

About this insert

This is an update the 2013 report, "Adverse Childhood Experiences in Iowa: A New Way of Understanding Lifelong Health," produced for the Central Iowa ACEs Steering Committee, analyzing data from the 2012 Behavioral Risk Factor Surveillance System (BRFSS) survey. That survey is conducted annually by the Iowa Department of Public Health in partnership with the Centers for Disease Control and Prevention.

This piece updates some findings with 2013 data. It also highlights data from the Iowa Youth Survey showing levels of resilience, risky behaviors and school, families and community connections among youth today.

We know how to reduce childhood adversity

The Iowa ACEs findings have helped shape current thinking about how policymakers and practitioners can prevent and mitigate adversity, using effective strategies that:

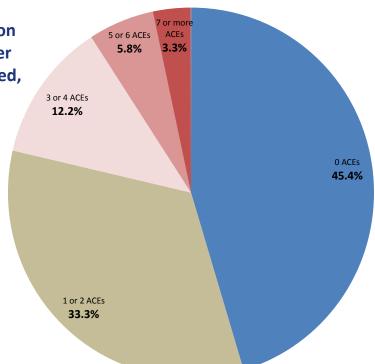
- Take a two-generation approach, giving children and their parents the tools needed to thrive
- Help families manage day-today challenges contributing to family stress
- Focus on prevention
- Offer different levels of support to families based on levels of need
- Engage stakeholders at state and local levels and across sectors

Data update ADVERSE CHILDHOOD EXPERIENCES IN IOWA

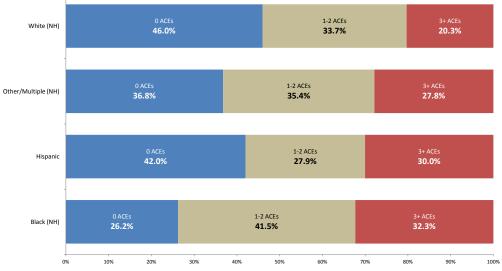
August 2015

Share of Iowa adult population by total number of ACEs reported, 2012-13

More than half of Iowa adults reported experiencing at least one ACE in childhood. One-third reported experiencing one or two ACEs and more than one in five reported experiencing three or more.



Share of adult population by number of ACEs reported and race/ethnicity, 2012-13



White respondents were twice as likely as black respondents to report zero ACEs and less likely than black and Hispanic respondents to report experiencing three or more ACEs. Such differences, reflecting gaps in opportunity present even before before birth, highlight the need to assure that equity is a key component of policy conversation and that a diverse group of leaders are at the table.

Share of adult population reporting three or more ACEs by county type, 2012-13

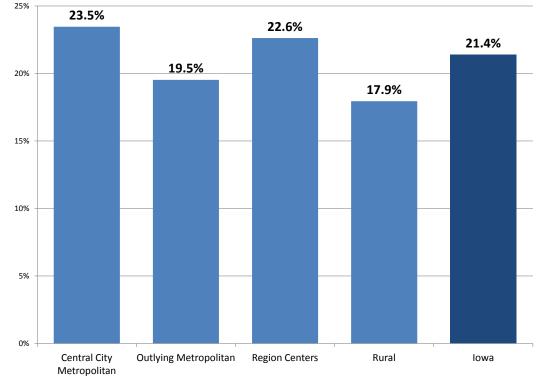
County types

Central City Metropolitan (9 lowa counties) contain an urban core of at least 50,000 people.

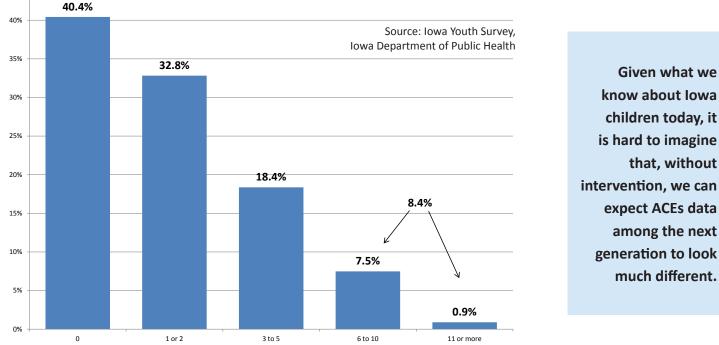
Outlying Metropolitan (12) counties are adjacent to but do not contain the urban core, with a high degree of social and economic integration as measured by commuting patterns.

Regional Centers (15) contain an urban core of at least 10,000 and fewer than 50,000 people or are adjacent to the core with a high degree of social and economic integration.

Rural (63) counties are those where the largest town has fewer than 10,000 residents.



Adults in all types of Iowa counties reported experiencing adversity in childhood, but on average fewer adults in the state's outlying suburban counties—places with high incomes and relatively few social strains—reported three or more ACEs. Greater shares of adults in the counties containing Iowa's largest cities and non-metropolitan regional centers (places like Fort Dodge, Burlington and Ottumwa) reported three or more ACEs.



Share of Iowa youth by number of risk factors reported on Iowa Youth Survey, 2013

We can preview adult health and behavior patterns in the experiences of older youth. The Iowa Youth Survey, conducted by the Iowa Department of Public Health, asks 6th, 8th and 11th graders their attitudes and experiences with substance abuse and violence and perceptions of peers, family and community. The largest group of Iowa youth reported no risks among 16 questions related to resilience, risky behaviors and school, families and community connections. Around a quarter, however, indicated areas of stress on at least three questions and over 8 percent on at least six of 16 questions. These patterns mirror those reported by today's adults in the ACEs data.