolled in school, whether that's finding a Head Start program or helping to navigate the process of enrolling in local preschools. Mothers are also offered help to connect to mental health services. On average, each child receives 8 services through the care coordination process.

### Sources of client referrals



Source: Integrated Services Program, Utah Department of Health and Human Services

The work is not easy and takes time. Care coordinators visit families at home to better understand their specific needs. These visits are also important to build trust with families, which helps them feel supported as they adjust to life in the U.S. and create a strong foundation for their future.

## Folic acid use before pregnancy in Utah

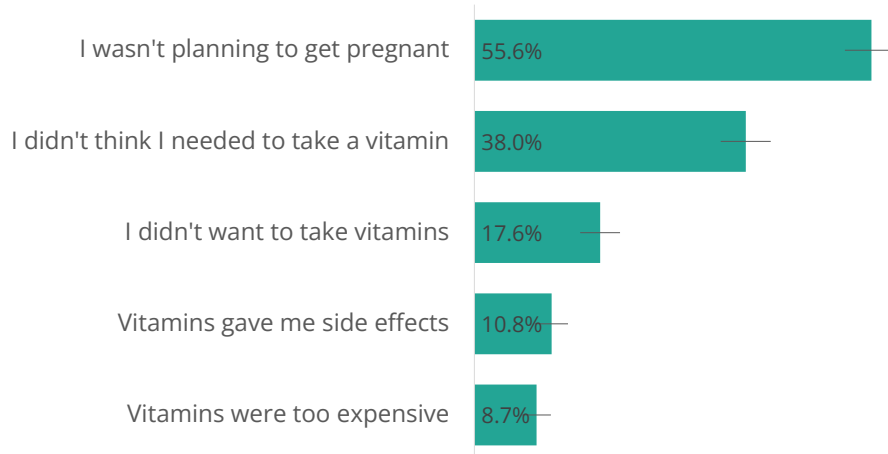
The Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG) suggest that anyone who could become pregnant should take 400 micrograms of folic acid every day. Folic acid is a B vitamin that helps your body make new cells. Folic acid is important early in pregnancy because it helps the neural tube develop and prevents major birth defects of a baby's brain and spine.<sup>1</sup> In Utah, 1 in 1,158 live born infants are born with a neural tube defect.<sup>2</sup> While not all of these are due to a lack of folic acid, many are and can be prevented.

Daily vitamins are a great way to make sure someone gets enough folic acid. The Utah Pregnancy Risk Assessment Monitoring System (PRAMS) collects survey data on topics related to mothers' health. When asked about vitamin use in the month before pregnancy, 62% of women said they took a vitamin at least 1 time a week.<sup>3</sup>

Of the 38% of women who did not take vitamins in the month before pregnancy, most said they didn't take vitamins because they weren't planning to get pregnant (see figure). Because the brain and spine develop in the first few weeks of pregnancy, it's important for anyone who could become pregnant to take enough folic acid to help have a healthy pregnancy and avoid birth defects.<sup>1</sup>

The Utah Department of Health and Human Services Birth Defect Network can mail free prenatal vitamins to people who live in Utah to make sure anyone who could become pregnant can get folic acid vitamins. You can fill out this [short survey](#) or contact [UBDN@utah.gov](mailto:UBDN@utah.gov) to ask for a free bottle of prenatal vitamins.

### During the month before you got pregnant with your new baby, what were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins?\*



\*Limited to women who reported taking no vitamins the month before pregnancy  
Source: Utah Pregnancy Risk Assessment Monitoring System (PRAMS), 2021-2022

1. Centers for Disease Control and Prevention. About Folic Acid. 15 May 2024. <https://www.cdc.gov/folic-acid/about/index.html>.

2. Utah Birth Defect Network, Utah Department of Health and Human Services, 2017-2021 data [cited 2024 October].

3. Utah Pregnancy Risk Assessment Monitoring System (PRAMS), Utah Department of Health and Human Services, 2021-2022 data [cited 2021 October].