

Utah Health Status Update: Interpersonal Violence in Utah

November 2017

Intimate partner violence (IPV) is defined as violence that occurs between two people in a close relationship.¹ Often referred to as domestic violence, it includes physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e. spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner). IPV is linked to several negative health outcomes such as asthma, cardiovascular disease, unintended pregnancy, and suicidal behavior.²

To estimate the lifetime prevalence of IPV in Utah, adults were asked about their experience with physical abuse by an intimate partner. Data showed that 14.0% of Utah adults reported an intimate partner had ever hit, slapped, pushed, kicked, or hurt them in any way. Furthermore, the following demographic and socioeconomic categories show significantly higher prevalence of lifetime IPV compared to the state lifetime IPV prevalence (Table 1): females (18.1%), ages 35 to 49 years (18.3%),

annual household income ≤\$25,000 (21.7%), divorced (34.2%), separated (44.3%), unemployed (27.3%).

Those who reported lifetime IPV were significantly more likely to have seven or more poor mental health days (32.7% vs. 14.6%), miss more than seven days of work or activities (21.9% vs. 12.8%), have difficulty concentrating or remembering (19.7% vs. 10.9%), binge drink (19.7% vs. 10.9%), smoke every day (13.3% vs. 3.9%), have difficulty doing errands alone (10.0% vs. 3.4%), and have poor health (5.8% vs. 2.1%) compared to those who have not experienced lifetime IPV (Figure 1).

Adverse childhood experiences (ACEs) include verbal, physical, or sexual abuse, as well as family dysfunction (e.g., an incarcerated, mentally ill, or substance abusing family member; domestic violence; or absence of a

Lifetime Intimate Partner Violence by Demographics

Table 1. Percentage of adults with a lifetime history of intimate partner violence (IPV) by socioeconomic and demographic factors, Utah, 2016

Characteristics	Percentage	95% Confidence Interval	
		Lower	Upper
SEX			
Male	10.0	8.3	11.9
Female	18.1	16.0	20.5
AGE GROUP			
18 to 34	13.5	10.9	16.5
35 to 49	18.3	15.5	21.5
50 to 64	12.9	10.5	15.7
65+	9.3	7.2	11.8
ANNUAL HOUSEHOLD INCOME			
<\$25,000	21.7	17.4	26.7
\$25,000–\$49,999	16.6	13.4	20.4
\$50,000–\$74,999	15.5	12.0	19.6
\$75,000+	10.4	8.6	12.6
EDUCATION LEVEL			
Did Not Graduate High School	20.6	17.4	26.7
High School Graduate/GED	15.7	13.4	20.4
Some College	14.0	12.0	19.6
College Graduate	10.4	8.6	12.6
MARITAL STATUS			
Married	9.7	8.3	11.2
Divorced	34.2	28.2	40.7
Widowed	13.7	8.9	20.6
Separated	44.3	28.3	61.5
Never Married	13.5	10.3	17.6
Member of an unmarried couple	21.9	12.2	36.3
EMPLOYMENT STATUS			
Employed	15.2	13.3	17.2
Unemployed	27.3	20.6	35.2
Homemaker	9.7	6.3	14.7
Student*	5.9	2.7	12.0
Retired	8.3	6.6	10.5
Total	14.0	12.6	15.5

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

Source: Utah Behavioral Risk Factor Surveillance System

KEY FINDINGS

- 14.0% of Utah adults reported that an intimate partner had ever hit, slapped, pushed, kicked, or hurt them in any way. Significantly higher prevalence was reported among females; adults ages 35 to 49 years; low income households; and adults who were divorced, separated, or unemployed.
- Those who reported lifetime IPV were significantly more likely to have poor mental health days, miss work or activities, have difficulty concentrating or remembering, binge drink, smoke every day, have difficulty doing errands alone, and have poor health compared to those who have not experienced lifetime IPV.
- Among adults who experienced lifetime IPV, 49.8% reported four or more ACEs compared to 13.3% of adults who have never experienced lifetime IPV.

parent because of divorce or separation).³ Like IPV, ACEs are associated with negative health outcomes and behaviors. The more ACEs a person has had, the more likely they are to have severe adverse health outcomes.^{4,5,6} IPV and ACE questions were included in the 2016 Utah Behavioral Risk Factor Surveillance System (BRFSS) creating the opportunity to examine the effects of ACE on IPV. Analysis of state-level IPV and ACE data can inform public health and behavioral health collaborative efforts.

Among adults who experienced lifetime IPV, 12.7% reported zero ACEs, 37.4% reported one to four ACEs, and 49.8% reported four or more ACEs (Figure 2).

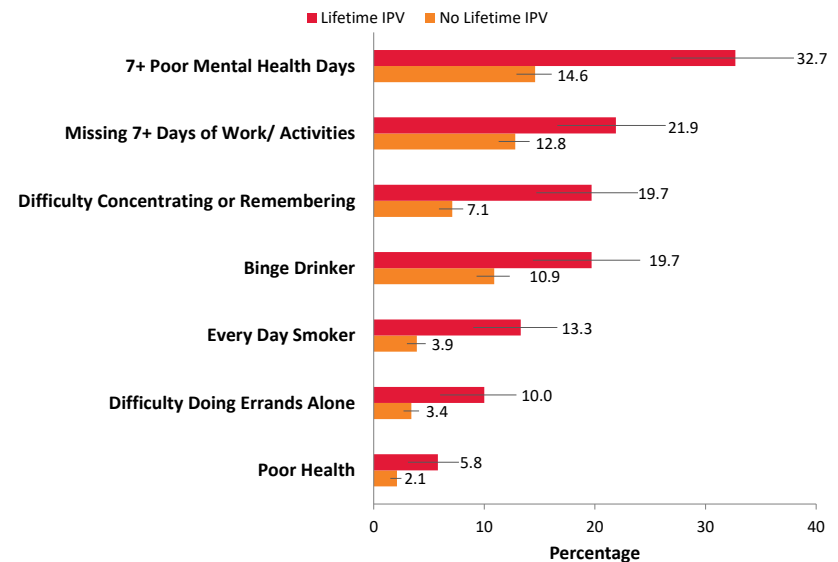
The Utah Department of Health Violence and Injury Prevention Program (VIPP) aims to reduce the occurrence of IPV among all Utahns. VIPP works with community partners to improve access and cultural adaptability of programs and resources and focuses on primary prevention to reduce violence and injury in Utah. For help or more information, please call the statewide domestic violence information line at 1-800-897-LINK.

1. Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
2. Centers for Disease Control and Prevention (2017). Intimate Partner Violence: Consequences. Accessed 10/10/2017. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html>.
3. Adverse Childhood Experiences Reported by Adults – Five States, 2009. MMWR 59(49); 1609–1613.
4. Chapman DP, Whitfield CL, Felitti VJ, Dube SR, Edwards VI, Anda RF. Adverse childhood experiences and the risk of depressive disorders in adulthood. J Affective Disorders. 2004; 82:217–225.
5. Dong M, Anda RF, Felitti VJ, et al. The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. Child Abuse Neglect. 2004; 28:771–784.
6. Bells MA, Hughes K, Leckenby N, et al. Adverse childhood experiences and associations with health harming behaviors in young adults: surveys in eight eastern European countries. Bull World Health Organ. 2014; 92:641–655B.

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Lifetime IPV and Negative Health Outcomes

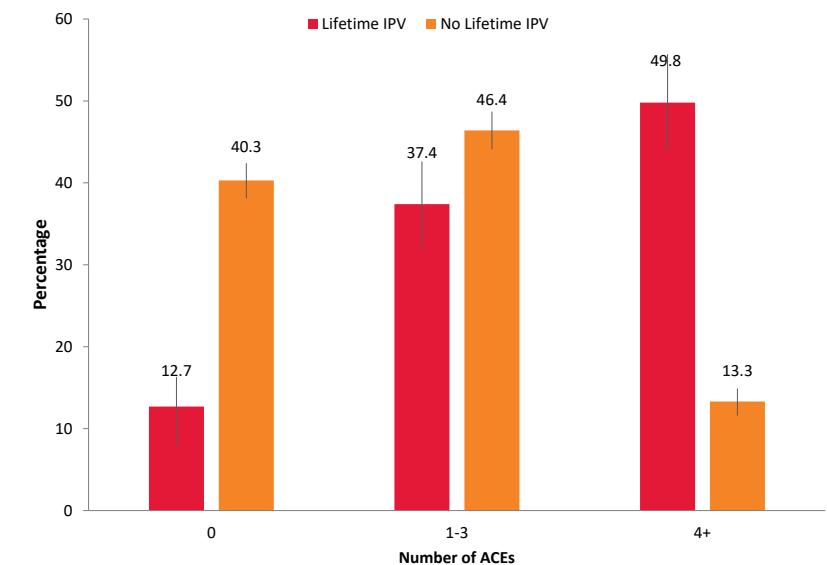
Figure 1. Percentage of reported negative health outcomes by lifetime IPV vs. no lifetime IPV, Utah adults aged 18+, 2016



Source: Utah Behavioral Risk Factor Surveillance System

Adverse Childhood Events (ACEs) and Lifetime IPV

Figure 2. Percentage of reported ACEs by lifetime IPV vs. no lifetime IPV, Utah adults aged 18+, 2016



Source: Utah Behavioral Risk Factor Surveillance System

UDOH ANNOUNCEMENT:

State and local health department employees can now access three different trainings on diversity and cultural competency (*Health in 3D*, *A Class About CLAS*, and *Cultural and Linguistic Appropriate Services in Mental-Behavioral Health*). This is the result of a collaboration between the Utah Department of Health Office of Health Disparities and the Emergency Preparedness Program. Employees can take the trainings and print certificates of completion using UTrain. Follow the instructions at <https://tinyurl.com/UTrainInstructions>.

Breaking News, November 2017

Prevalence of Children with Special Health Care Needs in Utah

The Federal Maternal and Child Health Bureau (MCHB), part of the Health Resources and Services Administration (HRSA), funds and directs the National Survey of Children's Health (NSCH) in collaboration with the U.S. Census Bureau. The purpose of the survey is to assess the health status of children under 18 years of age. MCHB defines children with special health care needs (CSHCN) as **"...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."** A five question screener is utilized in the current survey instrument to parse out children and youth who have special health care needs.

Prevalence of CSHCN is determined by the number of families who respond affirmatively to the screening questions (numerator) as compared with the general pediatric population (denominator). The 2016 NSCH revealed that, on average, 19.4% of children ages 0–17 years in the United States had special health care needs. Although the rate in Utah was lower than the nation, about 1 in 6 children (16.4%) identified as having a special health care need. This equates to roughly 148,990 children around the state. Both in Utah and nationwide, the 6–17 years age groups had significantly higher rates of CSHCN than the 0–5 years age group. Prior to 2016, the NSCH and the National Survey of Children with Special Health Care Needs (NS-CSHCN) were conducted as interviewer-assisted telephone surveys using random digit dial sampling. However, NSCH now utilizes an address-based sampling method to select participating households. Due to the changes in methodology, CSHCN estimates generated by previous surveys (NS-CSHCN: 2009–10, 2005–6, 2001; NSCH: 2011–12, 2007, and 2003) are not comparable to the revised 2016 survey.

Percentage of Children With Special Health Care Needs, 2016

Age	Utah		Nationwide	
	Percentage	Population	Percentage	Population
0-5 years	6.6 (4.5–9.7)	22,109	10.8 (9.7–11.9)	2,553,692
6-11 years	21.1 (16.6–26.4)	62,193	22.5 (21.1–23.9)	5,576,161
12-17 years	23.0 (18.4–28.4)	64,688	24.4 (23.2–25.7)	6,067,108
Total	16.4 (14.1–19.0)	148,990	19.4 (18.6–20.1)	14,196,961

Source: 2016 National Survey of Children's Health. Accessible at <http://cshcndata.org/browse/survey>.

Community Health Spotlight, November 2017

Utah Syringe Exchange Program

In May 2016, a Syringe Exchange Program (SEP) was legally established in the state of Utah. The law states operating entities that wish to participate in syringe exchange must enroll with the Utah Department of Health and provide quarterly reports. Every exchange must, at a minimum, include the provision of clean, sterile syringes; provide proper disposal of used syringes; and provide information and referrals on HIV/hepatitis prevention and testing, substance abuse treatment, and overdose prevention and naloxone.

The first syringe exchange provided by an enrolled agency, Utah Harm Reduction Coalition, was conducted on December 1, 2016. Since that time, six agencies have enrolled and have provided more than 200,000 syringes to 1,000 participants in the community. The agencies also provide other information, referrals, training, and naloxone kits. They have also organized community education, needle clean up events, installed free standing sharps collection boxes, and touched countless lives with compassion and understanding to help individuals reduce the harms associated with injection drug use.

The long term goals of the SEP are to reduce the HIV and hepatitis C infection rates, reduce other health problems and costs associated with drug use, increase the number of individuals accessing substance abuse treatment, reduce overdose deaths, and decrease the hazard to the community caused by improperly disposed syringes.

For more information on the Utah Syringe Exchange Program, visit <http://health.utah.gov/epi/prevention>.



Monthly Health Indicators Report

(Data Through September 2017)

Monthly Report of Notifiable Diseases, September 2017	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (<i>Campylobacter</i>)	24	52	448	401	1.1
Shiga toxin-producing <i>Escherichia coli</i> (<i>E. coli</i>)	9	8	94	70	1.3
Hepatitis A (infectious hepatitis)	17	0	45	7	6.4
Hepatitis B, acute infections (serum hepatitis)	0	0	6	7	0.9
Meningococcal Disease	0	0	1	3	0.4
Pertussis (Whooping Cough)	8	68	310	729	0.4
Salmonellosis (<i>Salmonella</i>)	23	32	315	278	1.1
Shigellosis (<i>Shigella</i>)	2	5	24	31	0.8
Varicella (Chickenpox)	10	19	148	179	0.8
West Nile (Human Cases)	21	3	51	7	7.3

Quarterly Report of Notifiable Diseases, 3rd Qtr 2017	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	35	28	92	89	1.0
Chlamydia	2,598	2,097	7,586	6,202	1.2
Gonorrhea	668	366	1,863	935	2.0
Syphilis	29	17	85	50	1.7
Tuberculosis	2	10	21	24	0.9

Medicaid Expenditures (in Millions) for the Month of September 2017‡	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Mental Health Services§	\$ 13.5	\$ 12.4	\$ 35.5	\$ 35.7	\$ (0.2)
Inpatient Hospital Services	\$ 26.3	\$ 26.3	\$ 46.3	\$ 46.8	\$ (0.5)
Outpatient Hospital Services	\$ 5.5	\$ 5.5	\$ 10.6	\$ 12.1	\$ (1.5)
Nursing Home Services	\$ 17.2	\$ 17.9	\$ 40.9	\$ 42.8	\$ (1.9)
Pharmacy Services	\$ 11.6	\$ 12.5	\$ 30.5	\$ 31.6	\$ (1.1)
Physician/Osteo Services	\$ 5.0	\$ 5.6	\$ 14.3	\$ 14.9	\$ (0.6)
Medicaid Expansion Services	\$ 2.0	\$ 1.6	\$ 4.8	\$ 5.3	\$ (0.5)
TOTAL MEDICAID#	\$ 204.3	\$ 203.8	\$ 628.1	\$ 632.4	\$ (4.3)

Program Enrollment for the Month of September 2017	Current Month	Previous Month	% Change** From Previous Month	1 Year Ago	% Change** From 1 Year Ago
Medicaid	282,629	285,047	-0.8%	291,754	-3.1%
PCN (Primary Care Network)	14,568	14,220	+2.4%	15,905	-8.4%
CHIP (Children's Health Ins. Plan)	19,424	19,380	+0.2%	18,576	+4.6%

Health Care System Measures	Annual Visits			Annual Charges	
	Number of Events	Rate per 100 Population	% Change** From Previous Year	Total Charges in Millions	% Change** From Previous Year
Overall Hospitalizations (2015)	291,216	8.8%	+2.9%	\$ 7,965.1	+9.4%
Non-maternity Hospitalizations (2015)	188,130	5.5%	+1.9%	\$ 6,838.5	+10.3%
Emergency Department Encounters (2015)	737,578	22.7%	+7.4%	\$ 1,878.3	+6.7%
Outpatient Surgery (2015)††	487,945	14.9%	+4.9%	\$ 3010.3	+38.9%

Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change** From Previous Year	State Rank** (1 is best)
Obesity (Adults 18+)	2016	538,700	25.3%	+3.3%	10 (2016)
Cigarette Smoking (Adults 18+)	2016	187,400	8.8%	-3.3%	1 (2016)
Influenza Immunization (Adults 65+)	2016	176,300	54.9%	-6.9%	41 (2016)
Health Insurance Coverage (Uninsured)	2015	263,600	8.8%	-14.6%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2015	247	8.2 / 100,000	+3.7%	19 (2015)
Poisoning Deaths	2015	697	23.3 / 100,000	+6.8%	43 (2015)
Suicide Deaths	2015	609	20.3 / 100,000	+7.8%	47 (2015)
Diabetes Prevalence (Adults 18+)	2016	153,300	7.2%	+2.9%	8 (2016)
Poor Mental Health (Adults 18+)	2016	362,000	17.0%	+6.3%	21 (2016)
Coronary Heart Disease Deaths	2015	1,619	54.0 / 100,000	+1.0%	2 (2015)
All Cancer Deaths	2015	3,091	103.2 / 100,000	+0.1%	1 (2015)
Stroke Deaths	2015	887	29.6 / 100,000	+2.0%	18 (2015)
Births to Adolescents (Ages 15-17)	2015	489	6.9 / 1,000	-11.7%	13 (2015)
Early Prenatal Care	2015	38,803	76.4%	+0.2%	n/a
Infant Mortality	2015	257	5.1 / 1,000	+3.2%	13 (2014)
Childhood Immunization (4:3:1:3:3:1)	2015	37,400	73.6%	-1.3%	35 (2015)

† Diagnosed HIV infections, regardless of AIDS diagnosis.

‡ This state fiscal year (SFY) 2018 report includes supplemental payments to better match the SFY 2018 Medicaid Forecast Budget which costs have not been included in previous years.

§ The SFY 2018 Medicaid Forecast Budget includes Mental Health and Substance Abuse services together while this report only accounts for Mental Health services. This is to stay consistent with the previous years reports.

Medicaid Expansion Services was added to the Medicaid program in SFY 2018. Total Medicaid costs exclude the Prism Project.

** Relative percent change. Percent change could be due to random variation.

†† Change was calculated from 2013 to 2015 for outpatient surgery.

** State rank based on age-adjusted rates where applicable.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance has ended for influenza until the 2017-2018 season.