Healthy Iowans: Iowa's Health Improvement Plan 2017-2021

Is Iowa's Health Improving?

Bureau of Public Health Performance
July 2021

Protecting and Improving the Health of Iowans

IDPH
IOWA Department of PUBLIC HEALTH

Acknowledgements

Suggested Citation:
Iowa Department of Public Health. *Healthy Iowans: Is Iowa's Health Improving?* Des Moines: Iowa Dept. of Public Health, July 2021. Healthy Iowans Website: https://idph.iowa.gov/healthy-iowans/plan#progress.

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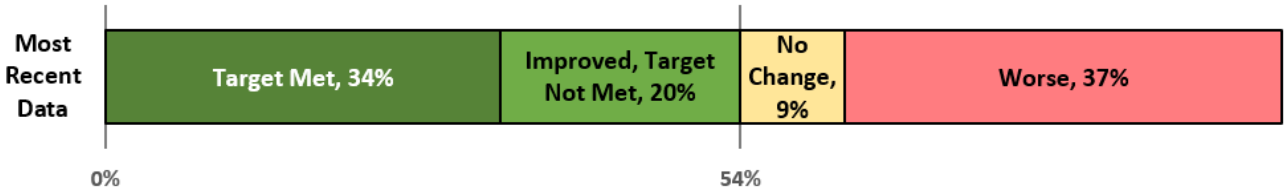
Executive Summary

This report documents progress on measures of Iowa's health status and shows areas where there is a need for continued concern. A companion report, Taking Action to Improve Health in Iowa, details the work of more than 90 partners that have taken on responsibility for objectives and strategies in the plan.

Summary of Progress on Measures of Health Improvement

Because health outcomes take time to change, it is still too early to assess the full impact that the actions from the Healthy Iowans 2017-2021 state health improvement plan have had on the measures of health improvement. However, it is encouraging to note that almost 54% of the measures of health improvement (138 measures) have already met their 2021 targets or have moved toward achieving their target (Figure 1).

Figure 1. Progress on Healthy Iowans' 256 Measures of Health Improvement



Twenty-three (23) measures (9%) have not changed much from their baseline values. On the other hand, current data for 95 measures (37%) shows movement away from the target, including 26 (10%) that are more than 15% worse than their baseline values. Figure 2 specifies the 26 measures that are substantially worse than their baseline. Table 1 shows 42 measures where Iowa's values are in the bottom 10 states. Pages 8-22 show positive progress, areas of concern, and disparities for each focus area. The Full Progress Report for Measures of Health Improvement, beginning on page 24, includes all the newest data available, changes since 2016, comparisons with states that are performing well or not so well, and national comparisons for all 256 measures of health improvement included in Healthy Iowans.

Figure 2. Twenty-six (26) Health Improvement Measures with Large Negative Trends

Measures more than 15% worse than their baseline value

Sexually transmitted diseases: Gonorrhea rate (measure number HL-18)
- overall – 85% ⬆ increase
- Black/African American – 75% ⬆ increase
- American Indian/Alaskan Native – 58% ⬆ increase

Overweight: ages 10-17 (HL-1) – 48% ⬆ increase

Work-related deaths: agriculture, forestry, fishing & hunting industry *(IV-8)* – 47% ⬆ increase

Physical activity: adolescents ages 12-17 (HL-8)
- females – 39% ⬇ decrease
- overall – 17% ⬇ decrease

Suicides *(MH-4)*
- ages 15-19– 38% ⬆ increase
- ages 30-39 – 23% ⬆ increase
- ages 20-29 – 20% ⬆ increase

Infant Mortality *(LC-3)*
- Black/African American – 36% ⬆ increase
- overall – 23% ⬆ increase

Child maltreatment**:** ages 0-17 **(**IV-5**)** – 33**%** ⬆ increase

Premature death (before age 75): American Indian/Alaskan Native *(LC-5)* – 33% ⬆ increase

Frequent mental health distress (MH-1)
- adults ages 18-44 – 31% ⬆ increase
- adults overall – 23% ⬆ increase
- adult females – 19% ⬆ increase

Diabetes (CD-10)
- adults with incomes under $15,000 – 29% ⬆ increase
- adults with incomes $15,000-$24,999 – 23% ⬆ increase

Youth deaths: ages 5-9 (LC-4) – 27% ⬆ increase

Obesity WIC children ages 2-4: American Indian/Alaska Native (HL-2) – 21% ⬆ increase

Youth alcohol use (AB-2) – 21% ⬆ increase

Personal healthcare provider: Hispanic (HSI-5) – 19% ⬇ decrease

Overall health: Adults with a disability (LC-7) – 17% ⬇ decrease

Youth illicit drug use (AB-2) – 16% ⬆ increase

Dental visit during pregnancy: income less than 185% of poverty (HL-16) – 15% ⬇ decrease

Table 1. Measures where Iowa ranks in the bottom 10 states

Iowa Rank	Measure Number	Measure Short Description
50	AB 3.3	Excessive Drinking - ages18-44
50	AB 3.4	Excessive Drinking- adults ages 18+, income $75,000+
49	ESD 1.2	Poverty - Black/African American alone
49	IV 3.2	Fall Occurrence - Hispanic or Non-White ages 65+
48	AB 2.1	Youth Alcohol Use (%) - ages 12-17
48	IV 6.3	Juvenile Detention ages 10-17 - Black
48	LC 1.4	Teen Birth Rate - Non-Hispanic Black
46	AB 3.1	Excessive Drinking - overall adults ages 18+
46	AB 3.2	Excessive Drinking - male adults ages 18+
45	CD 7.1	Colorectal Cancer Incidence Rate - overall
45	ESD 2.2	Poverty Children - Black/ African American
44	HL 1.6	Overweight - ages 10-17
44	HL 7.2	Vegetables ≥1 per day - male adults ages 18+
44	MH 2	Mental Health Providers rate
43	CD 5.1	Cancer Incidence Rate - overall
43	CD 7.2	Colorectal Cancer Incidence Rate - male
43	HL 1.1	Overweight - WIC ages 2-4
43	HL 2.2	Obesity - WIC ages 2-4, Hispanic
43	HL 7.3	Vegetables ≥1 per day - ages 18-24
42	CD 5.2	Cancer Incidence Rate - male
42	CD 12.3	Coronary Heart Disease Death Rate - male
42	HL 5.2	Fruit & Vegetables 5+ per day - male adults ages 18+
41	CD 9.1	Skin Melanomas Incidence Rate - overall
41	CD 10.4	Diabetes – adults ages 18+, income $15,000 - $24,999
41	HL 7.1	Vegetables ≥1 per day – overall adults ages 18+
40	IV 6.2	Juvenile Detention ages 10-17 - Male
48 of 48	HL 18.7	Gonorrhea - Black/African American
47 of 48	CD 1.3	Cancer Death Rate - Black, non-Hispanic
47 of 48	HL 18.4	Chlamydia - Black/African American female ages 15-24
47 of 47	LC 7.2	Overall health - Hispanic adults ages 18+
41 of 46	HL 10.6	Aerobic PA - Hispanic adults ages 18+
40 of 45	CD 5.3	Cancer Incidence Rate - Black, non-Hispanic male
40 of 45	HL 2.3	Obesity - WIC ages 2-4, American Indian/Alaska Native
39 of 44	LC 4.6	Child/Teen Death Rate - ages 10-14
38 of 39	CD 6.3	Lung Cancer Incidence Rate - Black, non-Hispanic
37 of 42	CD 2.3	Lung Cancer Death Rate - Black, non-Hispanic
35 of 37	AB 5.2	Smoking - Black, non-Hispanic adults ages 18+
34 of 37	CD 6.4	Lung Cancer Incidence Rate - Black, non-Hispanic Male
33 of 36	HL 17.4	Dental Visit - Asian, non-Hispanic adults ages 18+
32 of 36	CD 6.5	Lung Cancer Incidence Rate - Black, non-Hispanic female
29 of 33	HL 18.6	Gonorrhea -American Indian/Alaska Native
24 of 31	HSI 5.4	Personal Provider - Asian, non-Hispanic adults ages 18+

Progress in Health Equity and the Social Determinants of Health

Poverty decreased from 2016 to 2019 for all the demographic groups in Healthy Iowans.

Poverty is much higher for Iowa's people of color.

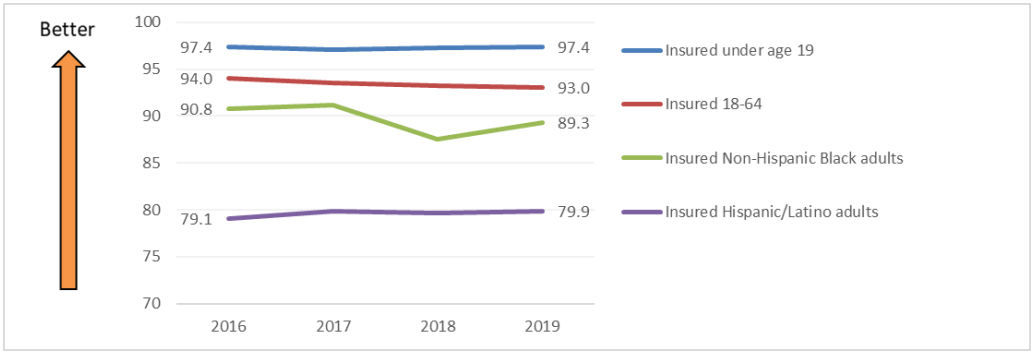
Iowa's Disparities in Poverty (%). ESD-1 & ESD-2.

Iowans in Poverty Overall: 11.5% Rank: 18	Race/Ethnicity	Iowa Children in Poverty Overall: 13.8% Rank: 13
9.5% Rank: 25	White, non-Hispanic	9.8% Rank: 22
20.9% Rank: 26	Hispanic/Latino	26.7% Rank: 27
24.5% Rank: 32	Native American/ Alaska Native	32.5% Rank: 36
31.9% Rank: 49	Black/African American	42.9% Rank: 45

Health Insurance Coverage

Iowa ranks in the **top 15** nationally in health insurance coverage for all of the demographic groups in Healthy Iowans *ESD-3*

Iowa's Disparities in Health Insurance Coverage (%)



The percentage of Iowa's non-elderly, non-Hispanic Black adults who have health insurance is ***4% lower*** than the overall state rate. Insurance coverage for Iowa's non-elderly Hispanic adults is ***14% lower*** than the overall state rate. *ESD-3*

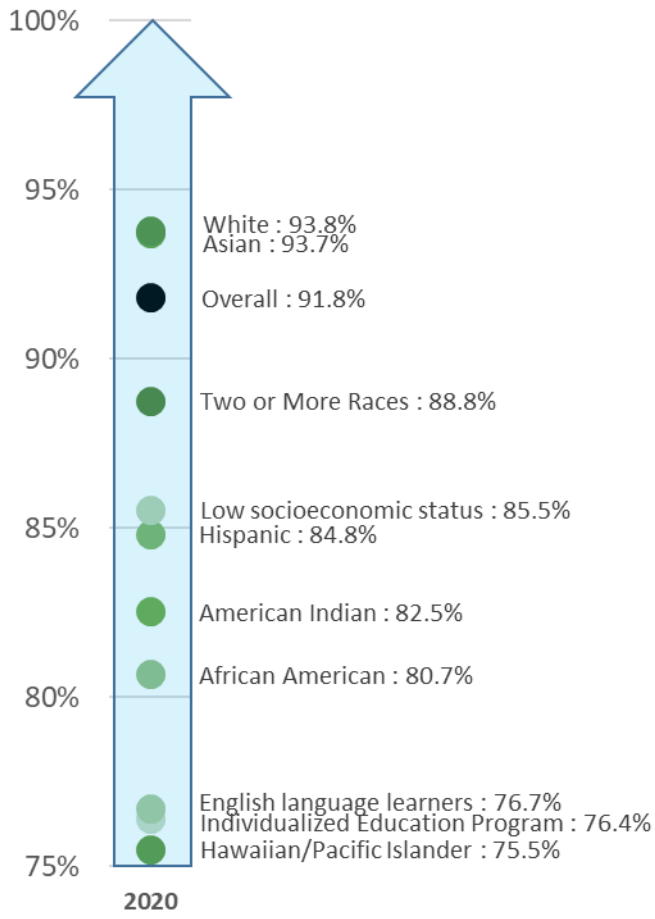
Education

4 Year High School Graduation Rates (%) *ESD-4*

91.8%

Iowa's overall 4-year high school graduation rate is the highest in the nation (2018-19 school year).

Iowa's Disparities in High School Graduation Rates (%)



Not all Iowa students get as far on the path to success.

Neighborhood, the Built Environment and Safe, Affordable Housing

Ranking nationally in the fewest substandard housing units (23% have one or more housing problems, e.g., high costs, overcrowding). *ESD-5*

14%

Iowa parents who reported their children lived in neighborhoods with poorly kept or rundown housing. ESD-6

Social and Community Context

5 in 8

Iowa parents say their children ***live in supportive neighborhoods*** – **lower incomes** are a major factor for those who don't. ESD-7

More Iowa parents are reporting that their children live in neighborhoods with supportive amenities like parks/ playgrounds, sidewalks/walking paths, a library/bookmobile and a community/ recreation center/boys' and girls' club. ESD-8

Progress in Addressing the Life Course

Teen Births

Fewer teen mothers

Teen birth rates continued to decrease from 2016 to 2019 for all the demographic groups in Healthy Iowans. *LC-1*

Disparities in Iowa's Teen Births

2.3x to 3.3x higher

Teen birth rates for racial and ethnic minority Iowa teens.

White, Non-Hispanic: 11.5

American Indian/Alaska Native: 27

Hispanic/Latino: 35

Black/African American, Non-Hispanic: 38

National Rankings

#48

Iowa has the third highest birth rate for non-Hispanic Black teens.

#37

Iowa has the 14th highest birth rate for Hispanic/Latino teens.

Low Birthweight

Almost 2x higher

Percent of Iowa's non-Hispanic Black babies born with low birthweight (12%) compared to Iowa's non-Hispanic White babies (6.2%). *LC-2*

Infant Mortality Trends

Iowa's infant mortality rate ***increased*** overall from 2015 to 2018 and for all the demographic groups in Healthy Iowans. *LC-3*

Disparities in Iowa's Infant Mortality

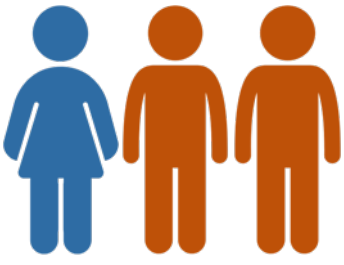
2.3x more likely

Iowa's Black, non-Hispanic parents were more likely to suffer the loss of an infant in 2018 than for all other Iowa parents combined.

1.6x more likely

Younger mothers (ages 15-19) were also more likely to suffer the loss of an infant (than all other ages combined).

Child/Teen Deaths



Nearly **2 of every 3** of Iowa's child/teen deaths in 2019 were males. *LC-4*

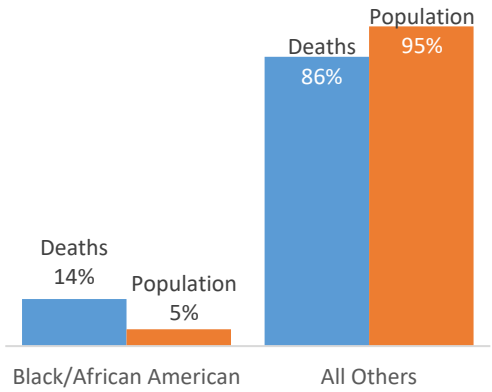
Ages at Higher Risk

More than half:

Iowa's child/teen deaths in 2019 that were ages 15-19.

Nearly **3 of every 4** deaths were ages 10-19.

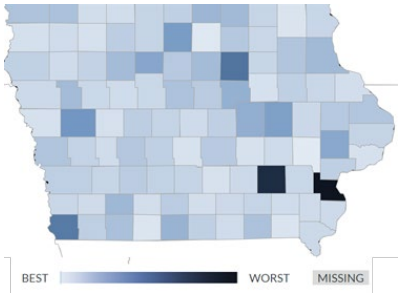
Disparities in Iowa's Child/Teen Deaths



14% of all Iowa children/teens who died in 2019 were non-Hispanic Black/African American children/teens despite being only **5%** of Iowa's total child/teen population.

Self-Reported Health	Iowa's Disparities in Premature Death
#37 Iowa's national rank in the percent of Iowa parents who rate their child/teen's health as very good or excellent. *LC-6*	Iowa's rate of years of life lost to premature death is **2x higher** for Iowans who identify as non-Hispanic American Indian/Alaskan Native and **1.75x higher** for Iowans who identify as Black/African American. *LC-5*
Adult self-reported health status has ***decreased*** since 2016 for every demographic group In Healthy Iowans. *LC-7*	**33%** Increase since 2016 in Iowa's rate of years of life lost to premature death for Iowans who identify as non-Hispanic American Indian/Alaskan Native.
#50 While Iowa's national rank for every demographic group has gotten ***worse*** since 2016, Iowa ranks ***last*** for Hispanic/Latino adults who report very good or excellent health.	

Progress in Health System Improvement

Avoidable Hospital Care	Healthcare Access & Affordability	Iowa's Disparities in Healthcare Access
Preventable hospitalizations for Iowa's Medicare enrollees **decreased** from 2015 to 2018. *HSI-2*	Iowa is in the **bottom 20** states for the number of primary care physicians (74) per 100,000 people. Wide **disparities** exist county-to-county. *HSI-4* 	Iowa adults in racial and ethnic minority groups are **less likely** to have a regular health care provider coordinating their care. *HSI-5*
Preventable hospitalizations in 2018 for Iowa's non-Hispanic Black Medicare enrollees were **70% higher** than Iowa's overall rate.	**More** Iowa adults in 2019 reported being **unable to afford to see a doctor**. *HSI-3* $$$	Iowa's younger adults (18-44) and adult males are **less likely** to get an annual health check. *HSI-6*
	Positive **increases** from 2016 to 2019 in Iowa adolescents and adults getting annual health checks. *HSI-6* & *HSI-7*	

Progress in Acute Disease: Vaccinations

Adolescents	Flu Rankings	Iowa's Disparities in Flu Vaccinations
 Adolescents getting vaccinations for HPV and meningococcal has **increased** substantially since 2016. *AD-1* & *AD-2*	**Top 20 nationally** Iowa's rates for flu vaccinations for each of the demographic groups in Healthy Iowans. *AD-3*	Younger adults (18-64), especially male, Hispanic, and non-Hispanic Black/African American Iowans, are **much less likely** to get their flu shots. 

Progress in Addictive Behaviors

Youth Alcohol Use	Adult Alcohol Use	Iowa's Disparities in Alcohol Use
 Iowa has the nation's third highest estimate of youth alcohol use (11.4%). Use has **increased 21%** since 2015-2016. *AB-2*	 Iowa has the nation's **fifth highest** percentage of adults who drink alcohol excessively (22.5%). *AB-3*	 Iowa has the nation's **highest** percentage of adults with higher incomes (32%) and adults ages 18-44 (29%) who drink alcohol excessively.

Trends in Tobacco Use	Iowa Disparities in Tobacco Use	Trends in Illicit Drug Use
 **16% decrease** in youth cigarette use. *AB-2*	**Men and Iowans with lower incomes** are least likely to report never smoking. *AB-4* 	 **16% increase** in youth illicit drug use. *AB-2*
While **Iowans 18-24** are most likely to have never smoked, the **rate hasn't changed** much since 2016. *AB-4* 	 **Smoking is higher** among Iowa adults with **lower incomes, Black, non-Hispanic Iowans, and Iowa adults with a disability**. *AB-5*	Iowa had the nation's **fifth lowest** opioid-related death rate in 2019. *AB-1* 

Progress in Chronic Disease

New Cancer Diagnoses (Incidence) *CD-5*	Cancer Deaths *CD-1*	Iowa Disparities in Cancer Deaths
Iowa's cancer incidence rate **stayed about the same** from 2010 to 2017	Overall, Iowa's cancer death rate **decreased** since 2016.	The death rate for non-Hispanic Black Iowans is about **35% higher** than Iowa's overall rate.
Iowa **males** overall and specifically Iowa's **non-Hispanic Black males** are **most likely** to be diagnosed with cancer.	**#28** Iowa's cancer death rate is **higher** than the U.S. average.	Iowa's cancer death rate was the **second highest nationally** for non-Hispanic Black people from 2017 to 2019. **#47 of 48**
Iowa's incidence rates are **among the highest nationally**: Overall: **8th highest** Male: **9th highest** Black, non-Hispanic Male: **6th highest** of 45 states with data available	**Bottom 10**	

New Lung Cancer Diagnoses (Incidence) *CD-6*	Lung Cancer Deaths *CD-2*	Iowa Disparities in Lung Cancer
> U.S. Iowa's rates are **much higher** than the national average for all the demographic groups in Healthy Iowans.	Iowa's lung cancer death rates **decreased substantially** from 2016 to 2019.	**#37 of 42** Iowa's lung cancer death rate was the sixth highest nationally for non-Hispanic Black people from 2015 to 2019.
New lung cancer diagnoses **decreased substantially** from 2010 to 2017 for Iowa's non-Hispanic Black females.	**> U.S.** Iowa's rates still are **higher** than the national average for all the demographic groups in Healthy Iowans.	**101 to 63** The lung cancer incidence rate for Iowa's non-Hispanic Black males is about **60% higher** than the overall rate for the state.

New Colorectal Cancer Diagnoses (incidence) *CD-7*	Colorectal Cancer Deaths *CD-3*	Iowa Disparities in Colorectal Cancer Deaths
Iowa's colorectal cancer incidence rate **decreased** from 2010 to 2017.	Iowa's colorectal cancer death rates have **decreased** slightly overall and for men.	The death rate for non-Hispanic Black Iowans is about **37% higher** than Iowa's overall rate.
#45 Iowa's overall incidence rate was **sixth highest** nationally for 2013 to 2017 and **eighth highest** among males. #43	Iowa's colorectal cancer death rates are **higher** than the national average for all the demographic groups in Healthy Iowans.	> U.S.

New Female Breast Cancer Diagnoses (Incidence) *CD-8*	Female Breast Cancer Deaths *CD-4*
Iowa's incidence rate **increased 5%** from 2010 to 2017.	Female deaths due to breast cancer have **decreased 5%** since 2016.

New Diagnoses of Skin Melanomas (Incidence) *CD-9*

The rate of new diagnoses of skin melanomas is **increasing**.

Iowa had the **10th highest** rate of newly diagnosed skin melanomas nationally for 2013 to 2017.

#41

Iowa Adults with Diabetes *CD-10*

Diabetes rates among adults **increased** overall from 2016 to 2019, especially for **Iowans with lower incomes.**

Iowa adults with a disability and adults with lower incomes have diabetes rates nearly **2x higher** than Iowa's overall rate.

$$$

Coronary Heart Disease (CHD) Death Rates *CD-12*

Decreased 18% for all non-Hispanic, Black Iowans from 2014 to 2019.

Decreased 21% for non-Hispanic Black male Iowans from 2014 to 2019.

The 2017-2019 rate for all Iowa males was **40% higher** than Iowa's overall rate.

2017-2019 rate was still **42% higher** for non-Hispanic Black male Iowans than Iowa's overall rate.

 **> U.S.**

Iowa's rates are among the **15 highest nationally** for each of the demographic groups in Healthy Iowans.

Progress in Disaster Preparedness

Overall Preparedness	Community Planning and Engagement Coordination domain
 **> U.S.** **7.1 vs. 6.8** As of 2019, Iowa was **one of 15 states** with a score **better than the national average**. *DP-1*	Iowa was **one of 21 states worse than the national average**. *DP-1* **U.S. >**  **5.3 vs. 4.8**

Progress in Environmental Health: Water Quality *EH-1* & *EH-2*

Rivers & Streams	Lakes & Reservoirs	Wetlands
 More than **8 of every 10** of the 995 assessed in 2020 did not fully meet water quality standards.	 **7 of every 10** of the 177 assessed in 2020 did not fully meet water quality standards.	 **Almost half** of the 128 assessed in 2020 did not fully meet water quality standards

Progress in Healthy Living

Overweight: Young Children *HL-1*

#43

Iowa has the **8th highest rate** for overweight among low-income 2-4 year olds.

Overweight: Older Children *HL-1*

Up 48% since 2016

Percent of parents who report that their 10-17 year old children are overweight.

#44

Iowa has the **7th highest** reported rate for 10-17 year olds.

Overweight Adults *HL-1*

Overweight among Iowa adults has **decreased** since 2016.

All states have **more than 30%** of adults who are overweight.

Obesity: Young Children *HL-2*

Obesity **increased** for Iowa's low-income 2-4 year olds from 2014 to 2018.

Obesity: Older Children *HL-2*

Obesity has **decreased** for 10 to 17 year olds since 2016.

Obesity: Adults *HL-2*

Decreased the last two years, but still **6% higher than in 2016**.

Obesity is **much higher among adults with a disability**.

43% vs 34% Overall

Breastfeeding *HL-3*

Iowa's breastfeeding rates for children born in 2017 were **slightly below the national averages**.

U.S. > 

Breastfeeding at 12 months **increased** from 29% of babies born in 2014 to 32.5% of babies born in 2017.

Food Insecurity *HL-4*

Before COVID-19, food insecurity for all Iowans and Iowa children had **decreased 22%** from 2015 to 2019.

Due to COVID-19, projections of food insecurity for all Iowans and for Iowa's children for 2020 and 2021 are **19-24% higher** than actual values from 2019.

Fruit & Vegetable Consumption *HL-5*, *HL-6* & *HL-7*

Increased from 2015 to 2019 for most of the groups of Iowa adults in Healthy Iowans.

Iowa ranks in the **bottom half** of states for almost all of the groups of Iowa adults in Healthy Iowans.

Lowest among younger adults, men, and Iowans with lower incomes.

Non-Hispanic Black Iowa adults reported a **large increase in fruit consumption –** from 48% in 2015 to 61% in 2019.

Active Children (ages 6-11) *HL-8*	Active Adolescents (ages 12-17) *HL-8*	Active Adults (ages 18+) *HL-9*
Overall, up 20% since 2016.	**Overall, down 17%** since 2016.	**Lowest** for Iowa adults with a disability and Iowa adults with lower incomes.
Females up 47%.	**Females down 39%.**	$$$

25 states have more people who live close to somewhere they can be physically active than Iowa does. HL-12

Physical Activity Guidelines

Less than half of Iowa adults met aerobic physical activity guidelines in 2019 – about the same as in 2015. It's **even lower** for Iowa adults with lower incomes, adults with a disability, and adult Hispanic Iowans. HL-10

Iowa adults who met muscle-strengthening guidelines **increased substantially** from 2015 to 2019 for all the demographic groups in Healthy Iowans. HL-11

2 out of every 3 Iowa adults still don't meet muscle-strengthening guidelines. Even fewer of Iowa's older adults, adults with a disability, or adults with lower incomes meet the guidelines.

Adults who Met Aerobic and Muscle Strengthening Guidelines:

Iowa is **below the national average** overall and for nearly all the demographic groups in Healthy Iowans.

U.S. >

Children's Teeth Condition HL-13

#9

Iowa's rank nationally in parents who say their children's (ages 1-17) teeth are in very good or excellent condition.

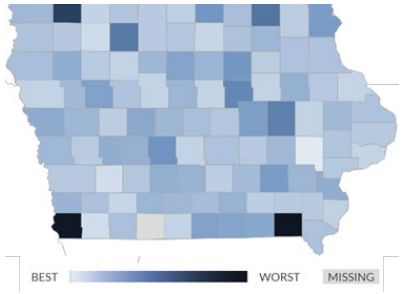
Disparity in Children's Teeth Condition

Still, more than **1 in 6** Iowa parents rate the condition of their children's teeth as good, fair, or poor. It's almost **1 in 4 for lower income** Iowa parents.

Access to Dentists *HL-14*

Iowa's overall rate of dentists has **increased** since 2016.

Still, wide disparities exist county-to-county.



Child Preventive Dental Care HL-15

#3

Overall, Iowa does well in preventive dental visits for children and youth (ages 1-17).

Disparities in Preventive Dental Care

Children **ages 1-5** and children of all ages in families with **lower incomes are less likely** to see a dentist to prevent issues.

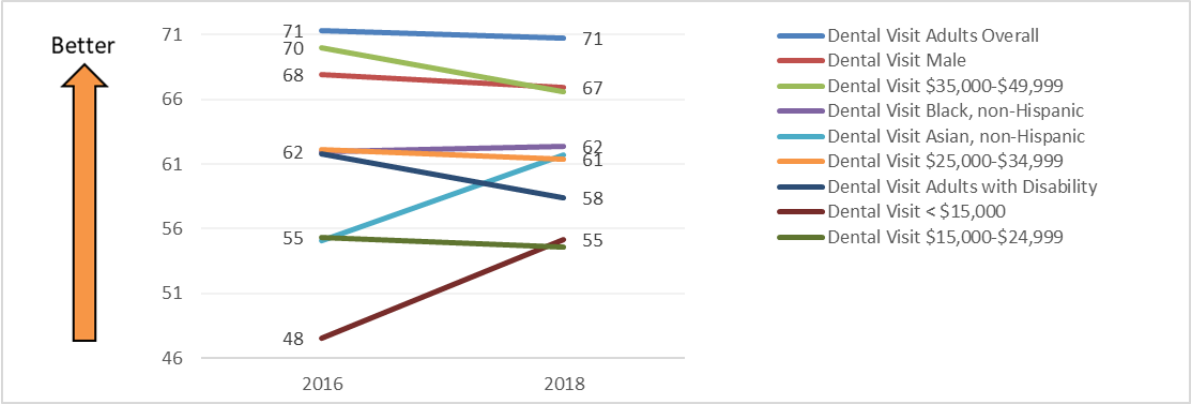
$$$

Dental Care During Pregnancy HL-16

53% to 42%

Iowa mothers with a dental visit during pregnancy overall versus lower income mothers.

Disparities in Iowa adult dental visits (%) *HL-17*



Chlamydia Rate: All Iowans HL-18

Up **13%** from 2016 to 2018.

Younger Females & Chlamydia

7x

higher for females ages 15-24

9x

higher for American Indian/ Alaska Native females ages 15-24

25x

higher for Black/African American females ages 15-24

Disparities in Chlamydia

#47 of 48

states with data. Iowa's rate was the **second highest** nationally for Black/African American females ages 15-24.

Gonorrhea Rate: All Iowans HL-18

Up **85%** from 2016 to 2018.

Disparities in Gonorrhea Rates

4.6x higher

for Iowa's American Indian/Alaska Native people

7.8x higher

for Iowa's Black/African American people

#48 of 48

states with data. Iowa's rate was the highest nationally for Black/African American people.

Primary, Secondary & Early Latent Syphilis Rate HL-18

Up 14% from 2016-2018.

Males: Almost **2x** higher.

Progress in Injury & Violence

Fall Trends

18% decrease: Fewer of Iowa's older adults reported having one or more falls in the last year. IV-3

11% increase in the rate of Iowa's older adults who were hospitalized due to a fall. IV-2

12% decrease in Iowa's rate of older adults who die due to a fall. IV-1

Iowa Disparities in Falls (Ages 65+) IV-3

Iowa's older people of color were **1.5x more likely** to report falling in 2018 than Iowa's overall rate.

#49

Iowa's percentage of older people of color who reported falling was the **second highest** nationally.

Iowa older adults with a disability were **1.3x more likely** to report falling in 2018 than Iowa's overall rate.

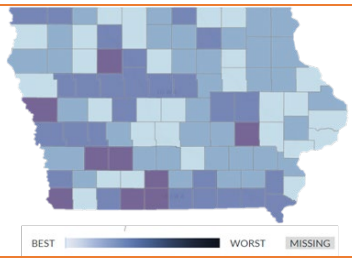
Iowa Deaths from Motor Vehicle Crashes IV-4

19% decrease in the rate for all Iowans from 2016 to 2019.

18% decrease in the rate for Iowa males from 2016 to 2019.

Rates for males: **48% higher** than Iowa's overall rate.

Rates for rural Iowans: **45% higher**.



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Youth Adverse Experiences

Up 33%

Confirmed child maltreatment was higher in 2018 than in 2016. IV-5

Iowa has **one of the higher rates** of confirmed child maltreatment in the nation.

Juvenile Detention

Down 19% Overall

Iowa youth in juvenile detention is decreasing. IV-6

Iowa has **one of the higher rates** of juvenile detention in the nation.

92.3% to 81.5%

Parents of children who have had **fewer** than two adverse childhood experiences (ACEs) were **more likely** to report their child's health was very good or excellent. IV-7

Iowa's rate of Black youth in juvenile detention was

5.6x higher in 2017 than Iowa's overall rate.

Iowa's rate is **third highest** in the nation for Black youth.

Non-Fatal Worker Injuries & Illnesses IV-9

Iowa's rate in agriculture, forestry, fishing & hunting **decreased substantially** from 2016 to 2019.

Worker Deaths IV-8

47% increase in Iowa's rate in agriculture, forestry, fishing & hunting.

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Progress in Mental Health, Illness, & Suicide

Mental Health Distress MH-1

Iowa adults experiencing frequent mental health distress **increased** from 2016 to 2019 for every demographic group in Healthy Iowans.

Disparities in Mental Health Distress

Women, younger adults, adults with lower incomes, and adults with a disability are the **most likely** Iowa adults to experience frequent mental health distress.

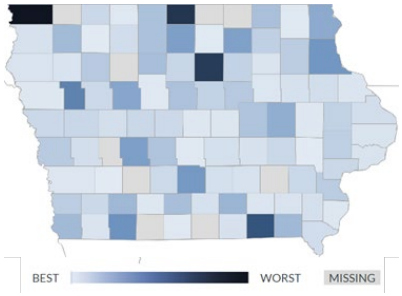
Access to Mental Health Providers: All Iowans MH-2

28% increase in mental health providers per 100,000 Iowa residents.

Access to Mental Health Treatment: Children & Youth (ages 3-17) MH-3

Highest percentage nationally of children/youth who get needed treatment or counseling when diagnosed with a mental/behavioral health condition.

Iowa's rate was 7th lowest nationally in 2019; **wide disparities** exist county-to-county.



32,000

More than one of every three Iowa children/youth diagnosed with a mental/behavioral health condition **does not receive needed treatment**.

Suicide Rates Overall MH-4

Increased from 2016 to 2019 for Iowans overall and for every demographic group in Healthy Iowans except 40-49 year olds.

Suicide: Ages 15 to 19

Rates fluctuate, but the rate for Iowa's 15-19 year olds was **higher** in 2017, 2018, and 2019 than it was in 2016. The **increase** from 2016 to 2019 was **higher** than for any other age group.

Suicide: Males & Ages 20+

Iowa **males** of all ages and Iowans **ages 20-59** have the **highest** rates of suicide.

Of Iowa's 528 suicides in 2019:

MALES: 

AGES 20-59: 7 of 10

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FOCUS AREA: Health Equity/Social Determinants of Health

What Health Issues Are Included

Health Equity & the Social Determinants of Health
Safe, Affordable Housing
Income/Poverty

Health Equity/Social Determinants of Health Measures of Health Improvement (ESD)

Additional measures of health equity and social determinants of health are included throughout other focus areas

ESD-1 Economic stability, income and poverty: Decrease ↓ the percentage of people below 100% of the federal poverty level.

Overall ☺ Target: 11% Baseline: 12.3% [2012-2016] Newest: 11.5% [2015-2019]≈6%↓ decrease	Black or African American ☺ ☑ Target: 32% Baseline: 35% [2012-2016] Newest: 32% [2015-2019]≈8%↓ decrease	Native American/Alaska Native ☺ ☑ Target: 29% Baseline: 31% [2012-2016] Newest: 24.5% [2015-2019]≈20%↓ decrease
Hispanic/Latino ☺ ☑ Target: 22% Baseline: 24% [2012-2016] Newest: 21% [2015-2019]≈13%↓ decrease	With any disability ☺ Target: 17% Baseline: 19.5% [2012-2016] Newest: 19% [2015-2019]≈3%↓ decrease	

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates. Poverty Status in the Past 12 Months. Table S1703. https://data.census.gov/cedsci/

WHY DOES THIS MATTER?

Poverty is associated with poor health outcomes. It influences environmental exposures and health-related behaviors, and is linked to an increased risk of mortality and chronic disease. Those with incomes below the federal poverty level may struggle to consistently meet their basic needs such as stable housing, food and health insurance coverage. The negative implications of poverty are numerous and include:

- Reduced access to health care services.
- Decreased access to healthy food.
- Lower rates of physical activity.
- Higher rates of chronic diseases and death.

– Source: America's Health Rankings. Explore/annual/measure/household_poverty

Figure 3. Disparities in Iowans experiencing poverty (%)

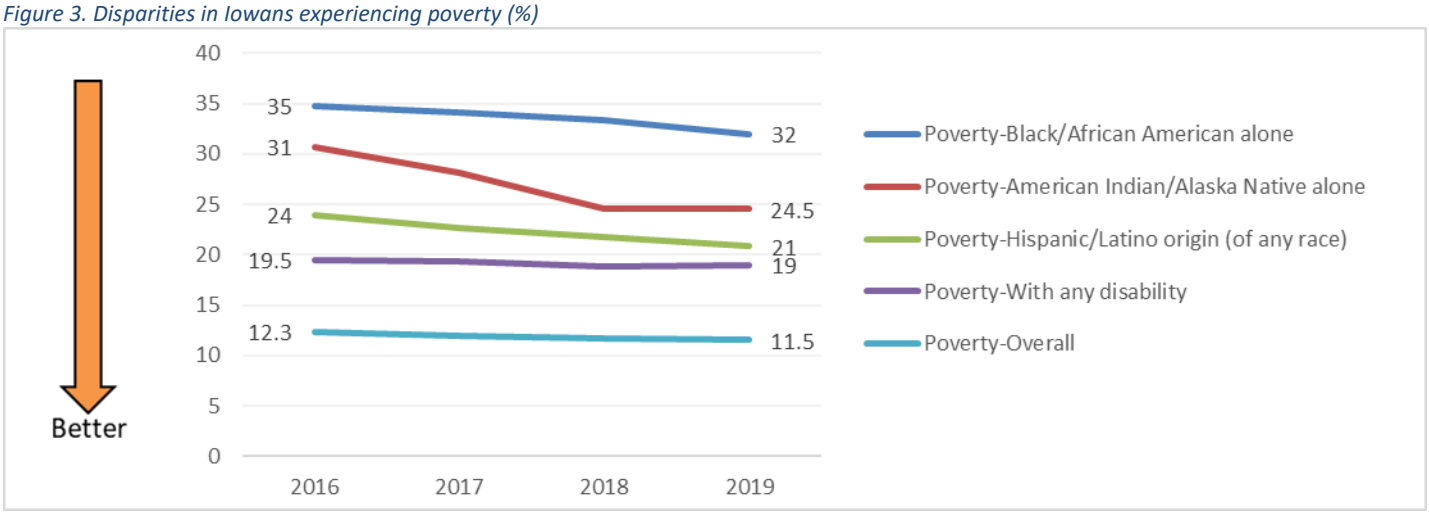
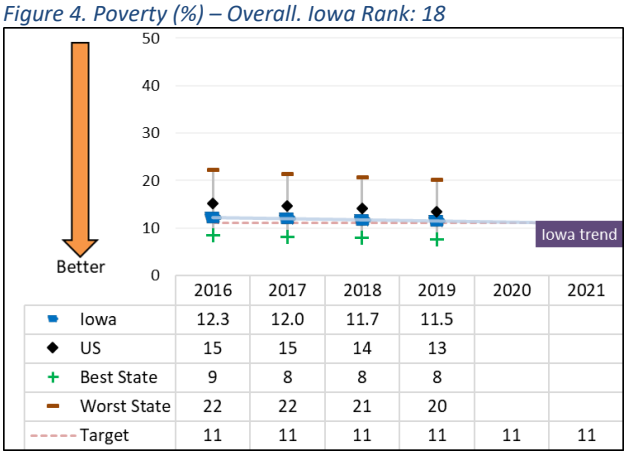
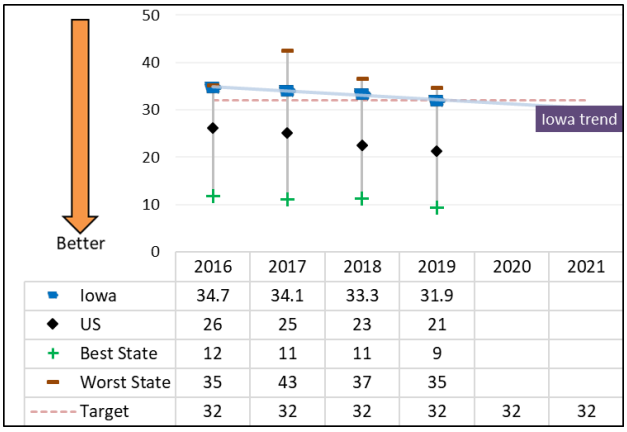


Figure 4. Poverty (%) – Overall. Iowa Rank: 18



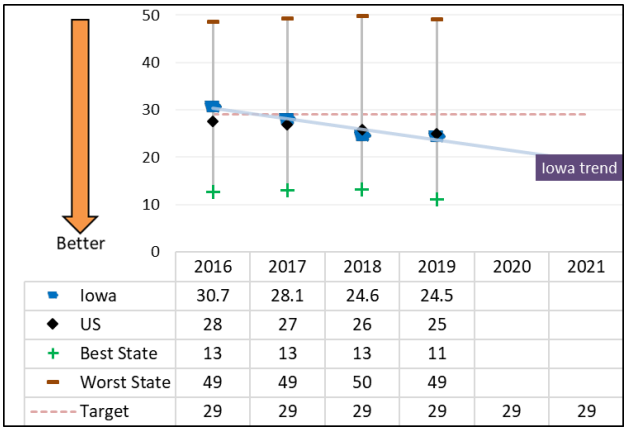
	2016	2017	2018	2019	2020	2021
Iowa	12.3	12.0	11.7	11.5		
US	15	15	14	13		
Best State	9	8	8	8		
Worst State	22	22	21	20		
Target	11	11	11	11	11	11

Figure 5. Poverty (%) - Black/African American alone. Iowa Rank: 49



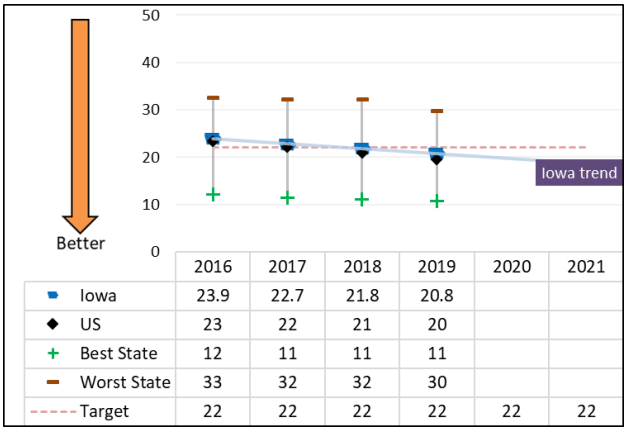
	2016	2017	2018	2019	2020	2021
Iowa	34.7	34.1	33.3	31.9		
US	26	25	23	21		
Best State	12	11	11	9		
Worst State	35	43	37	35		
Target	32	32	32	32	32	32

Figure 6. Poverty (%) - American Indian/Alaska Native alone. Iowa Rank: 32.



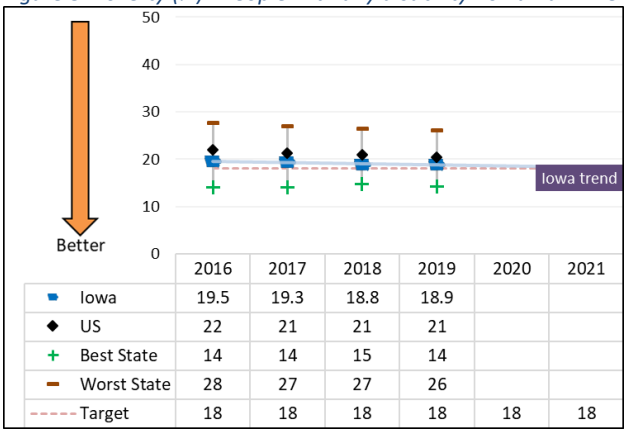
	2016	2017	2018	2019	2020	2021
Iowa	30.7	28.1	24.6	24.5		
US	28	27	26	25		
Best State	13	13	13	11		
Worst State	49	49	50	49		
Target	29	29	29	29	29	29

Figure 7. Poverty (%) - Hispanic/Latino origin (of any race). Iowa Rank: 26.



	2016	2017	2018	2019	2020	2021
Iowa	23.9	22.7	21.8	20.8		
US	23	22	21	20		
Best State	12	11	11	11		
Worst State	33	32	32	30		
Target	22	22	22	22	22	22

Figure 8. Poverty (%) - People with any disability. Iowa Rank: 18.



	2016	2017	2018	2019	2020	2021
Iowa	19.5	19.3	18.8	18.9		
US	22	21	21	21		
Best State	14	14	15	14		
Worst State	28	27	27	26		
Target	18	18	18	18	18	18

ESD-2 Economic stability, income and poverty: Decrease ↓ the percentage of children (0-17) below 100% of the federal poverty level.

Overall ☺ ☑ Target: 14% Baseline: 15.3% [2012-2016] Newest: 13.8% [2015-2019]≈10%↓ decrease	Black or African American ☺ Target: 42% Baseline: 44.6% [2012-2016] Newest: 42.9% [2015-2019]≈4%↓ decrease
Hispanic/Latino ☺ ☑ Target: 28% Baseline: 29.5% [2012-2016] Newest: 26.7% [2015-2019]≈9%↓ decrease	Native American/Alaska Native ☺ ☑ Target: 34% Baseline: 36.3% [2012-2016] Newest: 32.5% [2015-2019]≈11%↓ decrease

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates. Tables S1703, B17020B, B17020C, B17020I. https://data.census.gov/cedsci/

WHY DOES THIS MATTER?

Families with income below the federal poverty level may struggle to consistently meet the basic needs of their children. Exposure to chronic stress, including unreliable access to food, health care and stable housing, may impair the development of children in poverty and may affect health throughout their lifespan. Adverse health outcomes related to poverty can occur at various stages of life:

- Birth: Mothers living in low-income neighborhoods are more likely than other mothers to give birth prematurely and have low birthweight babies.
- Childhood: Obesity, asthma and emergency room visits were more common among children living in poverty compared with those not living in poverty in 2014. Impoverished and low-income children often have greater need for health services, particularly for mental health.
- Adolescence: As impoverished children grow up, they are more likely to engage in risky or unhealthy behaviors, such as smoking cigarettes. They are less likely to complete high school and some studies show an increased risk of teen pregnancy.
- Adulthood: Obesity, risk factors for cardiovascular disease, metabolic syndrome and premature mortality have been found to be associated with low socioeconomic status during childhood. Childhood poverty has also been linked to difficulty regulating emotions, which is directly linked to the development of mental health conditions later in life, regardless of adult income status.

Nearly 15 million children in the United States are living in families with household income below the federal poverty level. However, studies have found that families require more than twice this income level to meet basic needs annually.

Living in poverty affects a child's ability to succeed in school and may impact potential future earnings. One estimate of the social cost of U.S. childhood poverty, including lost potential earnings and costs of poor health, totaled $1.03 trillion annually, or around 5.5% of gross domestic product.

– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/ChildPoverty

Figure 9. Disparities in Iowa children experiencing poverty (%).

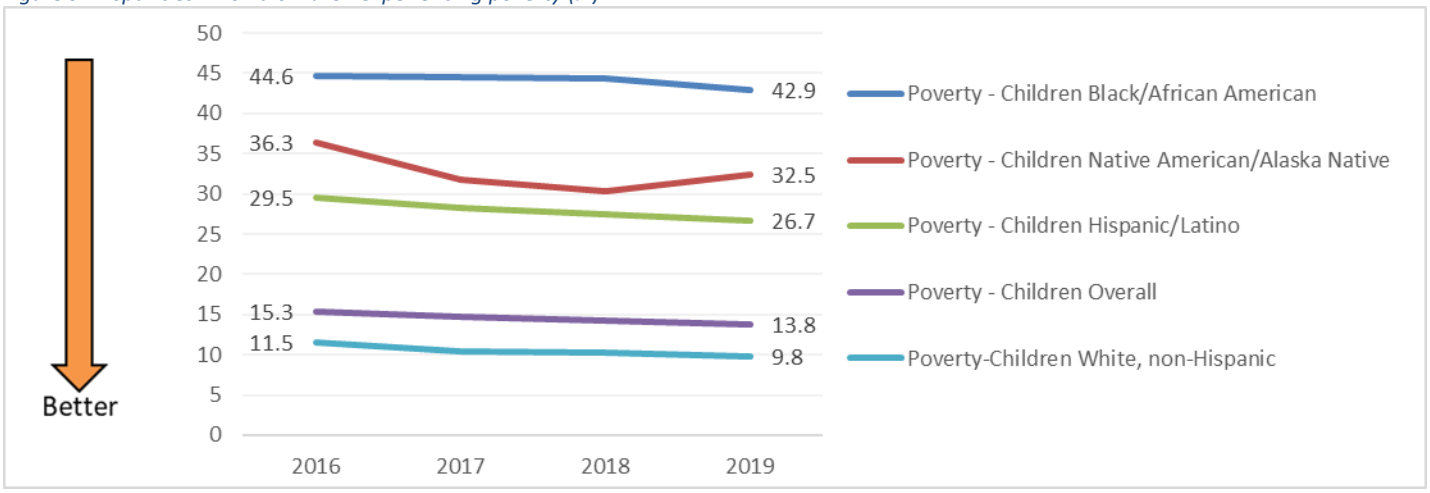
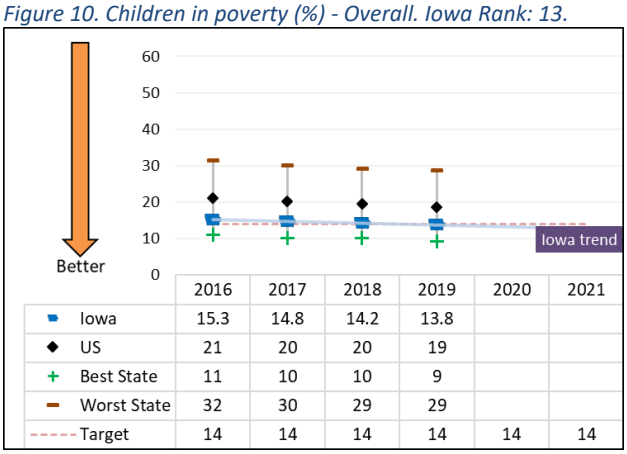
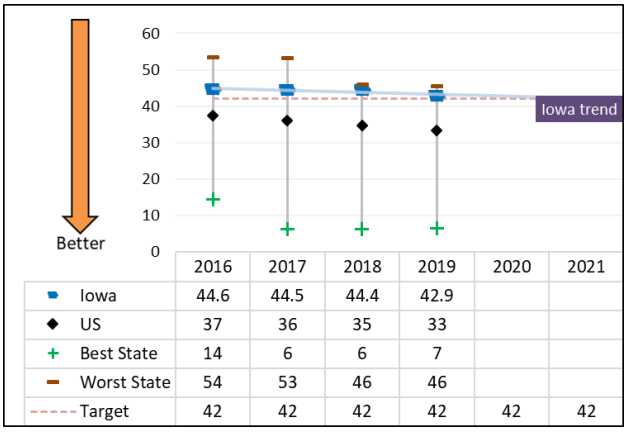


Figure 10. Children in poverty (%) - Overall. Iowa Rank: 13.



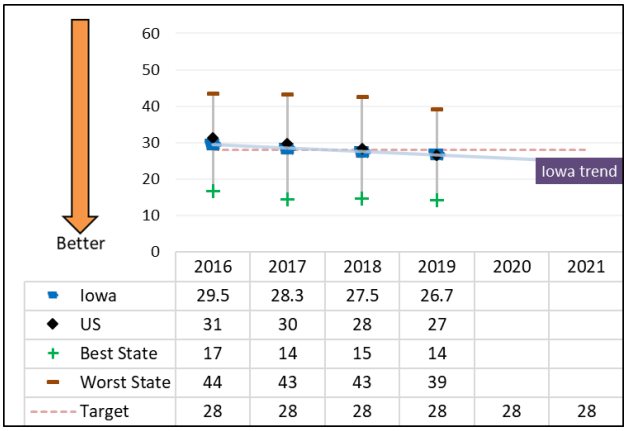
	2016	2017	2018	2019	2020	2021
Iowa	15.3	14.8	14.2	13.8		
US	21	20	20	19		
Best State	11	10	10	9		
Worst State	32	30	29	29		
Target	14	14	14	14	14	14

Figure 11. Children in poverty (%) - Black/African American. Iowa Rank: 45.



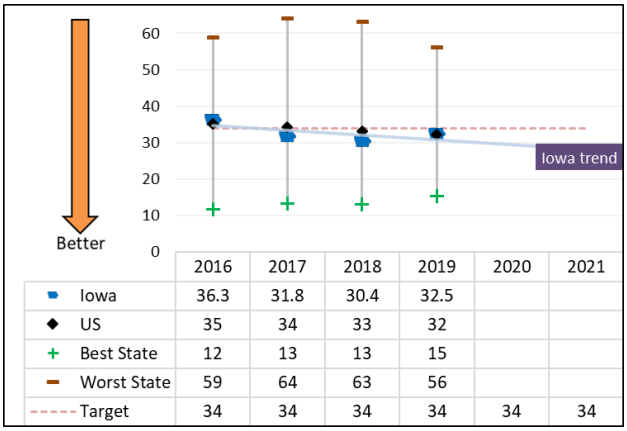
	2016	2017	2018	2019	2020	2021
Iowa	44.6	44.5	44.4	42.9		
US	37	36	35	33		
Best State	14	6	6	7		
Worst State	54	53	46	46		
Target	42	42	42	42	42	42

Figure 12. Children in poverty (%) - Hispanic/Latino. Iowa Rank: 27.



	2016	2017	2018	2019	2020	2021
Iowa	29.5	28.3	27.5	26.7		
US	31	30	28	27		
Best State	17	14	15	14		
Worst State	44	43	43	39		
Target	28	28	28	28	28	28

Figure 13. Children in poverty (%) - American Indian/Alaska Native. Iowa Rank: 36.



	2016	2017	2018	2019	2020	2021
Iowa	36.3	31.8	30.4	32.5		
US	35	34	33	32		
Best State	12	13	13	15		
Worst State	59	64	63	56		
Target	34	34	34	34	34	34

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ESD-3 Health services access: Increase ↑ the percentage of people with health insurance.

Adults, ages 18-64 ☹	Non-Hispanic Black adults ☹	Hispanic/Latino adults ☺	Children under age 19 😐
Target: 100%	Target: 96%	Target: 84%	Target: 100%
Baseline: 94% [2016]	Baseline: 91% [2016]	Baseline: 79% [2016]	Baseline: 97% [2016]
Newest: 93% [2019]≈1%↓ decrease	Newest: 89% [2019]≈2%↓ decrease	Newest: 80% [2019]≈ 1%↑ increase	Newest: 97% [2019]≈0%↔ no change

Data Source: US Census Bureau, Small Area Health Insurance Estimates. https://www.census.gov/data/data-tools/sahie-interactive.html

WHY DOES THIS MATTER?

Health insurance is critical in helping people receive the preventive and medical care they need to achieve and maintain good health. The nation's uninsurance rate dropped significantly after the Affordable Care Act was enacted, yet nearly 29.6 million people were still uninsured in 2019. In 2016, an analysis found that 74% of uninsured adults reported that they were uninsured because they could not afford health insurance.

Compared with insured adults, uninsured adults have more health disadvantages, including:

- Worse health outcomes and higher rates of mortality and premature death.
- Higher rates of cancer mortality and greater risk of a late-stage cancer diagnosis.
- Inadequate access to quality care including preventive services.
- Expensive medical bills due to undiagnosed or untreated chronic conditions and more emergency room visits.

One study estimated that after Medicaid expansion, three states experienced a 6% decline in all-cause mortality in adults ages 20 to 64 compared with adults living in demographically and economically similar states that did not expand Medicaid. This decline was largely from medical conditions that respond well to medical management such as HIV, heart disease and diabetes.

– Source: America's Health Rankings. Explore/annual/measure/HealthInsurance

When compared with privately insured children, uninsured children have more health disadvantages including unmet need for medical or dental care; greater severity of illness, more hospitalizations and higher mortality rates; more vaccine-preventable disease; and higher rates of chronic illness such as asthma and diabetes.

According to the National Center for Health Statistics, about 1 in 20 children ages 0-17 were uninsured at the time of interview in 2018. Approximately 5.5% of children younger than age 19 are uninsured due to a decline in public coverage. However, the percent of uninsured children has declined steadily since 1997 when nearly 14% of children were uninsured. Among children ages 0-17 that had insurance, 54.7% had coverage through private plans and 41.8% had coverage through public plans (i.e. Medicaid, Children's Health Insurance Program, state-sponsored or other government-sponsored health plans). High cost of insurance is often cited as being the reason for lack of coverage.

– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/Uninsured_children

Figure 14. Disparities in Iowans with health insurance (%)

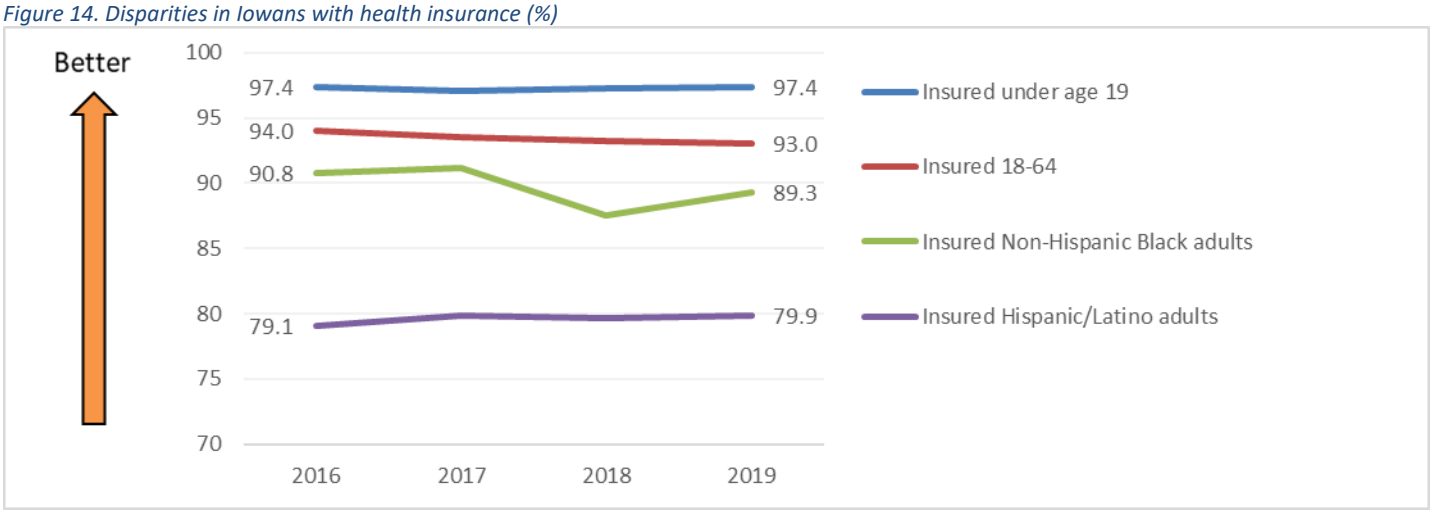
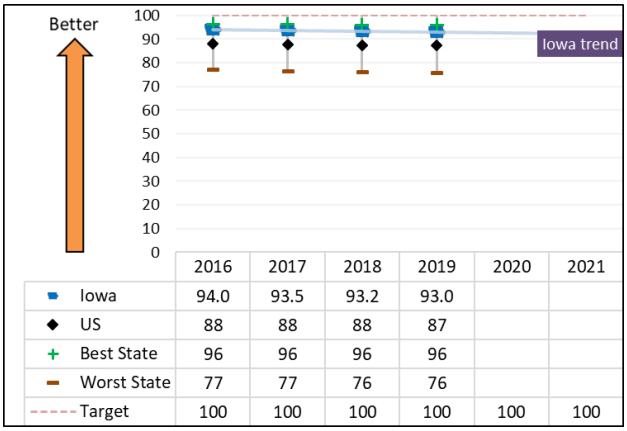
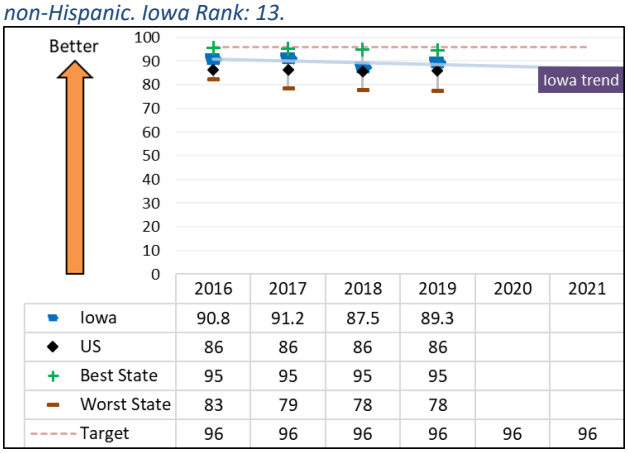


Figure 15. Health insurance coverage (%) – Ages 18-64 overall. Iowa Rank: 6.



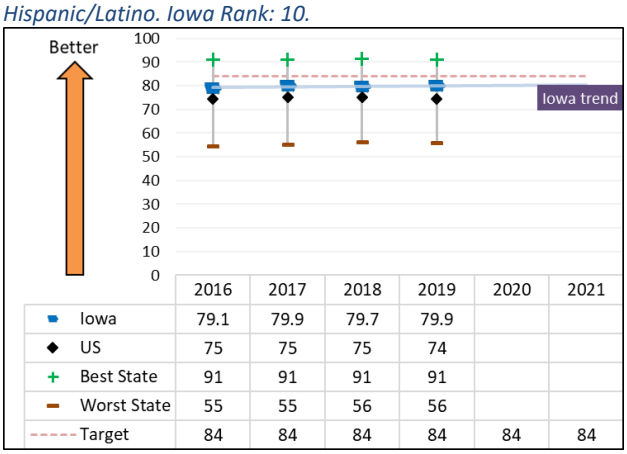
	2016	2017	2018	2019	2020	2021
Iowa	94.0	93.5	93.2	93.0		
US	88	88	88	87		
Best State	96	96	96	96		
Worst State	77	77	76	76		
Target	100	100	100	100	100	100

Figure 16. Health insurance coverage (%) - Ages 18-64 Black, non-Hispanic. Iowa Rank: 13.



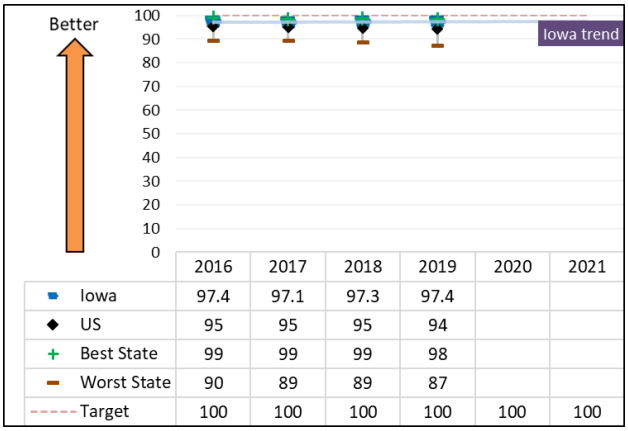
	2016	2017	2018	2019	2020	2021
Iowa	90.8	91.2	87.5	89.3		
US	86	86	86	86		
Best State	95	95	95	95		
Worst State	83	79	78	78		
Target	96	96	96	96	96	96

Figure 17. Health insurance coverage (%) - Ages 18-64 Hispanic/Latino. Iowa Rank: 10.



	2016	2017	2018	2019	2020	2021
Iowa	79.1	79.9	79.7	79.9		
US	75	75	75	74		
Best State	91	91	91	91		
Worst State	55	55	56	56		
Target	84	84	84	84	84	84

Figure 18. Health insurance coverage (%) - Children under age 19. Iowa Rank: 6.



	2016	2017	2018	2019	2020	2021
Iowa	97.4	97.1	97.3	97.4		
US	95	95	95	94		
Best State	99	99	99	98		
Worst State	90	89	89	87		
Target	100	100	100	100	100	100

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ESD-4 Education: Increase ↑ the percentage of public high school students who graduate in 4 years or less.

Overall ☺
Target: 96%
Baseline: 91.3% [2016]
Newest: 91.8% [2020]≈0%↔ no change

English language learners ☹
Target: 85%
Baseline: 81% [2016]
Newest: 77% [2020]≈5%↓ decrease

American Indian ☺
Target: 85%
Baseline: 81% [2016]
Newest: 82.5% [2019]≈2%↑ increase

Low socioeconomic status ☺
Target: 89%
Baseline: 84% [2016]
Newest: 85.5% [2020]≈2%↑ increase

African American ☺
Target: 84%
Baseline: 80% [2016]
Newest: 81% [2020]≈2%↑ increase

Hispanic 😐
Target: 89%
Baseline: 84.5% [2016]
Newest: 85% [2020]≈0%↔ no change

Students with an Individualized Education Program ☺ ☑
Target: 73%
Baseline: 69.5% [2016]
Newest: 76% [2020]≈10%↑ increase

Data Source: Iowa Department of Education. https://www.educateiowa.gov/graduation-rates-and-dropout-rates. Best and worst state and U.S. values from National Center for Education Statistics. Digest of Education Statistics. https://nces.ed.gov/programs/digest/

WHY DOES THIS MATTER?

Educational attainment is a strong predictor of future health outcomes. The connection between education and health is well documented, with lower educational attainment among adults having a high correlation with poorer health. Higher educational attainment is associated with better jobs, higher earnings, increased health knowledge, better self-reported health and fewer chronic conditions. Individuals with lower educational attainment are at a greater risk of adverse health outcomes such as obesity, cardiovascular disease, lung disease, mental health problems and premature death. Students who drop out of high school also are more likely to experience incarceration due to criminal activity.

According to one study, investments to reduce education-related disparities could save up to eight times more lives than equal investments in medical advances. Each high school dropout costs the United States more than $163,000 in lost revenue over a lifetime based on a calculation that used the lifetime differences between dropouts and graduates in incomes, taxes paid, government spending on health, crime and welfare.

– Source: America's Health Rankings. Explore/annual/measure/Graduation

Figure 19. Disparities in four-year graduation rates for Iowa's public school students (%)

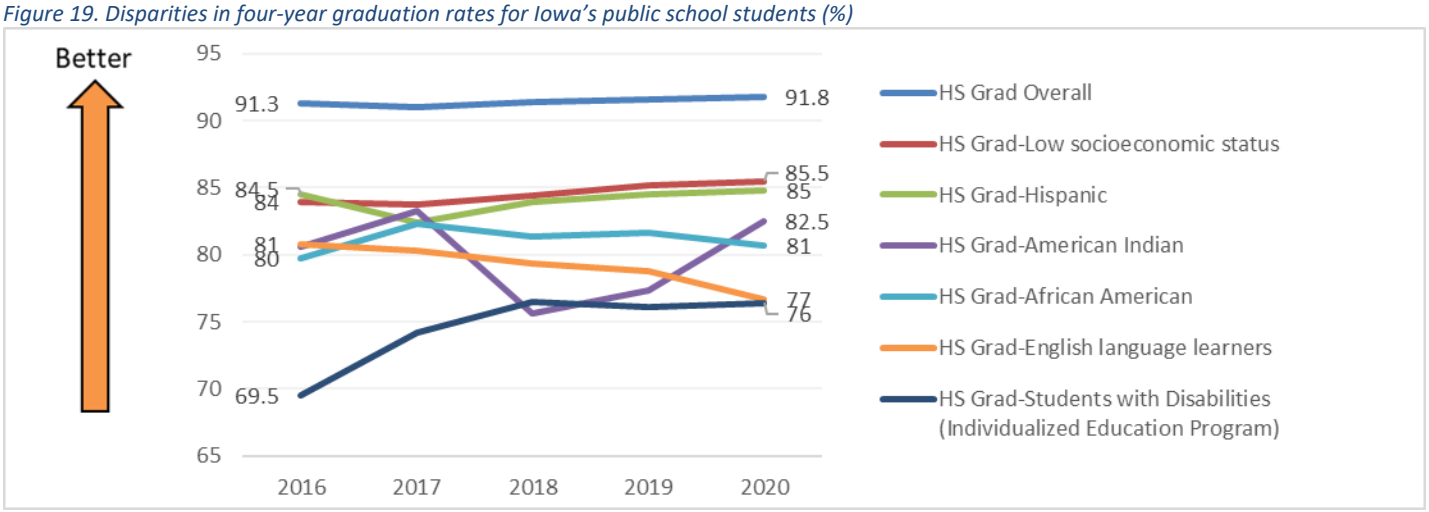
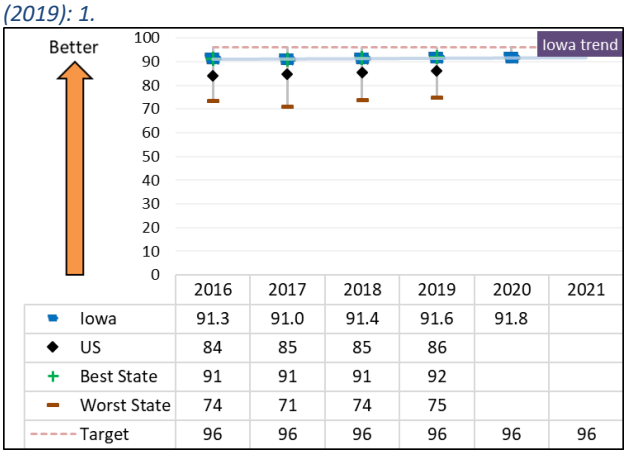
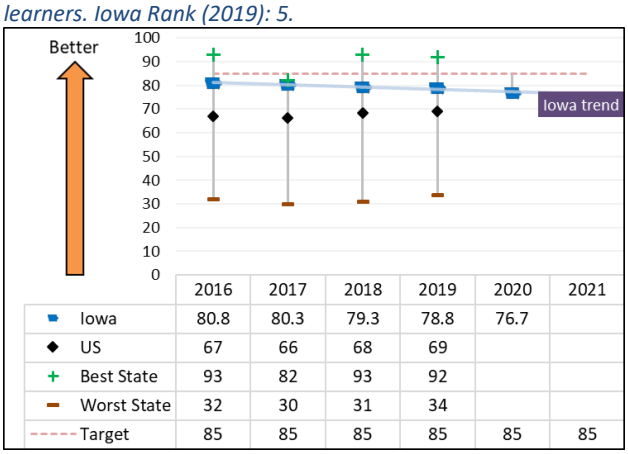


Figure 20. High school graduation (%) – Overall. Iowa Rank (2019): 1.



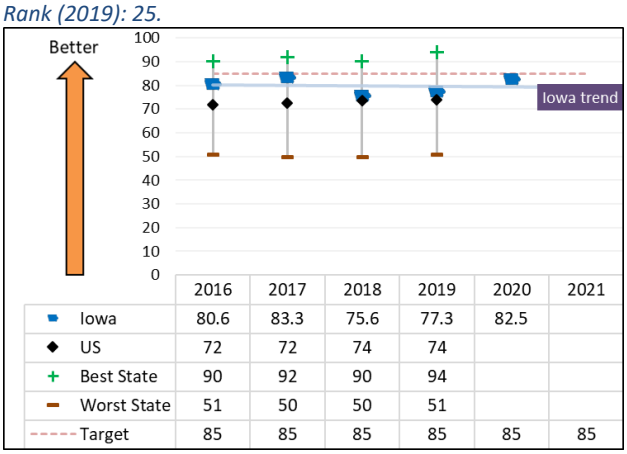
	2016	2017	2018	2019	2020	2021
Iowa	91.3	91.0	91.4	91.6	91.8	
US	84	85	85	86		
Best State	91	91	91	92		
Worst State	74	71	74	75		
Target	96	96	96	96	96	96

Figure 21. High school graduation (%) - English language learners. Iowa Rank (2019): 5.



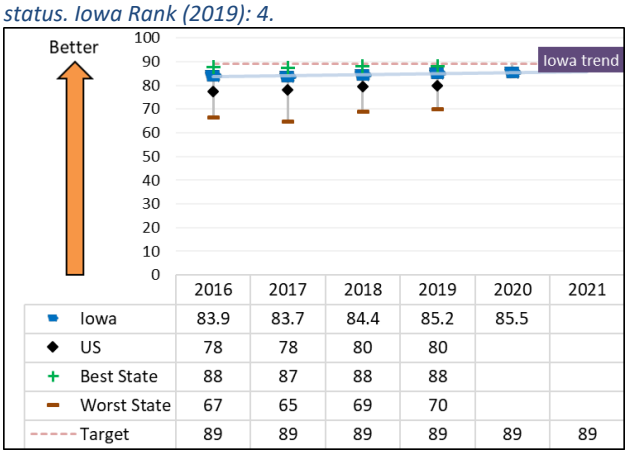
	2016	2017	2018	2019	2020	2021
Iowa	80.8	80.3	79.3	78.8	76.7	
US	67	66	68	69		
Best State	93	82	93	92		
Worst State	32	30	31	34		
Target	85	85	85	85	85	85

Figure 22. High school graduation (%) - American Indian. Iowa Rank (2019): 25.



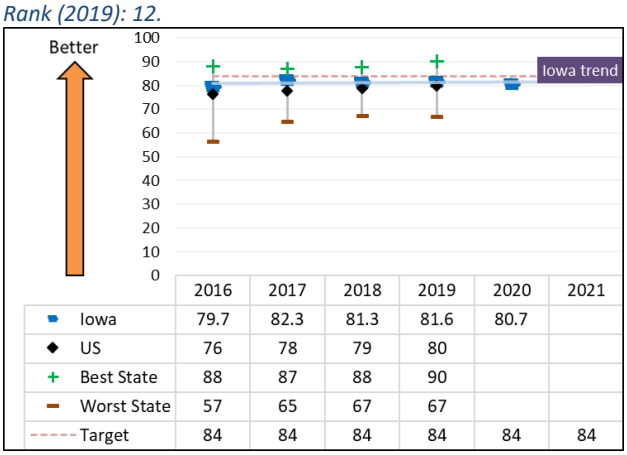
	2016	2017	2018	2019	2020	2021
Iowa	80.6	83.3	75.6	77.3	82.5	
US	72	72	74	74		
Best State	90	92	90	94		
Worst State	51	50	50	51		
Target	85	85	85	85	85	85

Figure 23. High school graduation (%) - Low socioeconomic status. Iowa Rank (2019): 4.



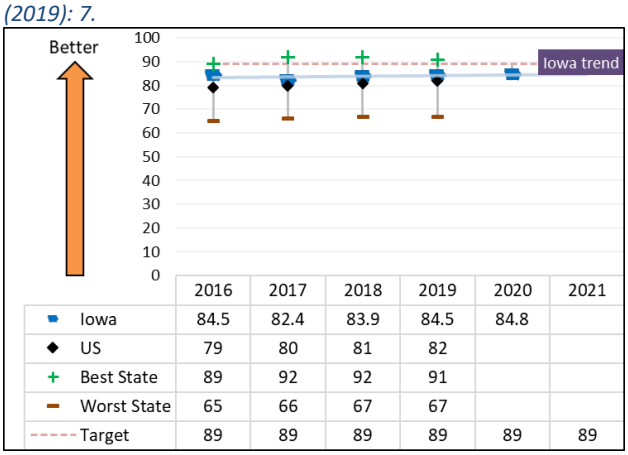
	2016	2017	2018	2019	2020	2021
Iowa	83.9	83.7	84.4	85.2	85.5	
US	78	78	80	80		
Best State	88	87	88	88		
Worst State	67	65	69	70		
Target	89	89	89	89	89	89

Figure 24. High school graduation (%) - African American. Iowa Rank (2019): 12.



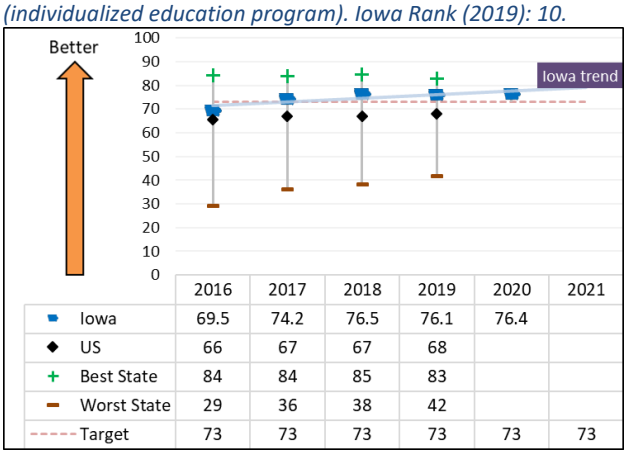
	2016	2017	2018	2019	2020	2021
Iowa	79.7	82.3	81.3	81.6	80.7	
US	76	78	79	80		
Best State	88	87	88	90		
Worst State	57	65	67	67		
Target	84	84	84	84	84	84

Figure 25. High school graduation (%) – Hispanic. Iowa Rank (2019): 7.



	2016	2017	2018	2019	2020	2021
Iowa	84.5	82.4	83.9	84.5	84.8	
US	79	80	81	82		
Best State	89	92	92	91		
Worst State	65	66	67	67		
Target	89	89	89	89	89	89

Figure 26. High school graduation (%) - Students with disabilities (individualized education program). Iowa Rank (2019): 10.



	2016	2017	2018	2019	2020	2021
Iowa	69.5	74.2	76.5	76.1	76.4	
US	66	67	67	68		
Best State	84	84	85	83		
Worst State	29	36	38	42		
Target	73	73	73	73	73	73

ESD-5 Neighborhood, the built environment and safe, affordable housing: Decrease ↓ the percentage of substandard housing units.*

Overall ☺
Target: 22%
Baseline: 24.1% [2012-2016]
Newest: 23.3% [2015-2019]≈3%↓ decrease

Data Source: US Census Bureau, American Community Survey 5-year estimates. Courtesy: University of Missouri Extension, Center for Applied Research and Engagement Systems (CARES) Engagement Network, Build a Report, Physical Environment data category. https://engagementnetwork.org/

*Includes households with one or more of four housing problems: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden (mortgage or rent) greater than 30% of monthly income.

WHY DOES THIS MATTER?

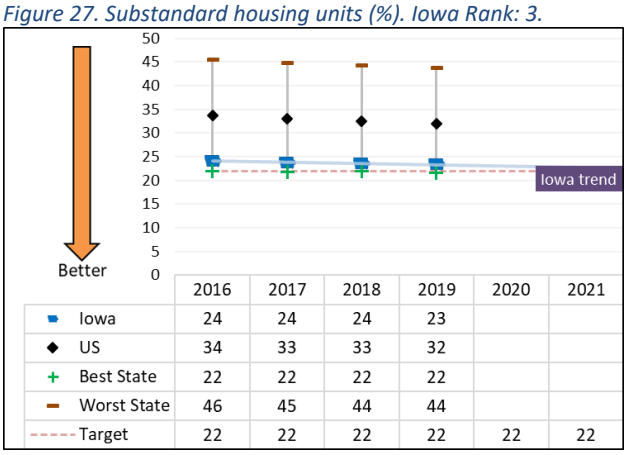
Housing influences health and well-being. Poor quality of housing can cause disease and injury as well as affect development in children. Other housing-related factors such as neighborhood environment and overcrowding can affect mental and physical health. A recent study found that having substandard housing is associated with being uninsured.

Housing-related factors and their associated health consequences include, but are not limited to:

- Affordability: Cost-burdened families may have difficulty affording other basic needs such as health care, food and heat. One study found individuals who had difficulty affording housing were more likely to report fair or poor health, certain chronic conditions and non-adherence to prescriptions due to cost. Housing has become less affordable over time as the cost of rent has risen more quickly than income levels. According to a 2019 report, from 2001 to 2018 median rent increased 13.0%, but median renter household income only increased 0.5% (numbers adjusted for inflation).
- Hazards: Hazards in the home (such as lead paint, allergens, water leaks, poor ventilation, inadequate heating, cooling and plumbing) are associated with poor respiratory health and disease, increased risk of cardiovascular conditions, falls and developmental delays in children.
- Overcrowding: Overcrowding is defined as having more than one person per room in a residence. It is associated with increased risk of poor mental and physical health.

– Source: America's Health Rankings. Explore/annual/measure/severe_housing_problems

Figure 27. Substandard housing units (%). Iowa Rank: 3.



	2016	2017	2018	2019	2020	2021
Iowa	24	24	24	23		
US	34	33	33	32		
Best State	22	22	22	22		
Worst State	46	45	44	44		
Target	22	22	22	22	22	22

ESD-6 Neighborhood, the built environment and safe, affordable housing: Increase ↑ the percentage of children living in neighborhoods with no poorly kept or rundown housing.

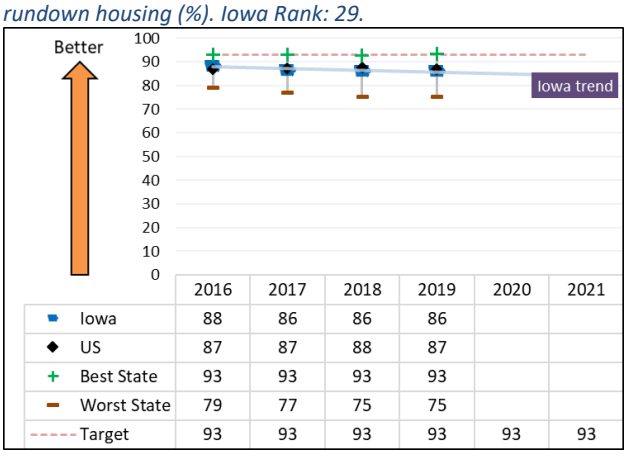
Overall ☹
Target: 93%
Baseline: 88% [2016]
Newest: 86% [2019]≈3%↓decrease

Data Source: Child and Adolescent Health Measurement Initiative. www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health. Indicator 7.5. https://www.childhealthdata.org/browse/survey

WHY DOES THIS MATTER?

See previous measure (ESD-5).

Figure 28. Children living in neighborhoods with no poorly kept or rundown housing (%). Iowa Rank: 29.



	2016	2017	2018	2019	2020	2021
Iowa	88	86	86	86		
US	87	87	88	87		
Best State	93	93	93	93		
Worst State	79	77	75	75		
Target	93	93	93	93	93	93

ESD-7 Social and community context: Increase ↑ the percentage of children who live in neighborhoods that are supportive.*

Overall ☹	Hispanic ☺ ☑	Income less than 200% of poverty ☹
Target: 68%	Target: 47%	Target: 55%
Baseline: 64% [2016]	Baseline: 44% [2016]	Baseline: 52% [2016]
Newest: 62.5% [2019]≈2%↓ decrease	Newest: 51% [2019]≈16%↑ increase	Newest: 49% [2019]≈6%↓ decrease

Data Source: Child and Adolescent Health Measurement Initiative. www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health. Indicator 7.1. https://www.childhealthdata.org/browse/survey
*Respondents were asked their level of agreement with 3 statements: (1) People in my neighborhood help each other out; (2) We watch out for each other's children in this neighborhood; and (3) When we encounter difficulties, we know where to go for help in our community. Children are considered to live in supportive neighborhoods if their parents reported "definitely agree" to at least one of the items and "somewhat agree" or "definitely agree" to the other two items.

WHY DOES THIS MATTER?

Social support and community engagement are critical indicators of social and economic health. Active social engagement provides adults with a greater sense of purpose, control and overall self-efficacy and empowers them further to contribute positively to the society. Additionally, engaging and enjoyable home and neighborhood environments that provide opportunities to socialize, play and exercise contribute to physical health, mental health and human development. Social support and community engagement are critical indicators of social and economic health. Children who live in supportive neighborhoods are less likely to experience adverse childhood experiences (ACEs).

–Source: America's Health Rankings. Explore/annual/measure/social_support

Figure 29. Disparities in Iowa children living in supportive neighborhoods (%)

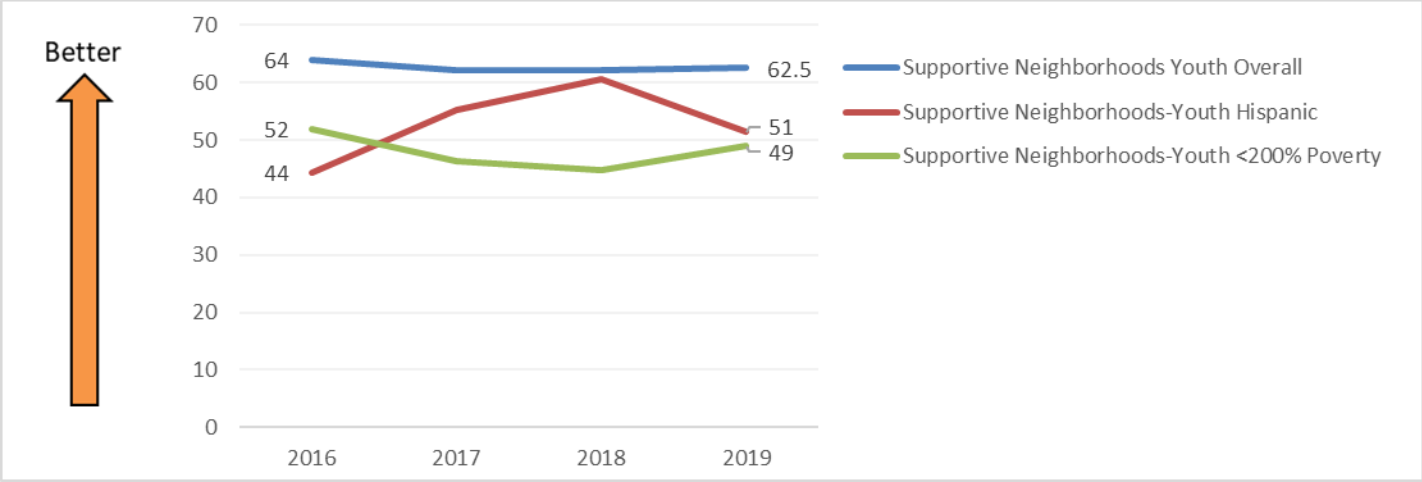
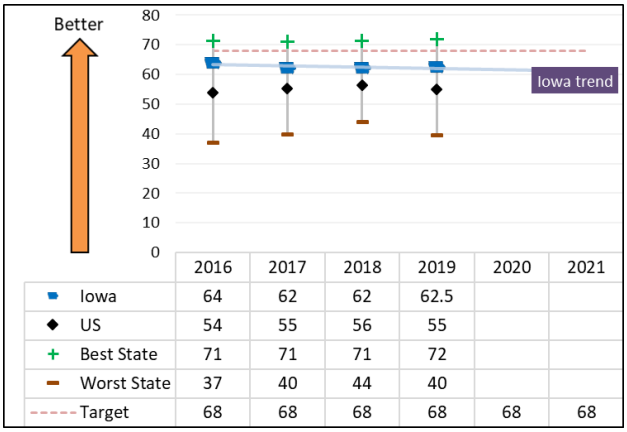
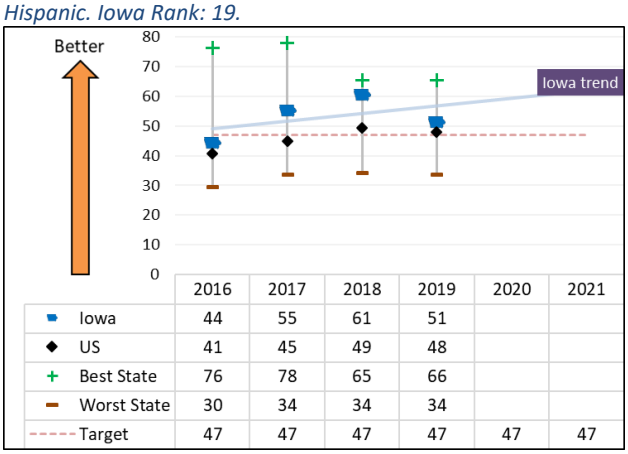


Figure 30. Children living in supportive neighborhoods (%) – Overall. Iowa Rank: 8.



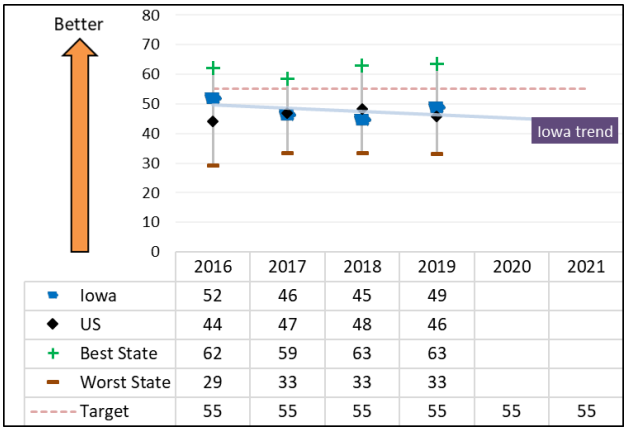
	2016	2017	2018	2019	2020	2021
Iowa	64	62	62	62.5		
US	54	55	56	55		
Best State	71	71	71	72		
Worst State	37	40	44	40		
Target	68	68	68	68	68	68

Figure 31. Children living in supportive neighborhoods (%) – Hispanic. Iowa Rank: 19.



	2016	2017	2018	2019	2020	2021
Iowa	44	55	61	51		
US	41	45	49	48		
Best State	76	78	65	66		
Worst State	30	34	34	34		
Target	47	47	47	47	47	47

Figure 32. Children living in supportive neighborhoods (%) - Low income. Iowa Rank: 21.



	2016	2017	2018	2019	2020	2021
Iowa	52	46	45	49		
US	44	47	48	46		
Best State	62	59	63	63		
Worst State	29	33	33	33		
Target	55	55	55	55	55	55

ESD-8 Social and community context: Increase ↑ the percentage of children who live in neighborhoods with a park/playground, sidewalks/walking paths, a library/bookmobile and a community/recreation center/boys' and girls' club.

Overall ☺
Target: 39%
Baseline: 36% [2016]
Newest: 38.6% [2019]≈6%↑ increase

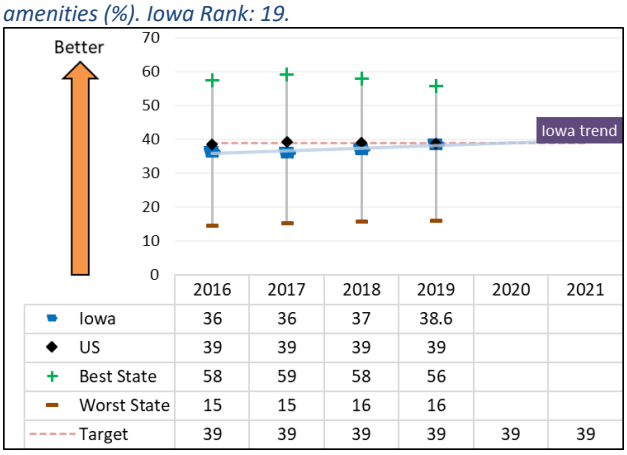
Data Source: Child and Adolescent Health Measurement Initiative. www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health. Indicator 7.4. https://www.childhealthdata.org/browse/survey

WHY DOES THIS MATTER?

The health of individuals and communities is closely tied to the built environment. Neighborhood amenities such as recreational facilities, libraries, playgrounds and sidewalks offer individuals opportunities to socialize, play, exercise and enjoy the neighborhood in which they live. There is some evidence to support these forms of community engagement contributing to physical health, mental health and human development. For example, communities that feel like they live close to parks or beaches, have a beautiful neighborhood, or have a safe neighborhood, on average, spend more time walking outside. The evidence indicates that improving multiple aspects of neighborhood roads and walkways for pedestrians and cyclists, and installing play equipment in parks may increase physical activity levels in adults and children.

– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/amenities

Figure 33. Children living in neighborhoods with supportive amenities (%). Iowa Rank: 19.



	2016	2017	2018	2019	2020	2021
Iowa	36	36	37	38.6		
US	39	39	39	39		
Best State	58	59	58	56		
Worst State	15	15	16	16		
Target	39	39	39	39	39	39

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FOCUS AREA: Life Course

What Health Issues Are Included

Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle and Older Adulthood

Life Course Measures of Health Improvement

Additional life course measures are included in other focus areas with measures for specific age groups

LC-1 Decrease ↓ the teen birth rate.*

Overall ☺ ☑ Target: 17 Baseline: 18.5 [2014-2016] Newest: 15 [2017-2019]≈17%↓ decrease	American Indian / Alaska Native ☺ ☑ Target: 29 Baseline: 31 [2014-2016] Newest: 27 [2017-2019]≈14%↓ decrease
Hispanic / Latino ☺ ☑ Target: 39 Baseline: 42 [2014-2016] Newest: 35 [2017-2019]≈16%↓ decrease	Non-Hispanic Black/African American ☺ ☑ Target: 39 Baseline: 42 [2014-2016] Newest: 38 [2017-2019]≈10%↓ decrease

Data Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS), Natality public-use data on CDC WONDER Online Database. https://wonder.cdc.gov/natality.html

* Rate of total number of births to women ages 15-19 per 1,000 female population ages 15-19.

WHY DOES THIS MATTER?

Substantial health, social and economic costs are associated with teen pregnancy and childrearing. Teen mothers are significantly more likely to drop out of high school and face unemployment. Children born to teen mothers are more likely to have worse educational and health outcomes. The children of teen mothers have a higher risk of dropping out of school, becoming hospitalized, dying during infancy or childhood and becoming a teen mother themselves. The higher risk of dropping out of school also entails additional health risks as the connection between education and health is well documented, with lower educational attainment among adults having a high correlation with poorer health.

The National Campaign to Prevent Teen and Unplanned Pregnancy estimates that teen pregnancy and childbirth cost the United States taxpayers about $9.4 billion in increased health care, child welfare and incarceration costs among children of teen parents in 2010. Additionally, teen childbearing causes a significant loss of tax revenue because of lower educational attainment and income among teen mothers.

– Source: America's Health Rankings. Explore/annual/measure/TeenBirth_MCH

Figure 34. Disparities in Iowa's teen birth rate

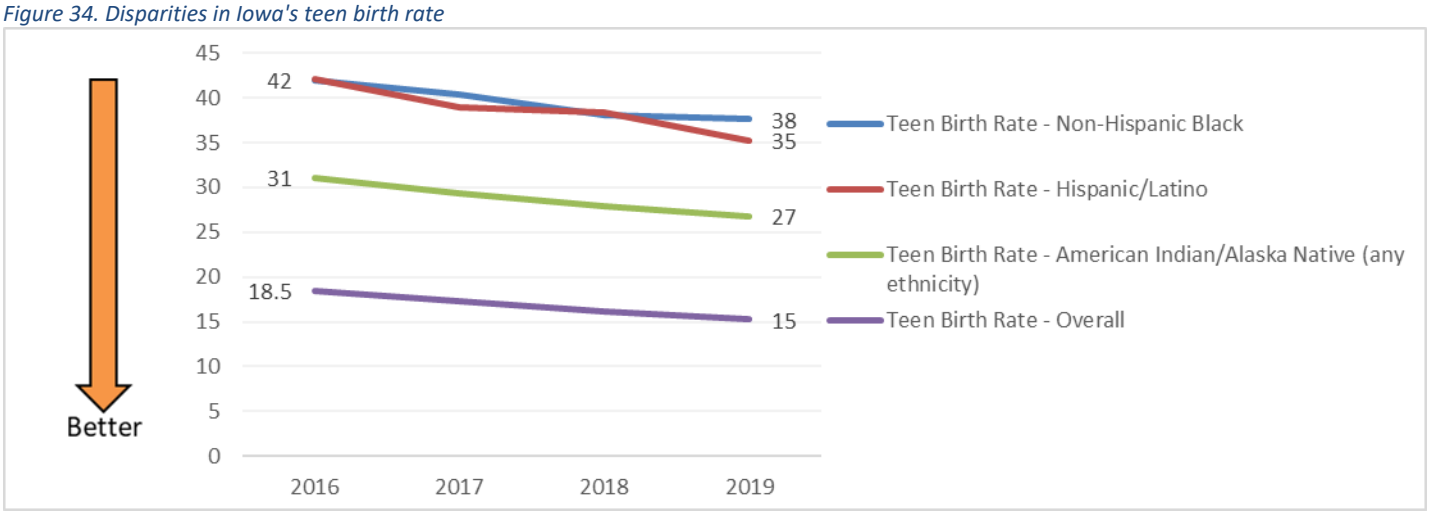
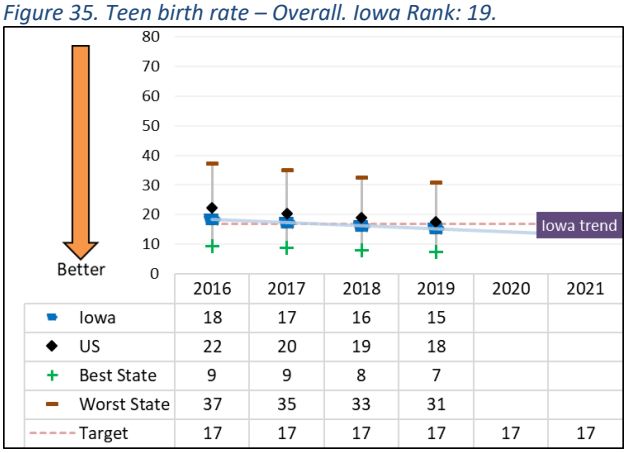
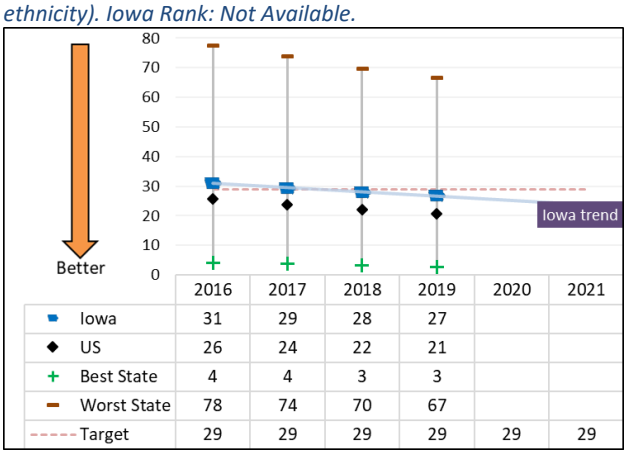


Figure 35. Teen birth rate – Overall. Iowa Rank: 19.



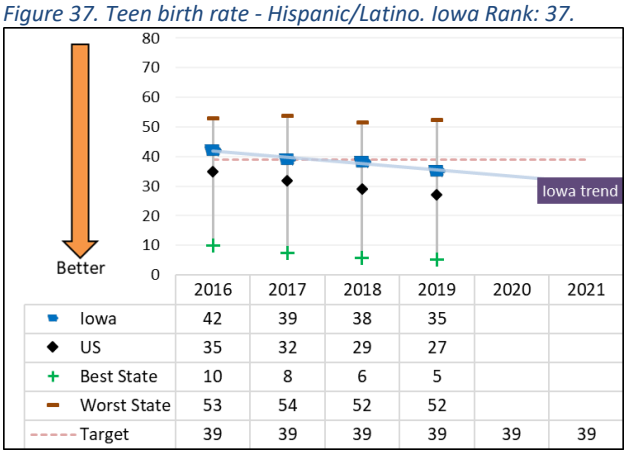
	2016	2017	2018	2019	2020	2021
Iowa	18	17	16	15		
US	22	20	19	18		
Best State	9	9	8	7		
Worst State	37	35	33	31		
Target	17	17	17	17	17	17

Figure 36. Teen birth rate - American Indian/Alaska Native (any ethnicity). Iowa Rank: Not Available.



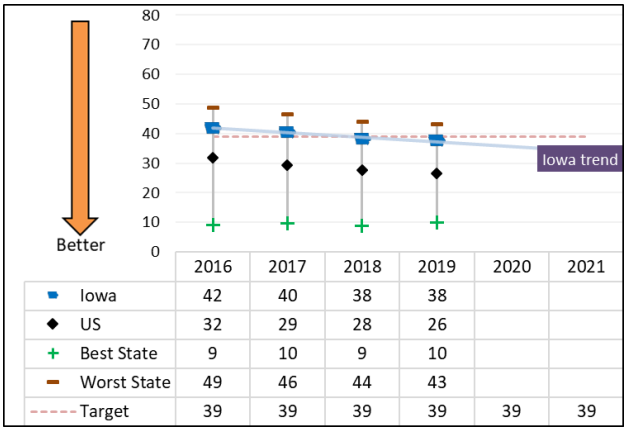
	2016	2017	2018	2019	2020	2021
Iowa	31	29	28	27		
US	26	24	22	21		
Best State	4	4	3	3		
Worst State	78	74	70	67		
Target	29	29	29	29	29	29

Figure 37. Teen birth rate - Hispanic/Latino. Iowa Rank: 37.



	2016	2017	2018	2019	2020	2021
Iowa	42	39	38	35		
US	35	32	29	27		
Best State	10	8	6	5		
Worst State	53	54	52	52		
Target	39	39	39	39	39	39

Figure 38. Teen birth rate – Black/African American, non-Hispanic. Iowa Rank: 48.



	2016	2017	2018	2019	2020	2021
Iowa	42	40	38	38		
US	32	29	28	26		
Best State	9	10	9	10		
Worst State	49	46	44	43		
Target	39	39	39	39	39	39

LC-2 Decrease ↓ the percentage of children born with low birthweight (less than 2,500 grams).

Overall 😐	Non-Hispanic Black/African American 😐
Target: 6%	Target: 11%
Baseline: 6.75% [2016]	Baseline: 12% [2016]
Newest: 6.75% [2019]≈0%↔ no change	Newest: 12% [2019]≈ 0%↔ no change

Data Source: US DHHS, CDC, NCHS, DVS, Natality public-use data on CDC WONDER Online Database. https://wonder.cdc.gov/natality.html

WHY DOES THIS MATTER?

Low birthweight infants — babies weighing less than 2,500 grams at birth — are at increased risk of infant mortality and a host of short- and long-term complications. There are two categories of low birthweight infants: moderately low birthweight infants (between 1,500 and 2,499 grams at birth) and very low birthweight infants (less than 1,500 grams at birth). Very low birthweight infants account for the majority of differences seen in health outcomes between low birthweight and normal weight infants.

Health conditions for infants related to low birthweight include breathing problems, bleeding in the brain, heart problems, intestinal disorders and retinopathy. Health conditions for children and adults who were born with low birthweight include Type 2 diabetes, heart disease, high blood pressure, obesity, cerebral palsy, and learning and behavioral problems.

The average hospital cost for a low birthweight infant is estimated to be $27,200, compared with $3,200 for a normal weight newborn and $76,700 for a very low birthweight infant. Very low birthweight infant care accounts for 30% of newborn health care costs, with an annual cost of approximately $13.4 billion in neonatal intensive care unit hospitalizations. Low birthweight and very low birthweight infants who survive to adulthood often experience serious physical and mental morbidities, significantly increasing the costs of hospitalization throughout their lifespan.

– Source: America's Health Rankings. Explore/annual/measure/birthweight

Figure 39. Disparities in low birthweight births in Iowa (%)

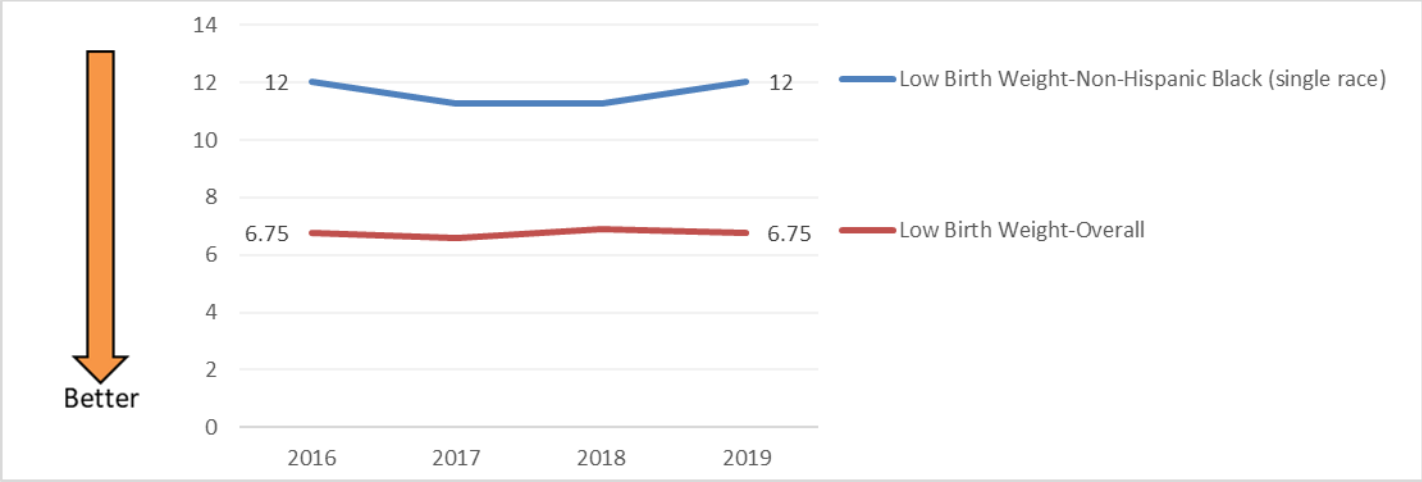
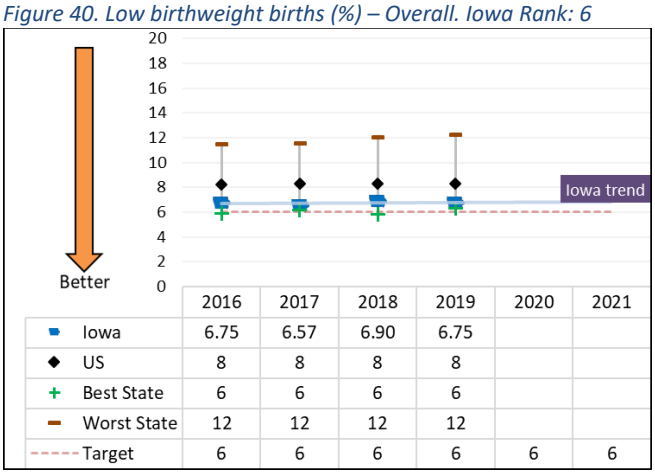
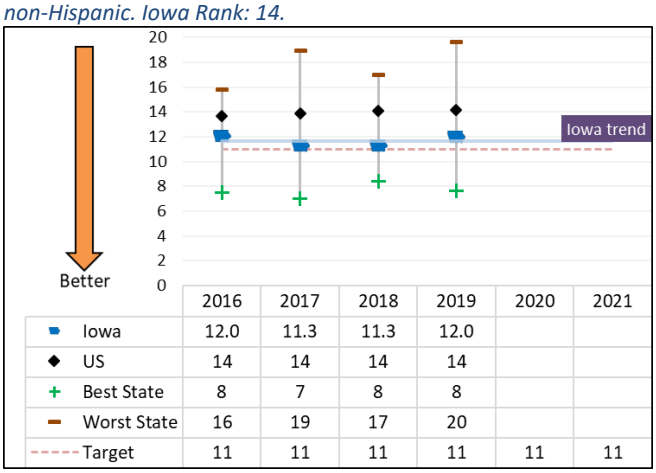


Figure 40. Low birthweight births (%) – Overall. Iowa Rank: 6



	2016	2017	2018	2019	2020	2021
Iowa	6.75	6.57	6.90	6.75		
US	8	8	8	8		
Best State	6	6	6	6		
Worst State	12	12	12	12		
Target	6	6	6	6	6	6

Figure 41. Low birthweight births (%) – Black/African American, non-Hispanic. Iowa Rank: 14.



	2016	2017	2018	2019	2020	2021
Iowa	12.0	11.3	11.3	12.0		
US	14	14	14	14		
Best State	8	7	8	8		
Worst State	16	19	17	20		
Target	11	11	11	11	11	11

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LC-3 Decrease ↓ the infant mortality rate (number of infant deaths before age one per 1,000 live births).

Overall ☹	Mother ages 15-19 ☹	Non-Hispanic Black ☹
Target: 4	Target: 7	Target: 8
Baseline: 4.4 [2013-2015]	Baseline: 8.3 [2013-2015]	Baseline: 8.5 [2013-2015]
Newest: 5.4 [2016-2018]≈23%↑ increase	Newest: 8.7 [2016-2018]≈4%↑ increase	Newest: 11.5 [2016-2018]≈36%↑ increase

Data Source: US DHHS, CDC, NCHS, DVS. Linked Birth / Infant Death Records as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, on CDC WONDER Online Database. https://wonder.cdc.gov/lbd.html

WHY DOES THIS MATTER?

Losing an infant is devastating for parents, families and communities, and can result in extreme and persistent sadness that does not get better with time. In 2018, over 21,000 infants died in the United States. According to the Centers for Disease Control and Prevention (CDC), the leading causes were birth defects, low birthweight and preterm birth, maternal pregnancy complications, sudden infant death syndrome (SIDS) and unintentional injuries.

The U.S. infant mortality rate has been consistently higher than other developed countries, and 1.5 times higher than the average (3.8 deaths per 1,000 live births) among Organization for Economic Co-operation and Development countries. Research indicates socioeconomic inequality in the United States is likely a primary contributor to its higher infant mortality rate.

Considerable progress has been made in the U.S. over the past 50 years to reduce infant mortality; however, more needs to be done.

– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/IMR_MCH

Figure 42. Disparities in Iowa's infant mortality rate

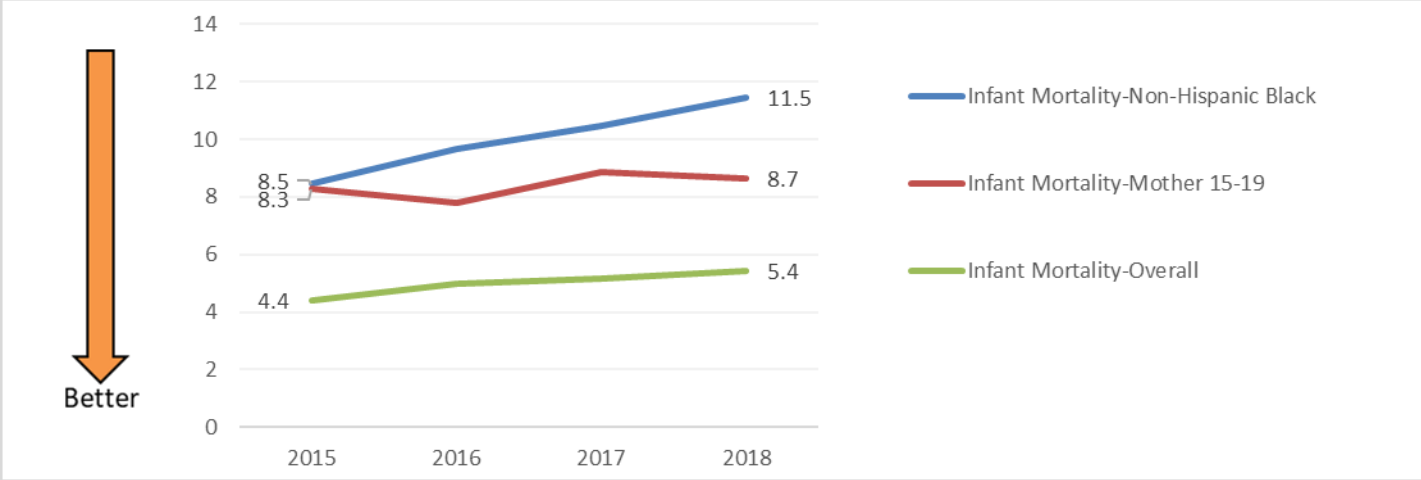
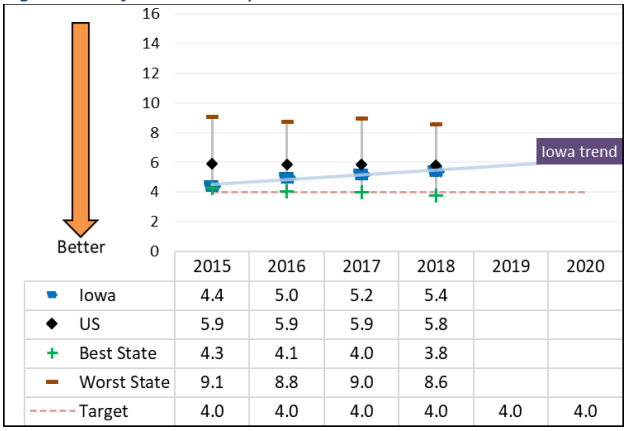
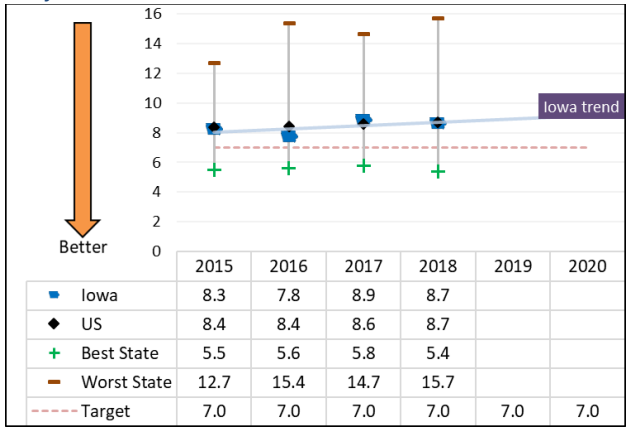


Figure 43. Infant mortality rate – Overall. Iowa Rank: 15.



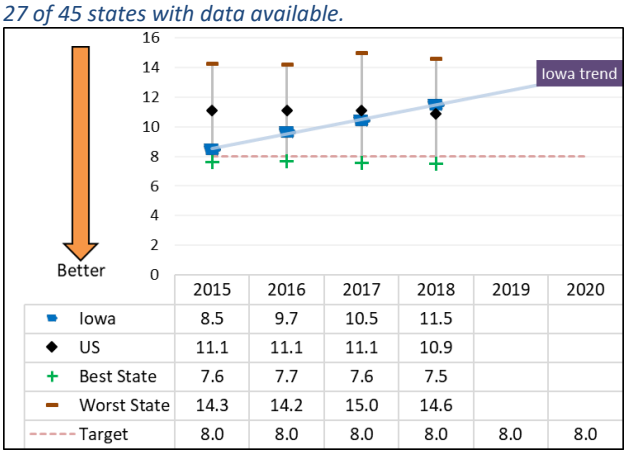
	2015	2016	2017	2018	2019	2020
Iowa	4.4	5.0	5.2	5.4		
US	5.9	5.9	5.9	5.8		
Best State	4.3	4.1	4.0	3.8		
Worst State	9.1	8.8	9.0	8.6		
Target	4.0	4.0	4.0	4.0	4.0	4.0

Figure 44. Infant mortality rate - Mother ages 15-19. Iowa Rank: 20 of 47 states with data available.



	2015	2016	2017	2018	2019	2020
Iowa	8.3	7.8	8.9	8.7		
US	8.4	8.4	8.6	8.7		
Best State	5.5	5.6	5.8	5.4		
Worst State	12.7	15.4	14.7	15.7		
Target	7.0	7.0	7.0	7.0	7.0	7.0

Figure 45. Infant mortality rate - Non-Hispanic Black. Iowa Rank: 27 of 45 states with data available.



	2015	2016	2017	2018	2019	2020
Iowa	8.5	9.7	10.5	11.5		
US	11.1	11.1	11.1	10.9		
Best State	7.6	7.7	7.6	7.5		
Worst State	14.3	14.2	15.0	14.6		
Target	8.0	8.0	8.0	8.0	8.0	8.0

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LC-4 Decrease ↓ the child and teen death rates (number of deaths per 100,000 youth ages 1-19).

Overall, ages 1-19 ☺
Target: 23
Baseline: 24.5 (192 deaths) [2016]
Newest: 23.9 (186 deaths) [2019]≈3%↓ decrease

Black or African American, non-Hispanic, ages 1-19 ☺
Target: 46
Baseline: 49 (25 deaths) [2016]
Newest: 46.9 (26 deaths) [2019]≈ 4%↓ decrease

Ages 5-9 ☹
Target: 7
Baseline: 8 (17 deaths) [2016]
Newest: 10.5 (21 deaths) [2019]≈27%↑ increase

Ages 15-19 ☹
Target: 38
Baseline: 41 (88 deaths) [2016]
Newest: 44.3 (94 deaths)[2019]≈8%↑ increase

Male, ages 1-19 ☺ ☑
Target: 31
Baseline: 32.7 (131 deaths) [2016]
Newest: 30.6 (122 deaths) [2018]≈6%↓ decrease

Ages 1-4 ☺ ☑
Target: 27
Baseline: 29 (47 deaths) [2016]
Newest: 16.4 (26 deaths) [2019]≈44%↓ decrease

Ages 10-14 ☹
Target: 18
Baseline: 20 (40 deaths) [2016]
Newest: 21.6 (45 deaths) [2019]≈10%↑ increase

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. https://wonder.cdc.gov/mcd.html

WHY DOES THIS MATTER?

Premature death among youth, especially from preventable causes, is an enormous loss of potential life. Children and adolescents ages 18 and under represent 22.4% of the United States population. While there has been a consistent decline in mortality rates among children, this remains a major issue. In 2017, there were 20,337 deaths among people ages 1-19.

As the leading cause of death among children and adolescents, motor vehicle accidents account for 20% of the deaths in this age group. The second leading cause of death is firearms, representing 15% of deaths with most of those being homicides. Cancer is the third leading cause of death, representing 9% of deaths among children.

Most homicides of young children are committed by family members, while older children are more likely to be murdered by acquaintances. Homicides and assault-related injuries among youth and young adults ages 10-24 are estimated to cost more than $18 billion annually due to medical and work loss costs.

Suicide is also a serious concern. It is the second leading cause of death among children ages 10-14, as well as those ages 15-24. Recently there has been an increase in deaths by suicide among children, teenagers and young adults.

– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/child_mortality

Figure 46. Disparities in Iowa's death rates for ages 1-19 and by age group

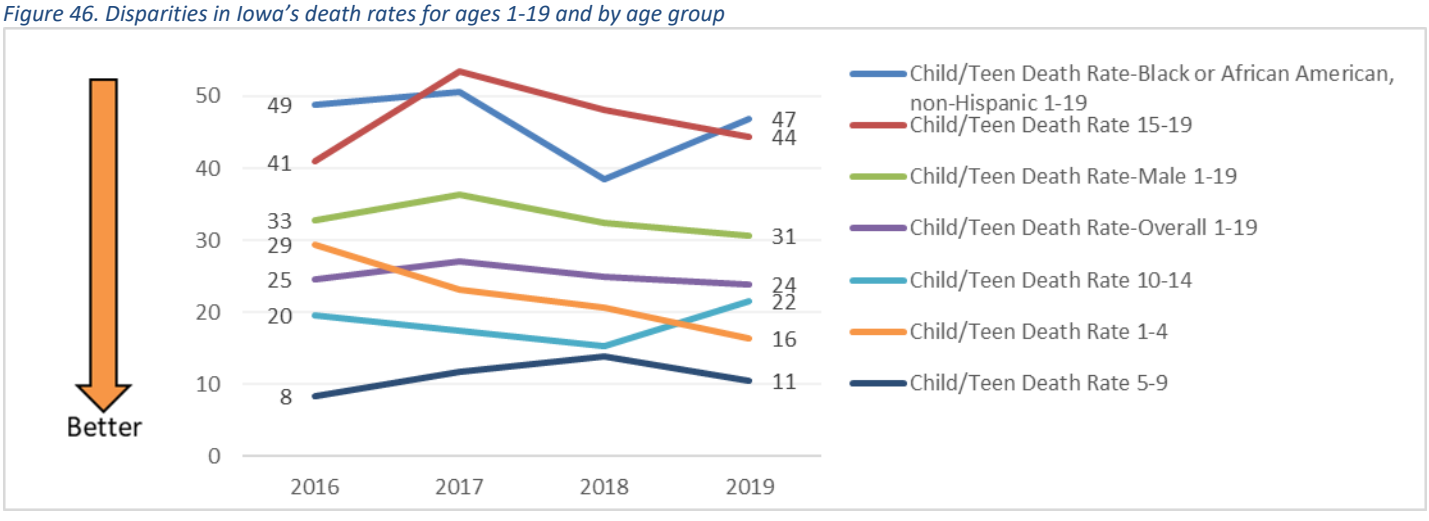
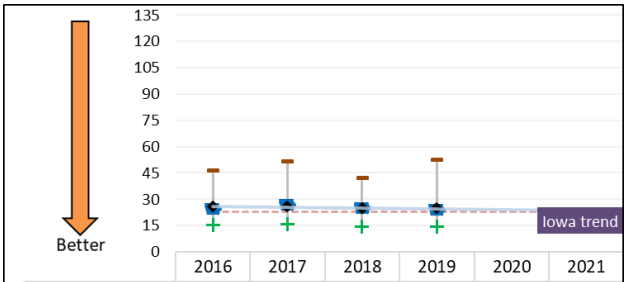
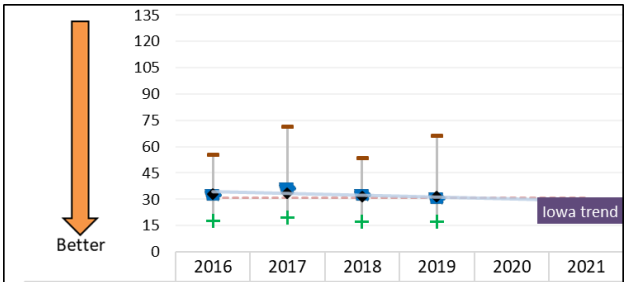


Figure 47. Child and teen death rate - Ages 1-19 – Overall. Iowa Rank: 17.



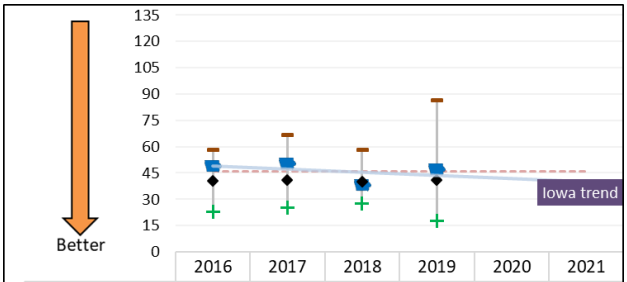
	2016	2017	2018	2019	2020	2021
Iowa	24.5	27.0	25.0	23.9		
US	26.1	26.0	25.2	25.0		
Best State	15.5	15.6	14.6	14.5		
Worst State	46.8	51.7	42.4	53.0		
Target	23.0	23.0	23.0	23.0	23.0	23.0

Figure 48. Child and teen death rate - Ages 1-19 – Male. Iowa Rank: 19.



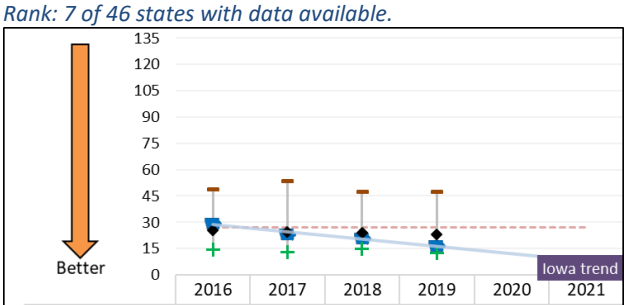
	2016	2017	2018	2019	2020	2021
Iowa	32.7	36.4	32.4	30.6		
US	32.9	33.4	31.8	31.7		
Best State	17.6	19.4	17.0	17.3		
Worst State	55.7	71.8	53.9	66.4		
Target	31.0	31.0	31.0	31.0	31.0	31.0

Figure 49. Child and teen death rate - Ages 1-19 - Black or African American, non-Hispanic. Iowa Rank: 24 of 37 states with data available.



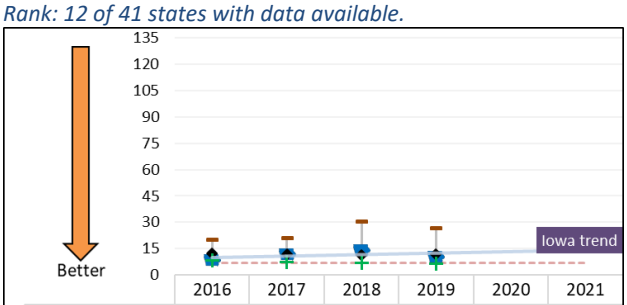
	2016	2017	2018	2019	2020	2021
Iowa	48.8	50.6	38.4	46.9		
US	40.7	40.9	40.2	41.1		
Best State	23.1	25.3	27.6	17.6		
Worst State	58.5	67.1	58.4	86.5		
Target	46.0	46.0	46.0	46.0	46.0	46.0

Figure 50. Child and teen death rate - Ages 1-4 – Overall. Iowa Rank: 7 of 46 states with data available.



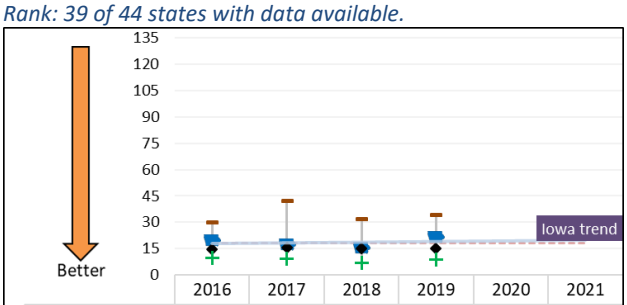
	2016	2017	2018	2019	2020	2021
Iowa	29.4	23.1	20.6	16.4		
US	25.3	24.3	24.0	23.3		
Best State	14.2	12.9	15.1	12.3		
Worst State	48.8	53.5	47.5	47.6		
Target	27.0	27.0	27.0	27.0	27.0	27.0

Figure 51. Child and teen death rate - Ages 5-9 - Overall. Iowa Rank: 12 of 41 states with data available.



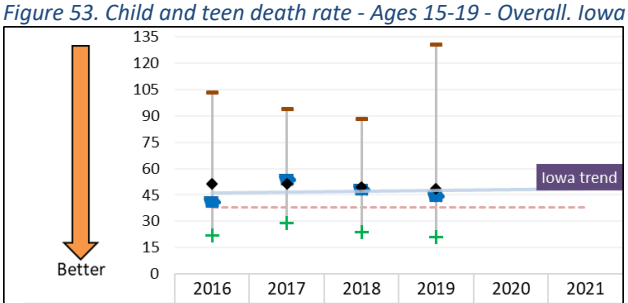
	2016	2017	2018	2019	2020	2021
Iowa	8.3	11.8	13.9	10.5		
US	12.2	11.6	11.5	11.6		
Best State	8.3	7.1	6.6	6.2		
Worst State	20.2	21.2	30.7	26.8		
Target	7.0	7.0	7.0	7.0	7.0	7.0

Figure 52. Child and teen death rate - Ages 10-14 - Overall. Iowa Rank: 39 of 44 states with data available.



	2016	2017	2018	2019	2020	2021
Iowa	19.6	17.4	15.3	21.6		
US	14.6	15.5	14.9	15.2		
Best State	9.7	9.3	6.9	8.9		
Worst State	30.0	42.5	32.2	34.6		
Target	18.0	18.0	18.0	18.0	18.0	18.0

Figure 53. Child and teen death rate - Ages 15-19 - Overall. Iowa Rank: 16.



	2016	2017	2018	2019	2020	2021
Iowa	40.9	53.5	48.1	44.3		
US	51.2	51.5	49.2	48.7		
Best State	21.9	29.0	23.9	21.1		
Worst State	103.8	94.0	88.4	130.8		
Target	38.0	38.0	38.0	38.0	38.0	38.0

LC-5 Decrease ↓ premature death (Years of Potential Life Lost (YPLL) Before Age 75) per 100,000 people (age-adjusted rate).

Overall 😐 Target: 5,881 Baseline: 6,191 [2016] Newest: 6,166 [2019]≈0%↔ no change	Black, non-Hispanic ☺ Target: 10,717 Baseline: 11,282 [2016] Newest: 10,765 [2019]≈5%↓ decrease
Male ☹ Target: 7,307 Baseline: 7,692 [2016] Newest: 7,901 [2019]≈3%↑ increase	American Indian/Alaskan Native, non-Hispanic ☹ Target: 9,140 Baseline: 9,622 [2016] Newest: 12,799 [2019]≈33%↑ increase

Data Source: CDC. National Center for Injury Prevention and Control. WISQARS (Web-based Injury Statistics Query and Reporting System). https://www.cdc.gov/injury/wisqars/fatal.html

WHY DOES THIS MATTER?

Premature death is a measure of years of potential life lost due to death occurring before the age of 75. Deaths at younger ages contribute more to the premature death rate than deaths occurring closer to age 75. For example, a person dying at age 70 would lose five years of potential life, whereas a child dying at age five would lose 70 years of potential life.

According to the National Center for Health Statistics WISQARS Years of Potential Life Lost (YPLL) Report, cancer, unintentional injury, heart disease, suicide, deaths in the perinatal period and homicide were the leading causes of years of potential life lost before age 75 in 2018. Since 2000, increases have occurred in suicide and drug deaths, both contributing to the rise in premature death.

Many premature deaths may be preventable through lifestyle modifications such as smoking cessation or healthy eating and exercise. The Centers for Disease Control and Prevention (CDC) estimate that 20-40% of premature deaths are preventable.

– Source: America's Health Rankings. Explore/annual/measure/YPLL

Figure 54. Disparities in Iowa's premature death rate.

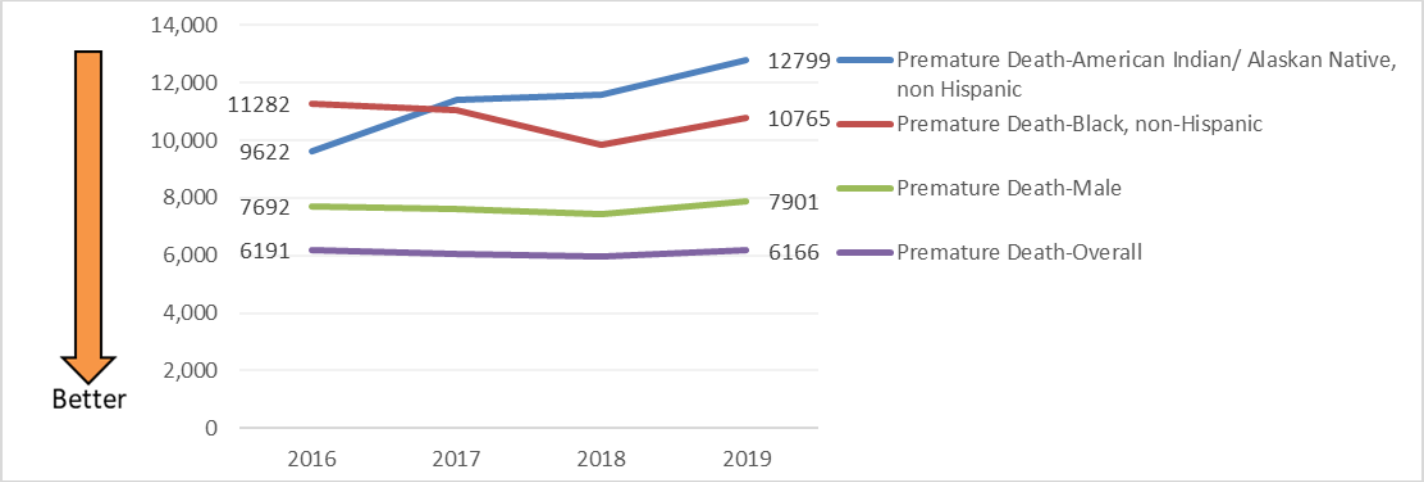
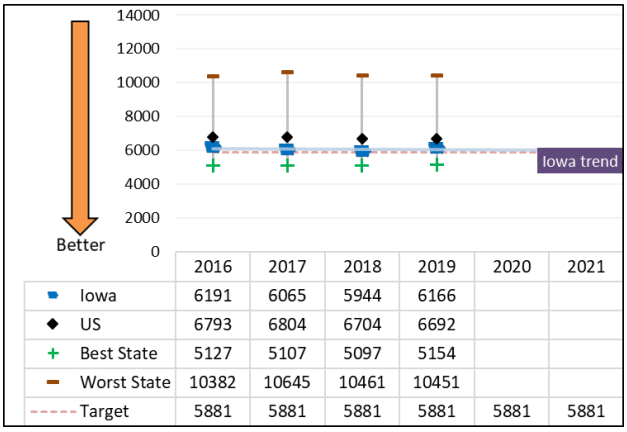
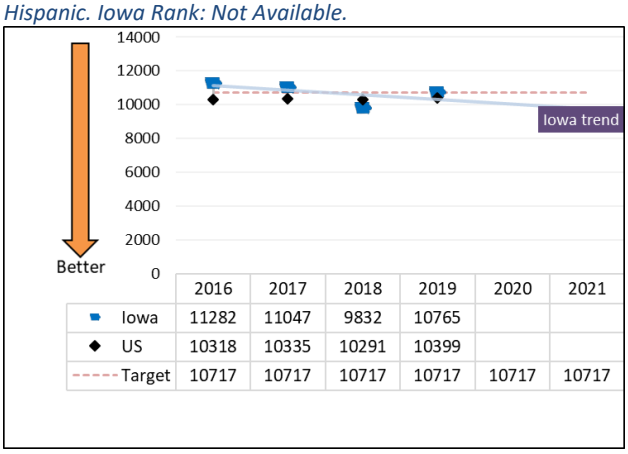


Figure 55. Years lost to premature death (rate) – Overall. Iowa Rank: 19.



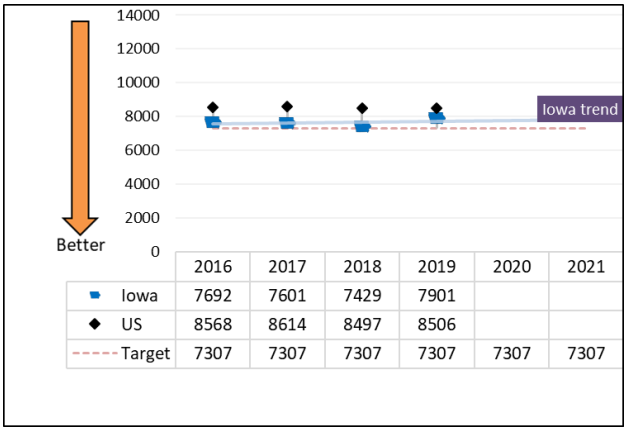
	2016	2017	2018	2019	2020	2021
Iowa	6191	6065	5944	6166		
US	6793	6804	6704	6692		
Best State	5127	5107	5097	5154		
Worst State	10382	10645	10461	10451		
Target	5881	5881	5881	5881	5881	5881

Figure 56. Years lost to premature death (rate) - Black, non-Hispanic. Iowa Rank: Not Available.



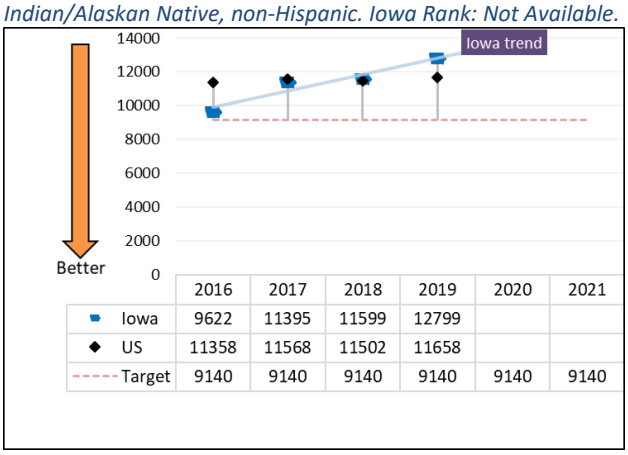
	2016	2017	2018	2019	2020	2021
Iowa	11282	11047	9832	10765		
US	10318	10335	10291	10399		
Target	10717	10717	10717	10717	10717	10717

Figure 57. Years lost to premature death (rate) – Male. Iowa Rank: Not Available.



	2016	2017	2018	2019	2020	2021
Iowa	7692	7601	7429	7901		
US	8568	8614	8497	8506		
Target	7307	7307	7307	7307	7307	7307

Figure 58. Years lost to premature death (rate) - American Indian/Alaskan Native, non-Hispanic. Iowa Rank: Not Available.



	2016	2017	2018	2019	2020	2021
Iowa	9622	11395	11599	12799		
US	11358	11568	11502	11658		
Target	9140	9140	9140	9140	9140	9140

LC-6 Increase ↑ the percentage of children in excellent or very good health.

Overall (ages 0-17) ☹
Target: 97%
Baseline: 92% [2016]
Newest: 89.7% [2018-2019]≈3%↓ decrease

Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health. National Outcome Measure #19. https://www.childhealthdata.org/browse/survey

WHY DOES THIS MATTER?

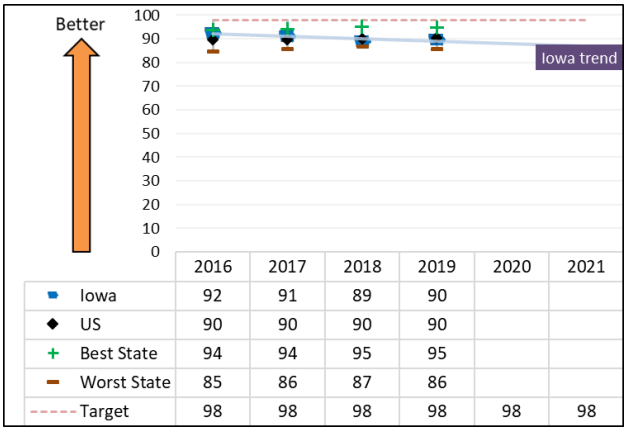
Self-reported health status is a measure of how individuals perceive their health and is used as an indicator of a population's health. It is a subjective measure of health-related quality of life and is not limited to certain health conditions or outcomes but instead is influenced by life experiences, the health of others in a person's life, support from family and friends as well as other factors affecting well-being.

In children, chronic illnesses such as attention deficit hyperactivity disorder, anxiety, cancer, kidney disease, and such short-term discomforts as undergoing surgery is often associated with lower quality of life and self-reported health status. Little research has been conducted on the quality of life of healthy children but, like adults, it is generally accepted as an accurate measure of their overall well-being.

Later in life, research shows that those with a high self-reported health status (i.e. excellent or very good) have lower rates of mortality from all causes than those with a low self-reported health status (i.e. fair or poor). The association between health status and mortality makes this measure a good predictor of future mortality rates and future use of health care.

– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/high_health_children

Figure 59. Children in excellent or very good health (%) - Ages 0-17. Iowa Rank: 37.



	2016	2017	2018	2019	2020	2021
Iowa	92	91	89	90		
US	90	90	90	90		
Best State	94	94	95	95		
Worst State	85	86	87	86		
Target	98	98	98	98	98	98

LC-7 Increase ↑ the percentage of adults in excellent or very good health.

Overall ☹
Target: 59%
Baseline: 55% [2016]
Newest: 52% [2019]≈6%↓ decrease

Hispanic ☹
Target: 39%
Baseline: 37% [2016]
Newest: 33% [2019]≈11%↓ decrease

Black, non-Hispanic ☹
Target: 51%
Baseline: 48% [2016]
Newest: 41% [2019]≈14%↓ decrease

High School Graduate ☹
Target: 53%
Baseline: 50% [2016]
Newest: 45% [2019]≈11%↓ decrease

Adults with Disability* ☹
Target: 32%
Baseline: 30% [2016]
Newest: 25% [2019]≈17%↓ decrease

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. https://www.cdc.gov/brfss/brfssprevalence *Additional IDPH analysis of national BRFSS data.

Income less than $25,000 ☹
Target: 32%
Baseline: 30% [2016]
Newest: 27% [2019]≈10%↓ decrease

Income from $25,000 to less than $50,000 ☹
Target: 50%
Baseline: 47% [2016]
Newest: 44% [2017]≈6%↓ decrease

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. Courtesy: UnitedHealth Foundation, America's Health Rankings.
https://www.americashealthrankings.org/explore/annual/state/IA

WHY DOES THIS MATTER?

Self-reported health status is a measure of how individuals perceive their health and is used as an indicator of a population's health. It is a subjective measure of health-related quality of life and is not limited to certain health conditions or outcomes but instead is influenced by life experiences, the health of others in a person's life, support from family and friends as well as other factors affecting well-being.

Research shows that those with a high self-reported health status (i.e. excellent or very good) have lower rates of mortality from all causes than those with a low self-reported health status (i.e. fair or poor). The association between health status and mortality makes this measure a good predictor of future mortality rates and future use of health care.

– Source: America's Health Rankings. Explore/annual/measure/Health_Status

Figure 60. Disparities in Iowa adults reporting excellent or very good health (%)

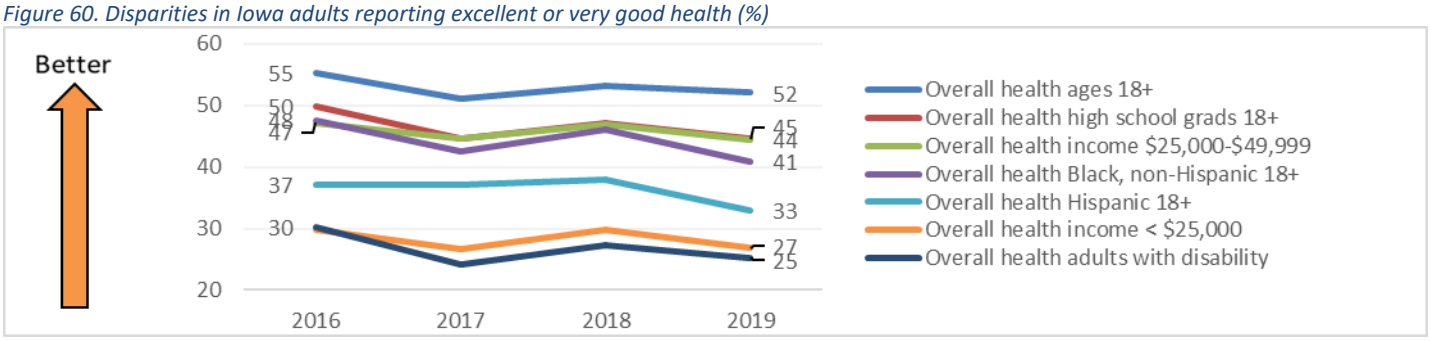
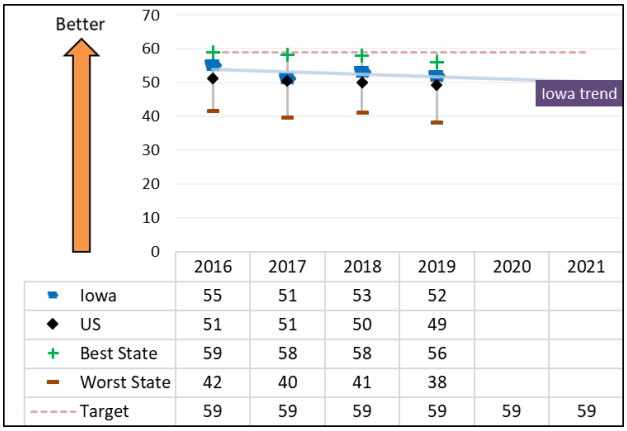
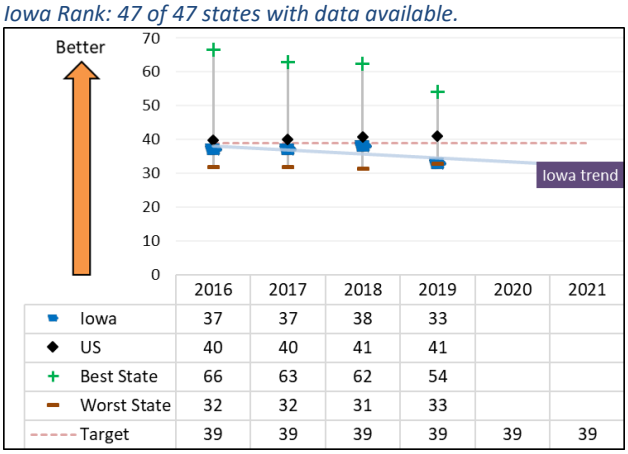


Figure 61. Adults in excellent or very good health (%) – Overall. Iowa Rank: 15.



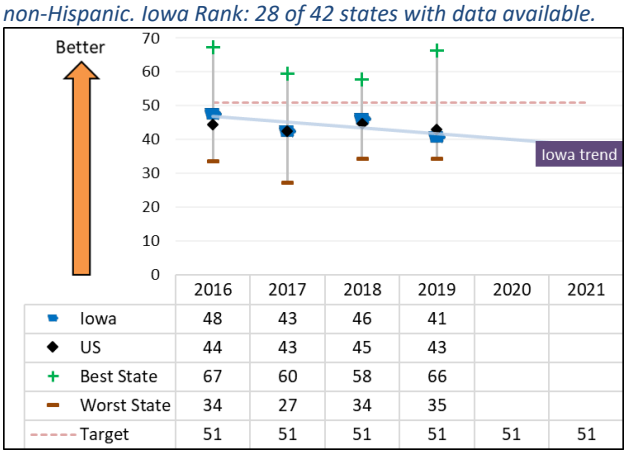
	2016	2017	2018	2019	2020	2021
Iowa	55	51	53	52		
US	51	51	50	49		
Best State	59	58	58	56		
Worst State	42	40	41	38		
Target	59	59	59	59	59	59

Figure 62. Adults in excellent or very good health (%) – Hispanic. Iowa Rank: 47 of 47 states with data available.



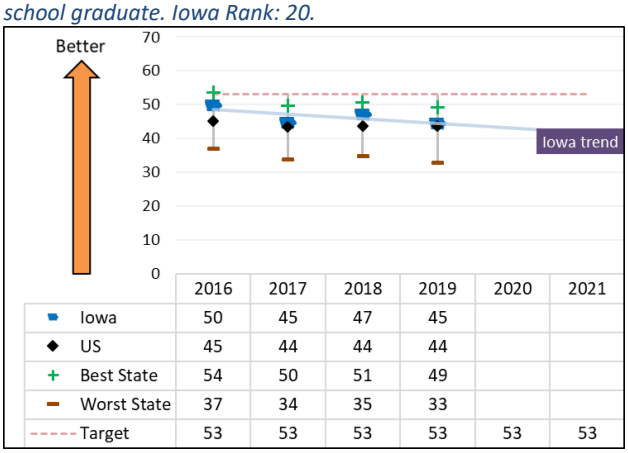
	2016	2017	2018	2019	2020	2021
Iowa	37	37	38	33		
US	40	40	41	41		
Best State	66	63	62	54		
Worst State	32	32	31	33		
Target	39	39	39	39	39	39

Figure 63. Adults in excellent or very good health (%) - Black, non-Hispanic. Iowa Rank: 28 of 42 states with data available.



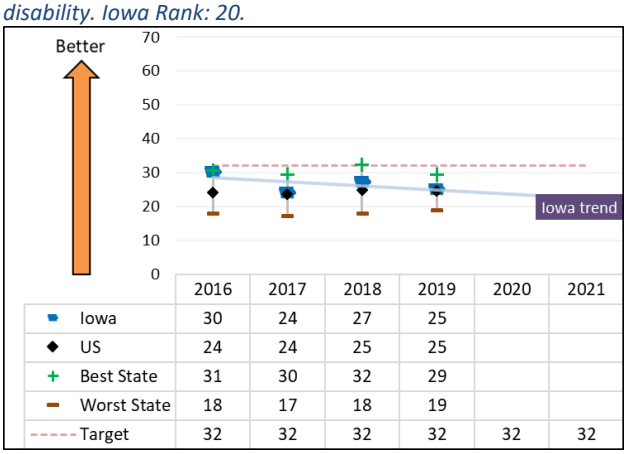
	2016	2017	2018	2019	2020	2021
Iowa	48	43	46	41		
US	44	43	45	43		
Best State	67	60	58	66		
Worst State	34	27	34	35		
Target	51	51	51	51	51	51

Figure 64. Adults in excellent or very good health (%) - High school graduate. Iowa Rank: 20.



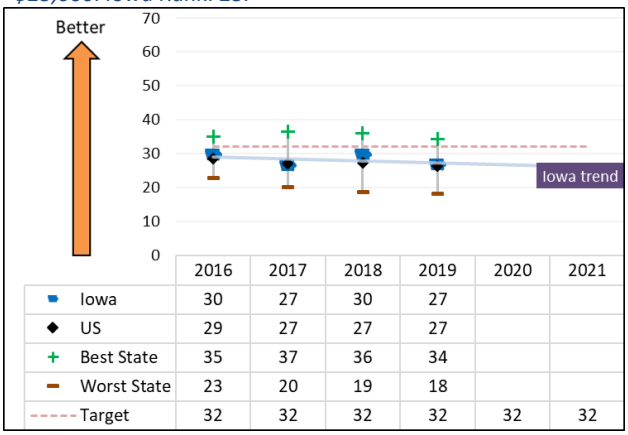
	2016	2017	2018	2019	2020	2021
Iowa	50	45	47	45		
US	45	44	44	44		
Best State	54	50	51	49		
Worst State	37	34	35	33		
Target	53	53	53	53	53	53

Figure 65. Adults in excellent or very good health (%) - With a disability. Iowa Rank: 20.



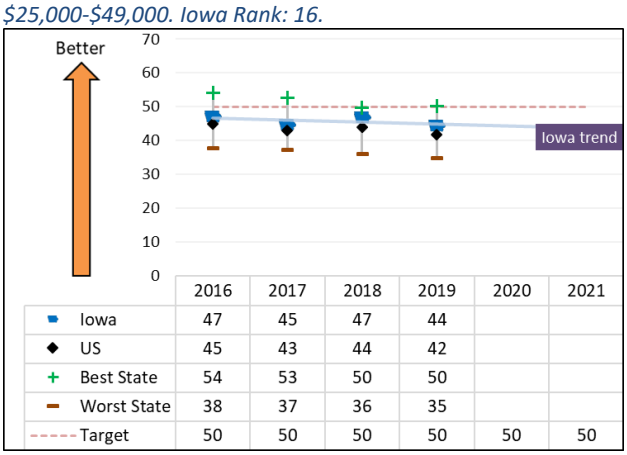
	2016	2017	2018	2019	2020	2021
Iowa	30	24	27	25		
US	24	24	25	25		
Best State	31	30	32	29		
Worst State	18	17	18	19		
Target	32	32	32	32	32	32

Figure 66. Adults in excellent or very good health (%) - Income <$25,000. Iowa Rank: 25.



	2016	2017	2018	2019	2020	2021
Iowa	30	27	30	27		
US	29	27	27	27		
Best State	35	37	36	34		
Worst State	23	20	19	18		
Target	32	32	32	32	32	32

Figure 67. Adults in excellent or very good health (%) - Income $25,000-$49,000. Iowa Rank: 16.



	2016	2017	2018	2019	2020	2021
Iowa	47	45	47	44		
US	45	43	44	42		
Best State	54	53	50	50		
Worst State	38	37	36	35		
Target	50	50	50	50	50	50

FOCUS AREA: Health System Improvement

What Health Issues Are Included

Health System Improvement & Evidence-Based Decision Making
Transportation
Insurance Affordability & Coverage
Lack of Primary Care Services

Health System Improvement Measures of Health Improvement

HSI-1 Increase ↑ the percentage of patients who report a positive overall rating of hospital communication.*

Overall ☺
Target: 85%
Baseline: 80.5% [2016]
Newest: 81.3% [2019]≈1%↑ increase

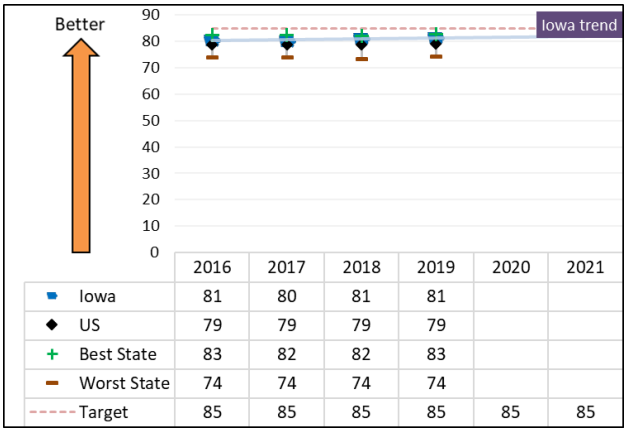
Data Source: U.S. Centers for Medicare & Medicaid Services. Data.Medicare.gov. Hospital Compare data archive. HOSArchive_Revised_FlatFiles, HCAHPS – State measures. https://data.medicare.gov/data/archives/hospital-compare *This measure is an unweighted average of patient reports of how often doctors and nurses "Always Communicated Well," hospital staff "Always Explained" their medicines, and hospital staff "Provided Information About Their Recovery Plan".

WHY DOES THIS MATTER?

Good communication between health care providers and patients is part of high-quality care, but many people have trouble talking with their health care providers. Strategies to improve communication between health care providers and patients can lead to better prevention, diagnosis, treatment, and self-management of diseases.

– Source: Healthy People 2030. Objectives/health-communication/hchit-02

Figure 68. Positive patient rating of hospital communication (%). Iowa Rank: 8.



	2016	2017	2018	2019	2020	2021
Iowa	81	80	81	81		
US	79	79	79	79		
Best State	83	82	82	83		
Worst State	74	74	74	74		
Target	85	85	85	85	85	85

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HSI-2 Decrease ↓ the rate of preventable hospitalizations (discharges per 100,000 Medicare enrollees).

Overall ☺	Black, non-Hispanic ☹
Target: 3,623	Target: 5,199
Baseline: 3,814 [2015]	Baseline: 5,473 [2015]
Newest: 3,632 [2018]≈5%↓ decrease	Newest: 6,105 [2018]≈12%↑ increase

Data Source: America's Health Rankings analysis of Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, United Health Foundation. https://www.americashealthrankings.org/explore/annual/state/IA

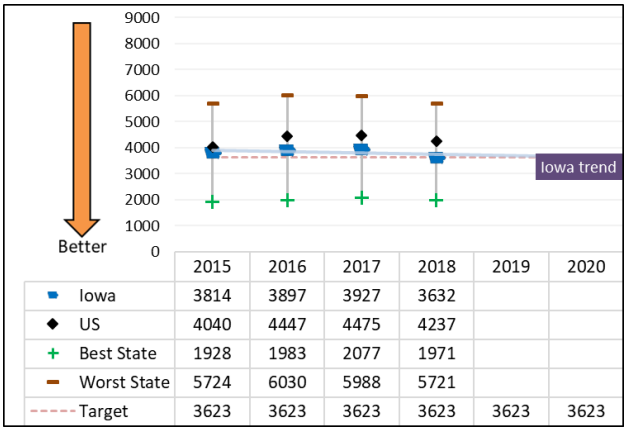
WHY DOES THIS MATTER?

Some hospital admissions related to chronic conditions or acute illnesses can be prevented through adequate management and treatment in outpatient settings. The number of preventable hospitalizations reflects overuse of the hospital as a primary source of care and the efficiency and quality of primary care for outpatient services.

Preventable hospitalizations place financial burdens on patients, insurance providers and hospitals. In 2017, $33.7 billion in hospital costs were attributed to preventable hospitalizations, of which the majority were for chronic conditions, such as heart failure, diabetes and chronic obstructive pulmonary disease (COPD).

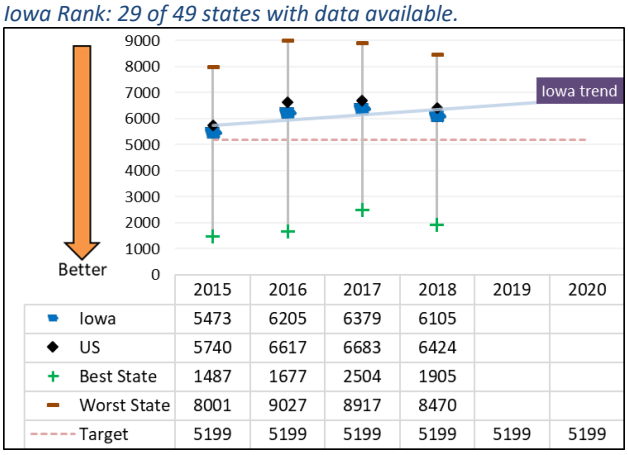
– Source: America's Health Rankings. Explore/annual/measure/PrevHosp

Figure 69. Preventable hospitalization rate – Overall. Iowa Rank: 16.



	2015	2016	2017	2018	2019	2020
Iowa	3814	3897	3927	3632		
US	4040	4447	4475	4237		
Best State	1928	1983	2077	1971		
Worst State	5724	6030	5988	5721		
Target	3623	3623	3623	3623	3623	3623

Figure 70. Preventable hospitalization rate – Black, non-Hispanic. Iowa Rank: 29 of 49 states with data available.



	2015	2016	2017	2018	2019	2020
Iowa	5473	6205	6379	6105		
US	5740	6617	6683	6424		
Best State	1487	1677	2504	1905		
Worst State	8001	9027	8917	8470		
Target	5199	5199	5199	5199	5199	5199

HSI-3 Decrease ↓ the percentage of adults who cannot afford to see a doctor because of the cost.

Overall ☹	Adults with Disability* ☹
Target: 7%	Target: 13%
Baseline: 7.7% [2016]	Baseline: 14.4% [2016]
Newest: 8.5% [2019]≈10%↑ increase	Newest: 15.3% [2019]≈6%↑ increase

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. https://www.cdc.gov/brfss/brfssprevalence *Additional IDPH analysis of national BRFSS data.

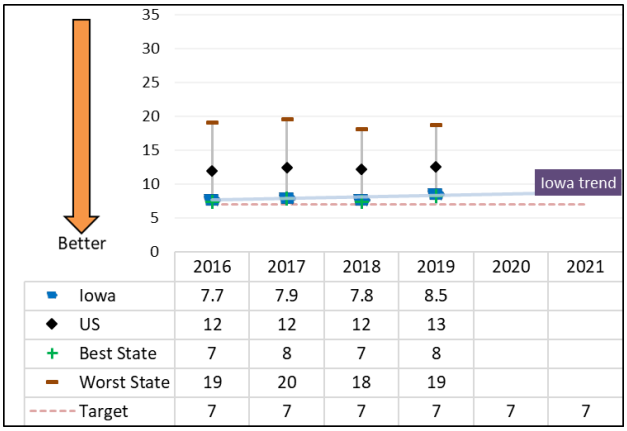
WHY DOES THIS MATTER?

The United States health care system is expensive, spending more on health care (per gross domestic product) than any other country in the Organisation for Economic Co-operation and Development. The high cost of health care in the U.S. is one of the leading factors in avoidance of needed care; other barriers include inadequate or no insurance coverage and lack of culturally competent care.

Lack of access to health care has long been associated with increased preventable hospitalizations and missed opportunities to prevent disease and manage chronic conditions, all of which can lead to worse and more expensive health outcomes. Meanwhile, the cost of U.S. health care is projected to continue increasing for the next 30 years. Currently, the average American spends more than $10,000 a year on healthcare.

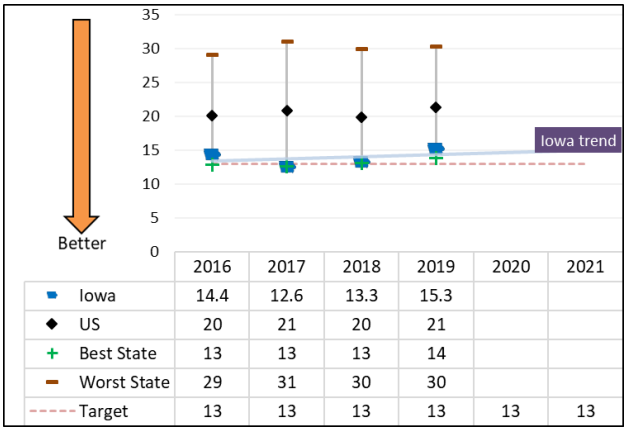
– Source: America's Health Rankings. Explore/annual/measure/costburden

Figure 71. Adults who can't afford care (%) - Overall. Iowa Rank: 4.



	2016	2017	2018	2019	2020	2021
Iowa	7.7	7.9	7.8	8.5		
US	12	12	12	13		
Best State	7	8	7	8		
Worst State	19	20	18	19		
Target	7	7	7	7	7	7

Figure 72. Adults who can't afford care (%) - With a disability. Iowa Rank: 2.



	2016	2017	2018	2019	2020	2021
Iowa	14.4	12.6	13.3	15.3		
US	20	21	20	21		
Best State	13	13	13	14		
Worst State	29	31	30	30		
Target	13	13	13	13	13	13

HSI-4 Increase ↑ the number of primary care physicians per 100,000 population.

Overall 😐
Target: 78
Baseline: 73.4 [2015]
Newest: 73.7 [2018]≈0%↔ no change

Data Source: US DHHS, Health Resources and Services Administration, Area Health Resource File. Courtesy: University of Wisconsin Population Health Institute, County Health Rankings. Rankings Data & Documentation, National Data & Documentation. https://www.countyhealthrankings.org/

WHY DOES THIS MATTER?

The United States faces a shortage of primary care physicians to meet the nation's health care needs. Primary care physicians provide direct patient care and counsel patients on the appropriate use of specialists and advanced treatment options. They are typically the patient's first point of contact with the health care system and provide critical preventive care, disease management and referrals to specialists.

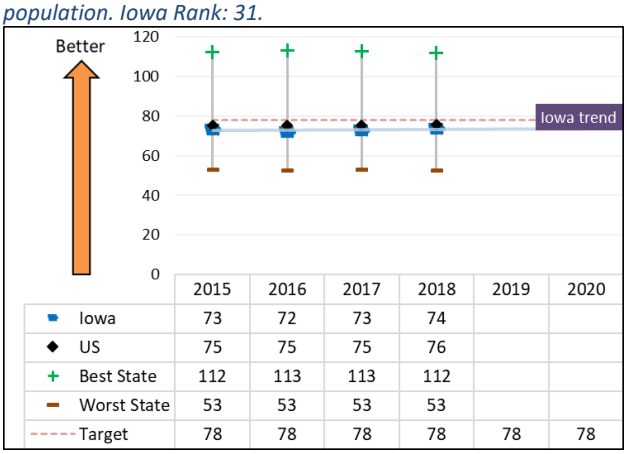
Having a sufficient supply of primary care physicians in a community has numerous benefits including:

- Lower rates of low birthweight births, lower all-cause mortality and longer life spans.
- Reductions in health system costs.
- Reductions in health disparities across population subgroups.

The number of primary care physicians per 100,000 population changes due to evolving state populations, physician retirement, new physicians entering the system and physicians changing states and/or specialties. The Health Resources & Services Administration has estimated that, as of 2020, an additional 15,039 primary medical care providers are necessary to meet current U.S. health care needs. Projections for primary care shortages by 2033 range from 21,400 to 55,200 physicians, mainly due to population growth and aging.

– Source: America's Health Rankings. Explore/annual/measure/PCP_NPPES

Figure 73. Number of primary care physicians per 100,000 population. Iowa Rank: 31.



	2015	2016	2017	2018	2019	2020
Iowa	73	72	73	74		
US	75	75	75	76		
Best State	112	113	113	112		
Worst State	53	53	53	53		
Target	78	78	78	78	78	78

HSI-5 Increase ↑ the percentage of adults who have one person who they think of as their personal health care provider.

Overall 😐 Target: 82% Baseline: 77% [2016] Newest: 77% [2019]≈0%↔ no change	Black, non-Hispanic ☺ Target: 71% Baseline: 67% [2016] Newest: 68% [2019]≈1%↑ increase	Male ☹ Target: 75% Baseline: 71% [2016] Newest: 70% [2019]≈1%↓ decrease
Asian, non-Hispanic ☺ Target: 60% Baseline: 56% [2016] Newest: 58% [2019]≈4%↑ increase	Hispanic ☹ Target: 65% Baseline: 61% [2016] Newest: 53.5% [2019]≈13%↓ decrease	

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. https://www.cdc.gov/brfss/brfssprevalence

WHY DOES THIS MATTER?

Individuals with a dedicated health care provider are better positioned to receive care that can prevent, detect and manage disease or other health conditions. Having a regular health care provider helps the patient and provider build a stable, long-term relationship that is associated with a number of benefits, including:

- Receiving appropriate preventive care.
- Lower health care costs.
- Better overall health status.
- Fewer emergency room visits for non-urgent or avoidable problems.
- Improvements in chronic care management for asthma, hypertension and diabetes.

– Source: America's Health Rankings. Explore/annual/measure/dedicated_health_care_provider

Figure 74. Disparities in Iowa adults with a personal health care provider (%)

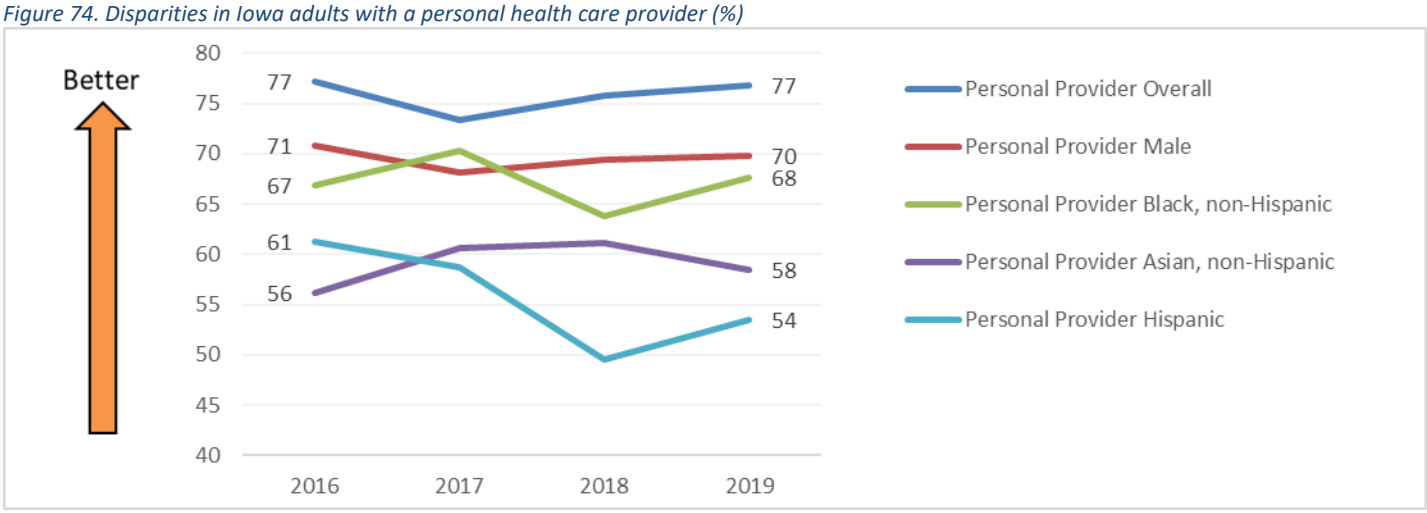
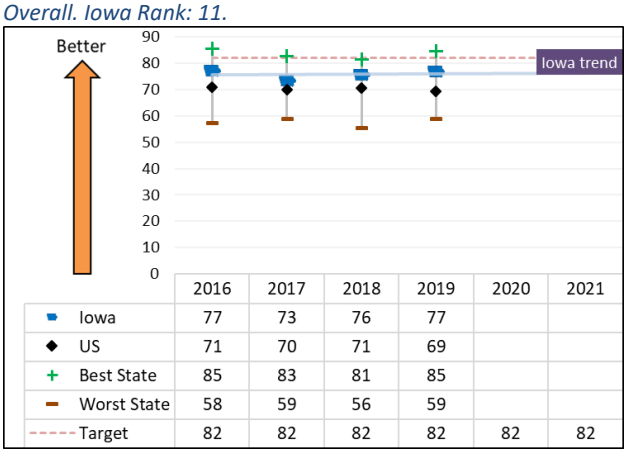
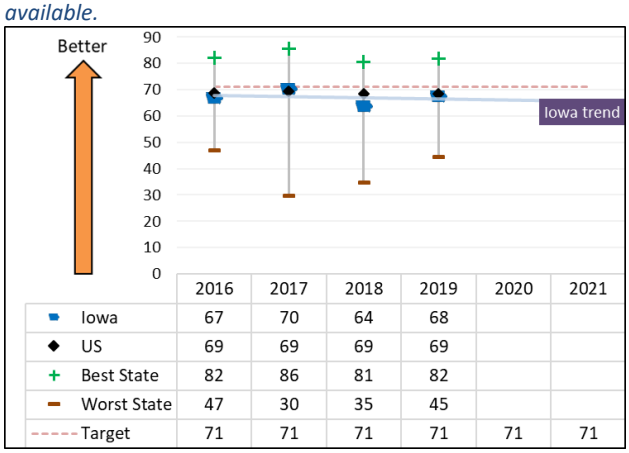


Figure 75. Adults with a personal health care provider (%) – Overall. Iowa Rank: 11.



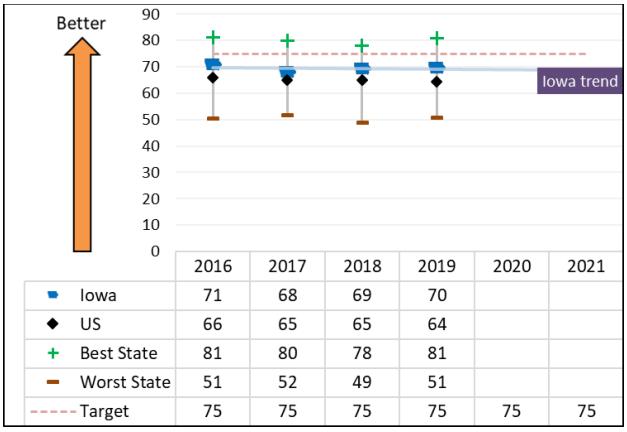
	2016	2017	2018	2019	2020	2021
Iowa	77	73	76	77		
US	71	70	71	69		
Best State	85	83	81	85		
Worst State	58	59	56	59		
Target	82	82	82	82	82	82

Figure 76. Adults with a personal health care provider (%) - Black, non-Hispanic. Iowa Rank: 23 of 41 states with data available.



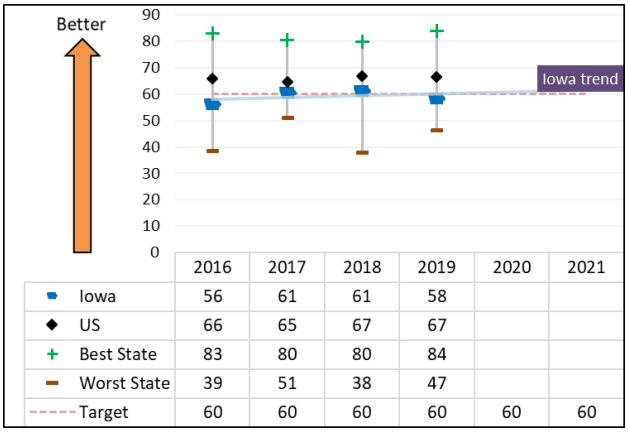
	2016	2017	2018	2019	2020	2021
Iowa	67	70	64	68		
US	69	69	69	69		
Best State	82	86	81	82		
Worst State	47	30	35	45		
Target	71	71	71	71	71	71

Figure 77. Adults with a personal health care provider (%) - Male. Iowa Rank: 12.



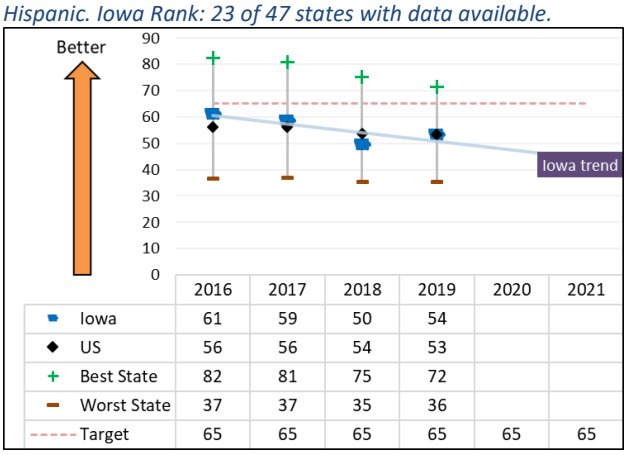
	2016	2017	2018	2019	2020	2021
Iowa	71	68	69	70		
US	66	65	65	64		
Best State	81	80	78	81		
Worst State	51	52	49	51		
Target	75	75	75	75	75	75

Figure 78. Adults with a personal health care provider (%) - Asian, non-Hispanic. Iowa Rank: 24 of 31 states with data available.



	2016	2017	2018	2019	2020	2021
Iowa	56	61	61	58		
US	66	65	67	67		
Best State	83	80	80	84		
Worst State	39	51	38	47		
Target	60	60	60	60	60	60

Figure 79. Adults with a personal health care provider (%) - Hispanic. Iowa Rank: 23 of 47 states with data available.



	2016	2017	2018	2019	2020	2021
Iowa	61	59	50	54		
US	56	56	54	53		
Best State	82	81	75	72		
Worst State	37	37	35	36		
Target	65	65	65	65	65	65

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HSI-6 Increase ↑ the percentage of adults who have had a routine check-up in the last year.

Overall ☺ ☑
Target: 76%
Baseline: 72% [2016]
Newest: 79% [2019]≈10%↑ increase

Male ☺ ☑
Target: 70%
Baseline: 66% [2016]
Newest: 73% [2019]≈10%↑ increase

Ages 18-24 ☺ ☑
Target: 65%
Baseline: 62% [2016]
Newest: 75% [2019]≈21%↑ increase

Ages 25-34 ☺ ☑
Target: 62%
Baseline: 59% [2016]
Newest: 66% [2019]≈12%↑ increase

Ages 35-44 ☺ ☑
Target: 65%
Baseline: 62% [2016]
Newest: 71% [2019]≈15%↑ increase

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. https://www.cdc.gov/brfss/brfssprevalence

WHY DOES THIS MATTER?

Preventive clinical services, such as regular disease screenings and immunizations, are critical aspects of health care. The purpose of preventive care is primarily to prevent disease, secondarily to stop disease progression by means of early detection, and lastly to improve quality of life by reducing symptoms of established disease(s). When utilized effectively, preventive services can reduce overall health care costs and improve public health outcomes.

– Source: America's Health Rankings. Explore/annual/measure/preventive_clinical

Figure 80. Disparities in Iowa adults receiving a routine check-up in the last year (%)

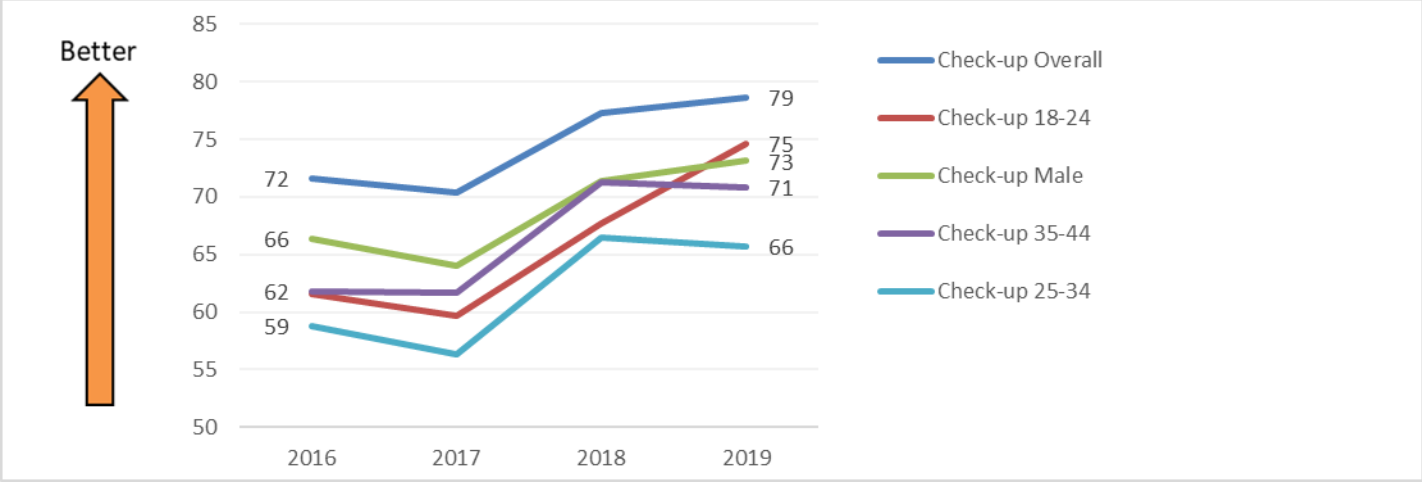
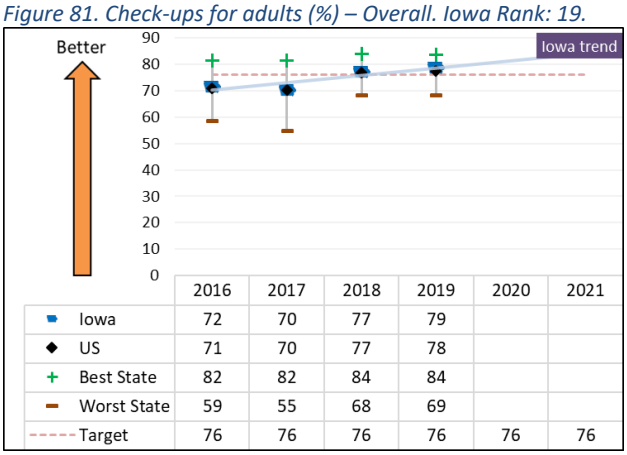
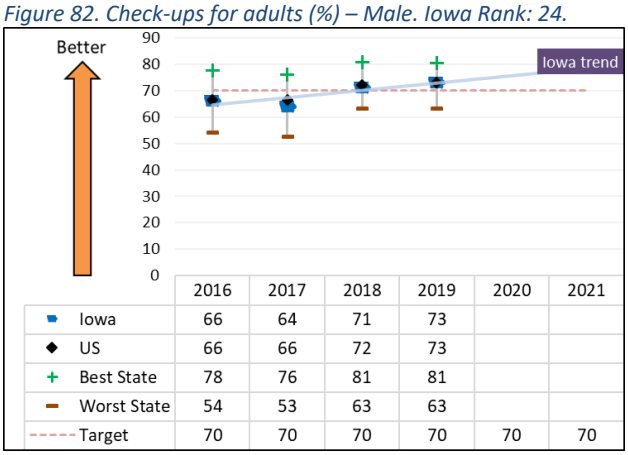


Figure 81. Check-ups for adults (%) – Overall. Iowa Rank: 19.



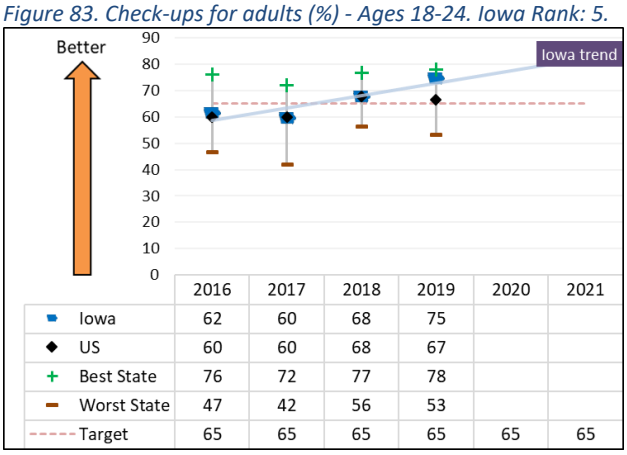
	2016	2017	2018	2019	2020	2021
Iowa	72	70	77	79		
US	71	70	77	78		
Best State	82	82	84	84		
Worst State	59	55	68	69		
Target	76	76	76	76	76	76

Figure 82. Check-ups for adults (%) – Male. Iowa Rank: 24.



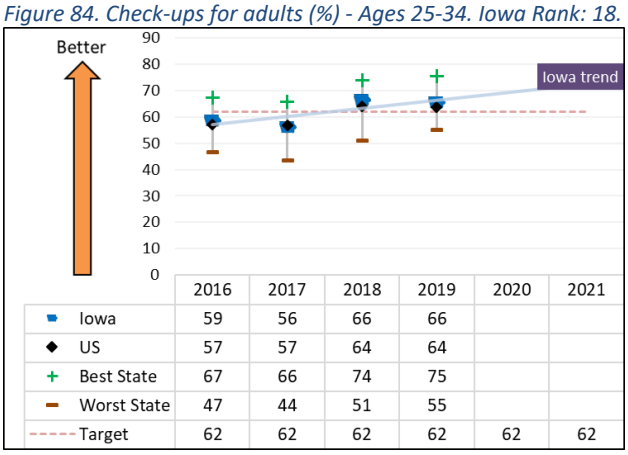
	2016	2017	2018	2019	2020	2021
Iowa	66	64	71	73		
US	66	66	72	73		
Best State	78	76	81	81		
Worst State	54	53	63	63		
Target	70	70	70	70	70	70

Figure 83. Check-ups for adults (%) - Ages 18-24. Iowa Rank: 5.



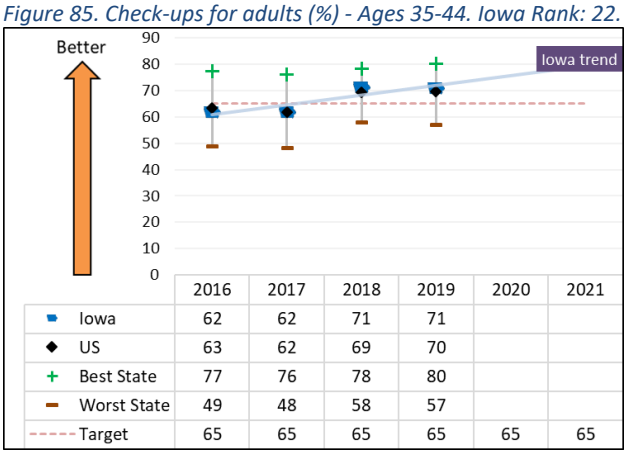
	2016	2017	2018	2019	2020	2021
Iowa	62	60	68	75		
US	60	60	68	67		
Best State	76	72	77	78		
Worst State	47	42	56	53		
Target	65	65	65	65	65	65

Figure 84. Check-ups for adults (%) - Ages 25-34. Iowa Rank: 18.



	2016	2017	2018	2019	2020	2021
Iowa	59	56	66	66		
US	57	57	64	64		
Best State	67	66	74	75		
Worst State	47	44	51	55		
Target	62	62	62	62	62	62

Figure 85. Check-ups for adults (%) - Ages 35-44. Iowa Rank: 22.



	2016	2017	2018	2019	2020	2021
Iowa	62	62	71	71		
US	63	62	69	70		
Best State	77	76	78	80		
Worst State	49	48	58	57		
Target	65	65	65	65	65	65

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HSI-7 Increase ↑ the percentage of adolescents who have had one or more preventive medical visits in the last year.

Ages 12-17 ☺ ☑
Target: 83%
Baseline: 79% [2016]
Newest: 88.5% [2019]≈12%↑ increase*

Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health. National Performance Measure #10. https://www.childhealthdata.org/browse/survey
* 2018 data is not comparable to 2016, 2017, and 2019.

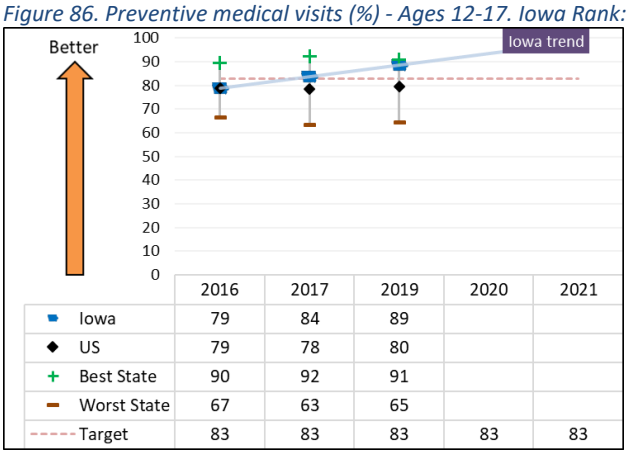
WHY DOES THIS MATTER?

Adolescence is a period of major physical, psychological, and social development. As adolescents move from childhood to adulthood, they assume individual responsibility for health habits, and those who have chronic health problems take on a greater role in managing those conditions. Initiation of risky behaviors, such as unsafe sexual activity, unsafe driving, and substance use, is a critical health issue during adolescence, as adolescents try on adult roles and behaviors.

An annual preventive well visit may help adolescents adopt or maintain healthy habits and behaviors, avoid health-damaging behaviors, manage chronic conditions, and prevent disease. The Bright Futures guidelines recommends that adolescents have an annual checkup from age 11 through 21. The visit should cover a comprehensive set of preventive services, such as a physical examination, immunizations, and discussion of health-related behaviors including healthy eating, physical activity, substance use, sexual behavior, violence, and motor vehicle safety. The adolescent well-care visit measure for health plans is part of the core measure sets for Medicaid and the National Committee for Quality Assurance.

– Source: Health Resources & Services Administration (HRSA). Maternal and Child Health Bureau. National Title V Performance Measures

Figure 86. Preventive medical visits (%) - Ages 12-17. Iowa Rank: 3.



	2016	2017	2019	2020	2021
Iowa	79	84	89		
US	79	78	80		
Best State	90	92	91		
Worst State	67	63	65		
Target	83	83	83	83	83

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FOCUS AREA: Acute Disease

What Health Issues Are Included

Adolescent Immunizations
Flu Immunizations

Acute Disease Measures of Health Improvement

AD-1 Increase ↑ the percentage of adolescents ages 13 to 17 Up-To-Date on HPV vaccinations.*

Overall ☺ ☑	Female ☺ ☑	Male ☺ ☑
Target: 48%	Target: 50%	Target: 46%
Baseline: 46% [2016]	Baseline: 47% [2016]	Baseline: 44% [2016]
Newest: 61% [2019]≈34%↑ increase	Newest: 60% [2019]≈27%↑ increase	Newest: 61% [2019]≈40%↑ increase

Data Source: Centers for Disease Control and Prevention (CDC), National Immunization Survey-Teen (NIS-Teen) via TeenVaxView Interactive. https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/hpv/index.html
*Completion of the HPV vaccine series (2-doses separated by 5 months (minus 4 days) for immunocompetent adolescents initiating the HPV vaccine series before their 15th birthday and 3 doses for all others).

WHY DOES THIS MATTER?

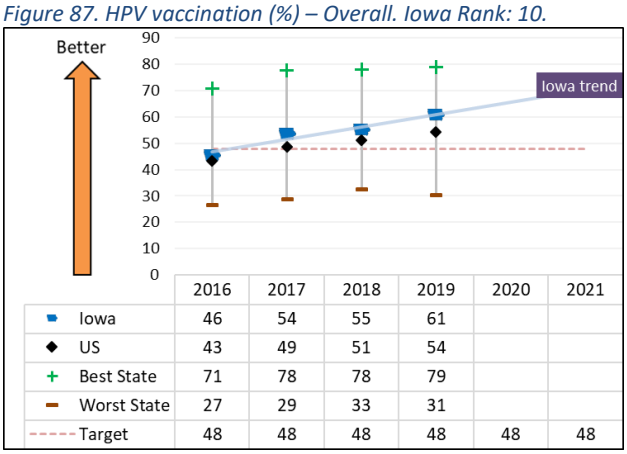
The Human papillomavirus (HPV) vaccine is the first vaccine ever developed to prevent cancer. Every year, an estimated 19,000 cases of HPV-associated cancer among females and 13,100 cases of HPV-associated cancer among males could be prevented through vaccination.

Human papillomavirus is the most common sexually transmitted infection, affecting about 80% of people in their lifetime. Almost 80 million Americans, or about one in four, are infected with HPV, and about 14 million people become newly infected each year. The virus can spread even if the infected person has no signs or symptoms. HPV infections can cause different types of cancer as well as genital warts. In fact, most cases of cervical cancer, cancers of the anus, throat, vagina and vulva, and cases of genital warts are associated with HPV infection.

HPV-associated diseases cost the United States an estimated $8 billion (2010 dollars) in annual direct medical costs for prevention and treatment of all HPV types.

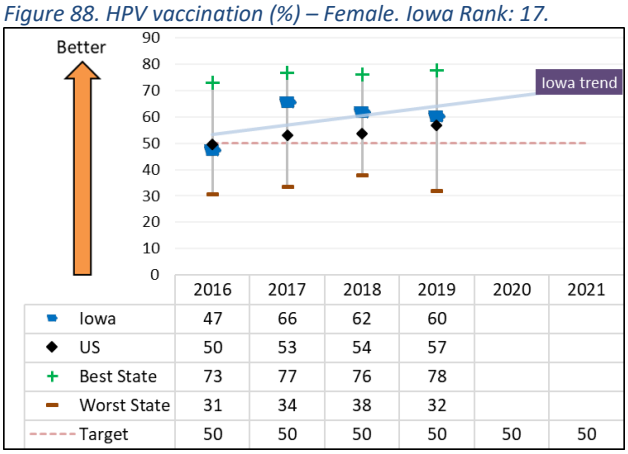
– Source: America's Health Rankings. Explore/annual/measure/Immunize_HPV

Figure 87. HPV vaccination (%) – Overall. Iowa Rank: 10.



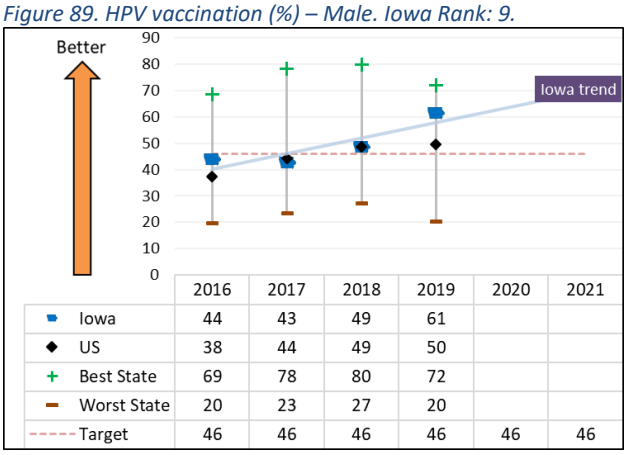
	2016	2017	2018	2019	2020	2021
Iowa	46	54	55	61		
US	43	49	51	54		
Best State	71	78	78	79		
Worst State	27	29	33	31		
Target	48	48	48	48	48	48

Figure 88. HPV vaccination (%) – Female. Iowa Rank: 17.



	2016	2017	2018	2019	2020	2021
Iowa	47	66	62	60		
US	50	53	54	57		
Best State	73	77	76	78		
Worst State	31	34	38	32		
Target	50	50	50	50	50	50

Figure 89. HPV vaccination (%) – Male. Iowa Rank: 9.



	2016	2017	2018	2019	2020	2021
Iowa	44	43	49	61		
US	38	44	49	50		
Best State	69	78	80	72		
Worst State	20	23	27	20		
Target	46	46	46	46	46	46

AD-2 Increase ↑ the percentage of adolescents ages 13 to 17 getting meningococcal vaccinations.*

Overall ☺ ☑	Living in a Non MSA (rural) ☺ ☑
Target: 79%	Target: 65%
Baseline: 75% [2016]	Baseline: 61% [2016]
Newest: 94% [2019]≈25%↑ increase	Newest: 89% [2019]≈45%↑ increase

Data Source: CDC, NIS-Teen via TeenVaxView Interactive.
https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/menacwy/index.html
*≥1 dose of Meningococcal conjugate vaccine (MenACWY).

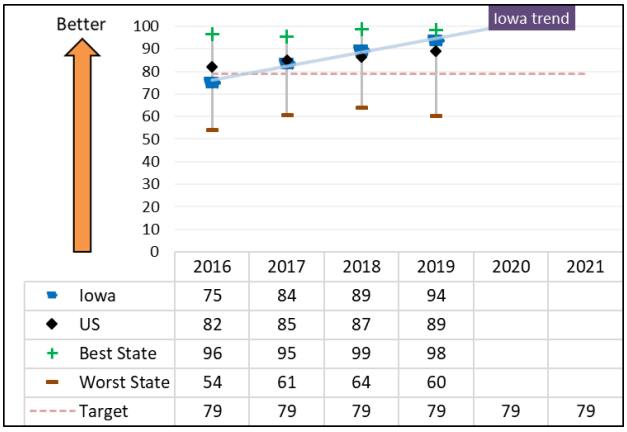
WHY DOES THIS MATTER?

Meningococcal disease refers to any illness caused by bacteria called *Neisseria meningitidis*, also known as meningococcus [muh-ning-goh-KOK-us]. These illnesses are often severe and can be deadly. They include infections of the lining of the brain and spinal cord (meningitis) and bloodstream infections (bacteremia or septicemia).

These bacteria spread through the exchange of respiratory and throat secretions like spit (e.g., by living in close quarters, kissing). Doctors treat meningococcal disease with antibiotics, but quick medical attention is extremely important. Keeping up to date with recommended vaccines is the best defense against meningococcal disease.

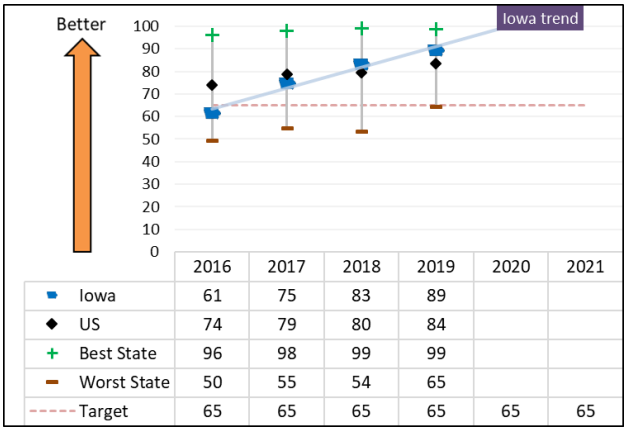
– Source: Centers for Disease Control and Prevention. https://www.cdc.gov/meningococcal/index.html

Figure 90. Meningococcal vaccination (%) – Overall. Iowa Rank: 11.



	2016	2017	2018	2019	2020	2021
Iowa	75	84	89	94		
US	82	85	87	89		
Best State	96	95	99	98		
Worst State	54	61	64	60		
Target	79	79	79	79	79	79

Figure 91. Meningococcal vaccination (%) - Non MSA (rural). Iowa Rank: 15.



	2016	2017	2018	2019	2020	2021
Iowa	61	75	83	89		
US	74	79	80	84		
Best State	96	98	99	99		
Worst State	50	55	54	65		
Target	65	65	65	65	65	65

AD-3 Increase ↑ the percentage of adults getting flu vaccinations.

Ages 18-64 ☺
Target: 44%
Baseline: 41% [2016]
Newest: 43% [2019]≈5%↑ increase

Male ages 18-64 ☺
Target: 36%
Baseline: 34% [2016]
Newest: 35% [2019]≈5%↑ increase

Hispanic ages 18-64 ↑ ☑
Target: 38%
Baseline: 36% [2016]
Newest: 39.5% [2019]≈9%↑ increase

Non-Hispanic Black ages 18-64 ↑ ☑
Target: 31%
Baseline: 29% [2016]
Newest: 32% [2019]≈9%↑ increase

Data Source: Iowa Behavioral Risk Factor Surveillance System (BRFSS). Additional IDPH analysis of national BRFSS data. https://idph.iowa.gov/brfss

Ages 65+ ☹
Target: 71%
Baseline: 67% [2016]
Newest: 65% [2019]≈3%↓ decrease

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. https://www.cdc.gov/brfss/brfssprevalence

WHY DOES THIS MATTER?

Influenza, or flu, is a contagious respiratory illness that is caused by influenza viruses. A flu vaccine is the best protection against seasonal influenza viruses, which can pose a serious threat to health. Each year in the United States, millions of people get the flu, and thousands of people die from the virus. The vaccine can prevent people from coming down with the virus and it also helps lessen the degree to which people are sick if they do get it.

Recent studies have estimated the annual economic burden of flu to be between $5.79 billion to $11.2 billion in direct medical costs and indirect costs, such as loss of productivity.

– Source: America's Health Rankings. Explore/annual/measure/flu_vaccine

Figure 92. Disparities in Iowa adults getting flu vaccinations (%)

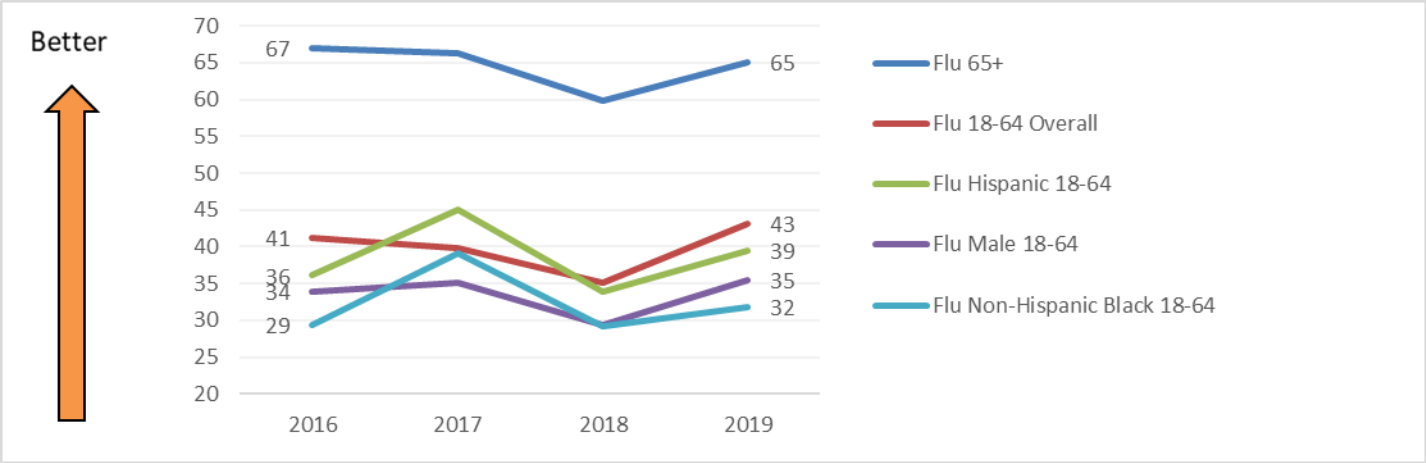
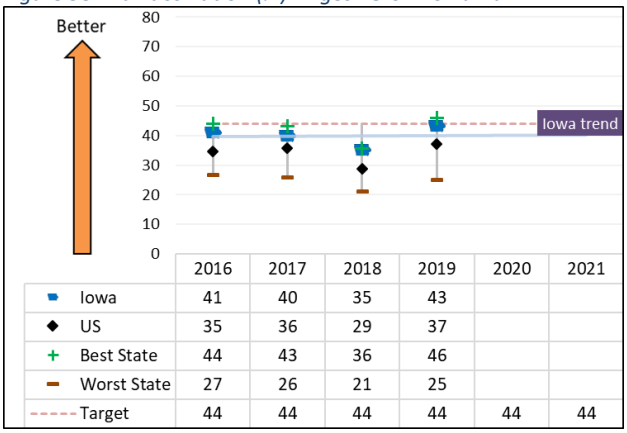
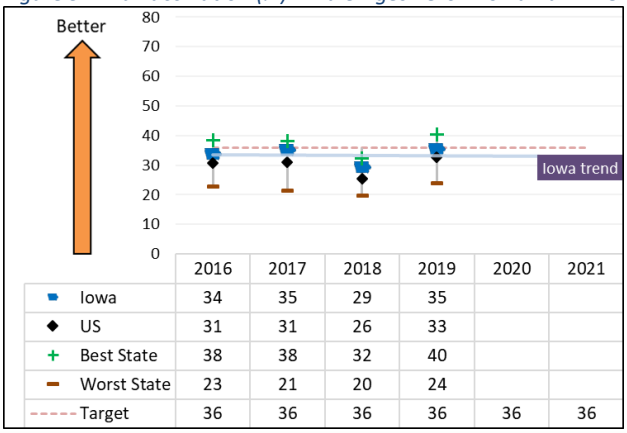


Figure 93. Flu vaccination (%) - Ages 18-64. Iowa Rank: 7.



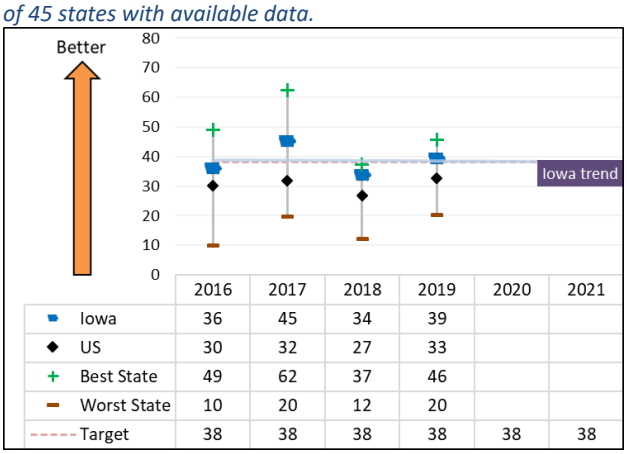
	2016	2017	2018	2019	2020	2021
Iowa	41	40	35	43		
US	35	36	29	37		
Best State	44	43	36	46		
Worst State	27	26	21	25		
Target	44	44	44	44	44	44

Figure 94. Flu vaccination (%) - Male Ages 18-64. Iowa Rank: 18.



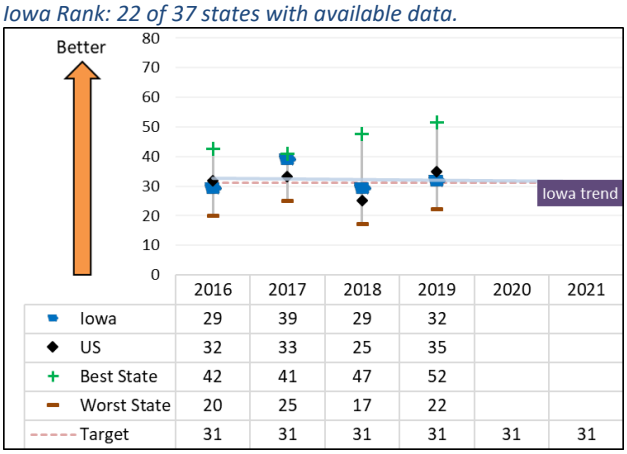
	2016	2017	2018	2019	2020	2021
Iowa	34	35	29	35		
US	31	31	26	33		
Best State	38	38	32	40		
Worst State	23	21	20	24		
Target	36	36	36	36	36	36

Figure 95. Flu vaccination (%) - Hispanic Ages 18-64. Iowa Rank: 6 of 45 states with available data.



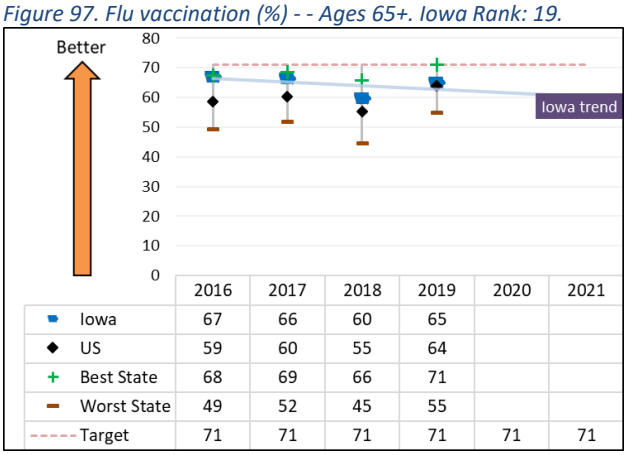
	2016	2017	2018	2019	2020	2021
Iowa	36	45	34	39		
US	30	32	27	33		
Best State	49	62	37	46		
Worst State	10	20	12	20		
Target	38	38	38	38	38	38

Figure 96. Flu vaccination (%) - Black, non-Hispanic Ages 18-64. Iowa Rank: 22 of 37 states with available data.



	2016	2017	2018	2019	2020	2021
Iowa	29	39	29	32		
US	32	33	25	35		
Best State	42	41	47	52		
Worst State	20	25	17	22		
Target	31	31	31	31	31	31

Figure 97. Flu vaccination (%) - - Ages 65+. Iowa Rank: 19.



	2016	2017	2018	2019	2020	2021
Iowa	67	66	60	65		
US	59	60	55	64		
Best State	68	69	66	71		
Worst State	49	52	45	55		
Target	71	71	71	71	71	71

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FOCUS AREA: Addictive Behaviors

What Health Issues Are Included

Substance Abuse
Tobacco/Nicotine Use

Addictive Behaviors Measures of Health Improvement

AB-1 Decrease ↓ the rate of opioid-related deaths (per 100,000 population - age-adjusted).

Overall ☺
Target: 5 (142 deaths)
Baseline: 6 (183 deaths) [2016]
Newest: 5.4 (161 deaths) [2019]≈13%↓ decrease

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. https://wonder.cdc.gov/mcd-icd10.html

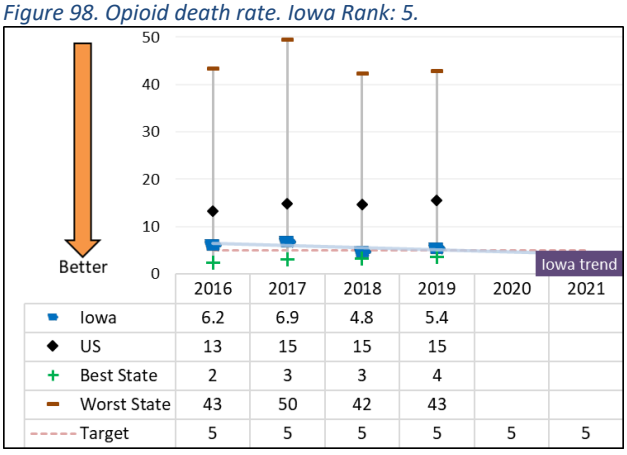
WHY DOES THIS MATTER?

Drug overdoses have become the leading cause of injury death and have more than tripled between 1999 and 2018. There were more than 67,000 confirmed drug overdose deaths in 2018, and of those, almost 47,000 involved an opioid. Opioid overdoses may be reversed with naloxone, an opioid antagonist. A 2017 report estimated the total cost of the opioid epidemic in the United States to have been between $293.9 billion and $622.1 billion in 2015.

Heavy drug use and overdoses burden individuals, families, their communities, the health care system and the economy. In 2017, 240,000 children lost a parent to a drug overdose. Increases in overdose deaths are associated with increases in child maltreatment reports to child protective services and in foster care placements.

– Source: America's Health Rankings. Explore/annual/measure/drug_deaths

Figure 98. Opioid death rate. Iowa Rank: 5.



	2016	2017	2018	2019	2020	2021
Iowa	6.2	6.9	4.8	5.4		
US	13	15	15	15		
Best State	2	3	3	4		
Worst State	43	50	42	43		
Target	5	5	5	5	5	5

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AB-2 Decrease ↓ youth substance use (ages 12-17, use in the month before the survey).

Alcohol ☹	Illicit drugs ☹	Cigarettes ☺ ☑
Target: 8%	Target: 6%	Target: 4%
Baseline: 9% [2015-2016]	Baseline: 6.75% [2015-2016]	Baseline: 5% [2015-2016]
Newest: 11% [2018-2019]≈21%↑ increase	Newest: 8% [2018-2019]≈16%↑ increase	Newest: 4% [2018-2019]≈16%↓ decrease

Data Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, State Prevalence Estimates. Table 1 (Illicit drugs), Table 13 (Alcohol), Table 18 (Cigarettes). https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health

WHY DOES THIS MATTER?

Alcohol

Alcohol misuse among adolescents has significantly decreased within the past five years, but still remains a tremendous public health concern. According to the 2017 Youth Risk Behavior Surveillance System Survey, 30% of high school students reported drinking some amount of alcohol and 14% reported binge drinking during the past month. Excessive drinking is responsible for the deaths of more than 3,500 adolescents each year and approximately 119,000 emergency department visits. Underage drinking cost the United States an estimated $24.3 billion in direct health care costs, treatment costs and lost productivity in 2010.

Drugs

The use of many illicit drugs among youth has gradually trended downwards in recent years, however, the prevalence is higher among youth and young adults ages 12-25 than adults ages 26 and older. According to the 2019 Monitoring the Future Survey, 17.2% of high school seniors reported using an illicit drug with 4.3% reporting using a drug other than marijuana during the past month. Drug use at an early age is an important predictor of substance use disorder later in life and has a significant impact on both physical and mental functioning of adolescents into adulthood.

Marijuana

Children and young adults are at increased risk from the effects of cannabis. In 2019, 11.8% of 8th graders, 28.8% of 10th graders and 35.7% of 12th graders reported using cannabis in the past year. The prevalence of cannabis use among this age group is more concerning because most serious long-term effects occur in those that are still developing. Contrary to popular belief, cannabis dependence is possible, and about 17% of those that start using cannabis in their adolescence develop a dependence compared with 9% of adults. Teenagers that use cannabis may permanently reduce their memory, attention, and ability to learn. Early use of cannabis may also permanently affect impulse control and make youth more vulnerable to addiction to other substances later in life. Early and frequent use of strong cannabis is associated with increased risk of developing schizophrenia, especially in those with a genetic predisposition. Use of cannabis by adolescent males is also linked to an increased risk of a rare and aggressive form of testicular cancer. Many of these risks persist into adulthood but their severity and permanency decrease.

– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/youth_IDUM

Tobacco

Tobacco use has well-known and wide-ranging adverse impacts on individual health. Users of all types of tobacco are at greater risk of heart disease, cancer and stroke. Tobacco use remains the leading cause of preventable death in the United States, according to a report from the Surgeon General. While the use of cigarettes, cigars, pipe tobacco and smokeless tobacco has declined among youth in recent years, this decline has been countered with increases in the use of other emerging tobacco products, especially electronic cigarettes.

Youth are particularly vulnerable to both peer pressure and tobacco companies' strategies aimed at getting tobacco users hooked early, such as flavored tobacco products. An estimated 5.6 million youth who are 17 or younger today will die early from diseases caused by long-term tobacco use later in life. Further, smoking is responsible for approximately $170 billion in health care expenditures and an additional $156 billion in lost productivity annually in the U.S.

Cigarettes

Nearly 9 in 10 cigarette smokers have their first cigarette by age 18. Each day in the U.S., about 1,600 youth smoke their first cigarette, and 200 youth become everyday smokers. Approximately 2.3% of middle schoolers and 5.8% of high schoolers reported that they smoked cigarettes in the past 30 days in 2019.

Smokeless tobacco

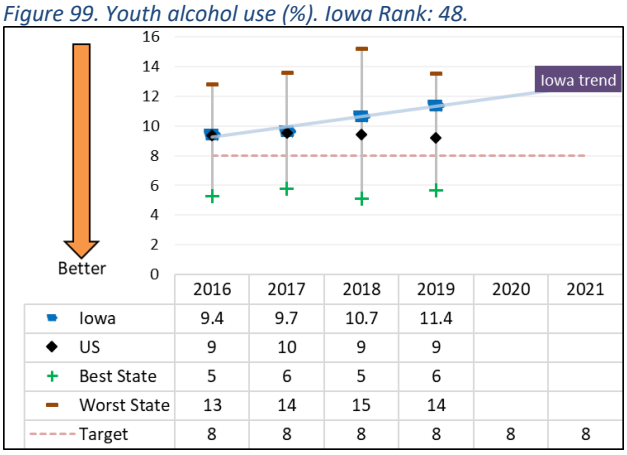
The use of smokeless tobacco such as chewing tobacco among youth is less common than cigarette smoking. Approximately 1.8% of middle schoolers and 4.8% of high schoolers reported that they used smokeless tobacco in the past 30 days in 2019.

Electronic cigarettes

Commonly known as e-cigs or vape pens, electronic cigarettes are now the most commonly used tobacco product among youth, surpassing cigarettes in 2014. Approximately 10.5% of middle schoolers and 27.5% of high schoolers reported that they used e-cigarettes in the past 30 days in 2019. The main reason credited to heavy use of electronic cigarettes among youth is the variety of flavors that are available.

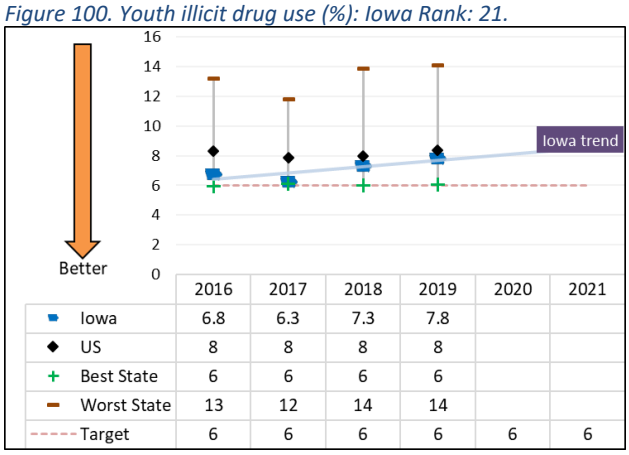
– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/substanceuse_children

Figure 99. Youth alcohol use (%). Iowa Rank: 48.



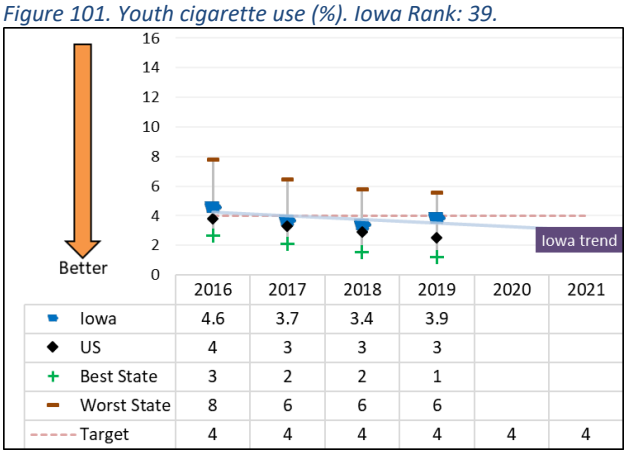
	2016	2017	2018	2019	2020	2021
Iowa	9.4	9.7	10.7	11.4		
US	9	10	9	9		
Best State	5	6	5	6		
Worst State	13	14	15	14		
Target	8	8	8	8	8	8

Figure 100. Youth illicit drug use (%): Iowa Rank: 21.



	2016	2017	2018	2019	2020	2021
Iowa	6.8	6.3	7.3	7.8		
US	8	8	8	8		
Best State	6	6	6	6		
Worst State	13	12	14	14		
Target	6	6	6	6	6	6

Figure 101. Youth cigarette use (%). Iowa Rank: 39.



	2016	2017	2018	2019	2020	2021
Iowa	4.6	3.7	3.4	3.9		
US	4	3	3	3		
Best State	3	2	2	1		
Worst State	8	6	6	6		
Target	4	4	4	4	4	4

AB-3 Decrease ↓ the percentage of adults reporting excessive drinking.*

Overall ☹ Target: 20% Baseline: 22% [2016] Newest: 22.5% [2019]≈2%↑ increase	Male 😐 Target: 26% Baseline: 28% [2016] Newest: 28% [2019]≈0%↔ no change
Ages 18-44 ☹ Target: 29% Baseline: 31% [2016] Newest: 32% [2019]≈3%↑ increase	Income $75,000+ 😐 Target: 27% Baseline: 29% [2016] Newest: 29% [2019]≈0%↔ no change

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. Courtesy: UnitedHealth Foundation, America's Health Rankings.
https://www.americashealthrankings.org/explore/annual/state/IA
*Percent of adults who report either binge drinking, defined as having more than 4 (women) or 5 (men) alcoholic drinks on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average.

WHY DOES THIS MATTER?

Alcohol is the third-leading preventable cause of death in the United States behind tobacco and poor diet/physical inactivity. The Centers for Disease Control and Prevention defines excessive drinking as binge drinking, heavy drinking and any drinking by individuals younger than 21 years or by pregnant women. Excessive drinking comes with short- and long-term risks.

Short-term risks include:

- Unintentional injuries such as falls, drownings, burns and motor vehicle accidents.
- Violence such as homicide, suicide and sexual assault.
- Alcohol poisoning.
- Poor decision-making and engagement in risky behaviors such as unprotected sex.

Long-term risks include:

- Hypertension, heart disease, stroke and liver disease.
- Cancer of the breasts, mouth, throat, esophagus, liver or colon.
- Alcohol dependence.
- Memory and learning problems.

An estimated 95,000 people die every year from alcohol-attributable causes, and an average, 29 people die every day in motor vehicle crashes that involve an alcohol-impaired driver. Excessive alcohol use costs the United States a total of $249 billion in 2010, which is equivalent to $2.05 for each alcoholic beverage consumed, or $807 per person.

– Source: America's Health Rankings. Explore/annual/measure/ExcessDrink

Figure 102. Disparities in Iowa adult excessive drinking (%)

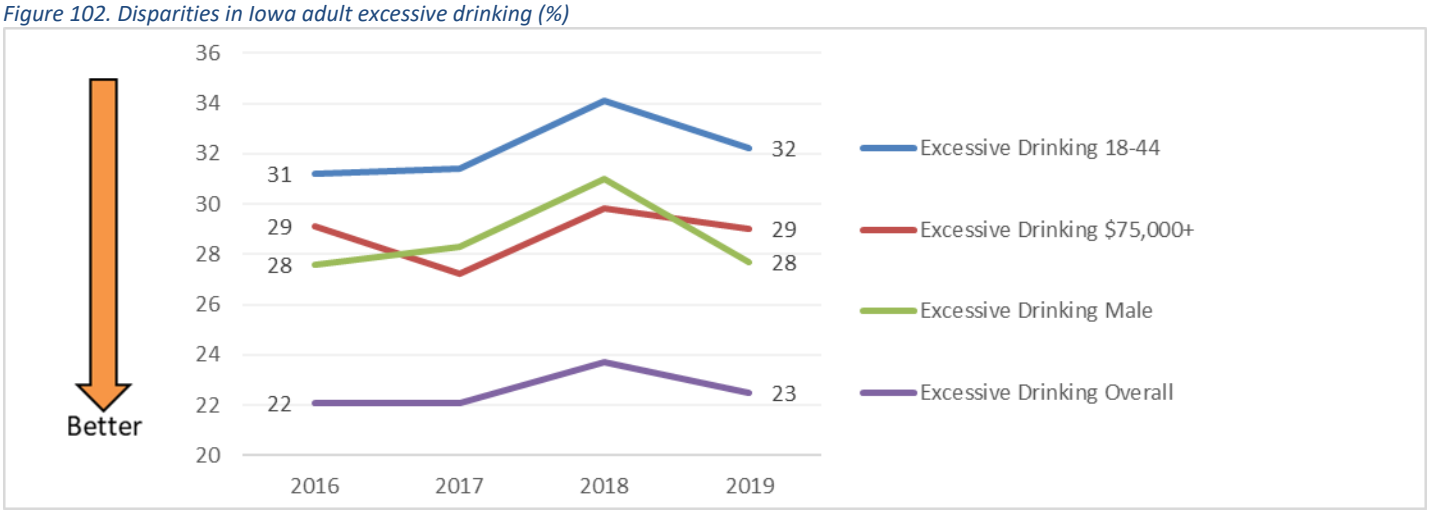
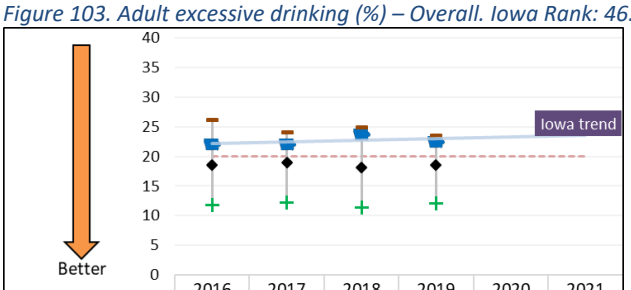
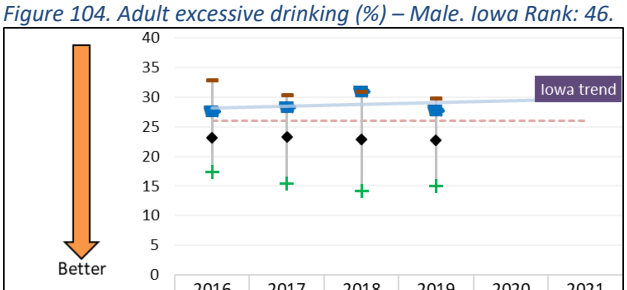


Figure 103. Adult excessive drinking (%) – Overall. Iowa Rank: 46.



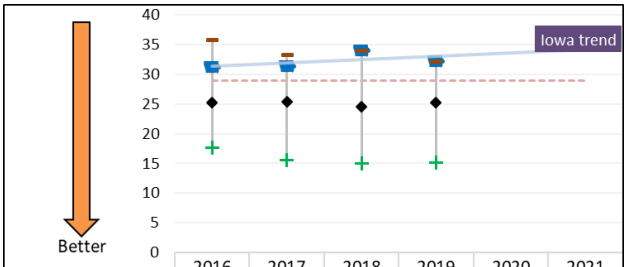
	2016	2017	2018	2019	2020	2021
Iowa	22.1	22.1	23.7	22.5		
US	19	19	18	19		
Best State	12	12	11	12		
Worst State	26	24	25	24		
Target	20	20	20	20	20	20

Figure 104. Adult excessive drinking (%) – Male. Iowa Rank: 46.



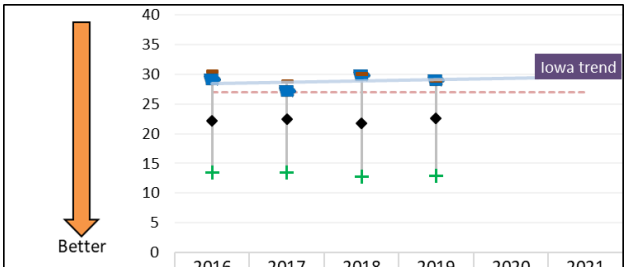
	2016	2017	2018	2019	2020	2021
Iowa	27.6	28.3	31.0	27.7		
US	23	23	23	23		
Best State	17	15	14	15		
Worst State	33	30	31	30		
Target	26	26	26	26	26	26

Figure 105. Adult excessive drinking (%) - Ages 18-44. Iowa Rank: 50.



	2016	2017	2018	2019	2020	2021
Iowa	31.2	31.4	34.1	32.2		
US	25	25	25	25		
Best State	18	16	15	15		
Worst State	36	33	34	32		
Target	29	29	29	29	29	29

Figure 106. Adult excessive drinking (%) - Income $75,000+. Iowa Rank: 50.



	2016	2017	2018	2019	2020	2021
Iowa	29.1	27.2	29.8	29.0		
US	22	23	22	23		
Best State	14	13	13	13		
Worst State	31	29	30	29		
Target	27	27	27	27	27	27

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AB-4 Increase ↑ the percentage of adults who have never smoked.

Overall ☺
Target: 61%
Baseline: 58% [2016]
Newest: 59.5% [2019]≈3%↑ increase

Male ☺
Target: 56%
Baseline: 53% [2016]
Newest: 54% [2019]≈3%↑ increase

Ages 18-24 ☺
Target: 84%
Baseline: 80% [2016]
Newest: 81% [2019]≈2%↑ increase

Income less than $15,000 ☺ ☑
Target: 49%
Baseline: 46% [2016]
Newest: 52% [2019]≈12%↑ increase

Income $15,000-$24,999 ☺ ☑
Target: 51%
Baseline: 48.5% [2016]
Newest: 51.5% [2019]≈6%↑ increase

Income $25,000-$34,999 ☺ ☑
Target: 50%
Baseline: 47% [2016]
Newest: 54% [2019]≈14%↑ increase

Income $35,000-$49,999 ☺ ☑
Target: 55%
Baseline: 52% [2016]
Newest: 55% [2019]≈6%↑ increase

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. https://www.cdc.gov/brfss/brfssprevalence

WHY DOES THIS MATTER?

Tobacco use is the leading cause of preventable disease and death in the United States. Smoking puts individuals at greater risk of many diseases, including cancers, respiratory diseases, heart disease, cardiovascular diseases and, ultimately, early death. Smoking cigarettes and using other tobacco products while pregnant increases the risk of such adverse birth outcomes as preterm birth, stillbirth and low birthweight.

– Source: America's Health Rankings. Explore/annual/measure/substanceuse

Nearly 9 in 10 cigarette smokers have their first cigarette by age 18. Each day in the U.S., about 1,600 youth smoke their first cigarette, and 200 youth become everyday smokers.

– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/substanceuse_children

Never smoking is the most effective way to protect yourself and others from the harmful effects of tobacco use.

Figure 107. Disparities in Iowa adults who have never smoked (%)

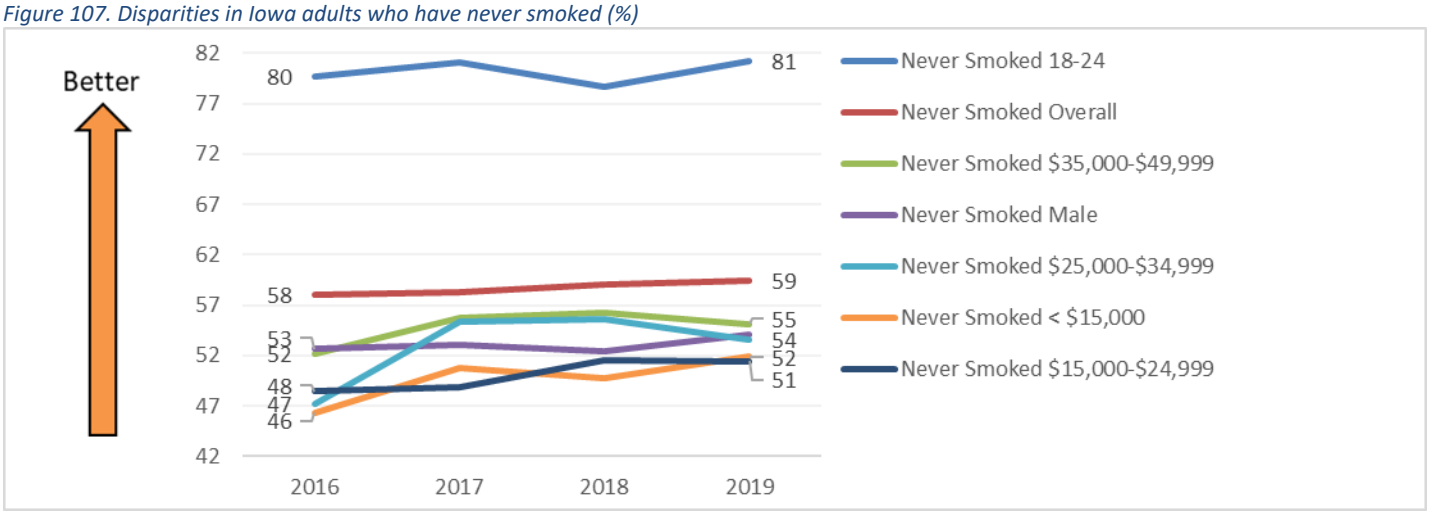
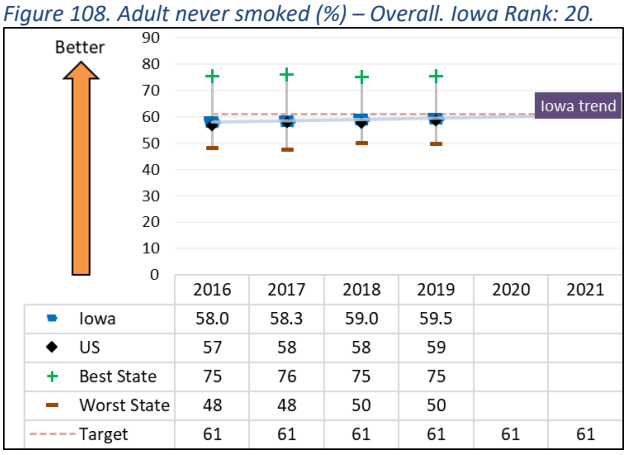
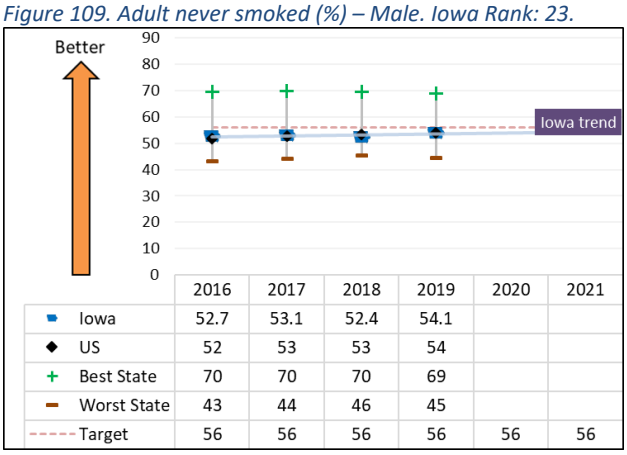


Figure 108. Adult never smoked (%) – Overall. Iowa Rank: 20.



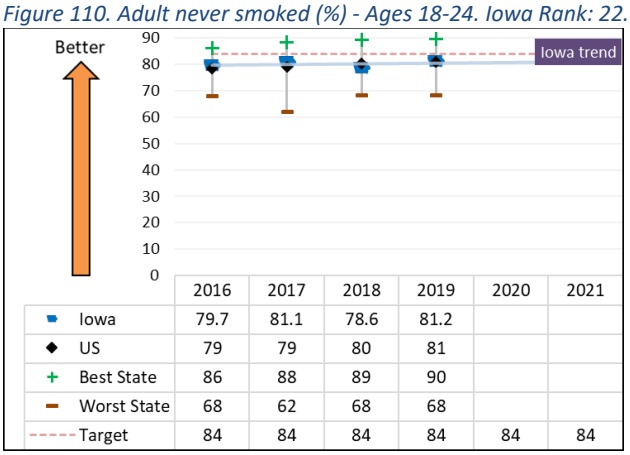
	2016	2017	2018	2019	2020	2021
Iowa	58.0	58.3	59.0	59.5		
US	57	58	58	59		
Best State	75	76	75	75		
Worst State	48	48	50	50		
Target	61	61	61	61	61	61

Figure 109. Adult never smoked (%) – Male. Iowa Rank: 23.



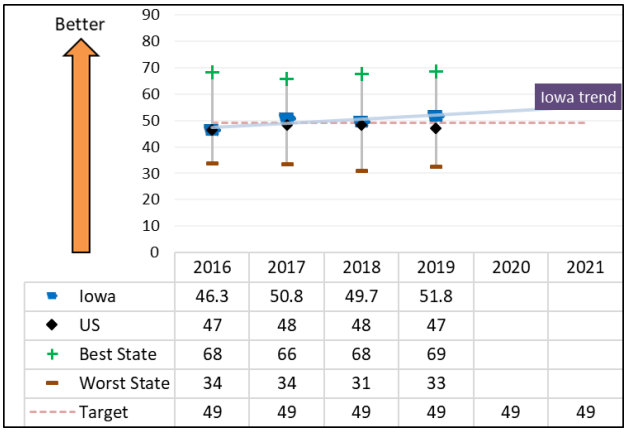
	2016	2017	2018	2019	2020	2021
Iowa	52.7	53.1	52.4	54.1		
US	52	53	53	54		
Best State	70	70	70	69		
Worst State	43	44	46	45		
Target	56	56	56	56	56	56

Figure 110. Adult never smoked (%) - Ages 18-24. Iowa Rank: 22.



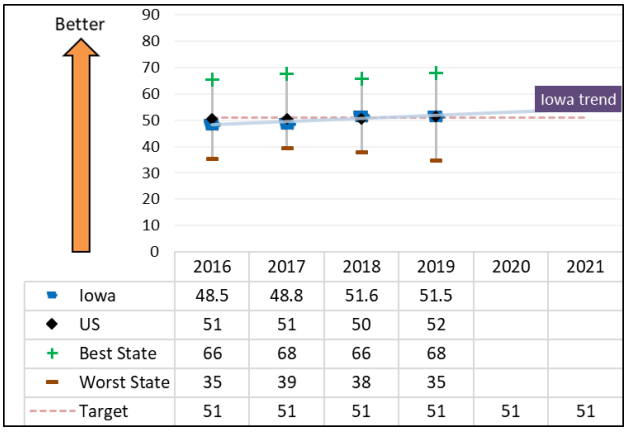
	2016	2017	2018	2019	2020	2021
Iowa	79.7	81.1	78.6	81.2		
US	79	79	80	81		
Best State	86	88	89	90		
Worst State	68	62	68	68		
Target	84	84	84	84	84	84

Figure 111. Adult never smoked (%) - Income <$15,000. Iowa Rank: 15.



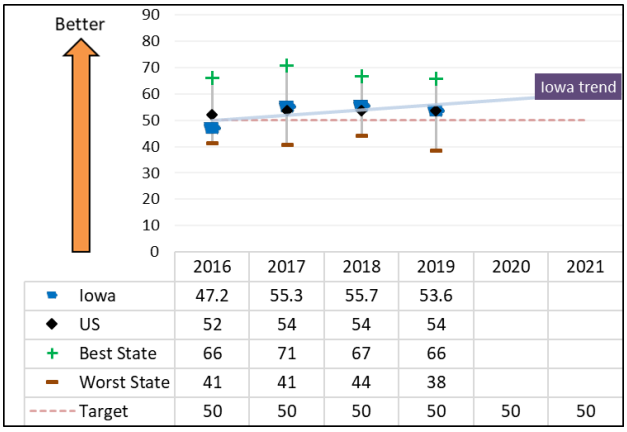
	2016	2017	2018	2019	2020	2021
Iowa	46.3	50.8	49.7	51.8		
US	47	48	48	47		
Best State	68	66	68	69		
Worst State	34	34	31	33		
Target	49	49	49	49	49	49

Figure 112. Adult never smoked (%) - Income $15,000-$24,999. Iowa Rank: 26.



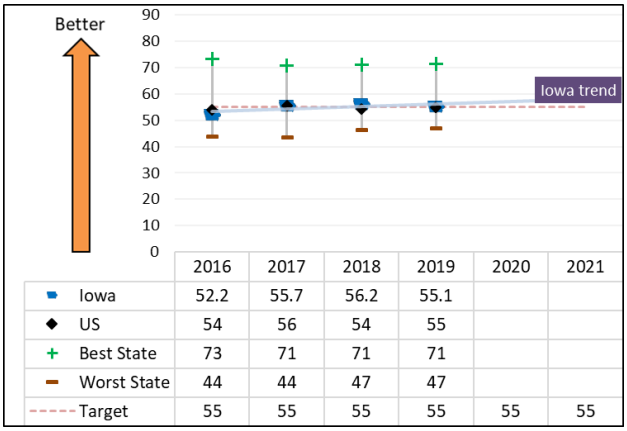
	2016	2017	2018	2019	2020	2021
Iowa	48.5	48.8	51.6	51.5		
US	51	51	50	52		
Best State	66	68	66	68		
Worst State	35	39	38	35		
Target	51	51	51	51	51	51

Figure 113. Adult never smoked (%) - Income $25,000-$34,999. Iowa Rank: 26.



	2016	2017	2018	2019	2020	2021
Iowa	47.2	55.3	55.7	53.6		
US	52	54	54	54		
Best State	66	71	67	66		
Worst State	41	41	44	38		
Target	50	50	50	50	50	50

Figure 114. Adult never smoked (%) - Income $35,000-$49,999. Iowa Rank: 24.



	2016	2017	2018	2019	2020	2021
Iowa	52.2	55.7	56.2	55.1		
US	54	56	54	55		
Best State	73	71	71	71		
Worst State	44	44	47	47		
Target	55	55	55	55	55	55

AB-5 Decrease ↓ the percentage of adults who are current smokers (cigarettes).

Overall ☺	Black, non-Hispanic ☺ ☑	Adults with Disability* ☺
Target: 15%	Target: 27%	Target: 24%
Baseline: 16.7% [2016]	Baseline: 28% [2016]	Baseline: 26% [2016]
Newest: 16.4% [2019]≈2%↓ decrease	Newest: 26% [2019]≈10%↓ decrease	Newest: 24.1% [2019]≈6%↓ decrease

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. https://www.cdc.gov/brfss/brfssprevalence *Additional IDPH analysis of national BRFSS data.

Income Less Than $25,000 ☹	Income $25,000-$49,999 ☺ ☑
Target: 27%	Target: 21%
Baseline: 29% [2016]	Baseline: 23% [2016]
Newest: 30% [2019]≈4%↑ increase	Newest: 20% [2019]≈12%↓ decrease

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. Courtesy: UnitedHealth Foundation, America's Health Rankings. https://www.americashealthrankings.org/explore/annual/state/IA

WHY DOES THIS MATTER?

Smoking cigarettes has an adverse impact on health. As the leading cause of preventable death and disease in the United States, cigarette smoking is responsible for more than 480,000 deaths every year. Smokers live 10 years less than non-smokers, on average. Currently, more than 16 million Americans live with a disease caused by smoking. Smoking damages nearly every organ and is associated with:

- Heart disease.
- Stroke.
- Respiratory diseases such as chronic obstructive pulmonary disease.
- Diabetes.
- Multiple types of cancer.

People who do not smoke are also affected by smoking. Exposure to secondhand smoke is estimated to cause 41,000 deaths among U.S. adults every year. Smoking is estimated to cost the United States between $132.5 and $175.9 billion for medical expenses as well as $151 billion in lost productivity due to premature death every year.

In recent years, there has been an increase in popularity of e-cigarettes, especially among youth. Several lung injuries associated with e-cigarette use have been reported. Many contain nicotine and other cancer-causing chemicals. More research is needed to determine their effects on health.

– Source: America's Health Rankings. Explore/annual/measure/Smoking

Figure 115. Disparities in Iowa adult smoking (%)

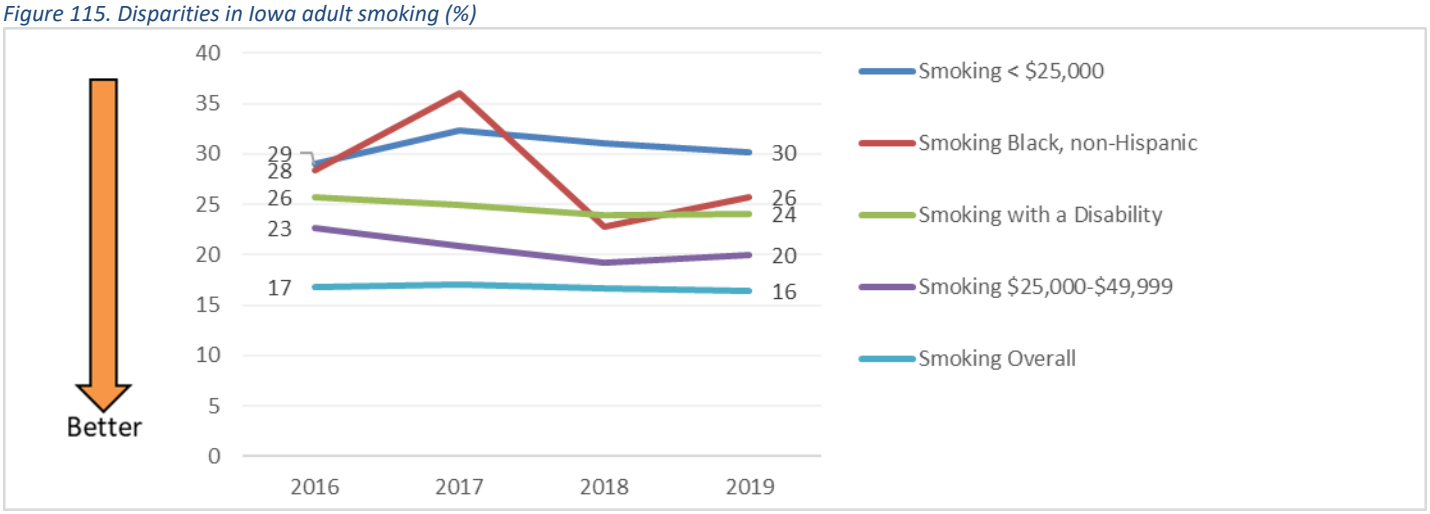
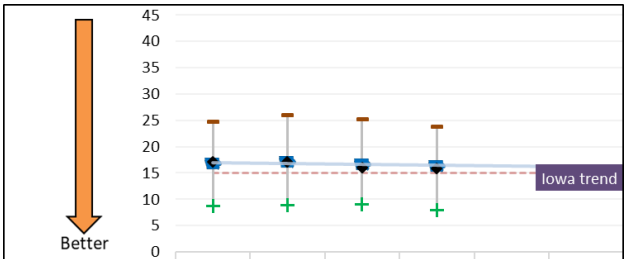
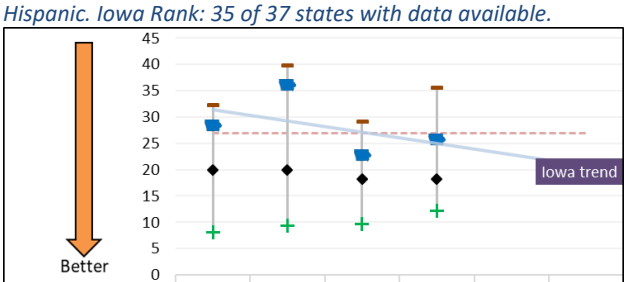


Figure 116. Adult current cigarette smoking (%) – Overall. Iowa Rank: 29.



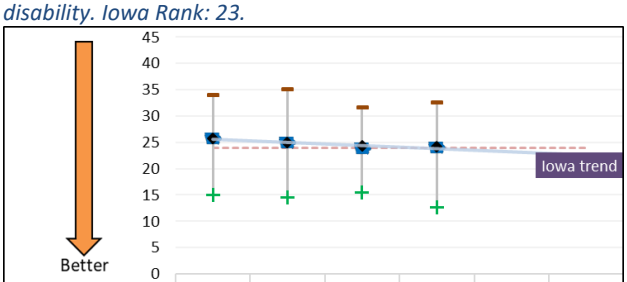
	2016	2017	2018	2019	2020	2021
Iowa	16.7	17.1	16.6	16.4		
US	17	17	16	16		
Best State	9	9	9	8		
Worst State	25	26	25	24		
Target	15	15	15	15	15	15

Figure 117. Adult current cigarette smoking (%) - Black, non-Hispanic. Iowa Rank: 35 of 37 states with data available.



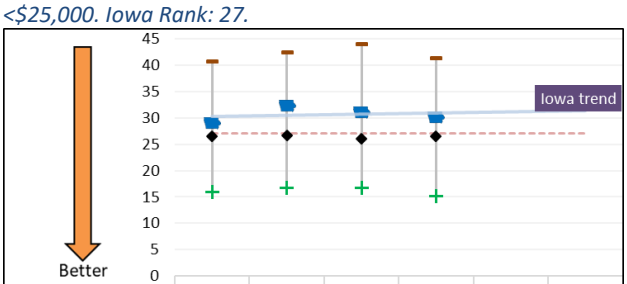
	2016	2017	2018	2019	2020	2021
Iowa	28.4	36.0	22.7	25.7		
US	20	20	18	18		
Best State	8	9	10	12		
Worst State	32	40	29	36		
Target	27	27	27	27	27	27

Figure 118. Adult current cigarette smoking (%) - People with a disability. Iowa Rank: 23.



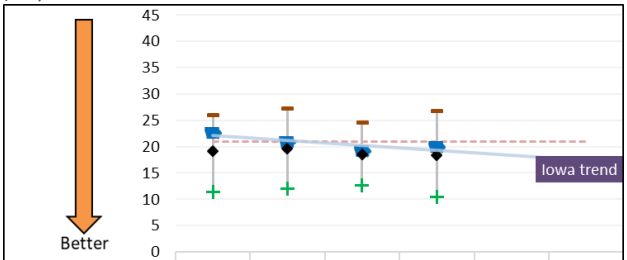
	2016	2017	2018	2019	2020	2021
Iowa	25.8	25.0	23.9	24.1		
US	26	25	24	24		
Best State	15	15	15	13		
Worst State	34	35	32	33		
Target	24	24	24	24	24	24

Figure 119. Adult current cigarette smoking (%) - Income <$25,000. Iowa Rank: 27.



	2016	2017	2018	2019	2020	2021
Iowa	29.0	32.3	31.1	30.2		
US	27	27	26	27		
Best State	16	17	17	15		
Worst State	41	43	44	42		
Target	27	27	27	27	27	27

Figure 120. Adult current cigarette smoking (%) - Income $25,000-$49,999. Iowa Rank: 34.



	2016	2017	2018	2019	2020	2021
Iowa	22.6	20.9	19.2	20.0		
US	19	20	19	18		
Best State	11	12	13	11		
Worst State	26	27	25	27		
Target	21	21	21	21	21	21

FOCUS AREA: Chronic Disease

What Health Issues Are Included

Cancer
Diabetes
Heart Disease

Chronic Disease Measures of Health Improvement

CD-1 Decrease ↓ the rate of deaths caused by cancer (per 100,000 population - age-adjusted).

Overall ☺ ☑	Male ☺ ☑	Black, non-Hispanic ☹
Target: 151	Target: 186	Target: 176
Baseline: 160 [2016]	Baseline: 196 [2014-2016]	Baseline: 186 [2014-2016]
Newest: 150.9 [2019]≈6%↓ decrease	Newest: 185.7 [2017-2019]≈5%↓ decrease	Newest: 204.5 [2017-2019]≈10%↑ increase

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C00-C97 (Malignant Neoplasms) listed as the underlying cause of death. https://wonder.cdc.gov/mcd-icd10.html

WHY DOES THIS MATTER?

Cancer is the second-leading cause of death in the United States. According to the American Cancer Society's Cancer Facts & Figures 2020 report, there will be an estimated 1.8 million new cancer diagnoses in 2020. The most common cancer among women is breast cancer, accounting for 30% of cases. The most common cancer among men is prostate cancer, accounting for 21% of cases.

In 2017, the national cost of cancer care was approximately $150.8 billion. Assuming the number of newly diagnosed people and the rate of survival remain constant, costs are expected to increase to nearly $157.8 billion in 2020. In addition, the estimated cost of lost productivity from cancer mortality is projected to be $147.6 billion.

– Source: America's Health Rankings. Explore/annual/measure/Other_Cancer

Figure 121. Disparities in Iowa's cancer death rate

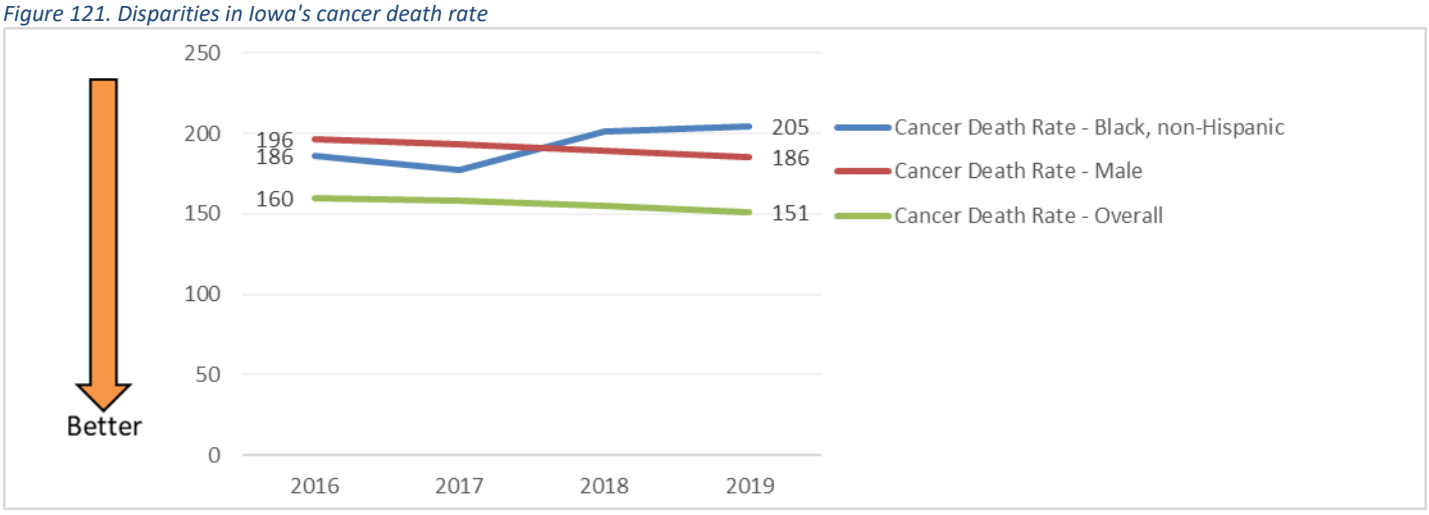
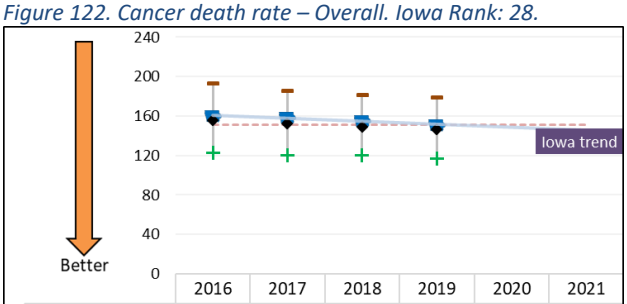
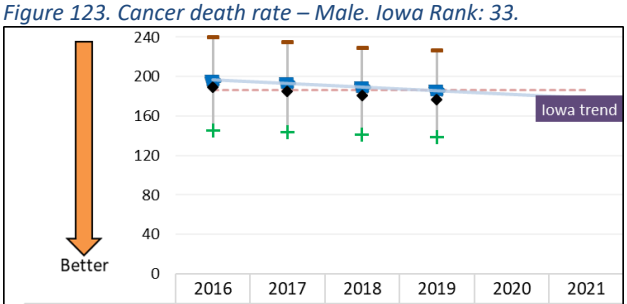


Figure 122. Cancer death rate – Overall. Iowa Rank: 28.



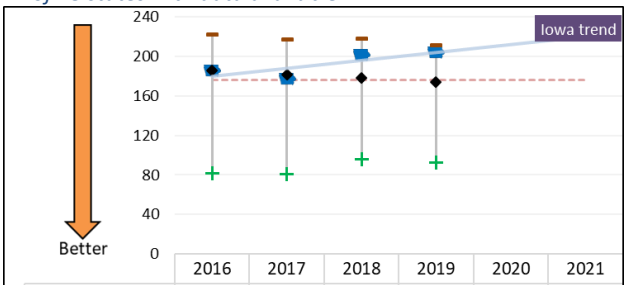
	2016	2017	2018	2019	2020	2021
Iowa	159.8	158.0	155.3	150.9		
US	156	153	149	146		
Best State	122	120	120	117		
Worst State	194	186	182	179		
Target	151	151	151	151	151	151

Figure 123. Cancer death rate – Male. Iowa Rank: 33.



	2016	2017	2018	2019	2020	2021
Iowa	196.3	193.3	189.1	185.7		
US	189	185	181	177		
Best State	146	144	142	139		
Worst State	240	236	230	227		
Target	186	186	186	186	186	186

Figure 124. Cancer death rate - Black, non-Hispanic. Iowa Rank: 47 of 48 states with data available.



	2016	2017	2018	2019	2020	2021
Iowa	185.8	177.1	201.5	204.5		
US	186	182	178	174		
Best State	82	81	96	92		
Worst State	223	217	219	212		
Target	176	176	176	176	176	176

CD-2 Decrease ↓ the rate of deaths caused by lung cancer (per 100,000 population - age-adjusted).

Overall ☺ ☑	Male ☺ ☑	Black, non-Hispanic ☺ ☑
Target: 39	Target: 50	Target: 52
Baseline: 41 [2016]	Baseline: 53 [2014-2016]	Baseline: 55 [2012-2016]
Newest: 36 [2019]≈13%↓ decrease	Newest: 46 [2017-2019]≈14%↓ decrease	Newest: 49 [2015-2019]≈11%↓ decrease

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C33-C34 (Malignant Neoplasms of trachea, bronchus and lung) listed as the underlying cause of death.
https://wonder.cdc.gov/mcd-icd10.html

WHY DOES THIS MATTER?

Lung cancer is the leading cause of cancer death and the second most diagnosed cancer in both men and women in the United States. After increasing for decades, lung cancer rates are decreasing nationally, as fewer people smoke cigarettes.

Cigarette smoking is the number one cause of lung cancer. Lung cancer also can be caused by using other types of tobacco (such as pipes or cigars), breathing secondhand smoke, being exposed to substances such as asbestos or radon at home or work, and having a family history of lung cancer.

– Source: CDC, Division of Cancer Prevention and Control. https://www.cdc.gov/cancer/lung/basic_info/

Figure 125. Disparities in Iowa's lung cancer death rate

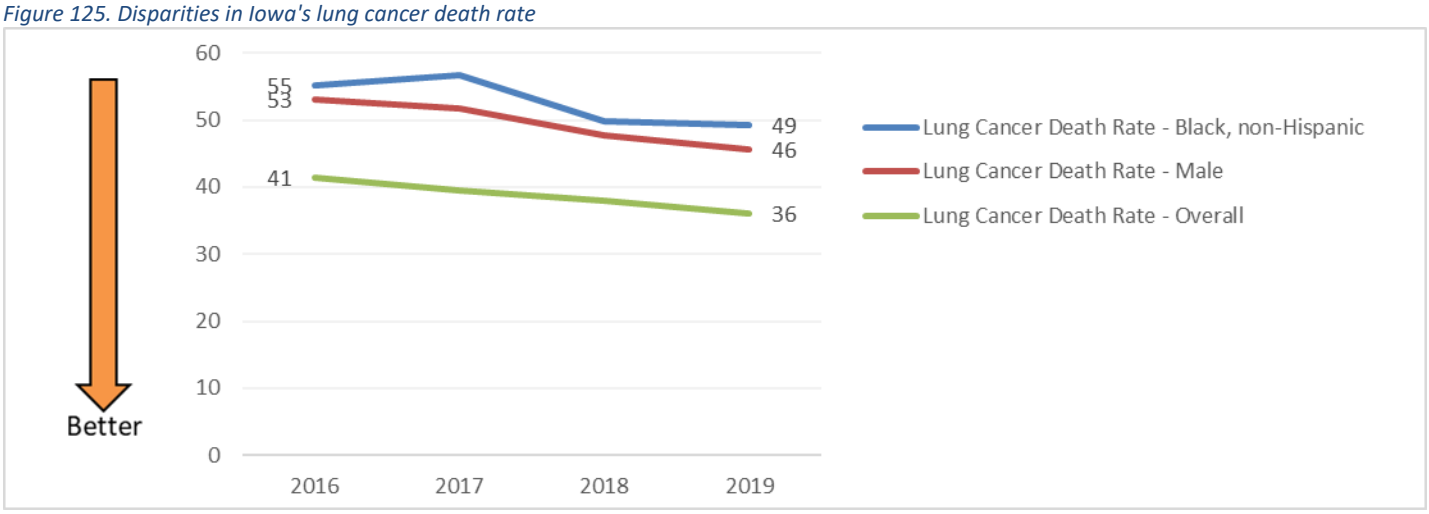
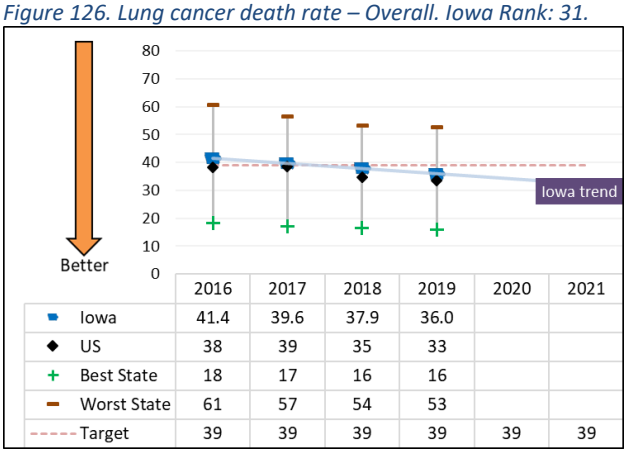
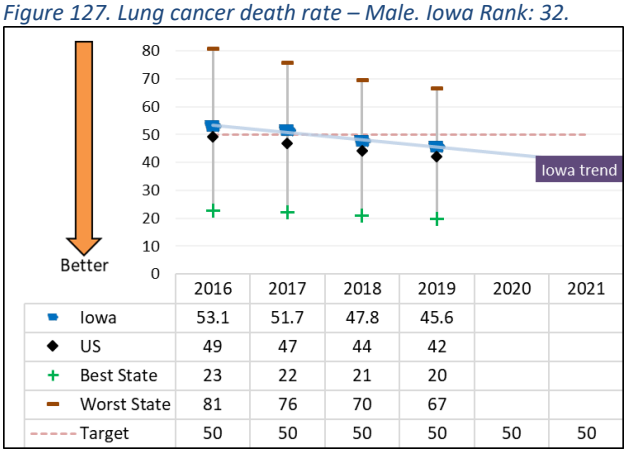


Figure 126. Lung cancer death rate – Overall. Iowa Rank: 31.



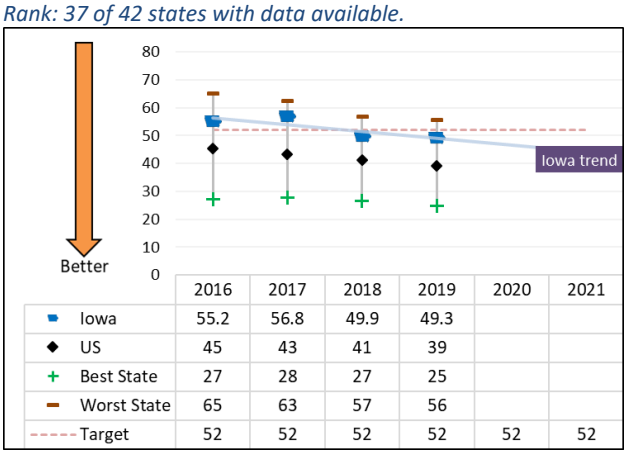
	2016	2017	2018	2019	2020	2021
Iowa	41.4	39.6	37.9	36.0		
US	38	39	35	33		
Best State	18	17	16	16		
Worst State	61	57	54	53		
Target	39	39	39	39	39	39

Figure 127. Lung cancer death rate – Male. Iowa Rank: 32.



	2016	2017	2018	2019	2020	2021
Iowa	53.1	51.7	47.8	45.6		
US	49	47	44	42		
Best State	23	22	21	20		
Worst State	81	76	70	67		
Target	50	50	50	50	50	50

Figure 128, Lung cancer death rate - Black, non-Hispanic. Iowa Rank: 37 of 42 states with data available.



	2016	2017	2018	2019	2020	2021
Iowa	55.2	56.8	49.9	49.3		
US	45	43	41	39		
Best State	27	28	27	25		
Worst State	65	63	57	56		
Target	52	52	52	52	52	52

CD-3 Decrease ↓ the rate of deaths caused by colorectal cancer (per 100,000 population - age-adjusted).

Overall ☺	Male ☺	Black, non-Hispanic ☹
Target: 13	Target: 16	Target: 16
Baseline: 14.4 [2016]	Baseline: 17 [2014-2016]	Baseline: 18 [2012-2016]
Newest: 13.6 [2019]≈6%↓ decrease	Newest: 16.3 [2017-2019]≈2%↓ decrease	Newest: 19 [2015-2019]≈5%↑ increase

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C18-C21 (Malignant Neoplasms of colon, rectum and anus) listed as the underlying cause of death. https://wonder.cdc.gov/mcd-icd10.html

WHY DOES THIS MATTER?

Colorectal cancer affects men and women of all racial and ethnic groups, and is most often found in people who are 50 years old or older. Of cancers that affect both men and women, colorectal cancer is the second leading cancer killer in the United States, but it doesn't have to be. Colorectal cancer screening saves lives. Screening can find precancerous polyps—abnormal growths in the colon or rectum—that can be removed before they turn into cancer. Screening also helps find colorectal cancer at an early stage, when treatment works best. About nine out of every 10 people whose colorectal cancers are found early and treated appropriately are still alive five years later.

– Source: CDC, Division of Cancer Prevention and Control. https://www.cdc.gov/cancer/colorectal/basic_info/

Figure 129. Disparities in Iowa's colorectal cancer death rate.

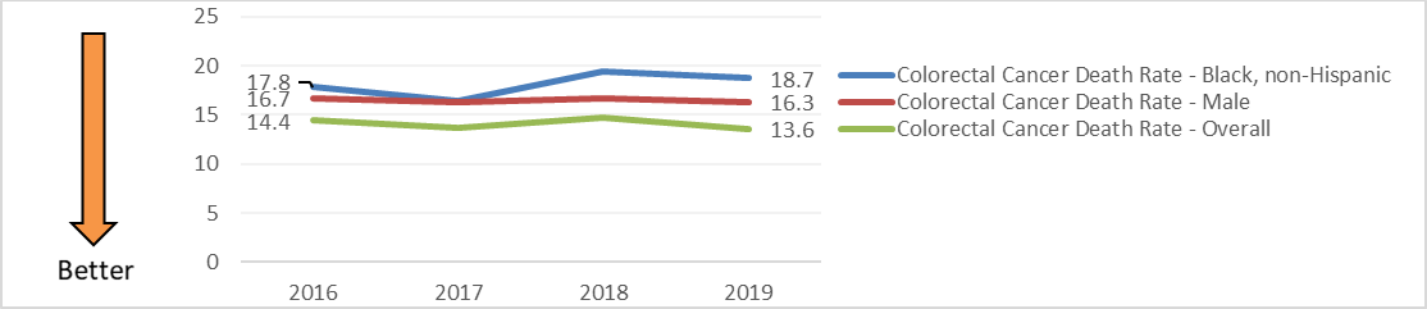
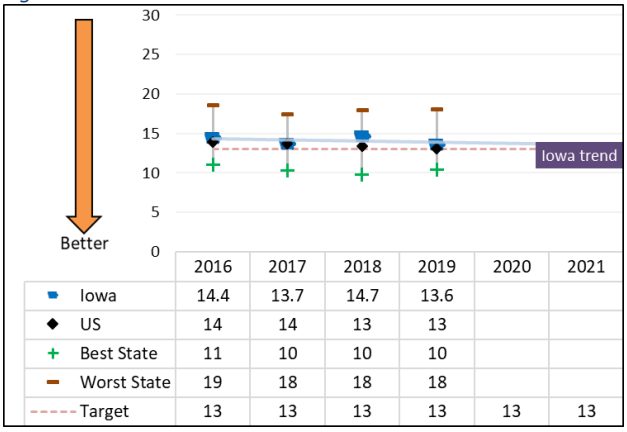
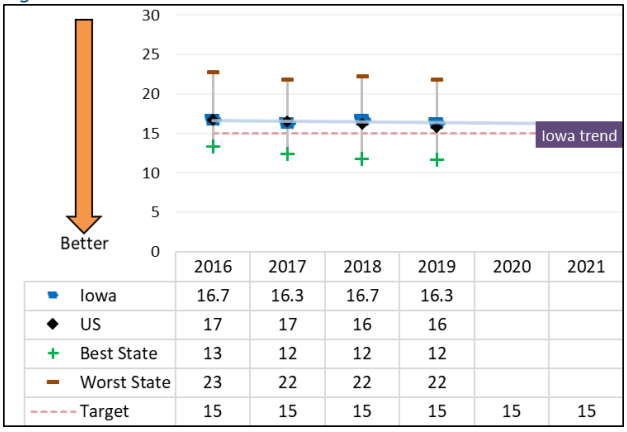


Figure 130. Colorectal cancer death Rate – Overall. Iowa Rank: 32.



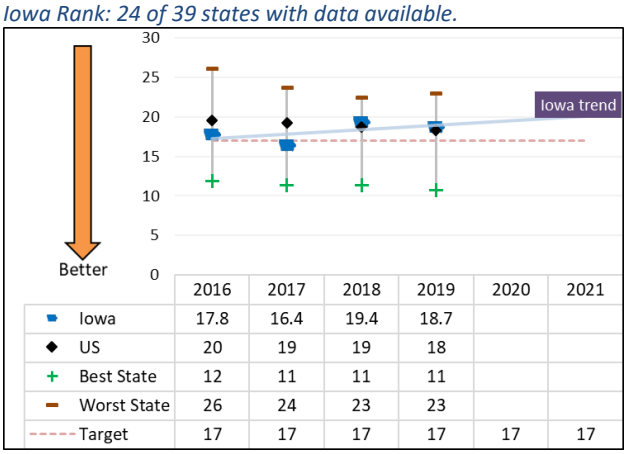
	2016	2017	2018	2019	2020	2021
Iowa	14.4	13.7	14.7	13.6		
US	14	14	13	13		
Best State	11	10	10	10		
Worst State	19	18	18	18		
Target	13	13	13	13	13	13

Figure 131. Colorectal cancer death rate – Male. Iowa Rank: 29.



	2016	2017	2018	2019	2020	2021
Iowa	16.7	16.3	16.7	16.3		
US	17	17	16	16		
Best State	13	12	12	12		
Worst State	23	22	22	22		
Target	15	15	15	15	15	15

Figure 132. Colorectal cancer death rate - Black, non-Hispanic. Iowa Rank: 24 of 39 states with data available.



	2016	2017	2018	2019	2020	2021
Iowa	17.8	16.4	19.4	18.7		
US	20	19	19	18		
Best State	12	11	11	11		
Worst State	26	24	23	23		
Target	17	17	17	17	17	17

CD-4 Decrease ↓ the rate of female deaths caused by breast cancer (per 100,000 females - age-adjusted).

Overall ☺
Target: 18
Baseline: 19 [2016]
Newest: 18.2 [2019]≈5%↓ decrease

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C50 (Malignant Neoplasms of breast) listed as the underlying cause of death. https://wonder.cdc.gov/mcd-icd10.html

WHY DOES THIS MATTER?

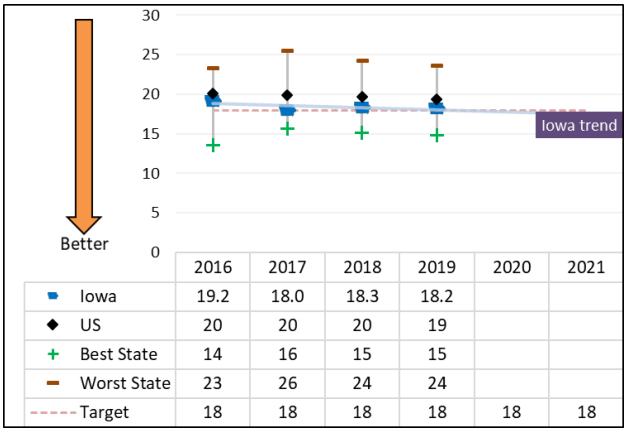
Breast cancer is one of the most common types of cancer in American women. Although breast cancer death rates have gone down in recent years, they remain higher in some racial/ethnic groups. Interventions to increase breast cancer screening, personalized treatments, and community-based cancer control efforts are important for reducing breast cancer deaths.

– Source: Healthy People 2030. Objectives/cancer/c-04

In 2020, an estimated 276,480 new cases of invasive breast cancer are expected to occur among women in the United States. In 2020 in Iowa alone, 2,700 women will be diagnosed with breast cancer and nearly 390 will die from this disease. Only lung cancer causes more cancer deaths among Iowa women than breast cancer.

– Source: Iowa Department of Public Health. Iowa Care for Yourself Program\Information for the Public\Breast Cancer

Figure 133. Female breast cancer death rate – Overall. Iowa Rank: 11.



	2016	2017	2018	2019	2020	2021
Iowa	19.2	18.0	18.3	18.2		
US	20	20	20	19		
Best State	14	16	15	15		
Worst State	23	26	24	24		
Target	18	18	18	18	18	18

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CD-5 Decrease ↓ the incidence of cancer (per 100,000 population - age-adjusted).

Overall ☺	Male ☺	Black, non-Hispanic Male ☹
Target: 456	Target: 508	Target: 543
Baseline: 480 [2014]	Baseline: 536 [2014]	Baseline: 572 [2014]
Newest: 479 [2017]≈0%↔ no change	Newest: 524 [2017]≈2%↓ decrease	Newest: 586 [2017]≈2%↑ increase

Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. 5-year average. https://wonder.cdc.gov/cancer.html

WHY DOES THIS MATTER?

Cancer incidence (new cancer diagnoses) helps gauge progress in efforts to prevent cancer or find it early such as

- Screening Tests: Getting screening tests regularly may find breast, cervical, and colorectal (colon) cancers early, when treatment is likely to work best. Lung cancer screening is recommended for some people who are at high risk.
- Vaccines (Shots): Vaccines also help lower cancer risk. The human papillomavirus (HPV) vaccine helps prevent most cervical cancers and several other kinds of cancer. The hepatitis B vaccine can help lower liver cancer risk.
- Healthy Choices: You can reduce your risk of getting cancer by making healthy choices like keeping a healthy weight, avoiding tobacco, limiting the amount of alcohol you drink, and protecting your skin.

– Source: CDC, Division of Cancer Prevention and Control. https://www.cdc.gov/cancer/dcpc/prevention/

Figure 134. Disparities in Iowa's cancer incidence rate

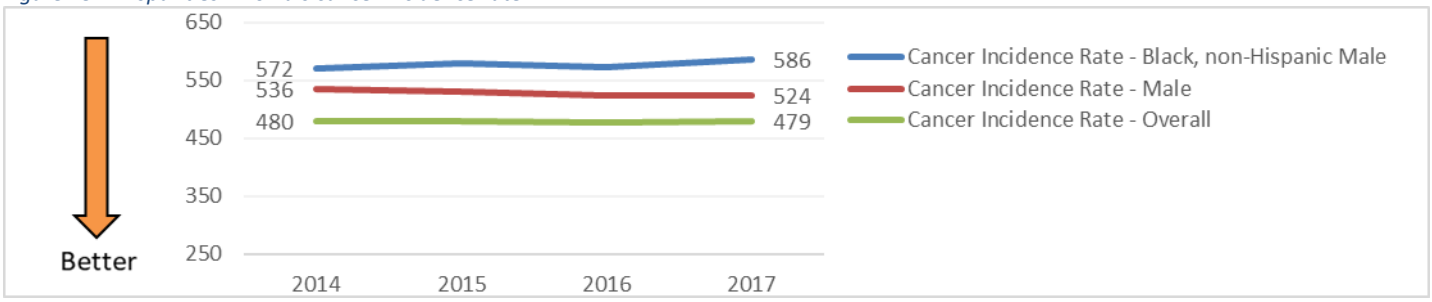
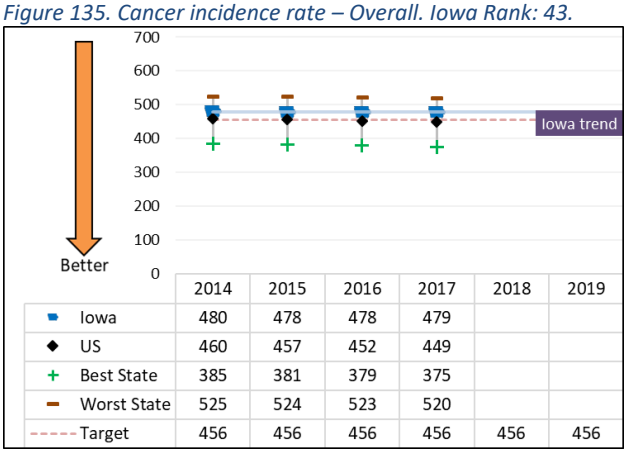
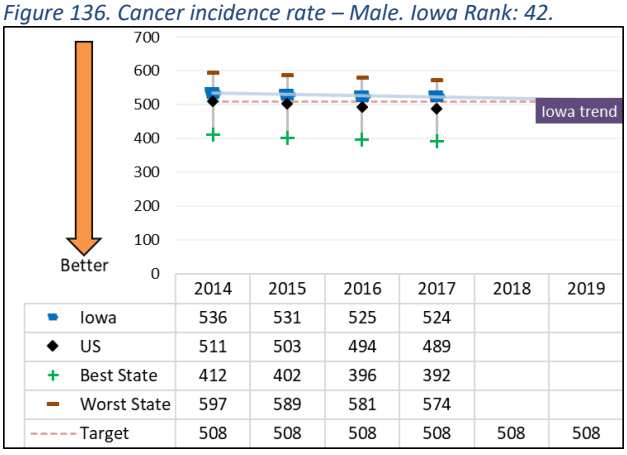


Figure 135. Cancer incidence rate – Overall. Iowa Rank: 43.



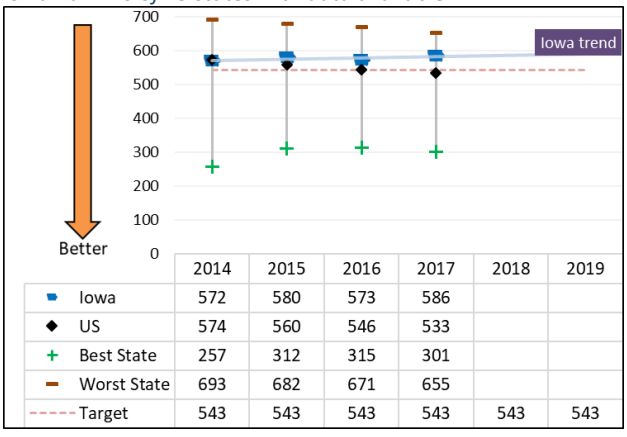
	2014	2015	2016	2017	2018	2019
Iowa	480	478	478	479		
US	460	457	452	449		
Best State	385	381	379	375		
Worst State	525	524	523	520		
Target	456	456	456	456	456	456

Figure 136. Cancer incidence rate – Male. Iowa Rank: 42.



	2014	2015	2016	2017	2018	2019
Iowa	536	531	525	524		
US	511	503	494	489		
Best State	412	402	396	392		
Worst State	597	589	581	574		
Target	508	508	508	508	508	508

Figure 137. Cancer incidence rate - Black, non-Hispanic Male. Iowa Rank 40 of 45 states with data available.



	2014	2015	2016	2017	2018	2019
Iowa	572	580	573	586		
US	574	560	546	533		
Best State	257	312	315	301		
Worst State	693	682	671	655		
Target	543	543	543	543	543	543

CD-6 Decrease ↓ the incidence of lung cancer (per 100,000 population - age-adjusted).

Overall ☺
Target: 61
Baseline: 65 [2014]
Newest: 63 [2017]≈2%↓ decrease

Male ☺ ☑
Target: 75
Baseline: 79 [2014]
Newest: 74.7 [2017]≈5%↓ decrease

Black, non-Hispanic ☺ ☑
Target: 81
Baseline: 85.5 [2014]
Newest: 79 [2017]≈7%↓ decrease

Black, non-Hispanic Male ☹
Target: 92
Baseline: 97 [2014]
Newest: 101 [2017]≈4%↑ increase

Black, non-Hispanic Female ☺ ☑
Target: 72
Baseline: 76 [2014]
Newest: 62 [2017]≈18%↓ decrease

Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. 5-year average. https://wonder.cdc.gov/cancer.html

Figure 138. Disparities in Iowa's lung cancer incidence rate

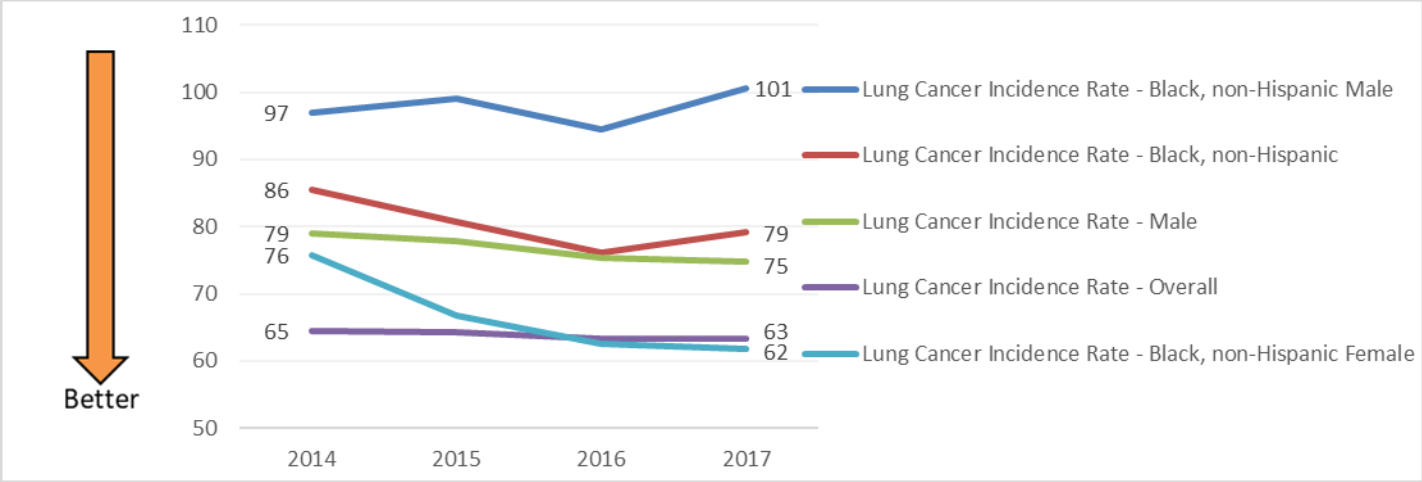
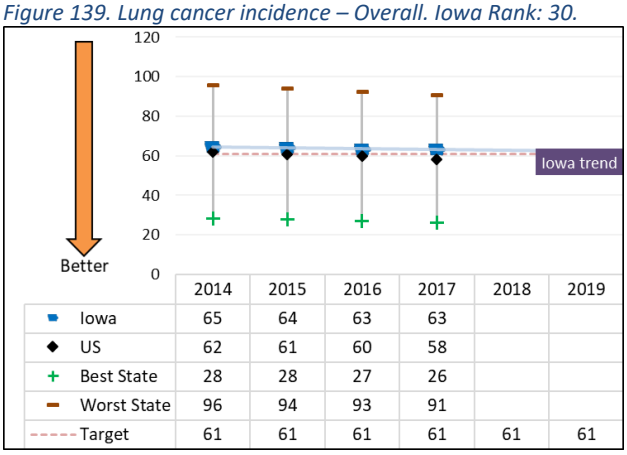
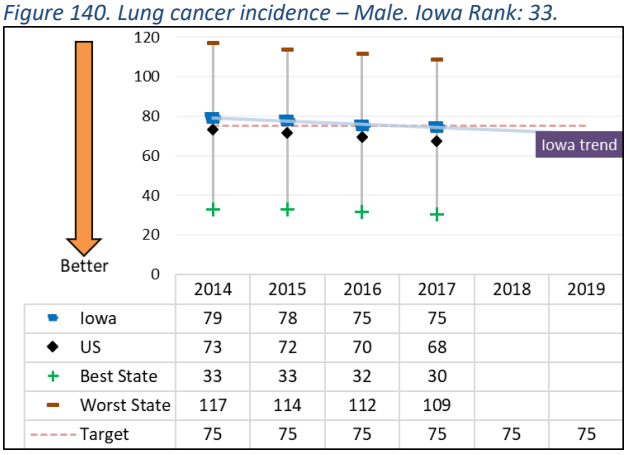


Figure 139. Lung cancer incidence – Overall. Iowa Rank: 30.



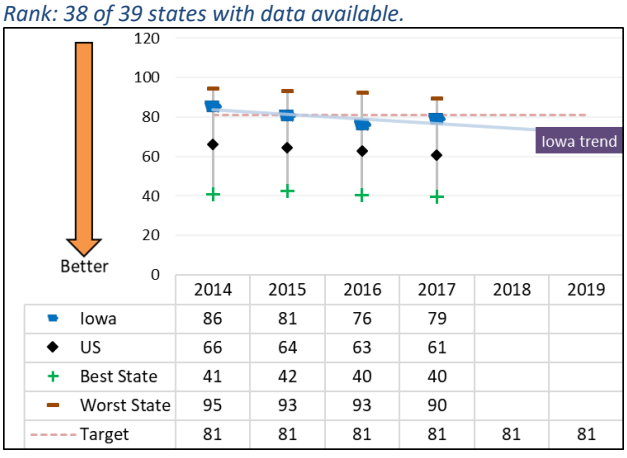
	2014	2015	2016	2017	2018	2019
Iowa	65	64	63	63		
US	62	61	60	58		
Best State	28	28	27	26		
Worst State	96	94	93	91		
Target	61	61	61	61	61	61

Figure 140. Lung cancer incidence – Male. Iowa Rank: 33.



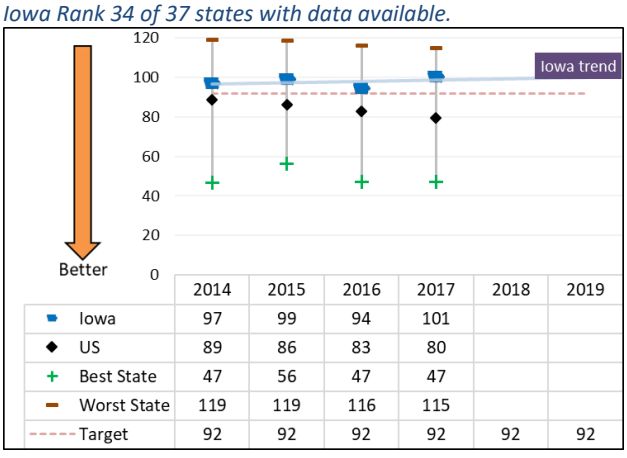
	2014	2015	2016	2017	2018	2019
Iowa	79	78	75	75		
US	73	72	70	68		
Best State	33	33	32	30		
Worst State	117	114	112	109		
Target	75	75	75	75	75	75

Figure 141. Lung cancer incidence - Black, non-Hispanic. Iowa Rank: 38 of 39 states with data available.



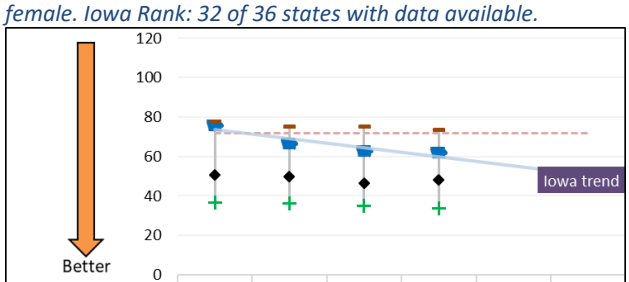
	2014	2015	2016	2017	2018	2019
Iowa	86	81	76	79		
US	66	64	63	61		
Best State	41	42	40	40		
Worst State	95	93	93	90		
Target	81	81	81	81	81	81

Figure 142. Lung cancer incidence - Black, non-Hispanic male. Iowa Rank 34 of 37 states with data available.



	2014	2015	2016	2017	2018	2019
Iowa	97	99	94	101		
US	89	86	83	80		
Best State	47	56	47	47		
Worst State	119	119	116	115		
Target	92	92	92	92	92	92

Figure 143. Lung cancer incidence rate - Black, non-Hispanic female. Iowa Rank: 32 of 36 states with data available.



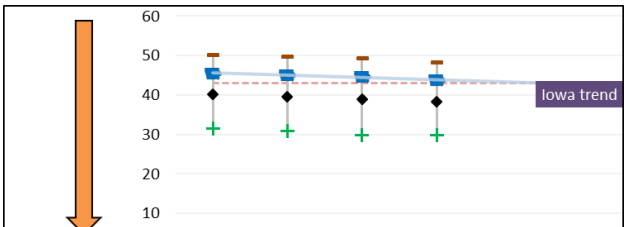
	2014	2015	2016	2017	2018	2019
Iowa	76	67	63	62		
US	51	50	46	48		
Best State	37	36	35	34		
Worst State	78	75	76	74		
Target	72	72	72	72	72	72

CD-7 Decrease ↓ the incidence of colorectal cancer (per 100,000 population - age-adjusted).

Overall ☺	Male ☺
Target: 43	Target: 49
Baseline: 45.5 [2014]	Baseline: 52 [2014]
Newest: 44 [2017]≈4%↓ decrease	Newest: 49.3 [2017]≈5%↓ decrease

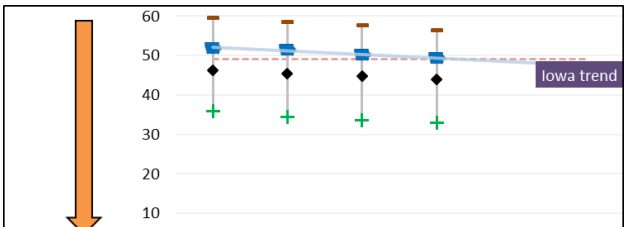
Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. 5-year average. https://wonder.cdc.gov/cancer.html

Figure 144. Colorectal cancer incidence rate – Overall. Iowa Rank: 45.



	2014	2015	2016	2017	2018	2019
Iowa	46	45	45	44		
US	40	40	39	38		
Best State	32	31	30	30		
Worst State	50	50	49	48		
Target	43	43	43	43	43	43

Figure 145. Colorectal cancer incidence rate – Male. Iowa Rank: 43.



	2014	2015	2016	2017	2018	2019
Iowa	52	52	50	49		
US	46	46	45	44		
Best State	36	34	34	33		
Worst State	60	59	58	57		
Target	49	49	49	49	49	49

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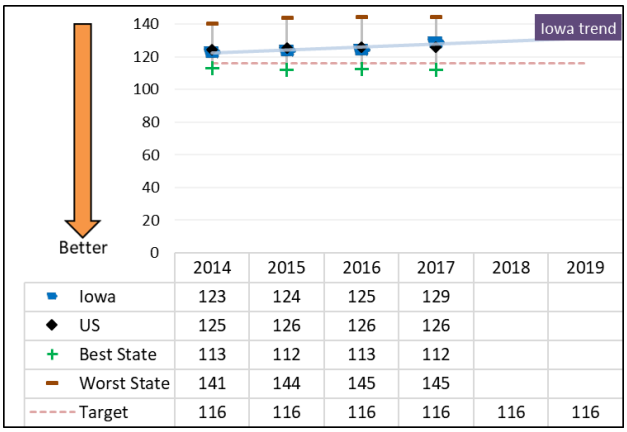
CD-8 Decrease ↓ the incidence of female breast cancer (per 100,000 population - age-adjusted).

Overall ☹
Target: 116
Baseline: 123 [2014]
Newest: 129 [2017]≈5%↑ increase

Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. 5-year average. https://wonder.cdc.gov/cancer.html

Figure 146. Female breast cancer incidence rate – Overall. Iowa Rank: 31.



	2014	2015	2016	2017	2018	2019
Iowa	123	124	125	129		
US	125	126	126	126		
Best State	113	112	113	112		
Worst State	141	144	145	145		
Target	116	116	116	116	116	116

CD-9 Decrease ↓ the incidence of skin melanomas (per 100,000 population - age-adjusted).

Overall ☹
Target: 23
Baseline: 25 [2014]
Newest: 27 [2017]≈8%↑ increase

Male ☹
Target: 27
Baseline: 29 [2014]
Newest: 31 [2017]≈7%↑ increase

Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. 5-year average. https://wonder.cdc.gov/cancer.html

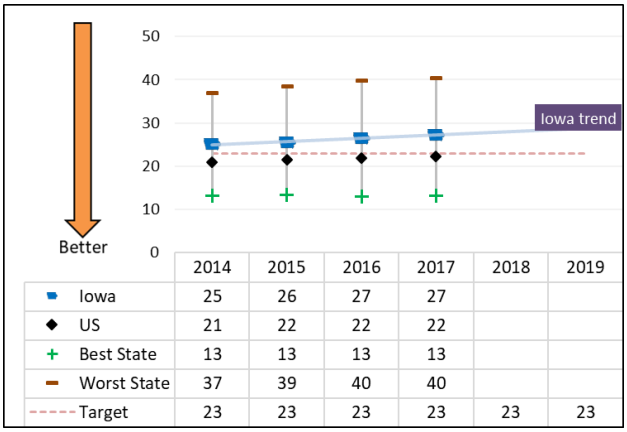
WHY DOES THIS MATTER?

Skin cancer is the most common cancer in the United States. Some people are at higher risk of skin cancer than others, but anyone can get it. The most preventable cause of skin cancer is overexposure to ultraviolet (UV) light, either from the sun or from artificial sources like tanning beds.

The two most common types of skin cancer—basal cell and squamous cell carcinomas—are highly curable, but can be disfiguring and costly to treat. Melanoma, the third most common skin cancer, is more dangerous and causes the most deaths.

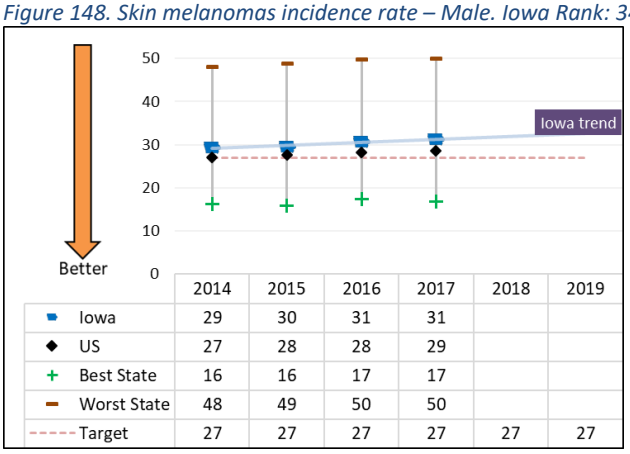
– Source: CDC, Division of Cancer Prevention and Control. https://www.cdc.gov/cancer/skin/basic_info/index.htm

Figure 147. Skin melanomas incidence rate – Overall. Iowa Rank: 41.



	2014	2015	2016	2017	2018	2019
Iowa	25	26	27	27		
US	21	22	22	22		
Best State	13	13	13	13		
Worst State	37	39	40	40		
Target	23	23	23	23	23	23

Figure 148. Skin melanomas incidence rate – Male. Iowa Rank: 34.



	2014	2015	2016	2017	2018	2019
Iowa	29	30	31	31		
US	27	28	28	29		
Best State	16	16	17	17		
Worst State	48	49	50	50		
Target	27	27	27	27	27	27

CD-10 Decrease ↓ the percentage of adults who have been told they have diabetes.

Overall ☹ Target: 8% Baseline: 9% [2016] Newest: 10% [2019]≈10%↑ increase	Adults with Disability* ☹ Target: 18% Baseline: 19% [2016] Newest: 20% [2019]≈5%↑ increase
Income Less Than $15,000 ☹ Target: 13% Baseline: 14.5% [2016] Newest: 19% [2019]≈29%↑ increase	Income $15,000 - $24,999 ☹ Target: 13% Baseline: 14% [2016] Newest: 17% [2019]≈23%↑ increase

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. https://www.cdc.gov/brfss/brfssprevalence *Additional IDPH analysis of national BRFSS data.

WHY DOES THIS MATTER?

Diabetes is the nation's seventh-leading cause of death, accounting for more than 79,000 deaths annually. It also contributes to deaths from heart disease and stroke, which are the leading and fifth-leading causes of death, respectively. There are three major types of diabetes: type 1, type 2, and gestational. Type 2 diabetes accounts for 90 to 95 percent of all cases.

Diabetes is a leading cause of kidney failure, nontraumatic lower-limb amputations and blindness among adults. In 2016, 14.0 percent of Americans were estimated to have diabetes, 69.3 percent of which were diagnosed and another 30.7 percent undiagnosed. In 2015, 1.5 million new cases of diabetes were diagnosed among adults ages 18 and older.

Direct medical costs and lost productivity attributable to diagnosed diabetes is estimated to be $327 billion in 2017. Among people with diagnosed diabetes, direct medical costs are twice as high compared with people without diabetes after adjusting for population age and sex differences.

– Source: America's Health Rankings. Explore/annual/measure/Diabetes/

Figure 149. Disparities in adult Iowans with diabetes (%)

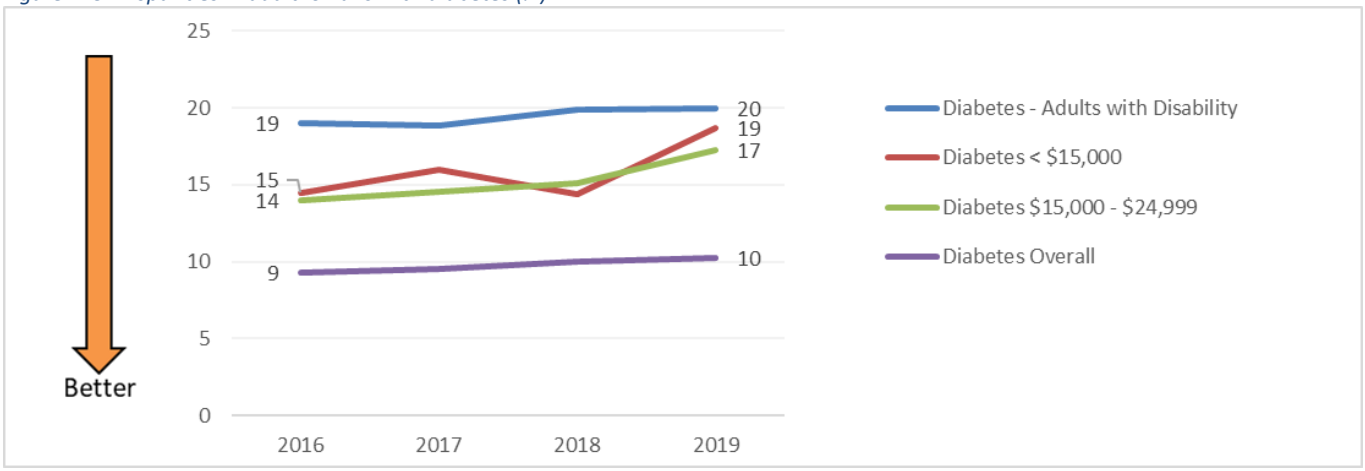
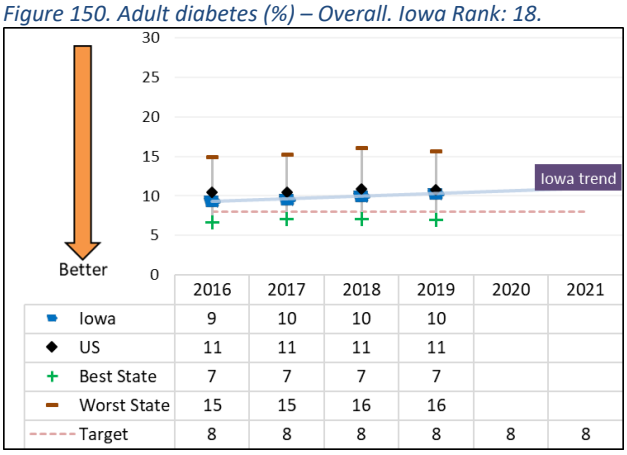
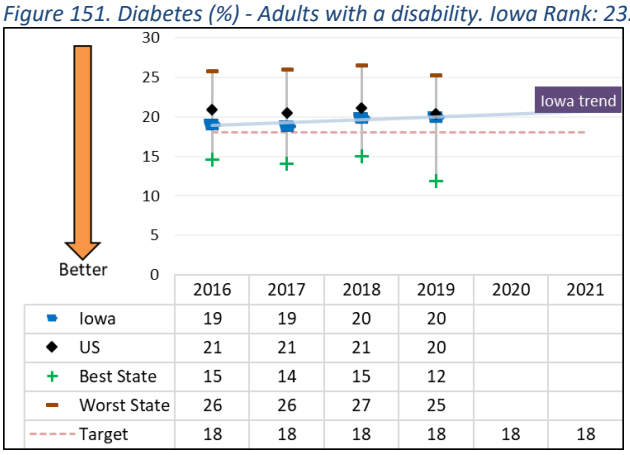


Figure 150. Adult diabetes (%) – Overall. Iowa Rank: 18.



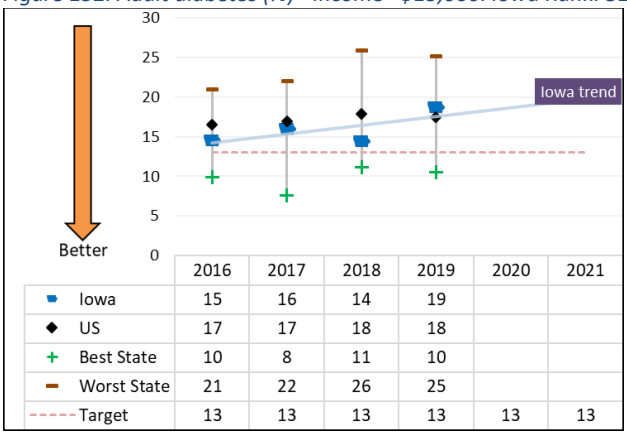
	2016	2017	2018	2019	2020	2021
Iowa	9	10	10	10		
US	11	11	11	11		
Best State	7	7	7	7		
Worst State	15	15	16	16		
Target	8	8	8	8	8	8

Figure 151. Diabetes (%) - Adults with a disability. Iowa Rank: 23.



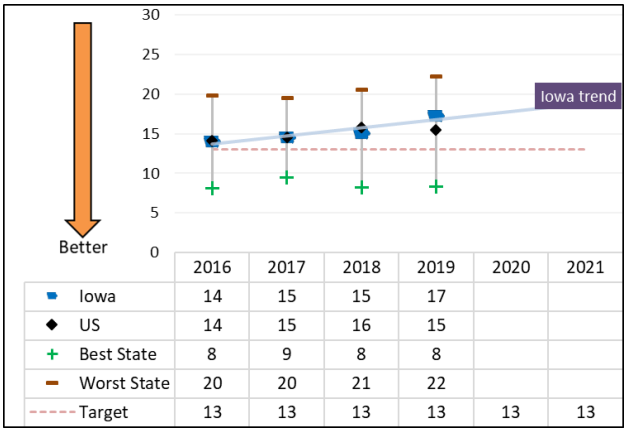
	2016	2017	2018	2019	2020	2021
Iowa	19	19	20	20		
US	21	21	21	20		
Best State	15	14	15	12		
Worst State	26	26	27	25		
Target	18	18	18	18	18	18

Figure 152. Adult diabetes (%) - Income <$15,000. Iowa Rank: 31.



	2016	2017	2018	2019	2020	2021
Iowa	15	16	14	19		
US	17	17	18	18		
Best State	10	8	11	10		
Worst State	21	22	26	25		
Target	13	13	13	13	13	13

Figure 153. Adult diabetes (%) - Income $15,000-$24,999. Iowa Rank: 41.



	2016	2017	2018	2019	2020	2021
Iowa	14	15	15	17		
US	14	15	16	15		
Best State	8	9	8	8		
Worst State	20	20	21	22		
Target	13	13	13	13	13	13

CD-11 Decrease ↓ the percentage of adults with diabetes who have not seen a health professional in the last year.

Overall 😐
Target: 8%
Baseline: 9% [2015]
Newest: 9% [2019]≈0%↔ no change

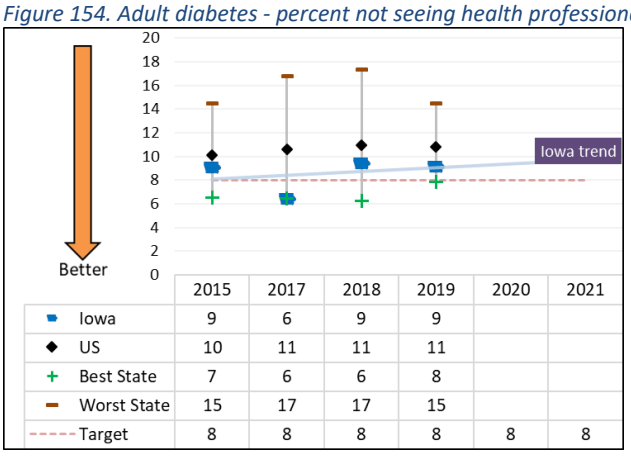
Data Source: Iowa Behavioral Risk Factor Surveillance System (BRFSS). https://idph.iowa.gov/brfss

WHY DOES THIS MATTER?

The right care can slow or stop the progression of prediabetes, prevent the onset of type 2 diabetes, and avert or delay complications from living with diabetes. CDC resources can support your efforts to screen, test, and refer people to type 2 diabetes prevention and diabetes management programs and services.

– Source: CDC, Diabetes Information for Health Care Providers. Diabetes/professional-info/health-care-providers

Figure 154. Adult diabetes - percent not seeing health professional in the last year. Iowa Rank: 6 of 24 states with data available.



	2015	2017	2018	2019	2020	2021
Iowa	9	6	9	9		
US	10	11	11	11		
Best State	7	6	6	8		
Worst State	15	17	17	15		
Target	8	8	8	8	8	8

CD-12 Decrease ↓ the rate of coronary heart disease deaths (per 100,000 population - age-adjusted).

Overall ☺ Target: 97 Baseline: 103 [2014-2016] Newest: 102 [2017-2019]≈1%↓ decrease	Black, non-Hispanic ☺ ☑ Target: 125 Baseline: 132 [2014-2016] Newest: 107 [2017-2019]≈18%↓ decrease
Male ☺ Target: 139 Baseline: 147 [2014-2016] Newest: 143 [2017-2019]≈2%↓ decrease	Black, non-Hispanic Male ☺ ☑ Target: 174 Baseline: 184 [2014-2016] Newest: 145 [2017-2019]≈21%↓ decrease

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes I20-I25 listed as the underlying cause of death. https://wonder.cdc.gov/mcd-icd10.html

WHY DOES THIS MATTER?

Cardiovascular disease decreases the heart's ability to meet the demands of the body during some illnesses. People, particularly seniors, who have serious heart conditions, including heart failure, congenital heart disease, coronary artery disease, cardiomyopathy or pulmonary hypertension, are at higher risk of severe illness from coronavirus disease (COVID-19).For more information about COVID-19 see the Centers for Disease Control and Prevention website.

Cardiovascular disease refers to a number of conditions of the heart resulting from plaque building up in arteries, including coronary artery disease, chest pain, heart attacks and strokes. Heart disease, one type of cardiovascular disease is the leading cause of death in the United States. Stroke, the fifth leading cause of death, may lead to disabilities including paralysis, speech difficulties and emotional problems. Heart attack may result in fatigue, depression and difficulty with engaging in physical activities.

In 2014-2015, the direct and indirect costs of cardiovascular disease and stroke totaled approximately $351.3 billion, around 14% of all U.S. health expenditures.

– Source: America's Health Rankings. Explore/annual/measure/CVD

Figure 155. Disparities in Iowa's coronary heart disease death rate

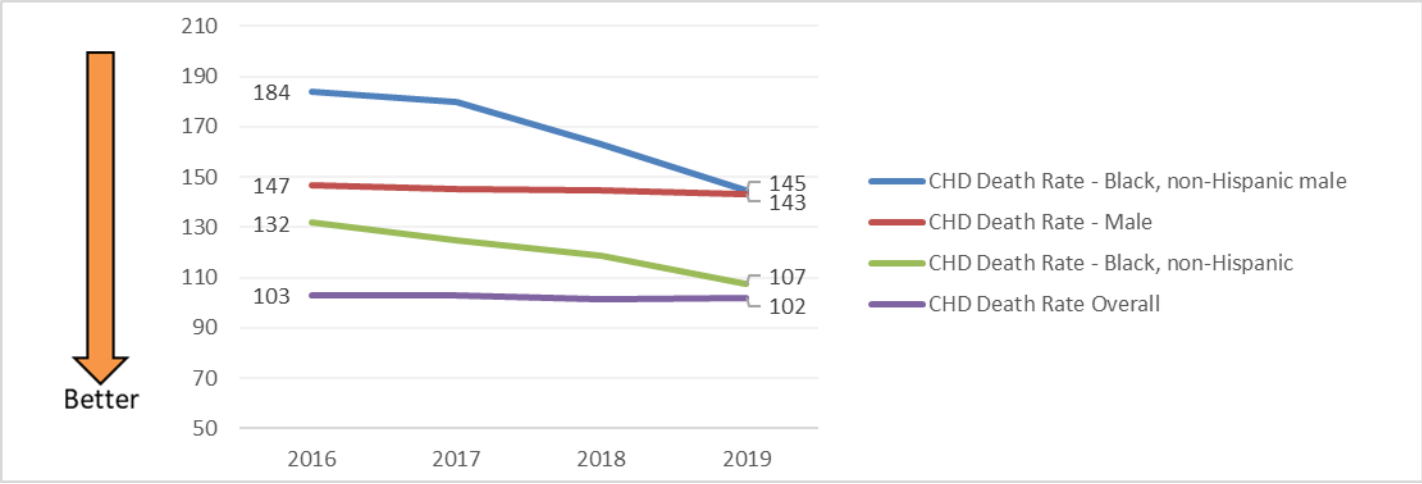
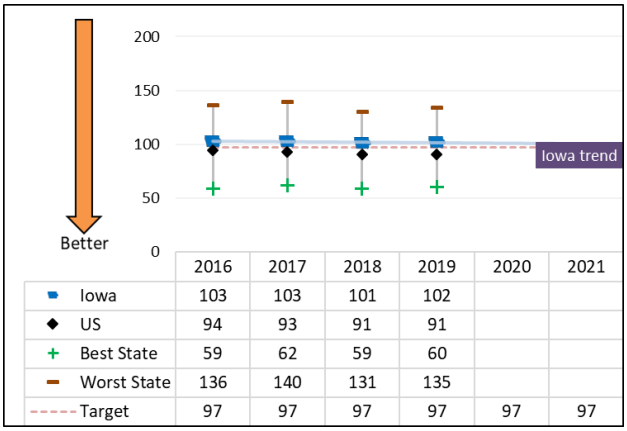
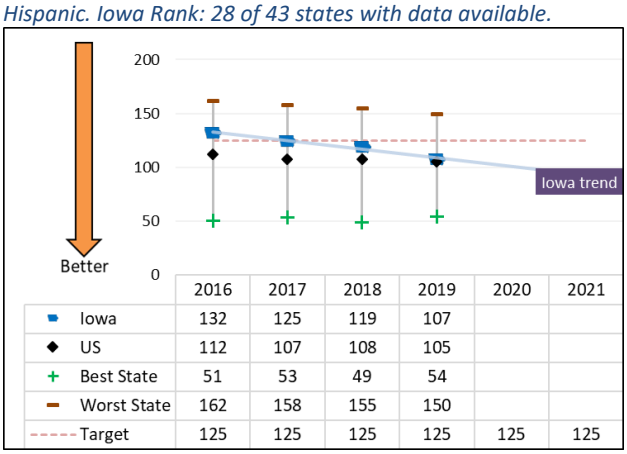


Figure 156. Coronary heart disease death rate – Overall. Iowa Rank: 40.



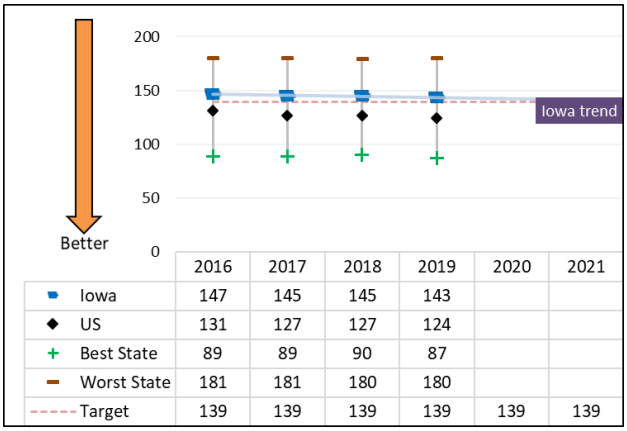
	2016	2017	2018	2019	2020	2021
Iowa	103	103	101	102		
US	94	93	91	91		
Best State	59	62	59	60		
Worst State	136	140	131	135		
Target	97	97	97	97	97	97

Figure 157. Coronary heart disease death rate - Black, non-Hispanic. Iowa Rank: 28 of 43 states with data available.



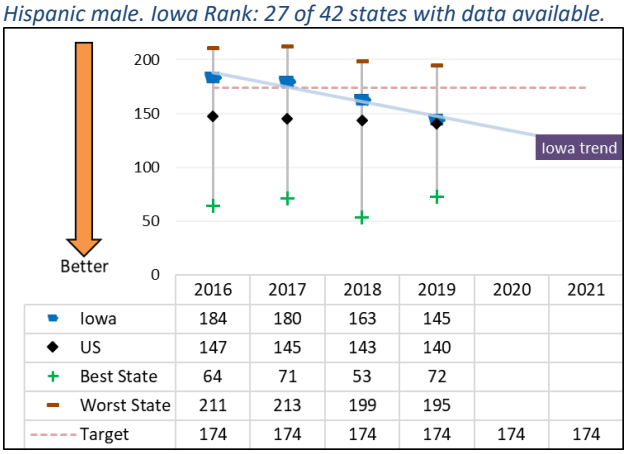
	2016	2017	2018	2019	2020	2021
Iowa	132	125	119	107		
US	112	107	108	105		
Best State	51	53	49	54		
Worst State	162	158	155	150		
Target	125	125	125	125	125	125

Figure 158. Coronary heart disease death rate – Male. Iowa Rank: 42.



	2016	2017	2018	2019	2020	2021
Iowa	147	145	145	143		
US	131	127	127	124		
Best State	89	89	90	87		
Worst State	181	181	180	180		
Target	139	139	139	139	139	139

Figure 159. Coronary heart disease death rate - Black, non-Hispanic male. Iowa Rank: 27 of 42 states with data available.



	2016	2017	2018	2019	2020	2021
Iowa	184	180	163	145		
US	147	145	143	140		
Best State	64	71	53	72		
Worst State	211	213	199	195		
Target	174	174	174	174	174	174

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FOCUS AREA: Disaster Preparedness

What Health Issues Are Included

Network infrastructure, planning & notification

Disaster Preparedness Measures of Health Improvement

DP-1 Increase ↑ Iowa's National Health Security Preparedness Index score.

Overall ☺	Community Planning & Engagement Coordination Domain ☺
Target: 7.3	Target: 4.9
Baseline: 6.9 [2016]	Baseline: 4.6 [2016]
Newest: 7.1 [2019]≈3%↑ increase	Newest: 4.8 [2019]≈4%↑ increase

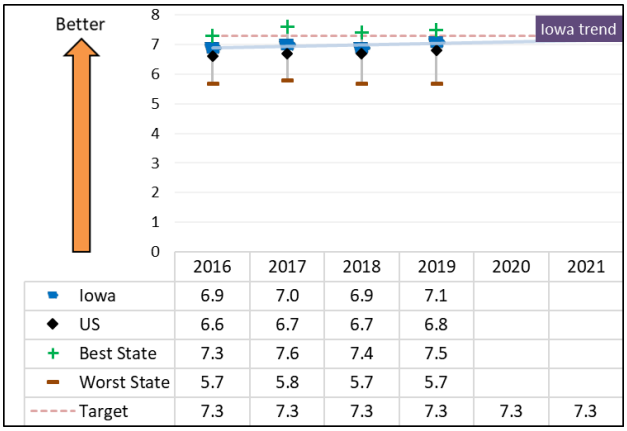
Data Source: Robert Wood Johnson Foundation. National Health Security Preparedness Index. https://nhspi.org

WHY DOES THIS MATTER?

The National Health Security Preparedness Index tracks the nation's progress in preparing for, responding to, and recovering from disasters and other large-scale emergencies that pose risks to health and well-being in the United States. Because health security is a responsibility shared by many different stakeholders in government and society, the Index combines measures from multiple sources and perspectives to offer a broad view of the health protections in place for nation as a whole and for each U.S. state. The Community Planning and Engagement Coordination domain examines actions to develop and maintain supportive relationships among government agencies, community organizations, and individual households; and to develop shared plans for responding to disasters and emergencies.

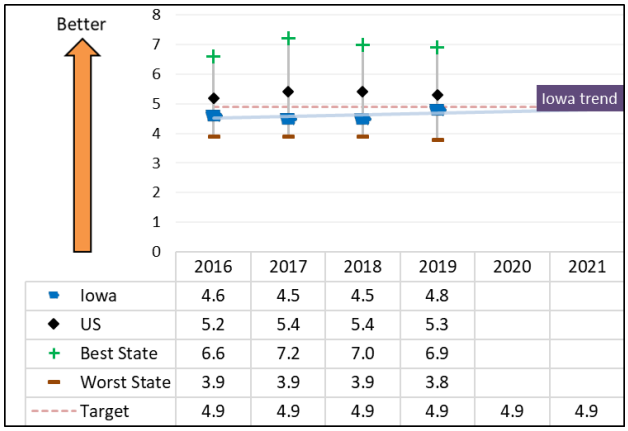
– Source: Robert Wood Johnson Foundation. National Health Security Preparedness Index. https://nhspi.org/explore-the-index/

Figure 160. National Health Security Preparedness Index score - Overall



	2016	2017	2018	2019	2020	2021
Iowa	6.9	7.0	6.9	7.1		
US	6.6	6.7	6.7	6.8		
Best State	7.3	7.6	7.4	7.5		
Worst State	5.7	5.8	5.7	5.7		
Target	7.3	7.3	7.3	7.3	7.3	7.3

Figure 161. NHSPI: Community Planning & Engagement Coordination Domain score



	2016	2017	2018	2019	2020	2021
Iowa	4.6	4.5	4.5	4.8		
US	5.2	5.4	5.4	5.3		
Best State	6.6	7.2	7.0	6.9		
Worst State	3.9	3.9	3.9	3.8		
Target	4.9	4.9	4.9	4.9	4.9	4.9

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FOCUS AREA: Environmental Health

What Health Issues Are Included

Water Quality
Radon

Environmental Health Measures of Health Improvement

EH-1 Increase the percentage of drinking and recreational waters monitored for quality.

Rivers and Streams ☹	Lakes and Reservoirs ☹	Wetlands ☹
Target: 56%	Target: 65%	Target: 88%
Baseline: 52% [2016]	Baseline: 61% [2016]	Baseline: 83% [2016]
Newest: 48% [2020]≈8%↓ decrease	Newest: 53% [2020]≈14%↓ decrease	Newest: 82% [2020]≈2%↓ decrease

Data Source: Iowa Department of Natural Resources. Iowa Water Quality Assessments: ADBNet. 2020 Assessment Summary. https://programs.iowadnr.gov/adbnet/

WHY DOES THIS MATTER?

Water quality in Iowa is measured by comparisons of recent monitoring data to the Iowa Water Quality Standards. Results of recent water quality monitoring, special water quality studies, and other assessments of the quality of Iowa's waters are used to determine the degree to which Iowa's rivers, streams, lakes, and wetlands support the beneficial uses for which they are designated in the Iowa Water Quality Standards (for example, aquatic life (fishing), swimming, and/or use as a source of a public water supply).

– Source: Iowa Department of Natural Resources. ADBNet. https://programs.iowadnr.gov/adbnet/

Figure 162. Water quality monitoring - Rivers and streams

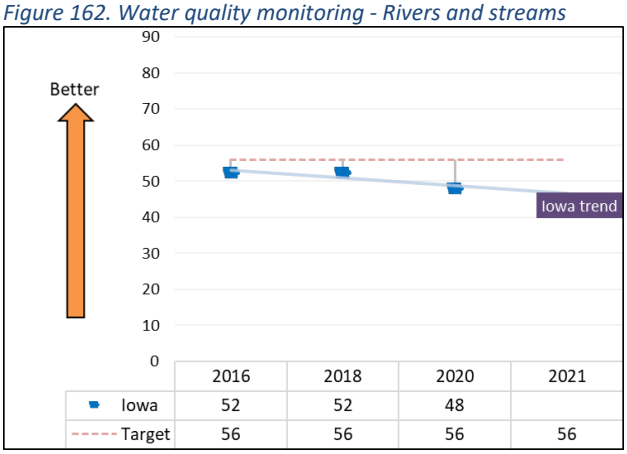


Figure 163. Water quality monitoring –Lakes and reservoirs

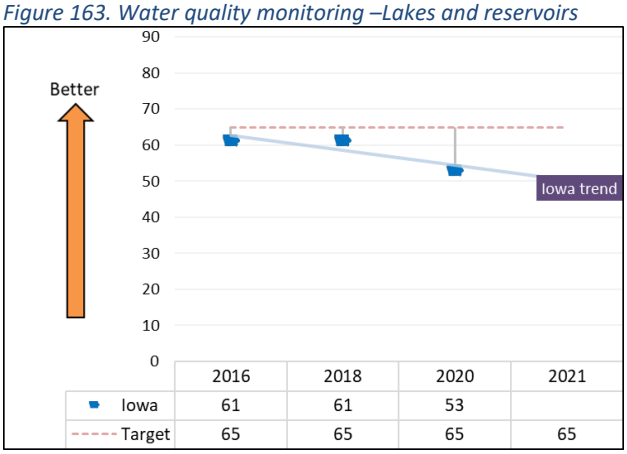
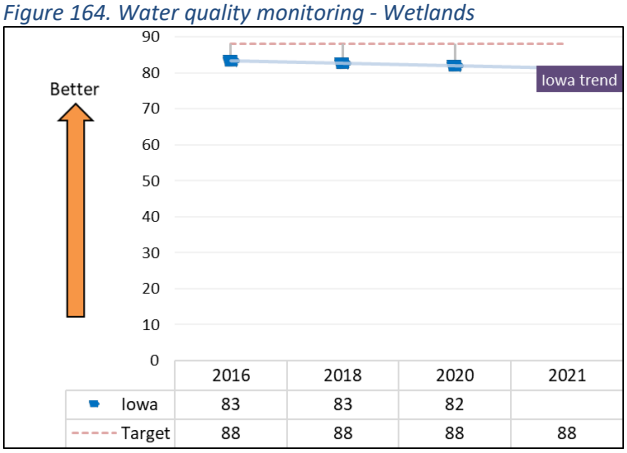


Figure 164. Water quality monitoring - Wetlands



EH-2 Increase the percentage of assessed drinking and recreational waters that fully meet water quality standards.

Rivers and Streams ☹	Lakes and Reservoirs ☺	Wetlands ☺
Target: 21%	Target: 31%	Target: 55%
Baseline: 19% [2016]	Baseline: 29% [2016]	Baseline: 51.5% [2016]
Newest: 17% [2020]≈13%↓ decrease	Newest: 30% [2020]≈4%↑ increase	Newest: 52% [2020]≈1%↑ increase

Data Source: Iowa Department of Natural Resources. Iowa Water Quality Assessments: ADBNet. 2020 Assessment Summary. https://programs.iowadnr.gov/adbnet/

Figure 165. Meet water quality standards - Rivers and streams

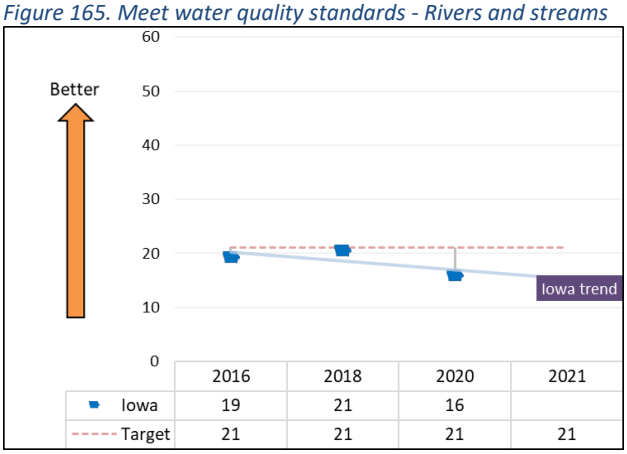


Figure 166. Meet water quality standards - Lakes and reservoirs

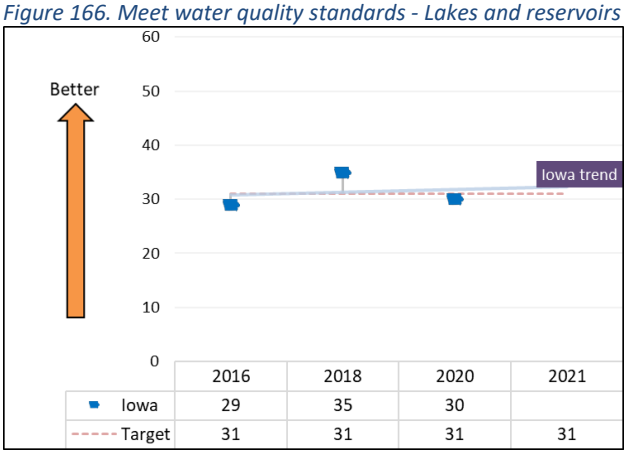
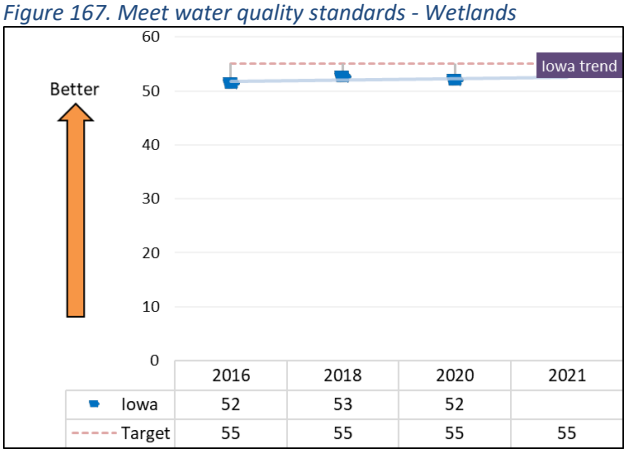


Figure 167. Meet water quality standards - Wetlands



RADON

See also Chronic Disease Measures of Health Improvement for measures related to radon: reducing lung cancer incidence (**CD-6**) and the lung cancer death rate (**CD-2**).

FOCUS AREA: Healthy Living

What Health Issues Are Included

Obesity, Nutrition & Physical Activity
Lack of Oral Health/Dental Services
Sexually Transmitted Diseases

Healthy Living Measures of Health Improvement

HL-1 Decrease ↓ the percentage of people who are overweight.

WIC children ages 2 to 4 😐
Target: 16%
Baseline: 17% [2014]
Newest: 17% [2018]≈0%↔ no change

Adults 18+ (BMI 25.0 to 29.9) ☺	Adults 18-24 ☺ ☑	Adults Male 18+ ☺ ☑
Target: 34%	Target: 25%	Target: 40%
Baseline: 37% [2016]	Baseline: 26% [2016]	Baseline: 42% [2016]
Newest: 34.4% [2019]≈6%↓ decrease	Newest: 25% [2019]≈5%↓ decrease	Newest: 39% [2019]≈9%↓ decrease

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html

Children & Adolescents (ages 10-17) ☹
Target: 11%
Baseline: 12% [2016]
Newest: 18% [2019]≈48%↑ increase

Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health (NSCH). National Outcome Measure #20. https://www.childhealthdata.org/browse/survey

WHY DOES THIS MATTER?

Childhood is an important time to establish a trajectory for good health throughout life. Childhood overweight or obesity is a growing problem in the United States. According to the National Center for Health Statistics, the prevalence of childhood overweight or obesity has tripled since the 1970s. Childhood obesity is defined as a BMI value at or above the 95th percentile based on age and sex. Childhood overweight is defined as a BMI value at or above the 85th percentile and less than the 95th percentile based on age and sex.

Childhood overweight or obesity is associated with physical, social and psychological health issues in both adolescence and adulthood including:

- The clustering of cardiometabolic risk factors that increase the risk of developing cardiovascular disease and type 2 diabetes.
- Bone and joint problems, asthma and sleep apnea.
- Poor self-esteem, social isolation and depression.

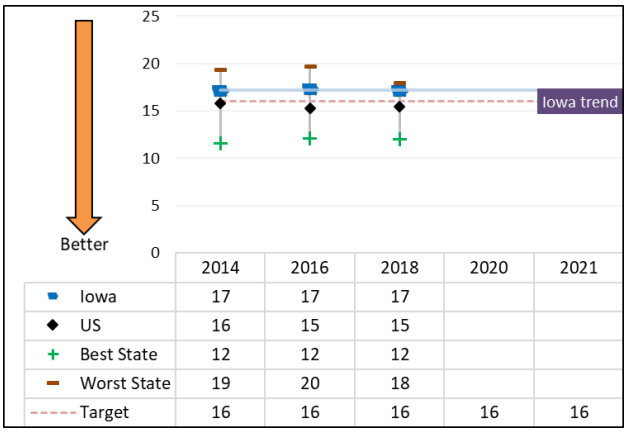
Besides the extra weight itself, weight stigma, also known as weight-based discrimination or weight bias, negatively influences psychological and physical health. Weight stigma is defined as social discrimination and stereotyping based on an individual's weight. The associated health issues include:

- Substance misuse in adulthood.
- Increase in cortisol level.
- Increased risk of disordered eating behaviors.
- Increased risk of chronic diseases.
- Bias in medical care.

Children and adolescents who have overweight or obesity are more likely to have overweight or obesity as adults compared with children and adolescents who have a healthy weight. Childhood overweight or obesity is responsible for an estimated $14 billion in lifetime direct medical costs or $19,000 per child with obesity or overweight.

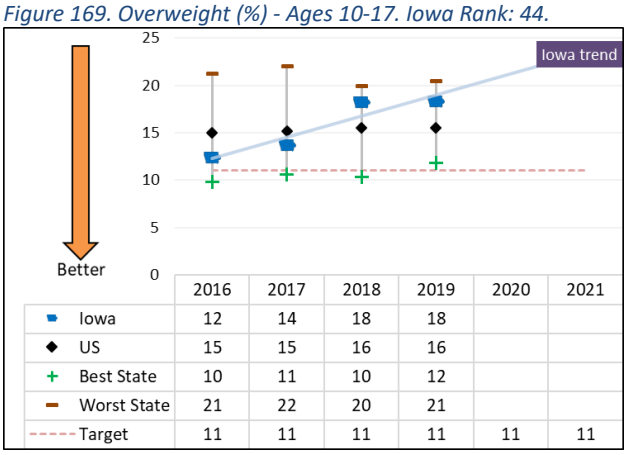
– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/youth_overweight

Figure 168. Overweight (%) - WIC children ages 2-4 – Overall. Iowa Rank: 43.



	2014	2016	2018	2020	2021
Iowa	17	17	17		
US	16	15	15		
Best State	12	12	12		
Worst State	19	20	18		
Target	16	16	16	16	16

Figure 169. Overweight (%) - Ages 10-17. Iowa Rank: 44.



	2016	2017	2018	2019	2020	2021
Iowa	12	14	18	18		
US	15	15	16	16		
Best State	10	11	10	12		
Worst State	21	22	20	21		
Target	11	11	11	11	11	11

Figure 170. Disparities in Iowa adults who are overweight (%)

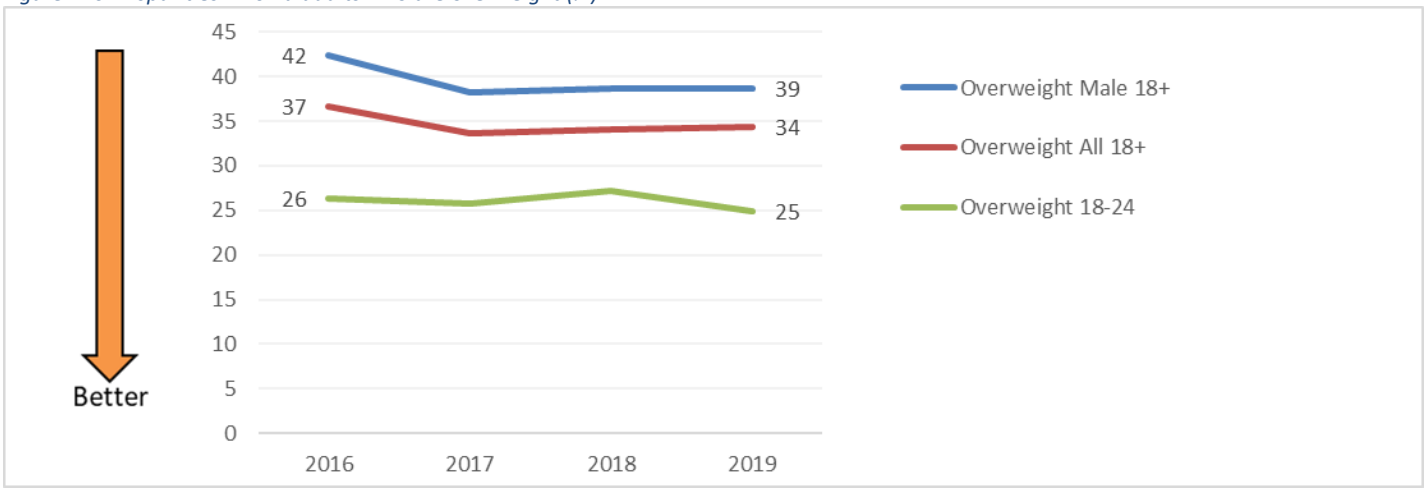
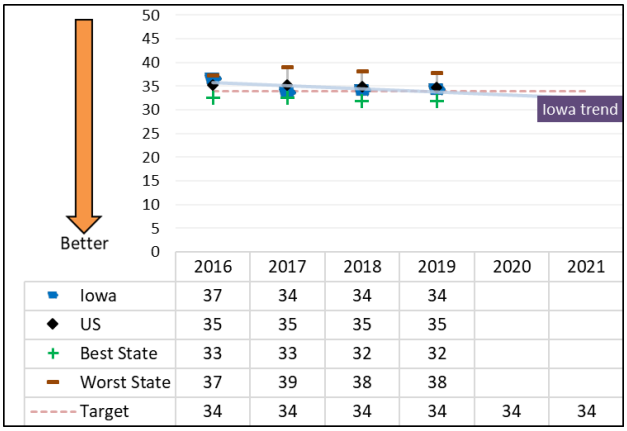
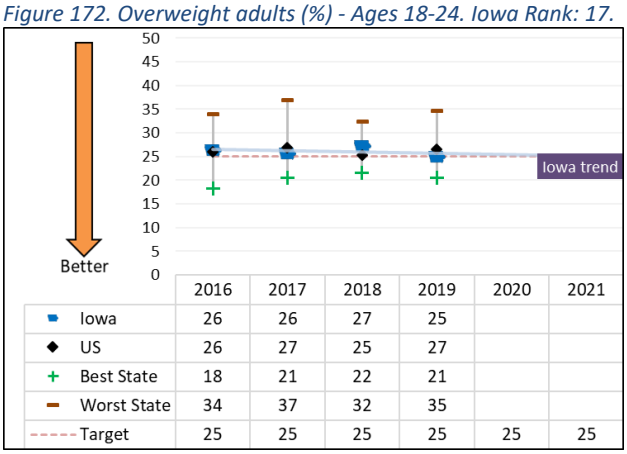


Figure 171. Overweight adults ages 18+ (%) – Overall. Iowa Rank: 17.



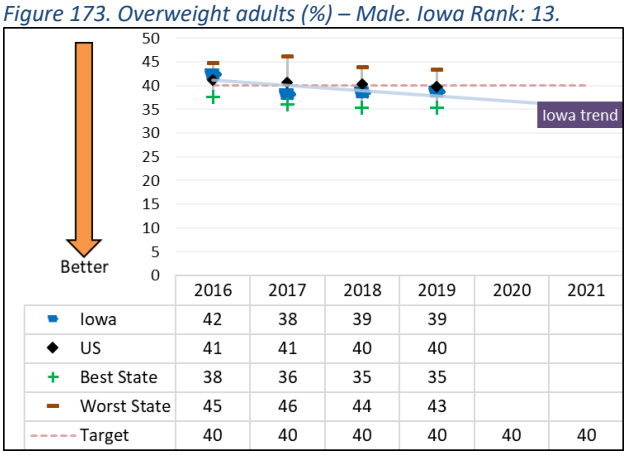
	2016	2017	2018	2019	2020	2021
Iowa	37	34	34	34		
US	35	35	35	35		
Best State	33	33	32	32		
Worst State	37	39	38	38		
Target	34	34	34	34	34	34

Figure 172. Overweight adults (%) - Ages 18-24. Iowa Rank: 17.



	2016	2017	2018	2019	2020	2021
Iowa	26	26	27	25		
US	26	27	25	27		
Best State	18	21	22	21		
Worst State	34	37	32	35		
Target	25	25	25	25	25	25

Figure 173. Overweight adults (%) – Male. Iowa Rank: 13.



	2016	2017	2018	2019	2020	2021
Iowa	42	38	39	39		
US	41	41	40	40		
Best State	38	36	35	35		
Worst State	45	46	44	43		
Target	40	40	40	40	40	40

HL-2 Decrease ↓ the percentage of people with obesity.

WIC children ages 2 to 4 ☹ Target: 13% Baseline: 14.7% [2014] Newest: 15.6% [2018]≈6%↑ increase	WIC children, Hispanic ☹ Target: 19% Baseline: 20% [2014] Newest: 21.5% [2018]≈6%↑ increase	WIC children, Am. Indian/Alaska Native ☹ Target: 17% Baseline: 19% [2014] Newest: 22.6% [2018]≈21%↑ increase
Adults 18+ (BMI > 30) ☹ Target: 30% Baseline: 32% [2016] Newest: 34% [2019]≈6%↑ increase	Adults with Disability* ☹ Target: 38% Baseline: 41% [2016] Newest: 43% [2019]≈5%↑ increase	

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html *Additional IDPH analysis of national BRFSS data.

Children & Adolescents (ages 10-17) ☺ ☑
Target: 16%
Baseline: 17.5% [2016]
Newest: 15% [2019]≈13%↓ decrease

Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health (NSCH). National Outcome Measure #20. https://www.childhealthdata.org/browse/survey

WHY DOES THIS MATTER?

Adults who have obesity, when compared with adults at a healthy weight, are more likely to have a decreased quality of life and have an increased risk of developing serious health conditions including hypertension; Type 2 diabetes; heart disease and stroke; sleep apnea and breathing problems; some cancers; and mental illness such as depression and anxiety. Further, weight stigma, or discrimination and stereotyping based on an individual's weight, may also negatively influence psychological and physical health.

The costs associated with obesity and obesity-related health problems are staggering. One study estimated the medical costs of obesity to be $342.2 billion (in 2013 dollars). Beyond direct medical costs, the indirect costs of decreased productivity tied to obesity are estimated at $8.65 billion per year.

– Source: America's Health Rankings. Explore/annual/measure/Obesity

Children and adolescents who have overweight or obesity are more likely to have overweight or obesity as adults compared with children and adolescents who have a healthy weight.

Source: America's Health Rankings. Explore/health-of-women-and-children/measure/youth_overweight

Figure 174. Disparities in Iowa child and adolescent obesity (%)

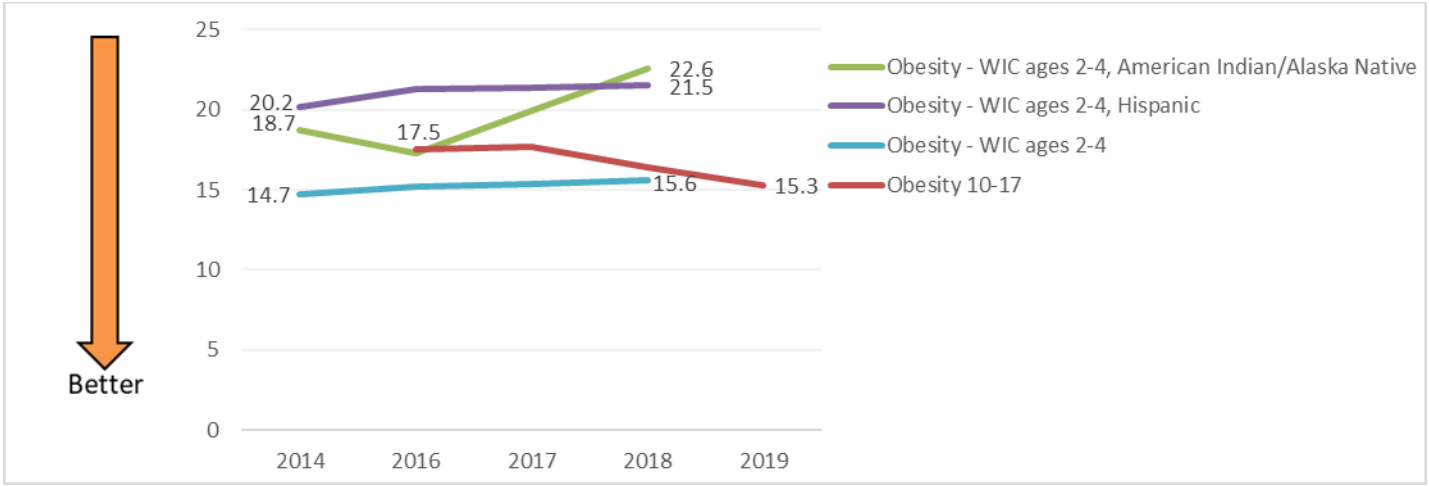
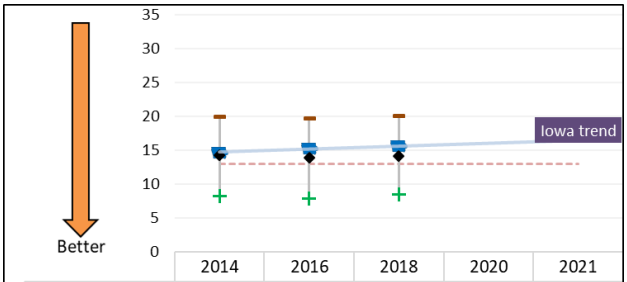
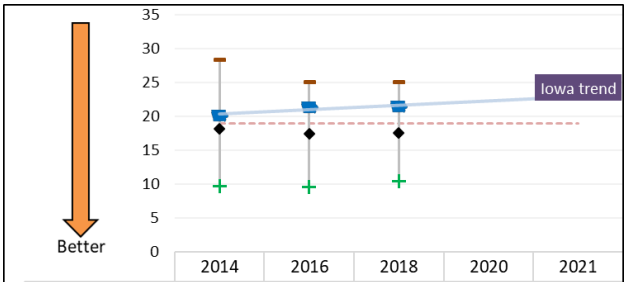


Figure 175. Obesity (%) - WIC children ages 2-4 – Overall. Iowa Rank: 37.



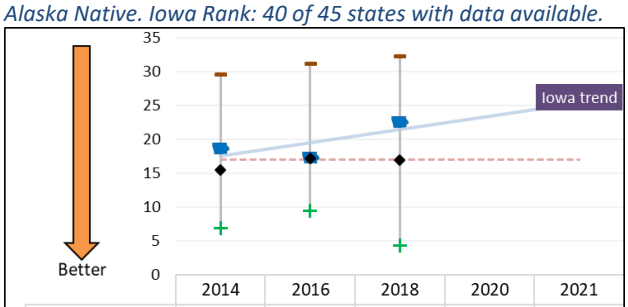
	2014	2016	2018	2020	2021
Iowa	15	15	16		
US	14	14	14		
Best State	8	8	9		
Worst State	20	20	20		
Target	13	13	13	13	13

Figure 176. Obesity (%) - WIC children ages 2-4 – Hispanic. Iowa Rank: 43.



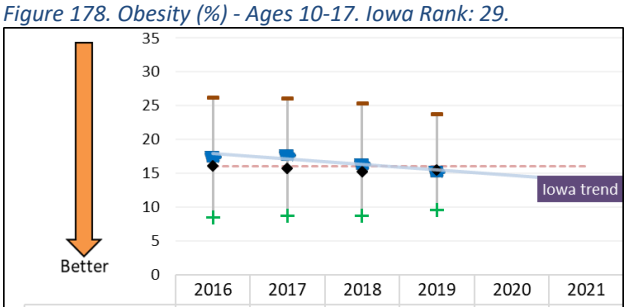
	2014	2016	2018	2020	2021
Iowa	20	21	22		
US	18	18	18		
Best State	10	10	10		
Worst State	29	25	25		
Target	19	19	19	19	19

Figure 177. Obesity (%) - WIC children ages 2-4 - American Indian/ Alaska Native. Iowa Rank: 40 of 45 states with data available.



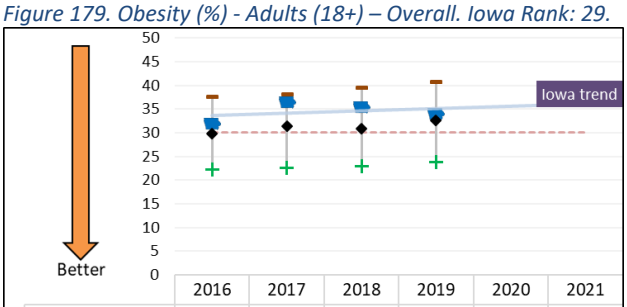
	2014	2016	2018	2020	2021
Iowa	19	17	23		
US	16	17	17		
Best State	7	10	4		
Worst State	30	31	32		
Target	17	17	17	17	17

Figure 178. Obesity (%) - Ages 10-17. Iowa Rank: 29.



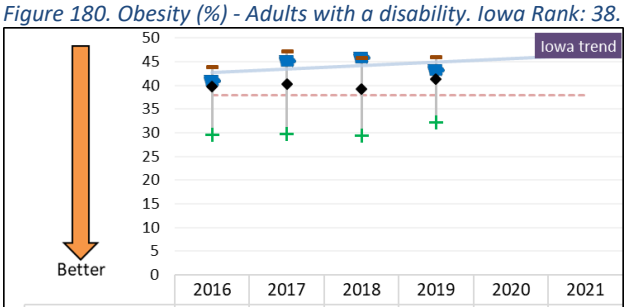
	2016	2017	2018	2019	2020	2021
Iowa	18	18	16	15		
US	16	16	15	16		
Best State	9	9	9	10		
Worst State	26	26	25	24		
Target	16	16	16	16	16	16

Figure 179. Obesity (%) - Adults (18+) – Overall. Iowa Rank: 29.



	2016	2017	2018	2019	2020	2021
Iowa	32	36	35	34		
US	30	31	31	33		
Best State	22	23	23	24		
Worst State	38	38	40	41		
Target	30	30	30	30	30	30

Figure 180. Obesity (%) - Adults with a disability. Iowa Rank: 38.



	2016	2017	2018	2019	2020	2021
Iowa	41	45	46	43		
US	40	40	39	41		
Best State	30	30	29	32		
Worst State	44	47	46	46		
Target	38	38	38	38	38	38

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HL-3 Increase ↑ the percentage of infants who are breastfed.

Infants, ever breastfed ☹	Infants, breastfed at 6 months ☺	Infants, breastfed at 12 months ☺ ☑
Target: 87%	Target: 56%	Target: 31%
Baseline: 83% [2014*]	Baseline: 53% [2014]	Baseline: 29% [2014]
Newest: 80% [2017]≈3%↓ decrease	Newest: 54% [2017]≈1%↑ increase	Newest: 32.5% [2017]≈12%↑ increase

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html * Year is child's birth year.

WHY DOES THIS MATTER?

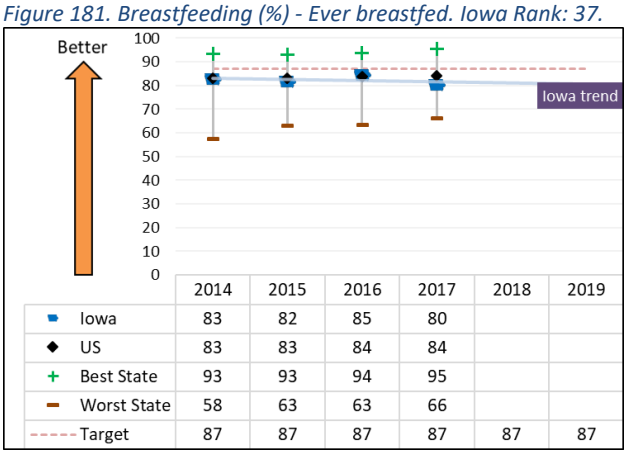
Breastfeeding provides infants with nutrition in the beginning of life. Breastfeeding also supports healthy brain and immune system development. Breastfeeding benefits to baby include:

- Decreased risk of infant mortality.
- Improved infant motor and intellectual development.
- Decreased risk of chronic disease for the infant, including childhood asthma, gastroenteritis, diabetes, sudden infant death syndrome and childhood leukemia.
- Reduced risk of obesity by up to 25%.

Exclusive breastfeeding is recommended for the first six months of a baby's life by the American Academy of Pediatrics and the World Health Organization. Despite this recommendation, only about 25% of infants are breastfed exclusively for six months. Breastfeeding benefits for mothers include decreased risk of breast and ovarian cancers, type 2 diabetes and postpartum depression.

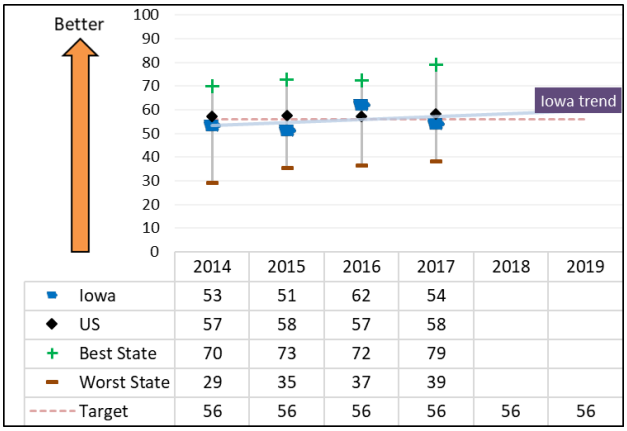
– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/breastfed

Figure 181. Breastfeeding (%) - Ever breastfed. Iowa Rank: 37.



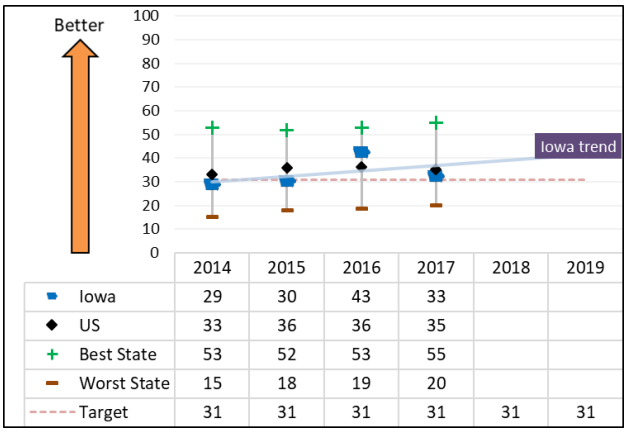
	2014	2015	2016	2017	2018	2019
Iowa	83	82	85	80		
US	83	83	84	84		
Best State	93	93	94	95		
Worst State	58	63	63	66		
Target	87	87	87	87	87	87

Figure 182. Breastfeeding (%) - Infants breastfed at 6 months. Iowa Rank: 35.



	2014	2015	2016	2017	2018	2019
Iowa	53	51	62	54		
US	57	58	57	58		
Best State	70	73	72	79		
Worst State	29	35	37	39		
Target	56	56	56	56	56	56

Figure 183. Breastfeeding (%) - Infants breastfed at 12 months. Iowa Rank: 33.



	2014	2015	2016	2017	2018	2019
Iowa	29	30	43	33		
US	33	36	36	35		
Best State	53	52	53	55		
Worst State	15	18	19	20		
Target	31	31	31	31	31	31

HL-4 Decrease ↓ the percentage of Iowans who are food insecure.

Overall ☺ ☑
Target: 11%
Baseline: 12% [2015]
Newest: 9.4% [2019]≈22%↓ decrease
2020 Projected: 11.2%≈19%↑ increase from 2019
2021 Projected: 11.4%≈21%↑ increase from 2019

Children ☺ ☑
Target: 15%
Baseline: 17% [2015]
Newest: 13.1% [2019]≈22%↓ decrease
2020 Projected: 16.2%≈24%↑ increase from 2019
2021 Projected: 15.6%≈19%↑ increase from 2019

Data Source: Feeding America. Map the Meal Gap. https://map.feedingamerica.org/

Adults ages 60+ 😐
Target: 5%
Baseline: 5.5% [2014-2015]
Newest: 5.6% [2017-2018]≈0%↔ no change

Data Source: Feeding America. The State of Senior Hunger in America.
https://www.feedingamerica.org/research/senior-hunger-research/senior

WHY DOES THIS MATTER?

Food insecurity is a social and economic condition where access to food is limited or uncertain. It differs from hunger in that hunger is a physiological feeling. In 2018, an estimated 37 million Americans, including 11 million children were food insecure. Food insecurity has broad effects on health due to the mental and physical stress that it places on the body. Among women, food insecurity is associated with obesity; anxiety and depressive symptoms; risky sexual behavior; and negative pregnancy outcomes such as low birthweight and gestational diabetes.

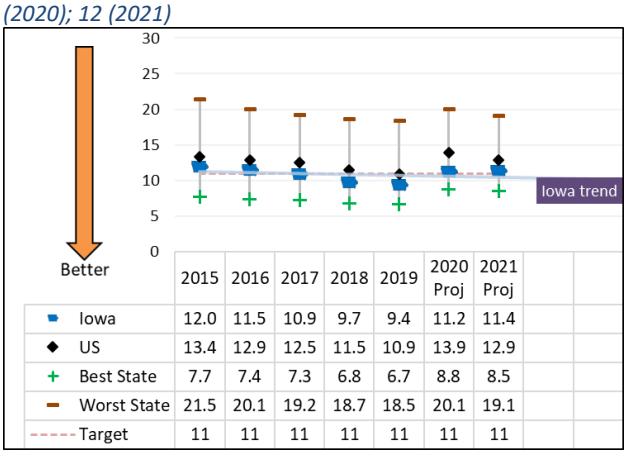
Children are particularly susceptible to the negative impacts of food insecurity because their brains and bodies are still developing. Among children, food insecurity is associated with anemia; asthma; depression and anxiety, cognitive and behavioral problems; and higher risk of being hospitalized.

Health-related costs attributed to hunger were conservatively estimated at $160 billion in 2014. Adding in lost economic productivity, education costs (such as special education support and costs of school dropout) and charity to combat hunger brings the total to $178.9 billion. A Centers for Disease Control and Prevention study found that food insecure adults had annual health care expenditures $1,834 higher than food secure adults, for a cumulative median cost of $687 million per state.

The COVID-19 pandemic has had a profound impact on many social and economic factors that affect health and well-being, including employment, food sufficiency and housing stability.

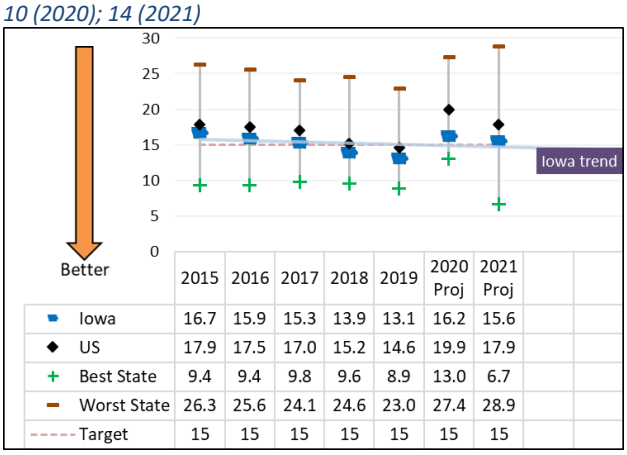
– Source: America's Health Rankings. Explore/annual/measure/food_insecurity_household

Figure 184. Food insecurity (%) – Overall. Iowa Rank: 7 (2019); 3 (2020); 12 (2021)



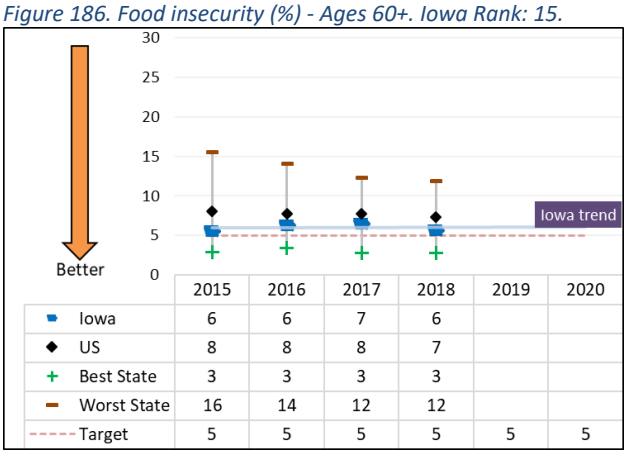
	2015	2016	2017	2018	2019	2020 Proj	2021 Proj
Iowa	12.0	11.5	10.9	9.7	9.4	11.2	11.4
US	13.4	12.9	12.5	11.5	10.9	13.9	12.9
Best State	7.7	7.4	7.3	6.8	6.7	8.8	8.5
Worst State	21.5	20.1	19.2	18.7	18.5	20.1	19.1
Target	11	11	11	11	11	11	11

Figure 185. Food insecurity (%) – Children. Iowa Rank: 11 (2019); 10 (2020); 14 (2021)



	2015	2016	2017	2018	2019	2020 Proj	2021 Proj
Iowa	16.7	15.9	15.3	13.9	13.1	16.2	15.6
US	17.9	17.5	17.0	15.2	14.6	19.9	17.9
Best State	9.4	9.4	9.8	9.6	8.9	13.0	6.7
Worst State	26.3	25.6	24.1	24.6	23.0	27.4	28.9
Target	15	15	15	15	15	15	15

Figure 186. Food insecurity (%) - Ages 60+. Iowa Rank: 15.



	2015	2016	2017	2018	2019	2020
Iowa	6	6	7	6		
US	8	8	8	7		
Best State	3	3	3	3		
Worst State	16	14	12	12		
Target	5	5	5	5	5	5

HL-5 Increase ↑ the percentage of adults who eat fruits or vegetables five or more times per day.

Overall ☹	Male ☺ ☑
Target: 15%	Target: 10%
Baseline: 13.5% [2015]	Baseline: 9% [2015]
Newest: 13% [2019]≈2%↓ decrease	Newest: 10% [2019]≈13%↑ increase

Data Source: Iowa Behavioral Risk Factor Surveillance System (BRFSS). https://idph.iowa.gov/brfss Data is available in odd numbered years.

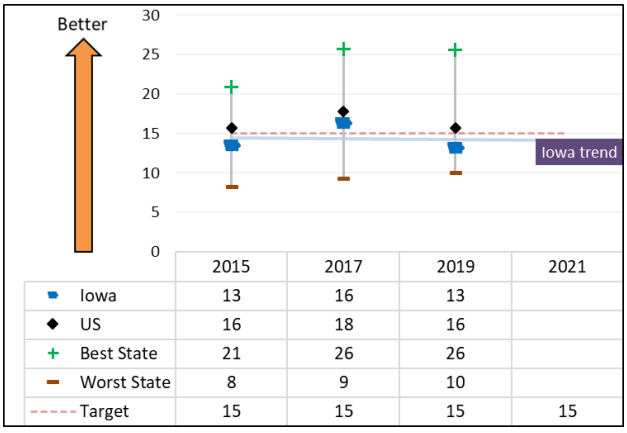
WHY DOES THIS MATTER?

Diets high in fruits and vegetables reduce the risk of many chronic diseases such as type 2 diabetes, obesity, heart disease and stroke. Consumption of three or more fruits and vegetables lowers the chances of premature death. Roughly half of adults in the United States suffer from one or more preventable chronic diseases related to poor diet and physical inactivity. The Dietary Guidelines for Americans recommend that adults consume two cups of fruits and two and a half cups of vegetables per day. Consumption of vegetables and fruits during pregnancy may help women to eat important nutrients such as vitamin C and folic acid.

The economic benefit of healthy eating is estimated to be $114.5 billion per year in the United States. This benefit includes medical savings, increased productivity and the value of prolonged life.

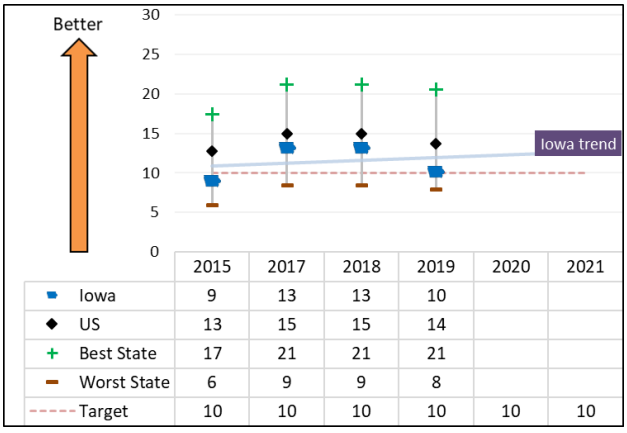
– Source: America's Health Rankings. https://www.americashealthrankings.org/explore/annual/measure/fvcombo/state/ALL

Figure 187. Adults eating fruits/veggies 5+ times a day (%) – Overall. Iowa Rank: 39.



	2015	2017	2019	2021
Iowa	13	16	13	
US	16	18	16	
Best State	21	26	26	
Worst State	8	9	10	
Target	15	15	15	15

Figure 188. Adults eating fruits/veggies 5+ times a day (%) – Male. Iowa Rank: 42.



	2015	2017	2018	2019	2020	2021
Iowa	9	13	13	10		
US	13	15	15	14		
Best State	17	21	21	21		
Worst State	6	9	9	8		
Target	10	10	10	10	10	10

HL-6 Increase ↑ the percentage of adults who eat fruit at least one time per day.

Overall ☺ Target: 62% Baseline: 58% [2015] Newest: 60% [2019]≈2%↑ increase	Male ☺ ☑ Target: 55% Baseline: 52% [2015] Newest: 55% [2019]≈6%↑ increase	Black, non-Hispanic ☺ ☑ Target: 51% Baseline: 48% [2015] Newest: 61% [2019]≈27%↑ increase
Ages 18-24 😐 Target: 58% Baseline: 55% [2015] Newest: 55% [2019]≈0%↔no change	Ages 25-34 ☹ Target: 60% Baseline: 57% [2015] Newest: 55% [2019]≈3%↓ decrease	Ages 35-44 ☺ ☑ Target: 54% Baseline: 51% [2015] Newest: 57% [2019]≈11%↑ increase
Ages 45-54 ☺ ☑ Target: 57% Baseline: 54% [2015] Newest: 58% [2019]≈7%↑ increase	Income less than $15,000 ☺ ☑ Target: 52% Baseline: 49% [2015] Newest: 54% [2019]≈10%↑ increase	Income $15,000-$24,999 ☺ Target: 57% Baseline: 54% [2015] Newest: 55% [2019]≈1%↑ increase

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html Data is available in odd numbered years.

Figure 189. Disparities in Iowa adult fruit consumption (%)

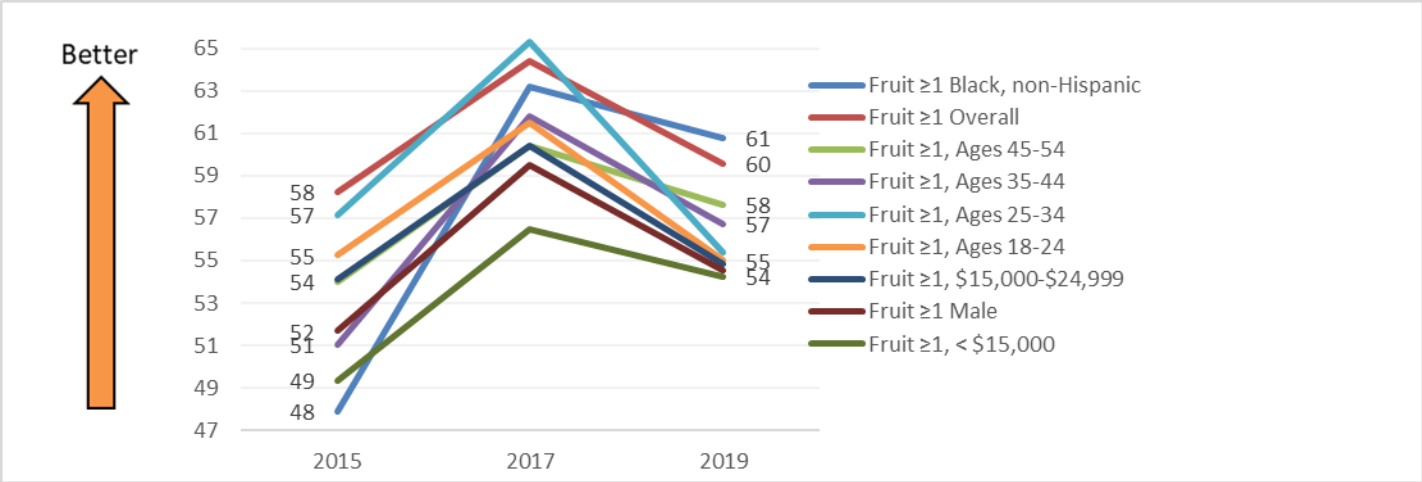
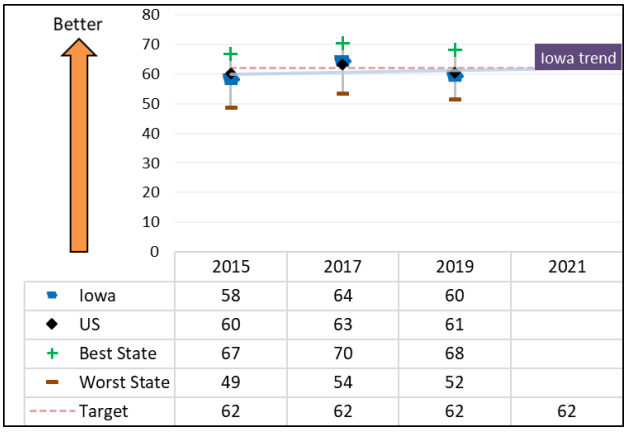
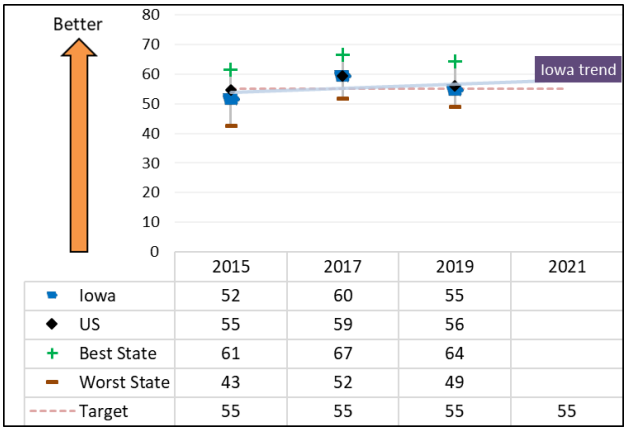


Figure 190. Adults eating fruit 1+ times a day (%) – Overall. Iowa Rank: 28.



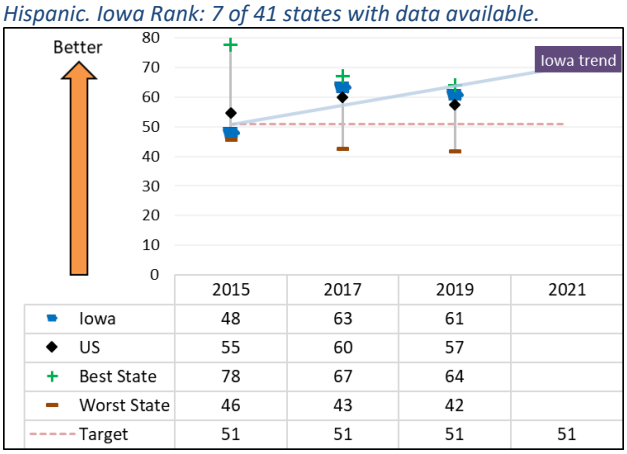
	2015	2017	2019	2021
Iowa	58	64	60	
US	60	63	61	
Best State	67	70	68	
Worst State	49	54	52	
Target	62	62	62	62

Figure 191. Adults eating fruit 1+ times a day (%) – Male. Iowa Rank: 36.



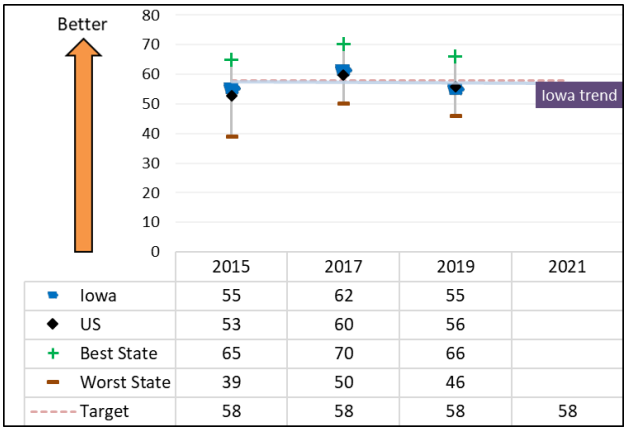
	2015	2017	2019	2021
Iowa	52	60	55	
US	55	59	56	
Best State	61	67	64	
Worst State	43	52	49	
Target	55	55	55	55

Figure 192. Adults eating fruit 1+ times a day (%) - Black, non-Hispanic. Iowa Rank: 7 of 41 states with data available.



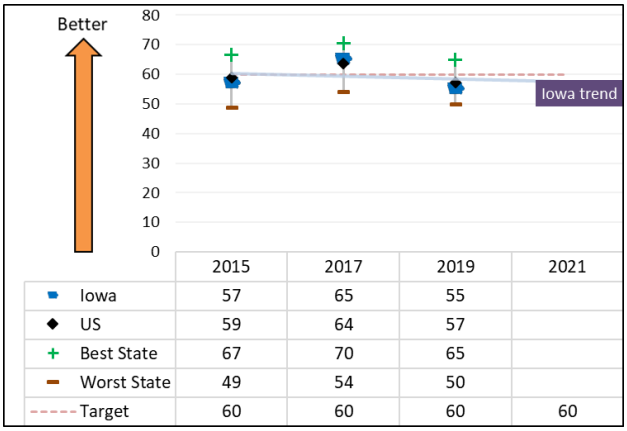
	2015	2017	2019	2021
Iowa	48	63	61	
US	55	60	57	
Best State	78	67	64	
Worst State	46	43	42	
Target	51	51	51	51

Figure 193. Adults eating fruit 1+ times a day (%) - Ages 18-24. Iowa Rank: 30.



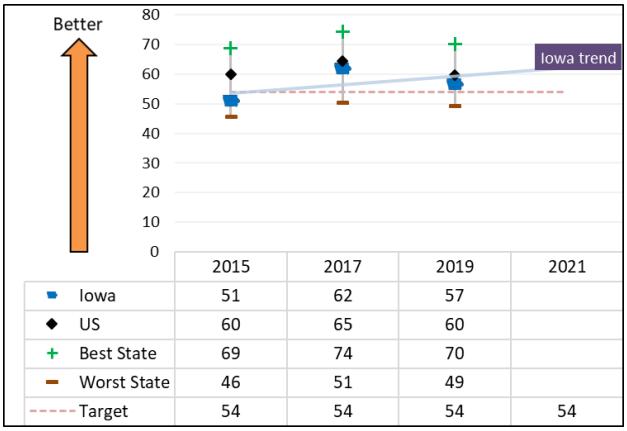
	2015	2017	2019	2021
Iowa	55	62	55	
US	53	60	56	
Best State	65	70	66	
Worst State	39	50	46	
Target	58	58	58	58

Figure 194. Adults eating fruit 1+ times a day (%) - Ages 25-34. Iowa Rank: 31.



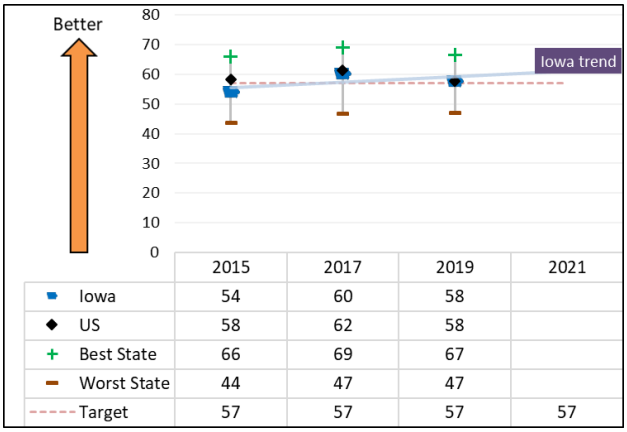
	2015	2017	2019	2021
Iowa	57	65	55	
US	59	64	57	
Best State	67	70	65	
Worst State	49	54	50	
Target	60	60	60	60

Figure 195. Adults eating fruit 1+ times a day (%) - Ages 35-44. Iowa Rank: 36.



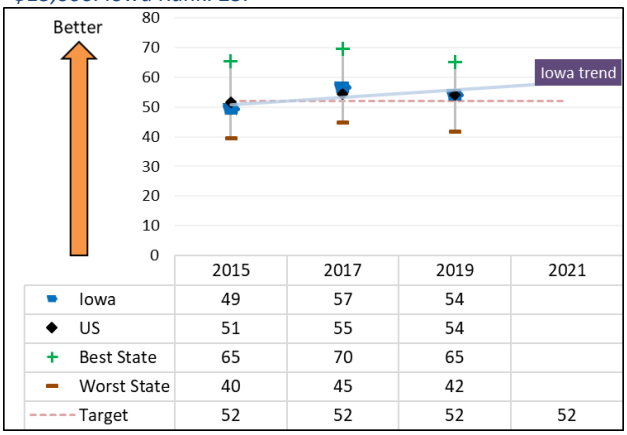
	2015	2017	2019	2021
Iowa	51	62	57	
US	60	65	60	
Best State	69	74	70	
Worst State	46	51	49	
Target	54	54	54	54

Figure 196. Adults eating fruit 1+ times a day (%) - Ages 45-54. Iowa Rank: 27.



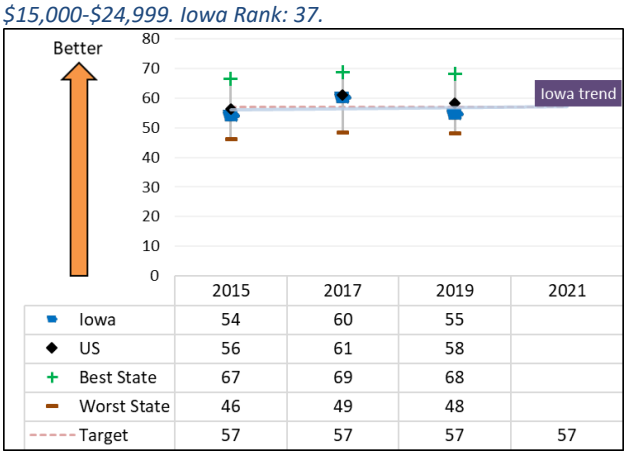
	2015	2017	2019	2021
Iowa	54	60	58	
US	58	62	58	
Best State	66	69	67	
Worst State	44	47	47	
Target	57	57	57	57

Figure 197. Adults eating fruit 1+ times a day (%) - Income <$15,000. Iowa Rank: 25.



	2015	2017	2019	2021
Iowa	49	57	54	
US	51	55	54	
Best State	65	70	65	
Worst State	40	45	42	
Target	52	52	52	52

Figure 198. Adults eating fruit 1+ times a day (%) - Income $15,000-$24,999. Iowa Rank: 37.



	2015	2017	2019	2021
Iowa	54	60	55	
US	56	61	58	
Best State	67	69	68	
Worst State	46	49	48	
Target	57	57	57	57

HL-7 Increase ↑ the percentage of adults who eat vegetables at least one time per day.

Overall ☺ ☑
Target: 77%
Baseline: 73% [2015]
Newest: 77% [2019]≈6%↑ increase

Male ☺ ☑
Target: 72%
Baseline: 69% [2015]
Newest: 74.5% [2019]≈9%↑ increase

Ages 18-24 ☺
Target: 69%
Baseline: 65% [2015]
Newest: 68.9% [2019]≈5%↑ increase

Income less than $15,000 😐
Target: 72%
Baseline: 68% [2015]
Newest: 68% [2019]≈0%↔no change

Income $15,000-$24,999 ☺ ☑
Target: 71%
Baseline: 67% [2015]
Newest: 71% [2019]≈6%↑ increase

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html Data is available in odd numbered years.

Figure 199. Disparities in Iowa adult vegetable consumption (%)

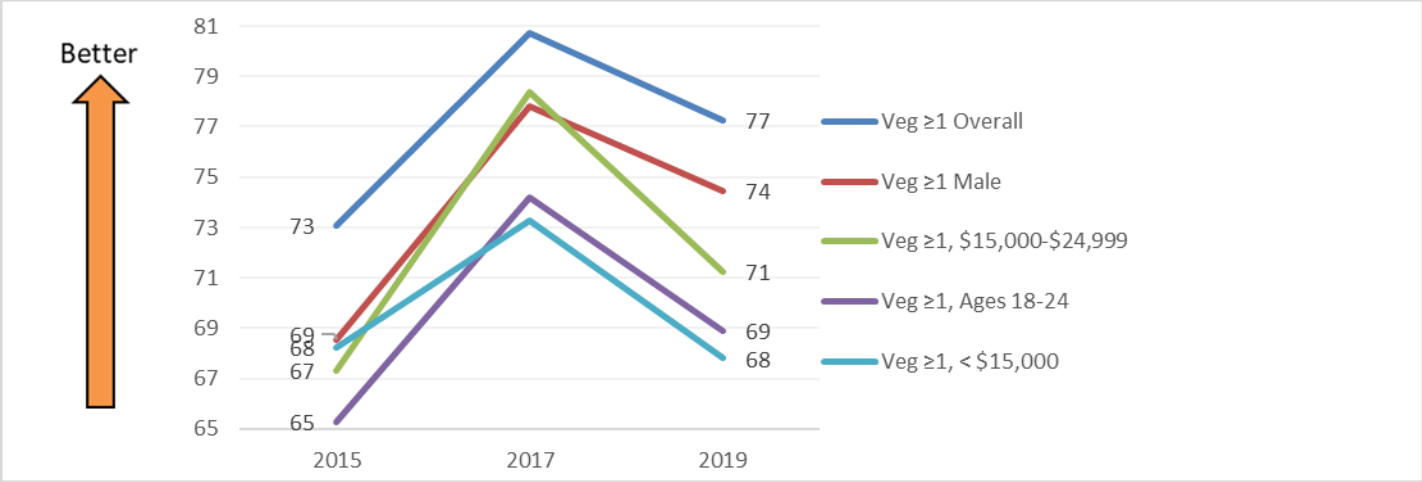
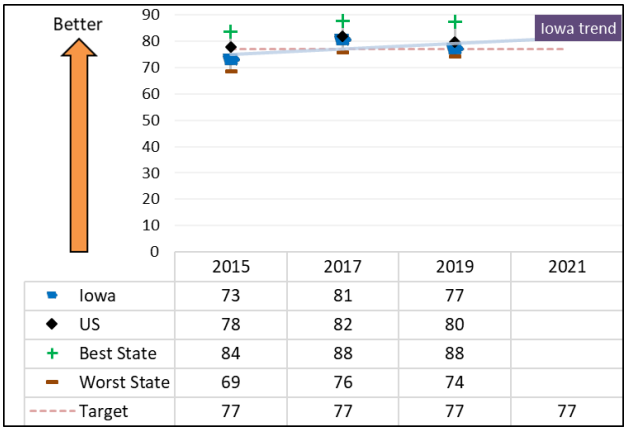
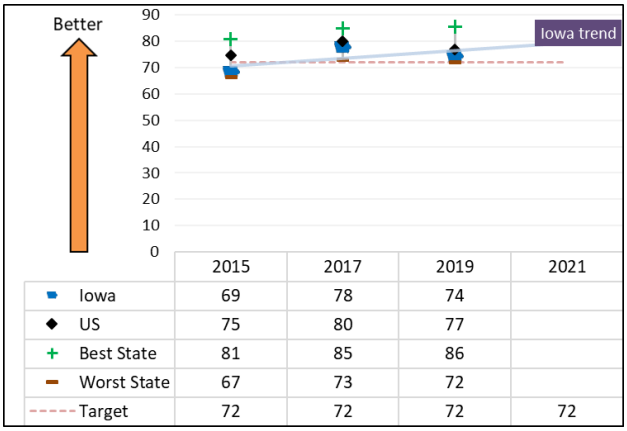


Figure 200. Adults eating vegetables 1+ times a day (%) – Overall. Iowa Rank: 41.



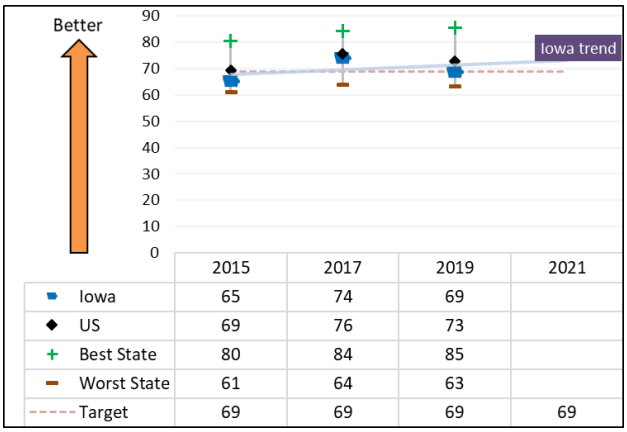
	2015	2017	2019	2021
Iowa	73	81	77	
US	78	82	80	
Best State	84	88	88	
Worst State	69	76	74	
Target	77	77	77	77

Figure 201. Adults eating vegetables 1+ times a day (%) – Male. Iowa Rank: 44.



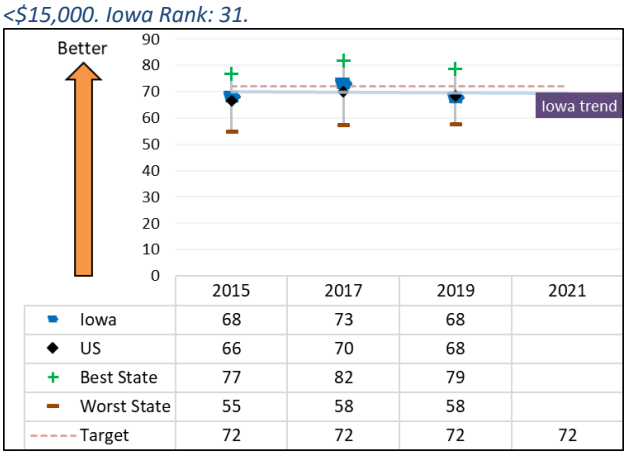
	2015	2017	2019	2021
Iowa	69	78	74	
US	75	80	77	
Best State	81	85	86	
Worst State	67	73	72	
Target	72	72	72	72

Figure 202. Adults eating vegetables 1+ times a day (%) - Ages 18-24. Iowa Rank: 43.



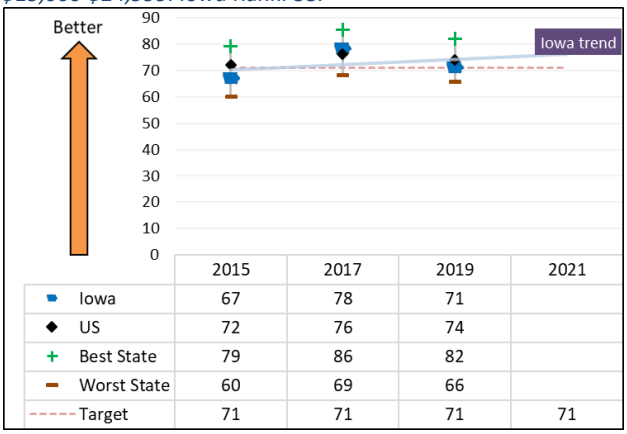
	2015	2017	2019	2021
Iowa	65	74	69	
US	69	76	73	
Best State	80	84	85	
Worst State	61	64	63	
Target	69	69	69	69

Figure 203. Adults eating vegetables 1+ times a day (%) - Income <$15,000. Iowa Rank: 31.



	2015	2017	2019	2021
Iowa	68	73	68	
US	66	70	68	
Best State	77	82	79	
Worst State	55	58	58	
Target	72	72	72	72

Figure 204. Adults eating vegetables 1+ times a day (%) - Income $15,000-$24,999. Iowa Rank: 38.



	2015	2017	2019	2021
Iowa	67	78	71	
US	72	76	74	
Best State	79	86	82	
Worst State	60	69	66	
Target	71	71	71	71

HL-8 Increase ↑ the percentage of children and adolescents who were physically active at least 60 minutes per day every day in the last week.

Children, ages 6-11 ☺ ☑
Target: 28%
Baseline: 26% [2016]
Newest: 31% [2019]≈20%↑ increase

Female children ☺ ☑
Target: 22%
Baseline: 20.5% [2016]
Newest: 30% [2019]≈47%↑ increase

Adolescents, ages 12-17 ☹
Target: 27%
Baseline: 25% [2016]
Newest: 21% [2019]≈17%↓ decrease

Female adolescents ☹
Target: 24%
Baseline: 22% [2016]
Newest: 13.5% [2019]≈39%↓ decrease

Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health (NSCH). National Performance Measure #8. https://www.childhealthdata.org/browse/survey

WHY DOES THIS MATTER?

Regular physical activity is a vital element of a healthy lifestyle. Being physically active and reducing sedentary behavior can benefit health. Regular physical activity in children and adolescents is associated with improved bone health, weight status, cardiovascular and muscular fitness, cardiometabolic health, cognition and reduced risk of depression. There is also evidence that engaging in physical activity can improve academic performance as well as other cognitive and memory functions. In the United States, only 24% of children ages 6 to 17 met the recommended 60 minutes of moderate to vigorous physical activity daily. Lack of physical activity is one of the major risk factors driving the U.S. childhood obesity epidemic.

Children who engage in regular physical activity are also more likely to become physically active adults. An estimated $117 million in health care expenditures were associated with inadequate physical activity. Inactive adults spent 29.9% more on healthcare than adults who engaged in regular physical activity.

– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/physical_activity_children

Figure 205. Disparities in Iowa youth who are active every day (%)

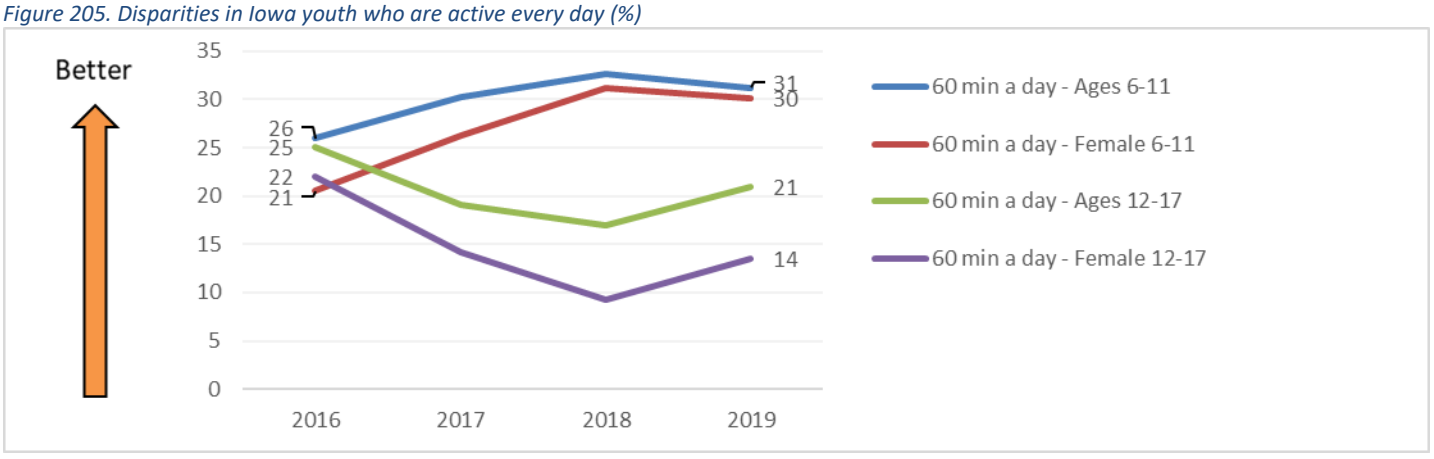
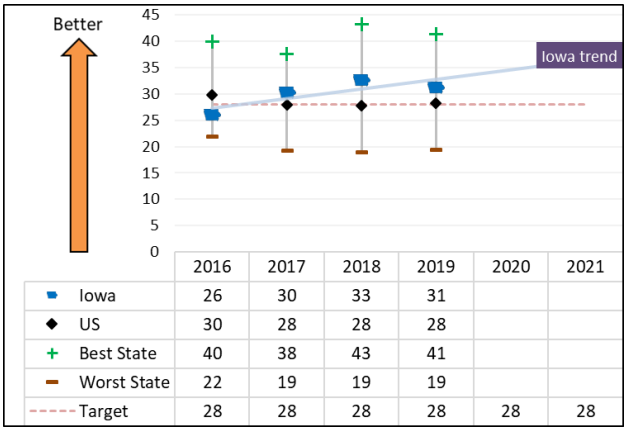
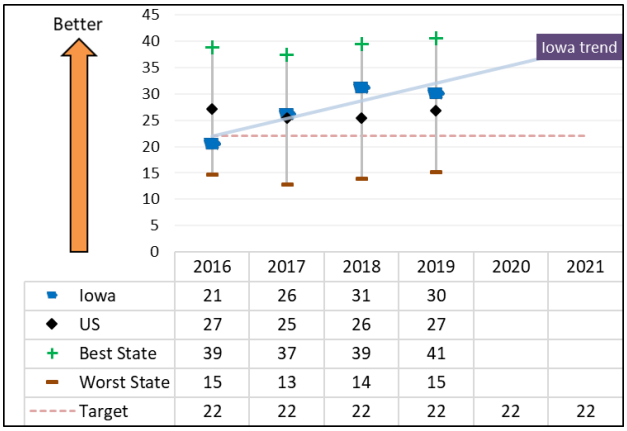


Figure 206. Youth active 60 minutes a day (%) - Ages 6-11 – Overall. Iowa Rank: 21.



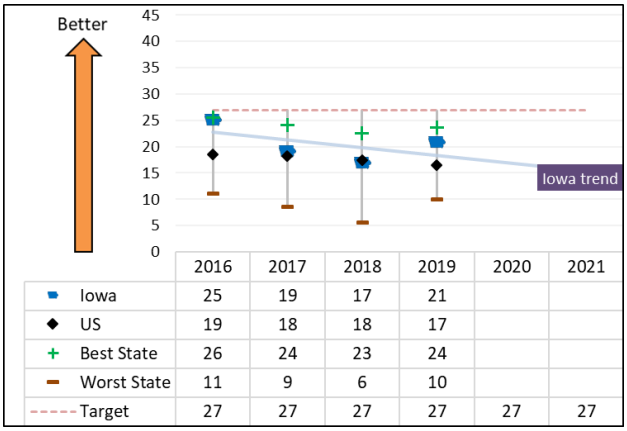
	2016	2017	2018	2019	2020	2021
Iowa	26	30	33	31		
US	30	28	28	28		
Best State	40	38	43	41		
Worst State	22	19	19	19		
Target	28	28	28	28	28	28

Figure 207. Youth active 60 minutes a day (%) - Ages 6-11 – Female. Iowa Rank: 23.



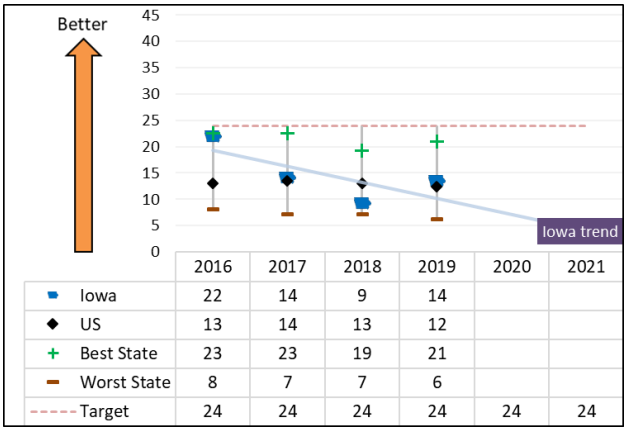
	2016	2017	2018	2019	2020	2021
Iowa	21	26	31	30		
US	27	25	26	27		
Best State	39	37	39	41		
Worst State	15	13	14	15		
Target	22	22	22	22	22	22

Figure 208. Youth active 60 minutes a day (%) - Ages 12-17 – Overall. Iowa Rank: 5.



	2016	2017	2018	2019	2020	2021
Iowa	25	19	17	21		
US	19	18	18	17		
Best State	26	24	23	24		
Worst State	11	9	6	10		
Target	27	27	27	27	27	27

Figure 209. Youth active 60 minutes a day (%) - Ages 12-17 – Female. Iowa Rank: 18.e



	2016	2017	2018	2019	2020	2021
Iowa	22	14	9	14		
US	13	14	13	12		
Best State	23	23	19	21		
Worst State	8	7	7	6		
Target	24	24	24	24	24	24

HL-9 Increase ↑ the percentage of adults engaged in any physical activity for exercise during the past month.

Overall ☹
Target: 82%
Baseline: 77% [2016]
Newest: 73.5% [2019]≈5%↓ decrease

Income less than $15,000 😐
Target: 68%
Baseline: 64% [2016]
Newest: 64% [2019]≈0%↔ no change

Income $15,000 to $24,999 ☹
Target: 71%
Baseline: 67% [2016]
Newest: 61% [2019]≈9%↓ decrease

Income $25,000 to $34,999 😐
Target: 75%
Baseline: 70.5% [2016]
Newest: 70.7% [2019]≈0%↔ no change

Income $35,000 to $49,999 ☹
Target: 79%
Baseline: 75% [2016]
Newest: 70% [2019]≈7%↓ decrease

Adults with Disability* 😐
Target: 66%
Baseline: 62% [2016]
Newest: 62% [2019]≈0%↔ no change

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. https://www.cdc.gov/brfss/brfssprevalence *Additional IDPH analysis of national BRFSS data.

WHY DOES THIS MATTER?

Regular physical activity is a vital element of a healthy lifestyle. Many adults spend a large portion of their time being sedentary (prolonged sitting). A study by the Centers for Disease Control and Prevention (CDC) found that 8.3% of deaths of non-disabled adults ages 25 and older were attributed to physical inactivity. Being physically active and reducing sedentary behavior can benefit health. Regular physical activity (at least 150 minutes a week) is associated with reduced risk of:

- Cardiovascular diseases, such as heart disease and stroke.
- Hypertension.
- Type 2 diabetes.
- Certain cancers, including bladder, breast and colon cancer.
- Dementia.
- Anxiety and depression.

Costs associated with physical inactivity account for more than 11% of total health care expenditures and are estimated at $117 billion annually.

– Source: America's Health Rankings. Explore/annual/measure/Sedentary

Figure 210. Disparities in Iowa adults who engaged in any physical activity for exercise (%)

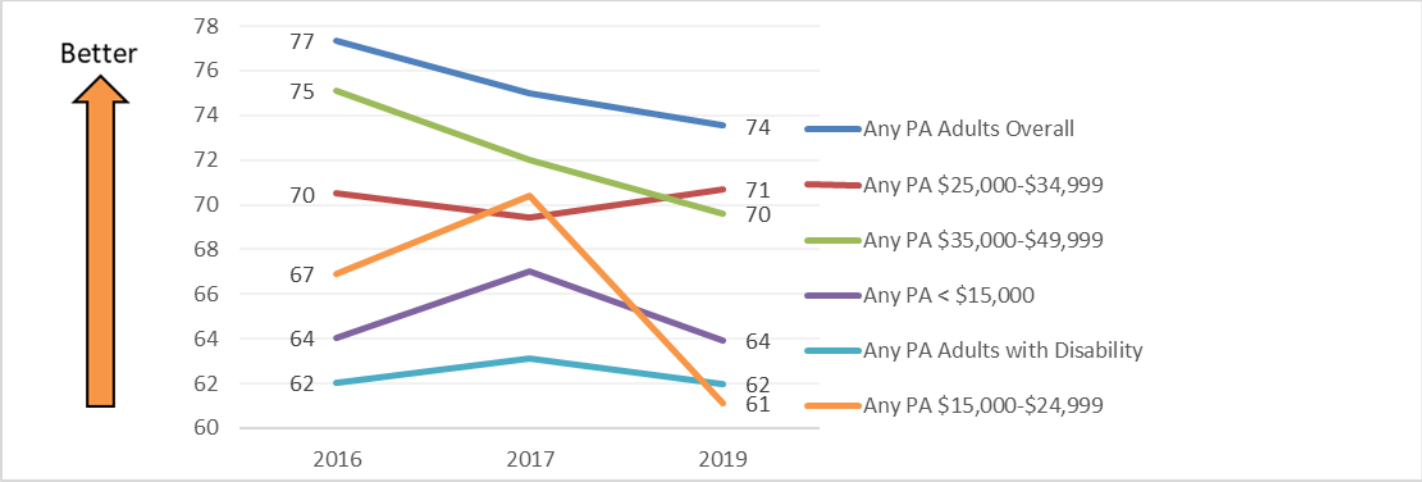
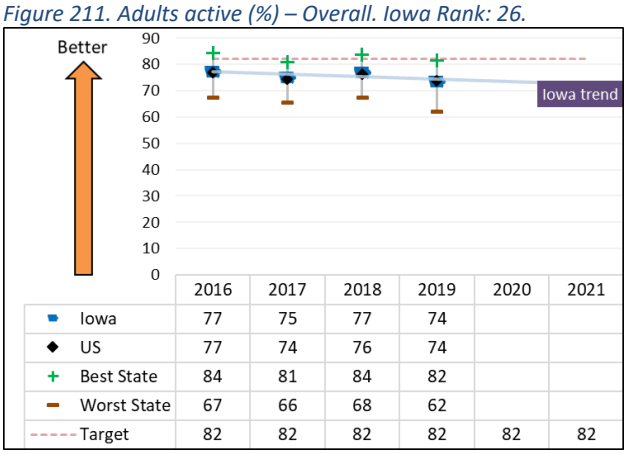
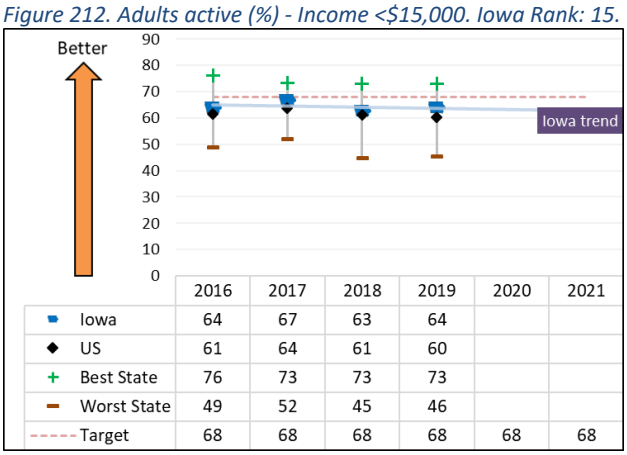


Figure 211. Adults active (%) – Overall. Iowa Rank: 26.



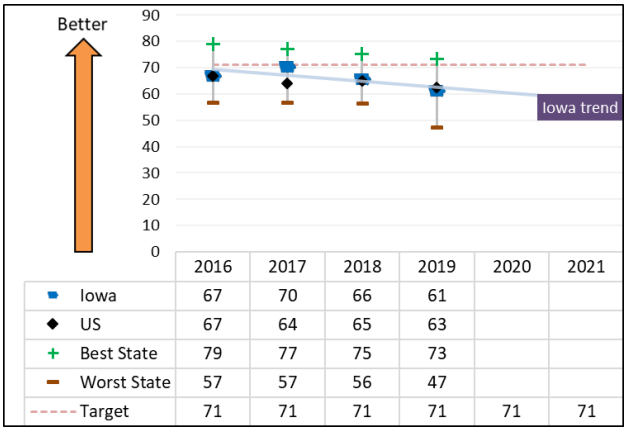
	2016	2017	2018	2019	2020	2021
Iowa	77	75	77	74		
US	77	74	76	74		
Best State	84	81	84	82		
Worst State	67	66	68	62		
Target	82	82	82	82	82	82

Figure 212. Adults active (%) - Income <$15,000. Iowa Rank: 15.



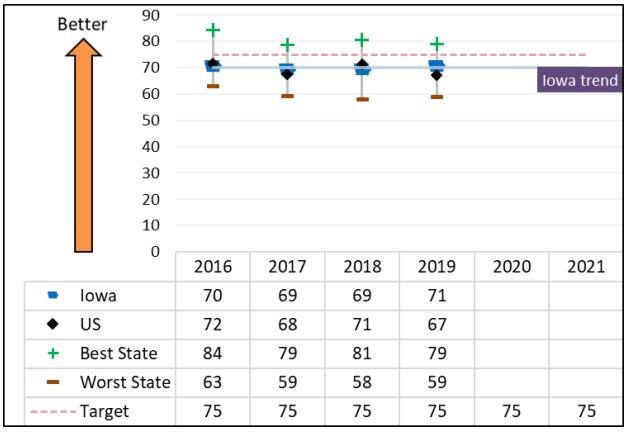
	2016	2017	2018	2019	2020	2021
Iowa	64	67	63	64		
US	61	64	61	60		
Best State	76	73	73	73		
Worst State	49	52	45	46		
Target	68	68	68	68	68	68

Figure 213. Adults active (%) - Income $15,000-$24,999. Iowa Rank: 32.



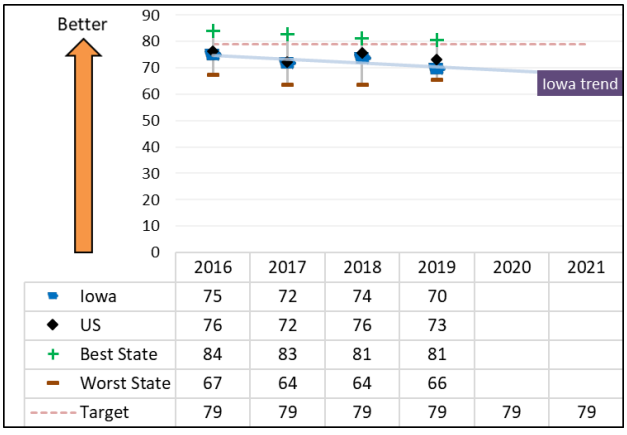
	2016	2017	2018	2019	2020	2021
Iowa	67	70	66	61		
US	67	64	65	63		
Best State	79	77	75	73		
Worst State	57	57	56	47		
Target	71	71	71	71	71	71

Figure 214. Adults active (%) - Income $25,000-$34,999. Iowa Rank: 16.



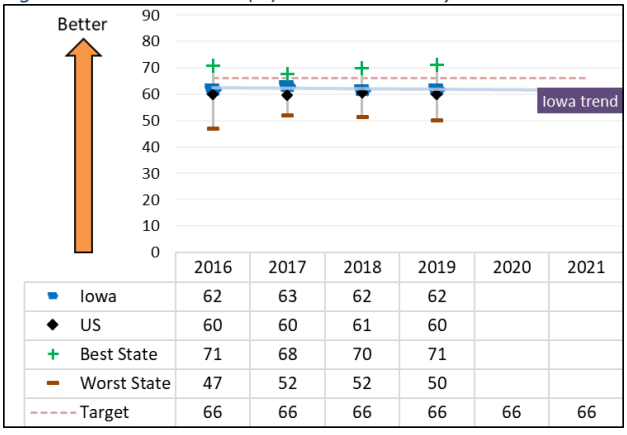
	2016	2017	2018	2019	2020	2021
Iowa	70	69	69	71		
US	72	68	71	67		
Best State	84	79	81	79		
Worst State	63	59	58	59		
Target	75	75	75	75	75	75

Figure 215. Adults active (%) - Income $35,000-$49,999. Iowa Rank: 38.



	2016	2017	2018	2019	2020	2021
Iowa	75	72	74	70		
US	76	72	76	73		
Best State	84	83	81	81		
Worst State	67	64	64	66		
Target	79	79	79	79	79	79

Figure 216. Adults active (%) - With a disability. Iowa Rank 17.



	2016	2017	2018	2019	2020	2021
Iowa	62	63	62	62		
US	60	60	61	60		
Best State	71	68	70	71		
Worst State	47	52	52	50		
Target	66	66	66	66	66	66

HL-10 Increase ↑ the percentage of adults meeting aerobic physical activity guidelines.*

Overall ☹
Target: 52%
Baseline: 49% [2015]
Newest: 48% [2019]≈1%↓ decrease

Income less than $15,000 ☺
Target: 40%
Baseline: 37% [2015]
Newest: 39% [2019]≈5%↑ increase

Income $15,000 to $24,999 ☹
Target: 46%
Baseline: 43% [2015]
Newest: 39% [2019]≈10%↓ decrease

Income $25,000 to $34,999 ☺ ☑
Target: 47%
Baseline: 45% [2015]
Newest: 47% [2019]≈5%↑ increase

Income $35,000 to $49,999 ☺ ☑
Target: 45%
Baseline: 43% [2015]
Newest: 46% [2019]≈9%↑ increase

Hispanic ☹
Target: 38%
Baseline: 35% [2015]
Newest: 34% [2019]≈4%↓ decrease

Adults with Disability** ☺ ☑
Target: 39%
Baseline: 37% [2015]
Newest: 41% [2019]≈11%↑ increase

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html Data is available in odd numbered years.
*Percent of adults who achieve at least 150 minutes a week of moderate-intensity aerobic physical activity or 75 minutes a week of vigorous-intensity aerobic physical activity.**Additional IDPH analysis of national BRFSS data.

WHY DOES THIS MATTER?

Regular physical activity is a vital element of a healthy lifestyle. Being physically active and reducing sedentary behavior has many health benefits. Regular physical activity (at least 150 minutes a week) is associated with reduced risk of cardiovascular diseases, such as heart disease stroke and hypertension; Type 2 diabetes; certain cancers, including bladder, breast and colon cancer; dementia; and Anxiety and depression.

Key physical activity guidelines for adults include:

- At least 150 minutes of moderate-intensity (or 75 minutes of vigorous-intensity) aerobic physical activity, such as running, riding a bike, dancing or swimming, a week.
- Muscle-strengthening activities involving all major muscle groups two or more days a week.

A recent study has found that getting more exercise is associated with lower health care expenditures. Another study found that active adults spend, on average, $920 less on health care expenses per year than their inactive counterparts.

– Source: America's Health Rankings. Explore/annual/measure/exercise

Figure 217. Disparities in Iowa adults meeting aerobic physical activity guidelines (%)

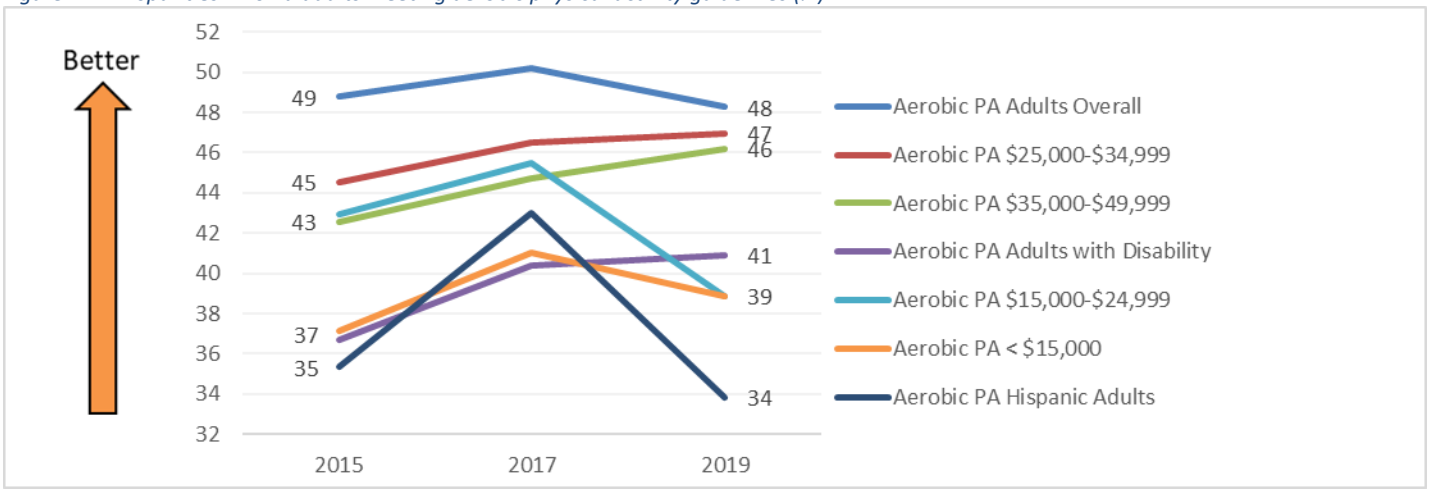
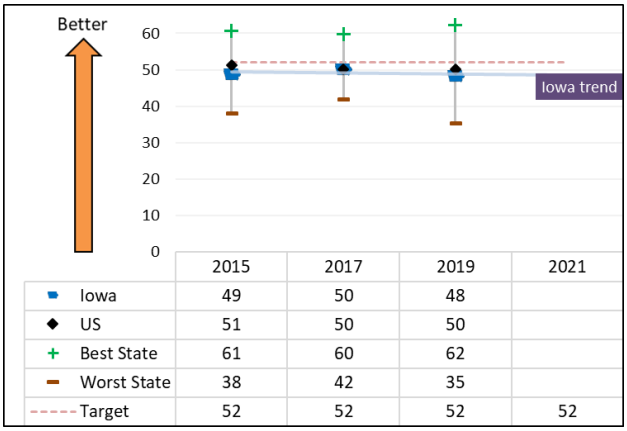
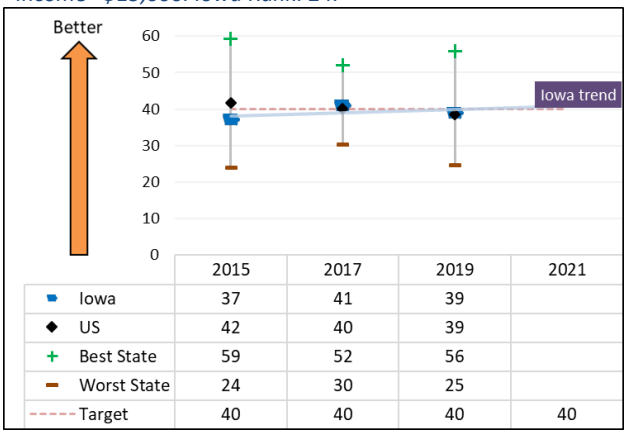


Figure 218. Adults meeting aerobic physical activity guidelines (%) – Overall. Iowa Rank: 34.



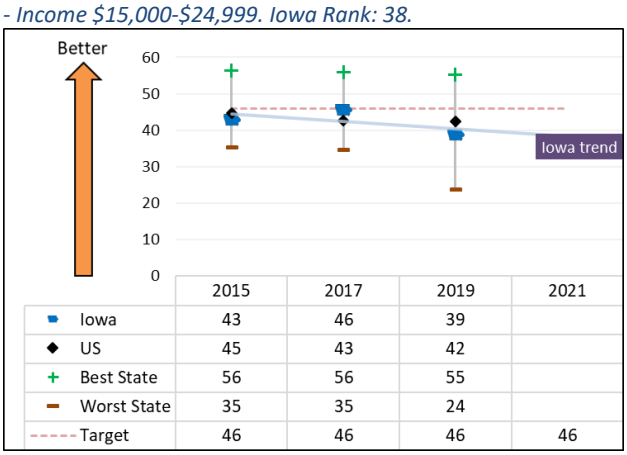
	2015	2017	2019	2021
Iowa	49	50	48	
US	51	50	50	
Best State	61	60	62	
Worst State	38	42	35	
Target	52	52	52	52

Figure 219. Adults meeting aerobic physical activity guidelines (%) - Income <$15,000. Iowa Rank: 24.



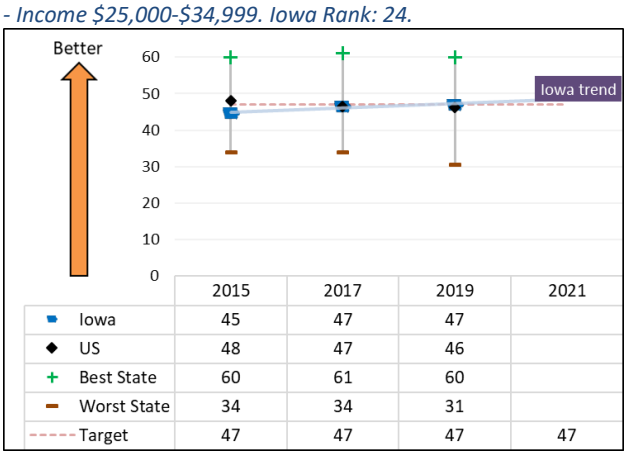
	2015	2017	2019	2021
Iowa	37	41	39	
US	42	40	39	
Best State	59	52	56	
Worst State	24	30	25	
Target	40	40	40	40

Figure 220. Adults meeting aerobic physical activity guidelines (%) - Income $15,000-$24,999. Iowa Rank: 38.



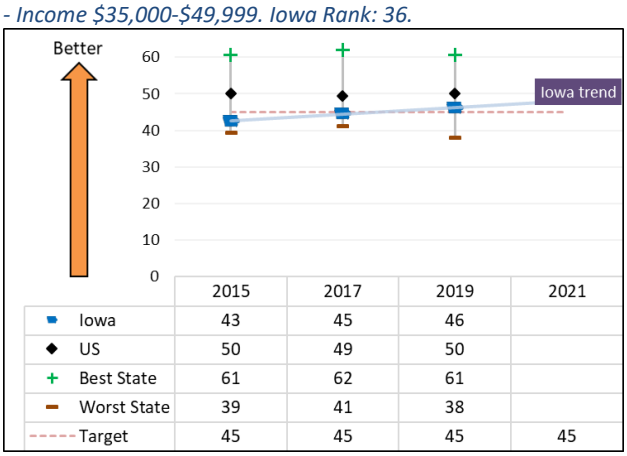
	2015	2017	2019	2021
Iowa	43	46	39	
US	45	43	42	
Best State	56	56	55	
Worst State	35	35	24	
Target	46	46	46	46

Figure 221. Adults meeting aerobic physical activity guidelines (%) - Income $25,000-$34,999. Iowa Rank: 24.



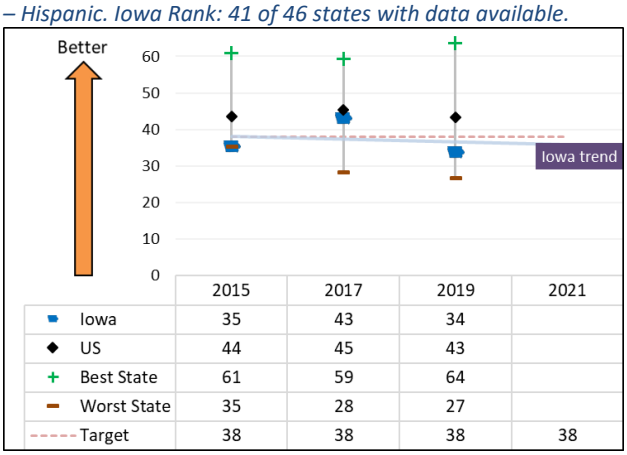
	2015	2017	2019	2021
Iowa	45	47	47	
US	48	47	46	
Best State	60	61	60	
Worst State	34	34	31	
Target	47	47	47	47

Figure 222. Adults meeting aerobic physical activity guidelines (%) - Income $35,000-$49,999. Iowa Rank: 36.



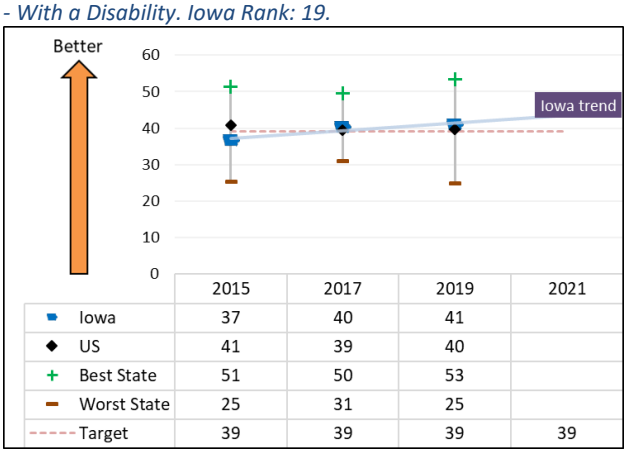
	2015	2017	2019	2021
Iowa	43	45	46	
US	50	49	50	
Best State	61	62	61	
Worst State	39	41	38	
Target	45	45	45	45

Figure 223. Adults meeting aerobic physical activity guidelines (%) – Hispanic. Iowa Rank: 41 of 46 states with data available.



	2015	2017	2019	2021
Iowa	35	43	34	
US	44	45	43	
Best State	61	59	64	
Worst State	35	28	27	
Target	38	38	38	38

Figure 224. Adults meeting aerobic physical activity guidelines (%) - With a Disability. Iowa Rank: 19.



	2015	2017	2019	2021
Iowa	37	40	41	
US	41	39	40	
Best State	51	50	53	
Worst State	25	31	25	
Target	39	39	39	39

HL-11 Increase ↑ the percentage of adults meeting muscle strengthening physical activity guidelines.*

Overall ☺ ☑
Target: 32%
Baseline: 30% [2015]
Newest: 33% [2019]≈10%↑ increase

Income less than $15,000 ☺ ☑
Target: 27%
Baseline: 26% [2015]
Newest: 32% [2019]≈24%↑ increase

Income $15,000 to $24,999 ☺ ☑
Target: 27%
Baseline: 25% [2015]
Newest: 29% [2019]≈19%↑ increase

Income $25,000 to $34,999 ☺ ☑
Target: 24%
Baseline: 22% [2015]
Newest: 28.5% [2019]≈30%↑ increase

Ages 55-64 ☺ ☑
Target: 26%
Baseline: 24% [2015]
Newest: 29% [2019]≈20%↑ increase

Ages 65+ ☺ ☑
Target: 22%
Baseline: 21% [2015]
Newest: 31% [2019]≈52%↑ increase

Adults with Disability** ☺ ☑
Target: 24%
Baseline: 22% [2015]
Newest: 29% [2019]≈28%↑ increase

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html Data is available in odd numbered years.
*Percent of adults who engage in muscle-strengthening activities on two or more days a week.
**Additional IDPH analysis of national BRFSS data.

Figure 225. Disparities in Iowa adults engaging in muscle strengthening exercise (%)

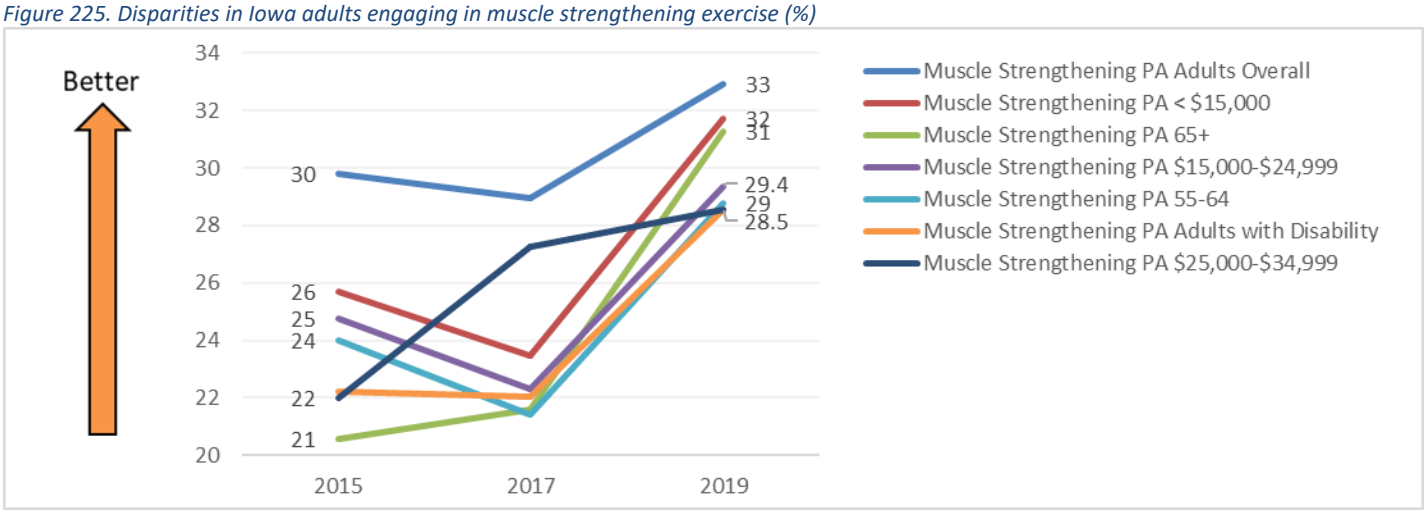
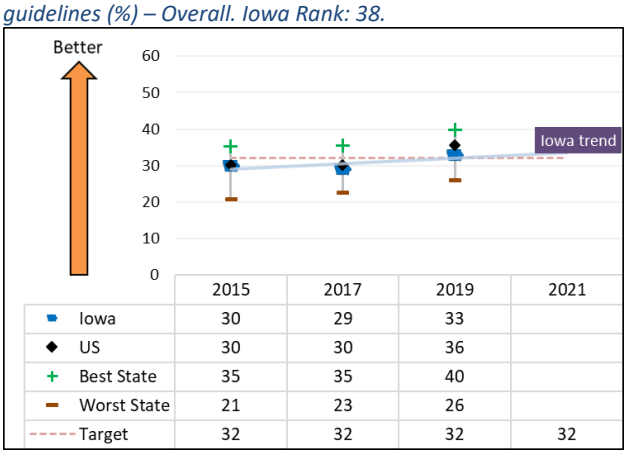
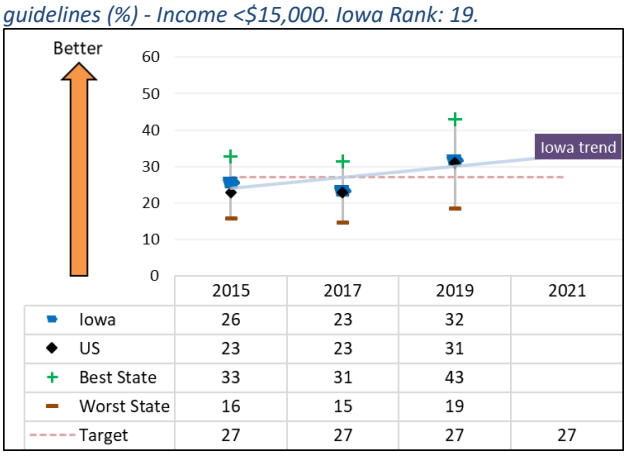


Figure 226. Adults meeting muscle strengthening physical activity guidelines (%) – Overall. Iowa Rank: 38.



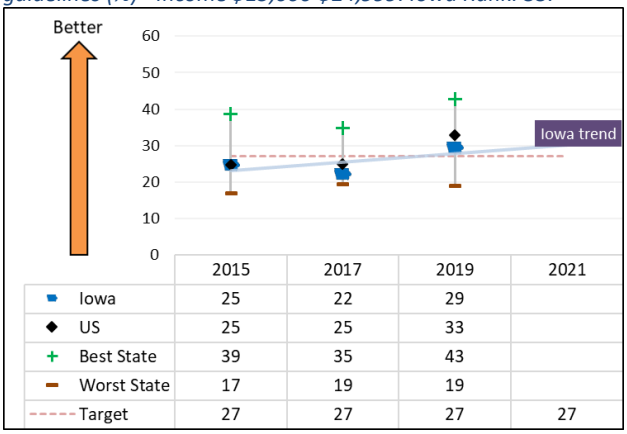
	2015	2017	2019	2021
Iowa	30	29	33	
US	30	30	36	
Best State	35	35	40	
Worst State	21	23	26	
Target	32	32	32	32

Figure 227. Adults meeting muscle strengthening physical activity guidelines (%) - Income <$15,000. Iowa Rank: 19.



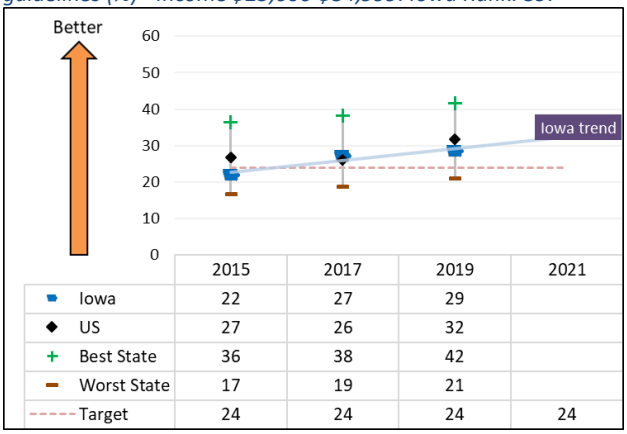
	2015	2017	2019	2021
Iowa	26	23	32	
US	23	23	31	
Best State	33	31	43	
Worst State	16	15	19	
Target	27	27	27	27

Figure 228. Adults meeting muscle strengthening physical activity guidelines (%) - Income $15,000-$24,999. Iowa Rank: 33.



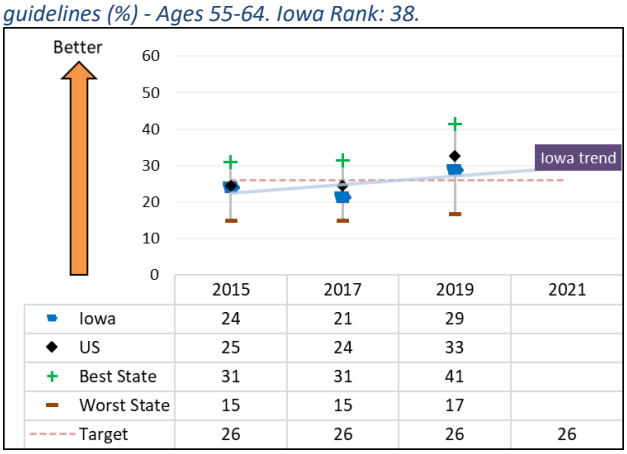
	2015	2017	2019	2021
Iowa	25	22	29	
US	25	25	33	
Best State	39	35	43	
Worst State	17	19	19	
Target	27	27	27	27

Figure 229. Adults meeting muscle strengthening physical activity guidelines (%) - Income $25,000-$34,999. Iowa Rank: 39.



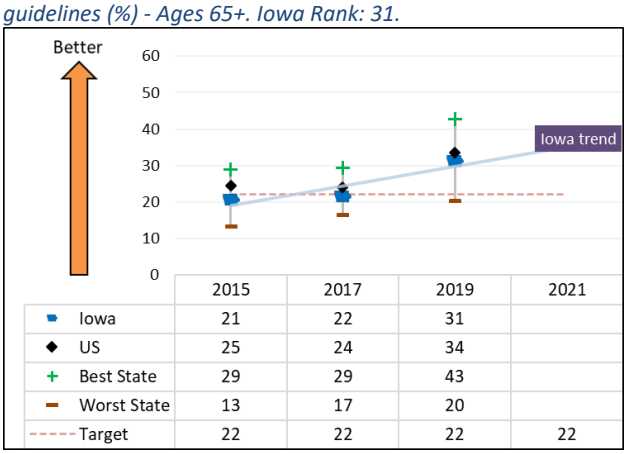
	2015	2017	2019	2021
Iowa	22	27	29	
US	27	26	32	
Best State	36	38	42	
Worst State	17	19	21	
Target	24	24	24	24

Figure 230. Adults meeting muscle strengthening physical activity guidelines (%) - Ages 55-64. Iowa Rank: 38.



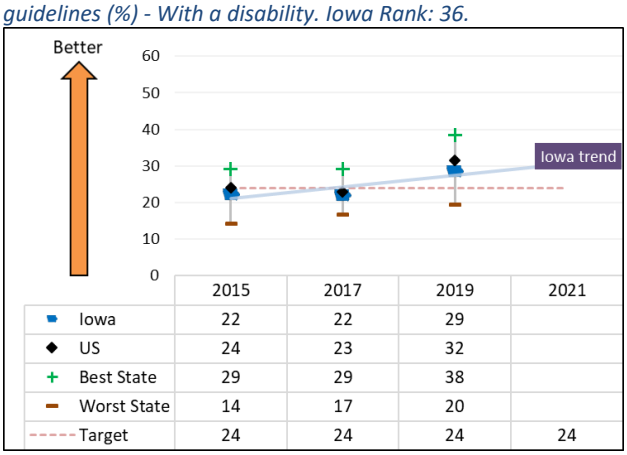
	2015	2017	2019	2021
Iowa	24	21	29	
US	25	24	33	
Best State	31	31	41	
Worst State	15	15	17	
Target	26	26	26	26

Figure 231. Adults meeting muscle strengthening physical activity guidelines (%) - Ages 65+. Iowa Rank: 31.



	2015	2017	2019	2021
Iowa	21	22	31	
US	25	24	34	
Best State	29	29	43	
Worst State	13	17	20	
Target	22	22	22	22

Figure 232. Adults meeting muscle strengthening physical activity guidelines (%) - With a disability. Iowa Rank: 36.



	2015	2017	2019	2021
Iowa	22	22	29	
US	24	23	32	
Best State	29	29	38	
Worst State	14	17	20	
Target	24	24	24	24

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HL-12 Increase ↑ the percentage of the population with adequate access to locations for physical activity.*

Overall 😐
Target: 88%
Baseline: 83% [2016]
Newest: 83% [2019]≈0%↔ no change

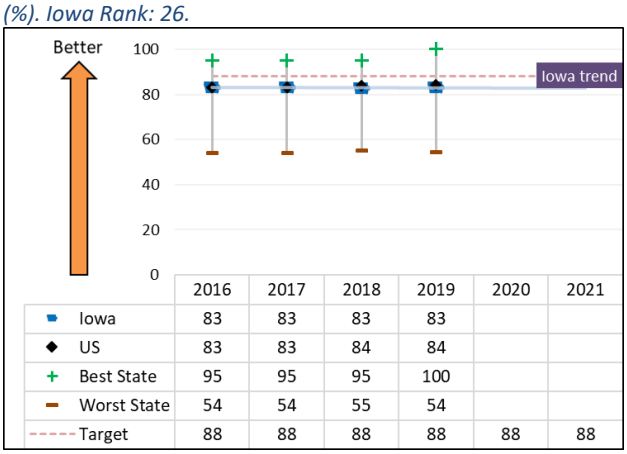
Data Source: Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files. Courtesy: University of Wisconsin Population Health Institute, *County Health Rankings* online. Health Factors, Health Behaviors measures: Access to Exercise Opportunities. https://www.countyhealthrankings.org/
*Percent of the population who live reasonably close to a location for physical activity, i.e., parks or recreational facilities.

WHY DOES THIS MATTER?

The health of individuals and communities is closely tied to the built environment. Neighborhood amenities such as recreational facilities, libraries, playgrounds and sidewalks offer individuals opportunities to socialize, play, exercise and enjoy the neighborhood in which they live. There is some evidence to support these forms of community engagement contributing to physical health, mental health and human development. For example, communities that feel like they live close to parks or beaches, have a beautiful neighborhood, or have a safe neighborhood, on average, spend more time walking outside. The evidence indicates that improving multiple aspects of neighborhood roads and walkways for pedestrians and cyclists, and installing play equipment in parks may increase physical activity levels in adults and children.

– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/amenities

Figure 233. People with access to a location for physical activity (%). Iowa Rank: 26.



	2016	2017	2018	2019	2020	2021
Iowa	83	83	83	83		
US	83	83	84	84		
Best State	95	95	95	100		
Worst State	54	54	55	54		
Target	88	88	88	88	88	88

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HL-13 Increase ↑ the percentage of children whose teeth are in excellent or very good condition.

Overall (ages 1-17) ☹	Income less than 200% of poverty ☺
Target: 88%	Target: 80%
Baseline: 84% [2016]	Baseline: 75% [2016]
Newest: 82% [2019]≈2%↓ decrease	Newest: 76% [2019]≈1%↑ increase

Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health. Indicator 1.2. https://www.childhealthdata.org/browse/survey

WHY DOES THIS MATTER?

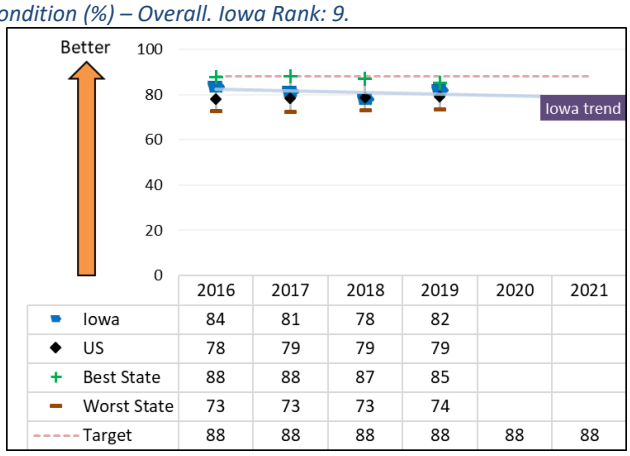
Oral health is a vital component of overall health. Oral diseases such as tooth decay, dental caries (cavities), gingivitis and periodontal (gum) disease are common and can cause pain, tooth loss, oral infections and chronic disease if left undiagnosed and untreated.

Cavities and tooth decay are some of the most common chronic diseases among children. In 2018, 14.2% of children ages 1-17 had one or more oral health problems. Untreated oral health issues cause school absence and poor academic outcomes. Poor oral health during early childhood influences the child's life course through adolescence and adulthood and has been found to increase the risk of cardiovascular disease in adulthood.

Many dental diseases can be prevented with an early preventive dental visit. For example, dental sealants prevent 80% of cavities in children. Therefore, early regular dental check-ups can be beneficial for children.

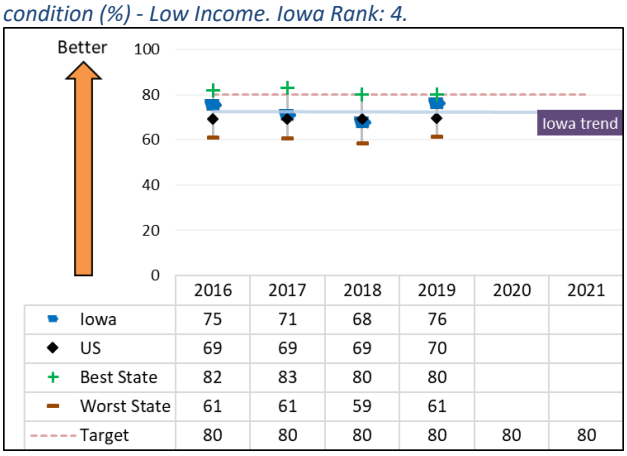
– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/prev_dent_care

Figure 234. Children whose teeth are in excellent or very good condition (%) – Overall. Iowa Rank: 9.



	2016	2017	2018	2019	2020	2021
Iowa	84	81	78	82		
US	78	79	79	79		
Best State	88	88	87	85		
Worst State	73	73	73	74		
Target	88	88	88	88	88	88

Figure 235. Children whose teeth are in excellent or very good condition (%) - Low Income. Iowa Rank: 4.



	2016	2017	2018	2019	2020	2021
Iowa	75	71	68	76		
US	69	69	69	70		
Best State	82	83	80	80		
Worst State	61	61	59	61		
Target	80	80	80	80	80	80

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HL-14 Increase ↑ the number of dentists per 100,000 population.

Overall ☺ ☑
Target: 68
Baseline: 64 [2016]
Newest: 69 [2019]≈8%↑ increase

Data Source: US DHHS, Health Resources and Services Administration, Area Health Resource File. Courtesy: University of Wisconsin Population Health Institute, County Health Rankings. Rankings Data & Documentation, National Data & Documentation. https://www.countyhealthrankings.org/

WHY DOES THIS MATTER?

Oral health provides a window into general health. Many underlying health conditions, such as nutritional deficiencies, microbial infections and immune disorders have oral signs or symptoms that are identified by dentists during routine oral exams. Dentists diagnose oral diseases, create treatment plans, promote oral health and disease prevention, perform surgical procedures and manage oral trauma.

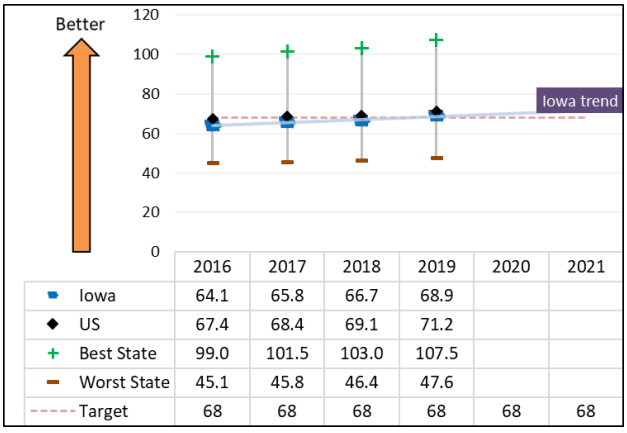
Oral infections and periodontal (gum) disease are associated with:

- Cardiovascular diseases **such as stroke and congestive heart failure.**
- Diabetes.
- Rheumatoid arthritis.
- Low birthweight.

The American Dental Association reports that there were 200,419 professionally active U.S. dentists in 2019. Despite projections of steady growth in the number of working dentists, the Health Resources and Services Administration has identified many areas and populations that have an inadequate supply of dentists to meet current or future needs.

– Source: America's Health Rankings. Explore/annual/measure/dental_provider

Figure 236. Number of dentists per 100,000 population.
Iowa Rank: 25.



	2016	2017	2018	2019	2020	2021
Iowa	64.1	65.8	66.7	68.9		
US	67.4	68.4	69.1	71.2		
Best State	99.0	101.5	103.0	107.5		
Worst State	45.1	45.8	46.4	47.6		
Target	68	68	68	68	68	68

HL-15 Increase ↑ the percentage of children and adolescents who had a preventive dental visit in the past year.

Overall, ages 1-17 ☺ ☑	Ages 1-5 ☺ ☑	Income less than 200% of poverty ☺
Target: 86%	Target: 63%	Target: 79%
Baseline: 82% [2016]	Baseline: 59% [2016]	Baseline: 75% [2016]
Newest: 86% [2019]≈5%↑ increase	Newest: 68% [2019]≈15%↑ increase	Newest: 78.8% [2019]≈5%↑ increase

Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health (NSCH). National Performance Measure #13B. https://www.childhealthdata.org/browse/survey

WHY DOES THIS MATTER?

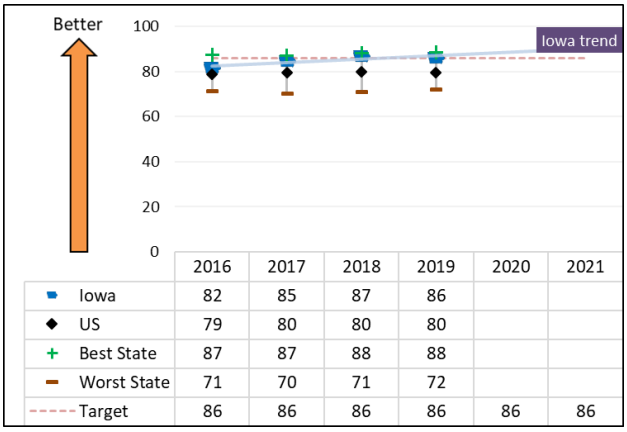
Oral health is a vital component of overall health. Oral diseases such as tooth decay, dental caries (cavities), gingivitis and periodontal (gum) disease are common and can cause pain, tooth loss, oral infections and chronic disease if left undiagnosed and untreated.

Cavities and tooth decay are some of the most common chronic diseases among children. In 2018, 14.2% of children ages 1-17 had one or more oral health problems. Untreated oral health issues cause school absence and poor academic outcomes. Poor oral health during early childhood influences the child's life course through adolescence and adulthood and has been found to increase the risk of cardiovascular disease in adulthood.

Many dental diseases can be prevented with an early preventive dental visit. For example, dental sealants prevent 80% of cavities in children. Therefore, early regular dental check-ups can be beneficial for children.

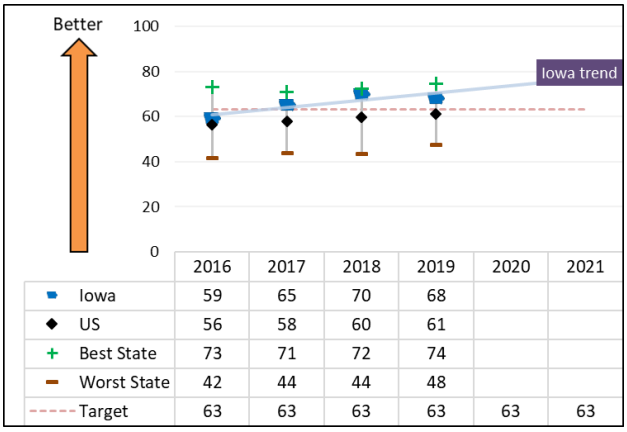
– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/prev_dent_care

Figure 237. Preventive dental visit (%) - Ages 1-17 – Overall. Iowa Rank: 3.



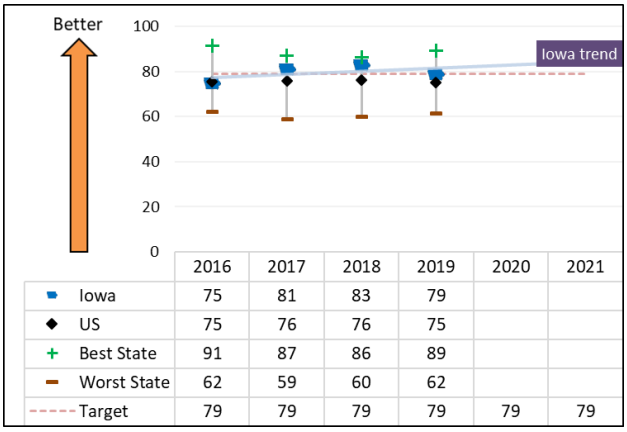
	2016	2017	2018	2019	2020	2021
Iowa	82	85	87	86		
US	79	80	80	80		
Best State	87	87	88	88		
Worst State	71	70	71	72		
Target	86	86	86	86	86	86

Figure 238. Preventive dental visit (%) - Ages 1-5 – Overall. Iowa Rank: 8.



	2016	2017	2018	2019	2020	2021
Iowa	59	65	70	68		
US	56	58	60	61		
Best State	73	71	72	74		
Worst State	42	44	44	48		
Target	63	63	63	63	63	63

Figure 239. Preventive dental visit (%) - Ages 1-17 - Low income. Iowa Rank: 12.



	2016	2017	2018	2019	2020	2021
Iowa	75	81	83	79		
US	75	76	76	75		
Best State	91	87	86	89		
Worst State	62	59	60	62		
Target	79	79	79	79	79	79

HL-16 Increase ↑ the percentage of women who receive a dental cleaning during their pregnancy.

Overall ☹	Income less than 185% of poverty ☹
Target: 64%	Target: 53%
Baseline: 60% [2015]	Baseline: 50% [2015]
Newest: 53% [2018]≈13%↓ decrease	Newest: 42% [2017]≈15%↓ decrease

Data Source: Iowa Department of Public Health. Pregnancy Risk Assessment Monitoring System (PRAMS). *2018 PRAMS Survey Frequencies* (overall) and unpublished data (income). https://idph.iowa.gov/prams/publications

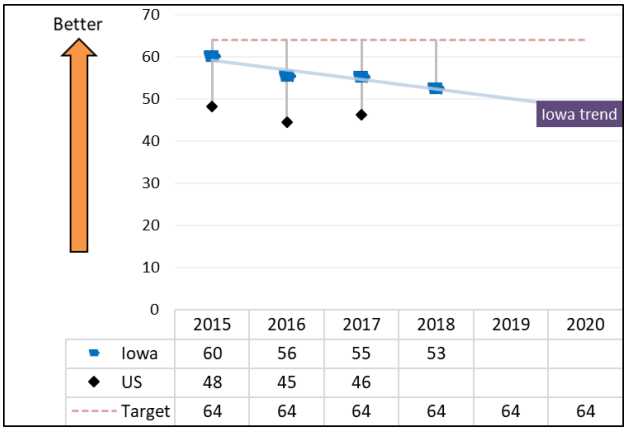
WHY DOES THIS MATTER?

Good oral health is particularly important during pregnancy as physiological changes during pregnancy, such as changing hormones, may put pregnant women at higher risk of new or exacerbated oral health problems. For example, increased inflammatory response to dental plaque during pregnancy may cause pregnancy gingivitis. Other common oral health conditions that occur during pregnancy include tooth erosion, cavities and periodontal disease.

The most commonly cited reason for not having visited a dentist within the past year is cost of care. Lack of insurance and high cost of care are barriers to routine dental visits that may result in increased use of emergency care. The American Dental Association estimates that emergency room visits for preventable oral health-related issues costs the United States health care system $2.4 billion per year.

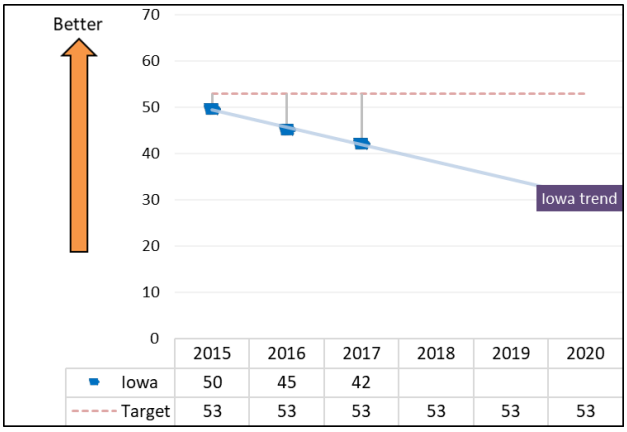
– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/dental_visit_women

Figure 240. Dental cleaning during pregnancy (%) – Overall. Iowa Rank: Not available.



	2015	2016	2017	2018	2019	2020
Iowa	60	56	55	53		
US	48	45	46			
Target	64	64	64	64	64	64

Figure 241. Dental cleaning during pregnancy (%) - Low income. Iowa Rank: Not available.



	2015	2016	2017	2018	2019	2020
Iowa	50	45	42			
Target	53	53	53	53	53	53

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HL-17 Increase ↑ the percentage of adults who have had a dental visit in the last year.

Overall 😐 Target: 75% Baseline: 71% [2016] Newest: 71% [2018]≈0%↔ no change	Male ☹ Target: 72% Baseline: 68% [2016] Newest: 67% [2018]≈1%↓ decrease	Black, non-Hispanic 😐 Target: 65% Baseline: 62% [2016] Newest: 62% [2018]≈0%↔ no change
Asian, non-Hispanic ☺ ☑ Target: 57% Baseline: 55% [2016] Newest: 62% [2018]≈12%↑ increase	Income less than $15,000 ☺ ☑ Target: 50% Baseline: 48% [2016] Newest: 55% [2018]≈16%↑ increase	Income $15,000-$24,999 😐 Target: 59% Baseline: 55% [2016] Newest: 55% [2018]≈0%↔ no change
Income $25,000-$34,999 ☹ Target: 66% Baseline: 62% [2016] Newest: 61% [2018]≈1%↓ decrease	Income $35,000-$49,999 ☹ Target: 74% Baseline: 70% [2016] Newest: 67% [2018]≈5%↓ decrease	Adults with Disability ☹* Target: 65% Baseline: 62% [2016] Newest: 58% [2018]≈5%↓ decrease

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. https://www.cdc.gov/brfss/brfssprevalence *Additional IDPH analysis of national BRFSS data. Data is available in even numbered years.

WHY DOES THIS MATTER?

Oral health is a vital component of overall health. Oral diseases such as tooth decay, dental caries (cavities), gingivitis and periodontal (gum) disease are common and can cause pain, tooth loss, oral infection and chronic disease if left undiagnosed and untreated. Oral health is also associated with chronic conditions such as heart disease and diabetes.

In the United States:

- One in four adults has untreated cavities.
- Nearly half of adults ages 30 and older have signs of gum disease.

Inadequate access to oral health services results in the overuse of emergency departments as a primary and only source of care. Between 2000 and 2010, the number of individuals who sought care for dental conditions from an emergency department almost doubled. The American Dental Association estimates that emergency room visits for preventable oral health-related issues cost the U.S. health care system up to $2 billion per year.

– Source: America's Health Rankings. Explore/annual/measure/dental

Figure 242. Disparities in Iowa adult dental visits (%)

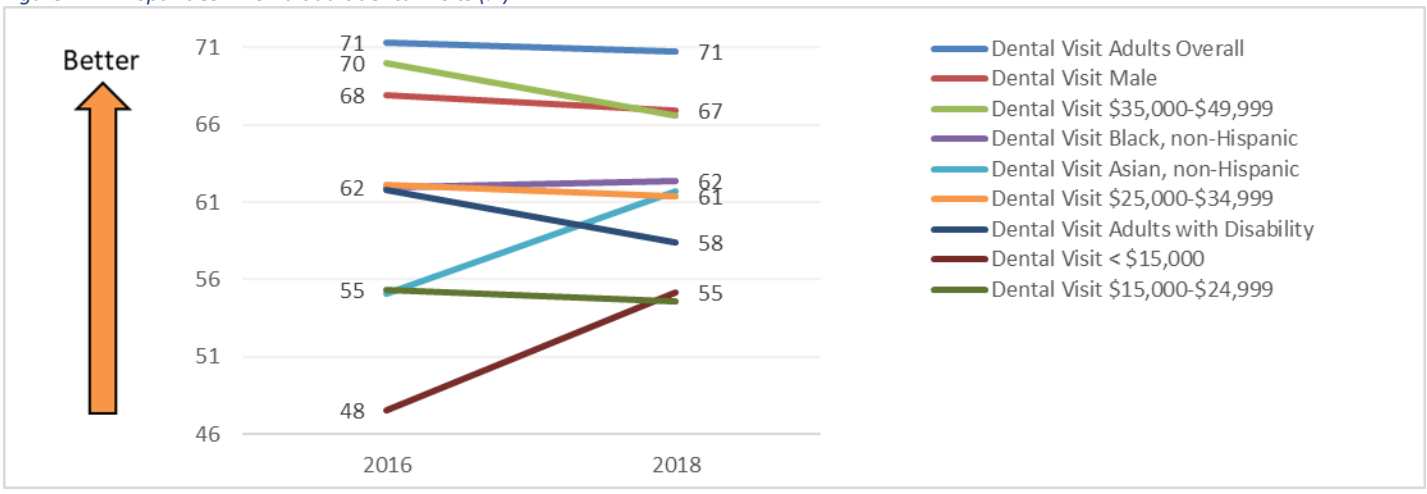
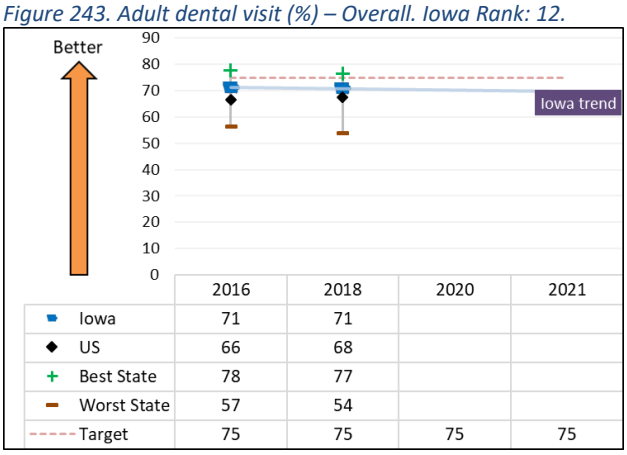
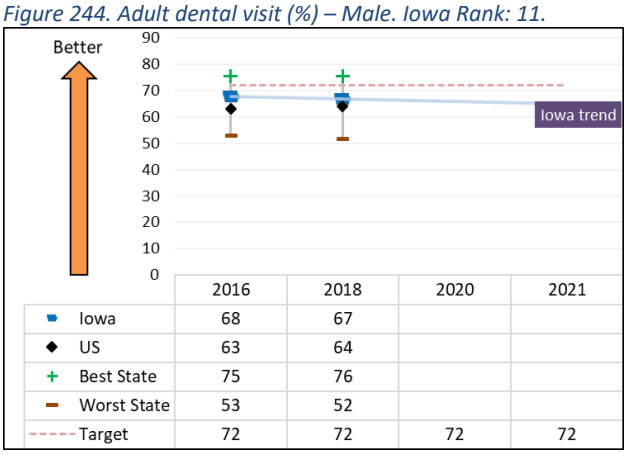


Figure 243. Adult dental visit (%) – Overall. Iowa Rank: 12.



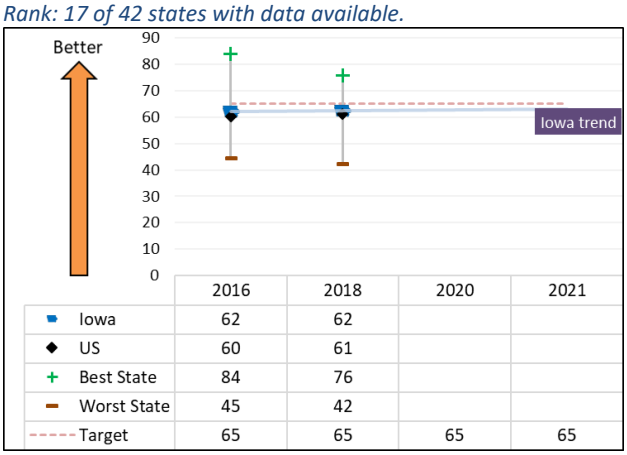
	2016	2018	2020	2021
Iowa	71	71		
US	66	68		
Best State	78	77		
Worst State	57	54		
Target	75	75	75	75

Figure 244. Adult dental visit (%) – Male. Iowa Rank: 11.



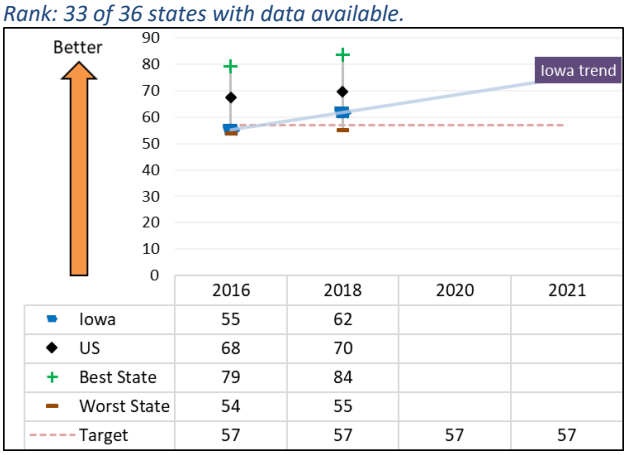
	2016	2018	2020	2021
Iowa	68	67		
US	63	64		
Best State	75	76		
Worst State	53	52		
Target	72	72	72	72

Figure 245. Adult dental visit (%) - Black, non-Hispanic. Iowa Rank: 17 of 42 states with data available.



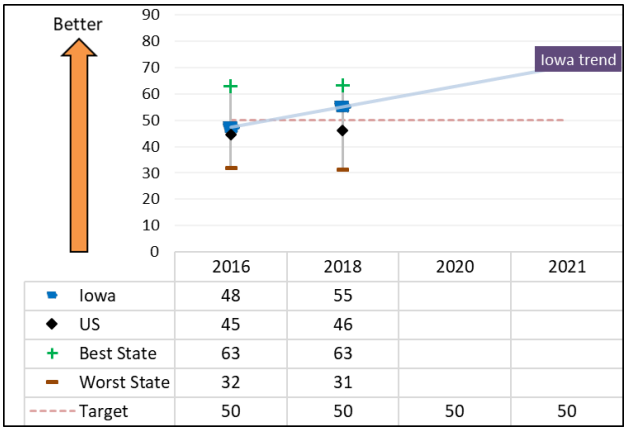
	2016	2018	2020	2021
Iowa	62	62		
US	60	61		
Best State	84	76		
Worst State	45	42		
Target	65	65	65	65

Figure 246. Adult dental visit (%) - Asian, non-Hispanic. Iowa Rank: 33 of 36 states with data available.



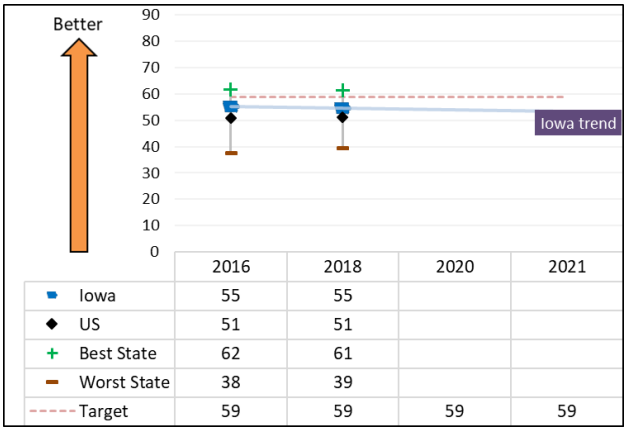
	2016	2018	2020	2021
Iowa	55	62		
US	68	70		
Best State	79	84		
Worst State	54	55		
Target	57	57	57	57

Figure 247. Adult dental visit (%) - Income <$15,000. Iowa Rank: 5.



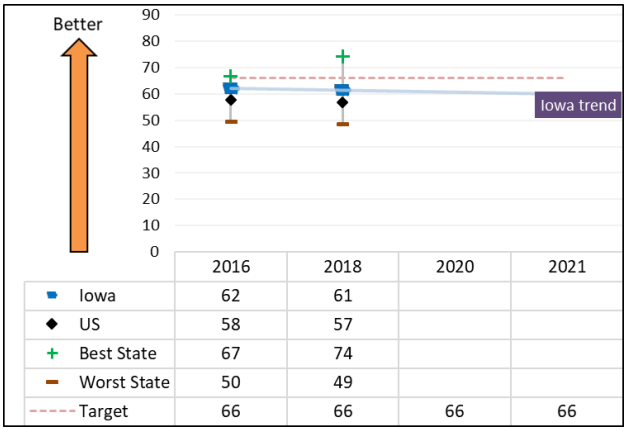
	2016	2018	2020	2021
Iowa	48	55		
US	45	46		
Best State	63	63		
Worst State	32	31		
Target	50	50	50	50

Figure 248. Adult dental visit (%) - Income $15,000-$24.999. Iowa Rank: 13.



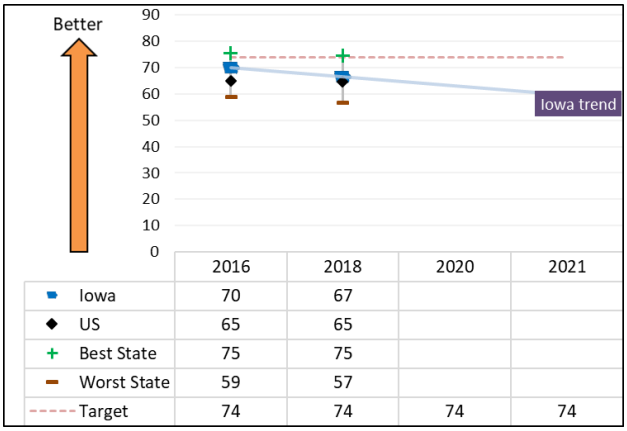
	2016	2018	2020	2021
Iowa	55	55		
US	51	51		
Best State	62	61		
Worst State	38	39		
Target	59	59	59	59

Figure 249. Adult dental visit (%) - Income $25,000-$34.999. Iowa Rank: 12.



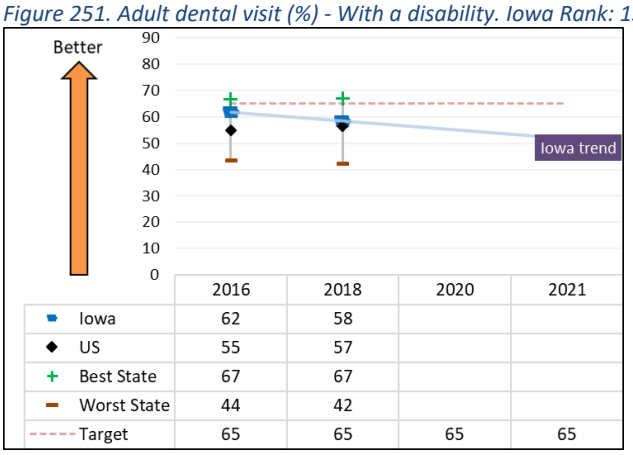
	2016	2018	2020	2021
Iowa	62	61		
US	58	57		
Best State	67	74		
Worst State	50	49		
Target	66	66	66	66

Figure 250. Adult dental visit (%) - Income $35,000-$49.999. Iowa Rank: 18.



	2016	2018	2020	2021
Iowa	70	67		
US	65	65		
Best State	75	75		
Worst State	59	57		
Target	74	74	74	74

Figure 251. Adult dental visit (%) - With a disability. Iowa Rank: 15.



	2016	2018	2020	2021
Iowa	62	58		
US	55	57		
Best State	67	67		
Worst State	44	42		
Target	65	65	65	65

HL-18 Decrease ↓ the rate of sexually transmitted diseases (Number per 100,000 population).

Chlamydia Overall ☹
Target: 393
Baseline: 415 [2016]
Newest: 467 [2018]≈13%↑ increase

American Indian/Alaska Native females ages 15-24 ☺ ☑
Target: 5,445
Baseline: 5,733 [2016]
Newest: 4,325 [2018]≈25%↓ decrease

Females, ages 15-24 ☹
Target: 2,767
Baseline: 2,913[2016]
Newest: 3,190 [2018]≈10%↑ increase

Black/African American females ages 15-24 ☹
Target: 10,123
Baseline: 10,680 [2016]
Newest: 11,563 [2018]≈8%↑ increase

Data Source: CDC. NCHHSTP AtlasPlus. https://www.cdc.gov/nchhstp/atlas/index.htm

Gonorrhea Overall ☹
Target: 78
Baseline: 83 [2016]
Newest: 154 [2018]≈85%↑ increase

American Indian/Alaska Native ☹
Target: 429
Baseline: 452 [2016]
Newest: 716 [2018]≈58%↑ increase

Black/African American ☹
Target: 649
Baseline: 684 [2016]
Newest: 1,199 [2018]≈75%↑ increase

Data Source: CDC. NCHHSTP AtlasPlus. https://www.cdc.gov/nchhstp/atlas/index.htm

Primary, Secondary & Early Latent Syphilis Overall ☹
Target: 4
Baseline: 4.7 [2016]
Newest: 5.4 [2018]≈14%↑ increase

Male ☹
Target: 8
Baseline: 8.6 [2016]
Newest: 9.3 [2018]≈8%↑ increase

Data Source: CDC. NCHHSTP AtlasPlus. https://www.cdc.gov/nchhstp/atlas/index.htm

Chlamydia: WHY DOES THIS MATTER?

Chlamydia is the most commonly reported sexually transmitted infection (STI) and can infect both men and women. Chlamydia is caused by the bacterium Chlamydia trachomatis. From 1997 to 2017, the rate of reported chlamydia infections increased from about 206 to 529 cases per 100,000 population. More than 1.7 million chlamydia cases were reported in 2018, though many more cases go undiagnosed and unreported.

Chlamydial infections are usually asymptomatic but can cause permanent damage to reproductive organs. In men, untreated chlamydia rarely causes life-threatening damage but can lead to epididymitis. Among women, untreated chlamydia can lead to:

- Pelvic inflammatory disease.
- Inability to get pregnant.
- Ectopic pregnancy (pregnancy outside the uterus).
- Chronic pelvic pain.

Of all nonviral sexually transmitted infections, chlamydia was estimated to be the most costly with more than $500 million in annual costs (in 2010 dollars).

– Source: America's Health Rankings. Explore/annual/measure/chlamydia

Figure 252. Disparities in Iowa's chlamydia rate

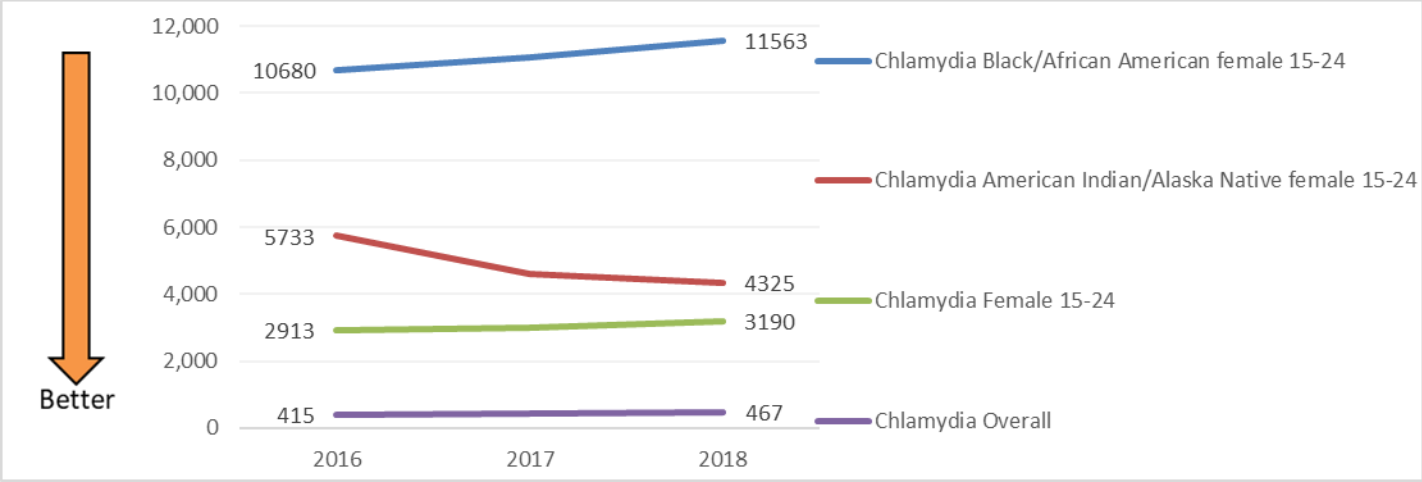
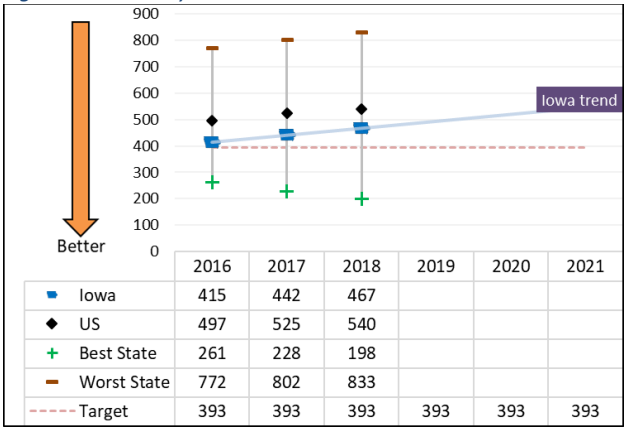
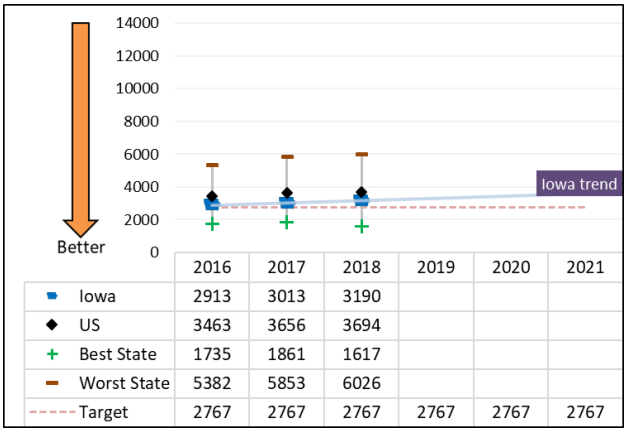


Figure 253. Chlamydia rate – Overall. Iowa Rank: 18.



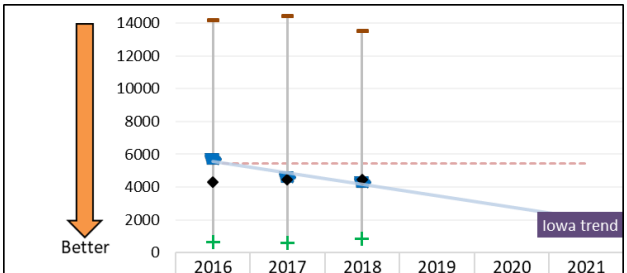
	2016	2017	2018	2019	2020	2021
Iowa	415	442	467			
US	497	525	540			
Best State	261	228	198			
Worst State	772	802	833			
Target	393	393	393	393	393	393

Figure 254. Chlamydia rate - Females ages 15-24 – Overall. Iowa Rank: 15.



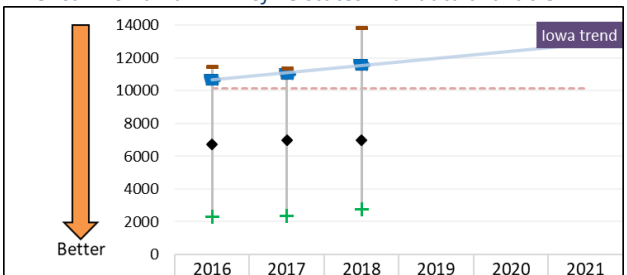
	2016	2017	2018	2019	2020	2021
Iowa	2913	3013	3190			
US	3463	3656	3694			
Best State	1735	1861	1617			
Worst State	5382	5853	6026			
Target	2767	2767	2767	2767	2767	2767

Figure 255. Chlamydia rate - Females ages 15-24 - American Indian/Alaska Native. Iowa Rank: 22 of 35 states with data available.



	2016	2017	2018	2019	2020	2021
Iowa	5733	4587	4325			
US	4318	4467	4440			
Best State	632	597	838			
Worst State	14228	14481	13536			
Target	5445	5445	5445	5445	5445	5445

Figure 256. Chlamydia rate - Females ages 15-24 – Black/African American. Iowa Rank: 47 of 48 states with data available.



	2016	2017	2018	2019	2020	2021
Iowa	10680	11048	11563			
US	6737	6987	6958			
Best State	2287	2366	2747			
Worst State	11490	11383	13868			
Target	10123	10123	10123	10123	10123	10123

Gonorrhea: WHY DOES THIS MATTER?

Gonorrhea is a sexually transmitted disease (STD) that can infect both men and women. It can cause infections in the genitals, rectum, and throat. It is a very common infection, especially among young people ages 15-24 years.

Untreated gonorrhea can cause serious and permanent health problems in both women and men.
In women, untreated gonorrhea can cause pelvic inflammatory disease (PID). Some of the complications of PID are

- Formation of scar tissue that blocks fallopian tubes;
- Ectopic pregnancy (pregnancy outside the womb);
- Infertility (inability to get pregnant);
- Long-term pelvic/abdominal pain.

In men, gonorrhea can cause a painful condition in the tubes attached to the testicles. In rare cases, this may cause a man to be sterile, or prevent him from being able to father a child.

Rarely, untreated gonorrhea can also spread to your blood or joints. This condition can be life threatening. Untreated gonorrhea may also increase your chances of getting or giving HIV – the virus that causes AIDS.

– Source: CDC, Division of STD Prevention. https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea.htm

Figure 257. Disparities in Iowa's gonorrhea rate

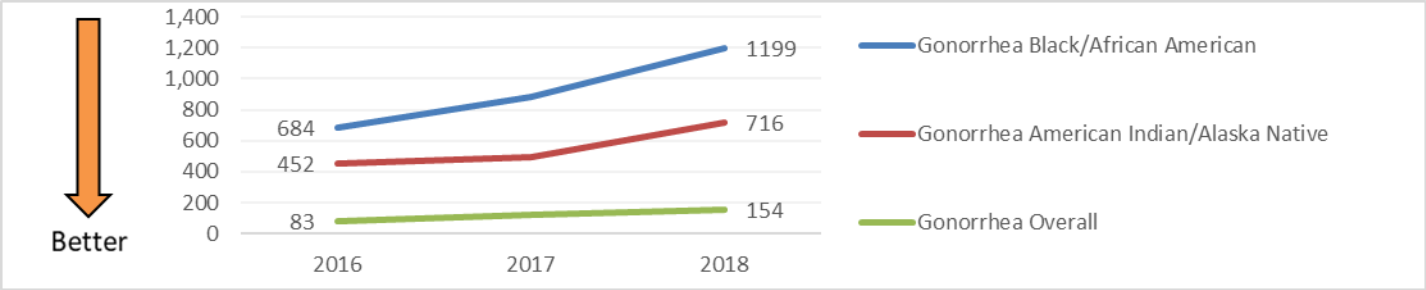
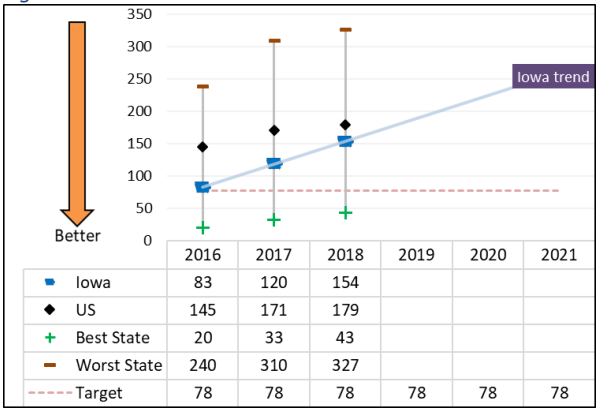
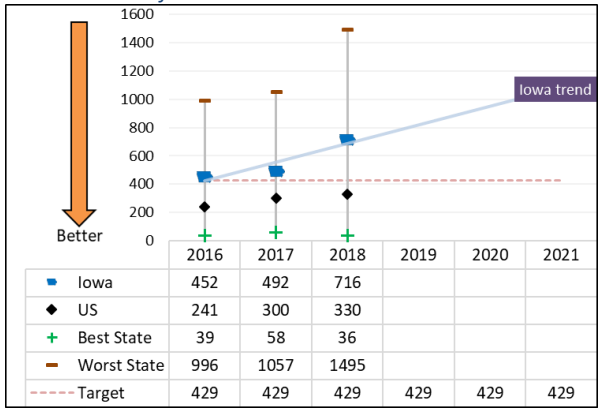


Figure 258. Gonorrhea rate – Overall. Iowa Rank: 21.



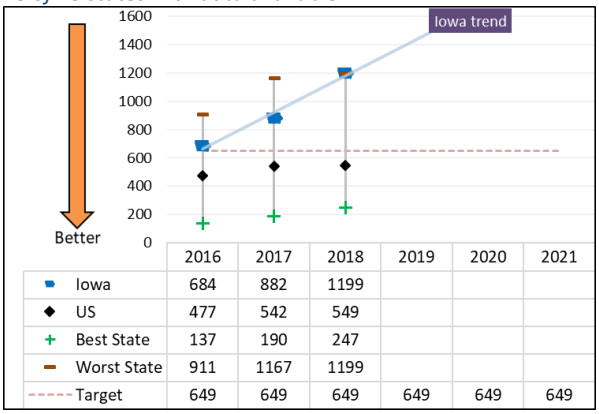
	2016	2017	2018	2019	2020	2021
Iowa	83	120	154			
US	145	171	179			
Best State	20	33	43			
Worst State	240	310	327			
Target	78	78	78	78	78	78

Figure 259. Gonorrhea rate - American Indian/Alaska Native. Iowa Rank: 29 of 33 states with data available.



	2016	2017	2018	2019	2020	2021
Iowa	452	492	716			
US	241	300	330			
Best State	39	58	36			
Worst State	996	1057	1495			
Target	429	429	429	429	429	429

Figure 260. Gonorrhea rate - Black/African American. Iowa Rank: 48 of 48 states with data available.



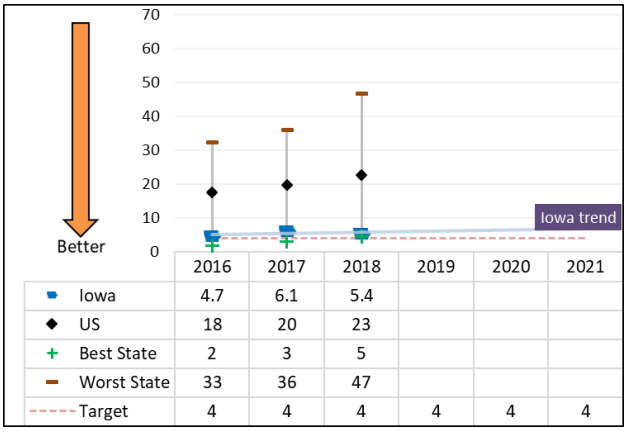
	2016	2017	2018	2019	2020	2021
Iowa	684	882	1199			
US	477	542	549			
Best State	137	190	247			
Worst State	911	1167	1199			
Target	649	649	649	649	649	649

Syphilis: WHY DOES THIS MATTER?

Syphilis is divided into stages (primary, secondary, latent, and tertiary), with different signs and symptoms associated with each stage. A person with primary syphilis generally has a sore or sores at the original site of infection. These sores usually occur on or around the genitals, around the anus or in the rectum, or in or around the mouth. These sores are usually (but not always) firm, round, and painless. Symptoms of secondary syphilis include skin rash, swollen lymph nodes, and fever. The signs and symptoms of primary and secondary syphilis can be mild, and they might not be noticed. During the latent stage, there are no signs or symptoms. Tertiary syphilis is associated with severe medical problems. A doctor can usually diagnose tertiary syphilis with the help of multiple tests. It can affect the heart, brain, and other organs of the body.

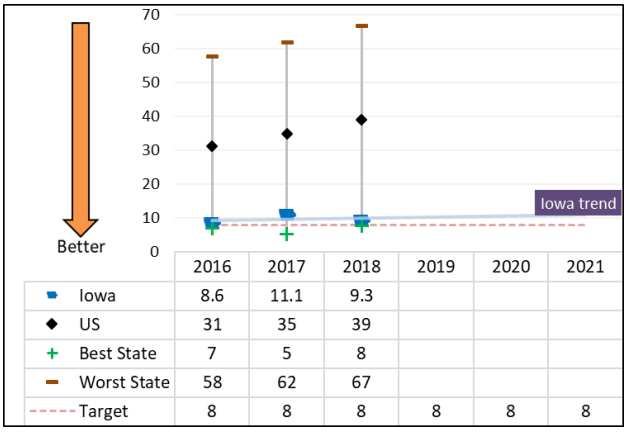
– Source: CDC, Division of STD Prevention. https://www.cdc.gov/std/syphilis/stdfact-syphilis.htm

Figure 261. Primary, secondary & early latent syphilis rate – Overall. Iowa Rank: 4.



	2016	2017	2018	2019	2020	2021
Iowa	4.7	6.1	5.4			
US	18	20	23			
Best State	2	3	5			
Worst State	33	36	47			
Target	4	4	4	4	4	4

Figure 262. Primary, secondary & early latent syphilis rate – Male. Iowa Rank: 7.



	2016	2017	2018	2019	2020	2021
Iowa	8.6	11.1	9.3			
US	31	35	39			
Best State	7	5	8			
Worst State	58	62	67			
Target	8	8	8	8	8	8

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FOCUS AREA: Injury & Violence

What Health Issues Are Included

Falls
Motor Vehicle Crashes
Adverse Childhood Experiences (ACES)/Trauma Informed Care
Occupational & Farm Safety

Injury & Violence Measures of Health Improvement

IV-1 Decrease ↓ the death rate related to falls for those who are ages 65 and over (per 100,000 population ages 65+ age-adjusted rate).

Ages 65+ ☺ ☑
Target: 87
Baseline: 91 [2016]
Newest: 81 [2019]≈12%↓ decrease

Data Source: CDC, National Center for Injury Prevention and Control. WISQARS (Web-based Injury Statistics Query and Reporting System) https://www.cdc.gov/injury/wisqars/fatal.html

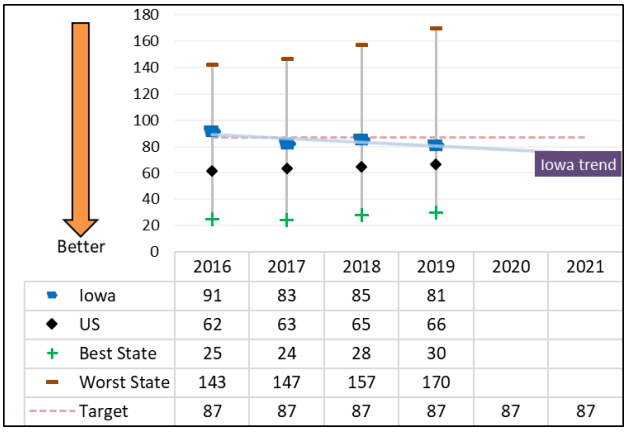
WHY DOES THIS MATTER?

One out of five falls among older adults causes a serious injury, including 95% of hip fractures and 51% of head injuries. Other potential consequences of falls include extensive rehabilitation in a long-term care facility, decreased mobility, loss of independence, social isolation and depression, and premature death. The fatality rate from falls has been increasing, and as the aging population lives longer, the number of falls is expected to increase as well.

Older adult falls result in substantial medical costs. In 2015, the estimated medical costs attributable to fatal and nonfatal falls were approximately $50 billion. The average direct cost of non-fatal fall injuries is $9,780 per fall, and the average direct cost of fatal fall injuries is $26,340.

– Source: America's Health Rankings. Explore/senior/measure/falls_sr

Figure 263. Age-adjusted death rate due to falls - Ages 65+.
Iowa Rank: 31.



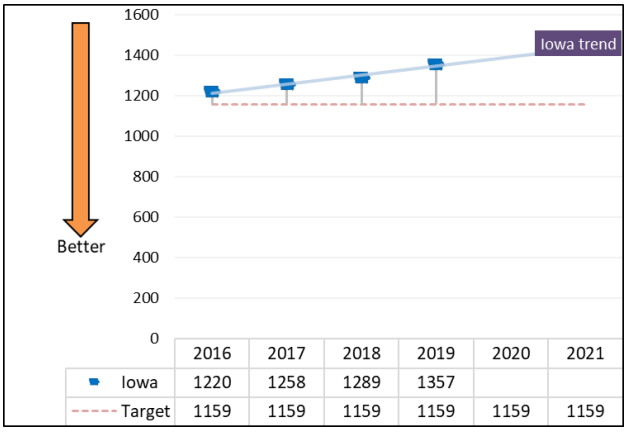
	2016	2017	2018	2019	2020	2021
Iowa	91	83	85	81		
US	62	63	65	66		
Best State	25	24	28	30		
Worst State	143	147	157	170		
Target	87	87	87	87	87	87

IV-2 Decrease ↓ the hospitalization rate related to falls for those who are ages 65 and over (per 100,000 population ages 65+).

Ages 65+ ☹
Target: 1,159
Baseline: 1,220 [2016]
Newest: 1,357 [2019]≈11%↑ increase

Data Source: Iowa Department of Public Health, Behavioral Health Division, unpublished data. https://idph.iowa.gov/falls-prevention

Figure 264. Hospitalization rate due to falls - Ages 65+. Iowa
Rank: not available.



	2016	2017	2018	2019	2020	2021
Iowa	1220	1258	1289	1357		
Target	1159	1159	1159	1159	1159	1159

IV-3 Decrease ↓ the percentage of adults ages 65 and over reporting having one or more falls in the last year.

Overall ☺ ☑	Hispanic or Non-White ☺	Adults 65+ with Disability ☺* ☑
Target: 30%	Target: 39%	Target: 40%
Baseline: 32% [2016]	Baseline: 41% [2016]	Baseline: 43% [2016]
Newest: 26% [2018]≈18%↓ decrease	Newest: 40% [2018]≈4%↓ decrease	Newest: 37% [2018]≈14%↓ decrease

Data Source: Iowa Behavioral Risk Factor Surveillance System (BRFSS). https://idph.iowa.gov/brfss *Additional IDPH analysis of national BRFSS data. Data is available in even-numbered years.

Figure 265. Disparities in Iowans ages 65+ with a fall in the last year (%)

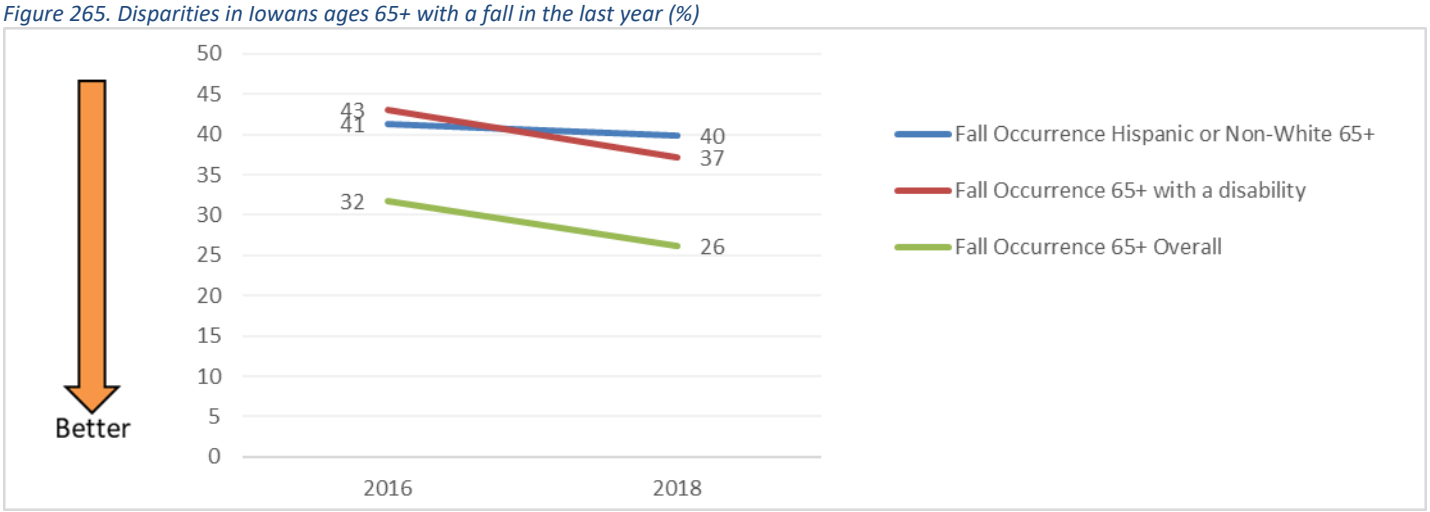
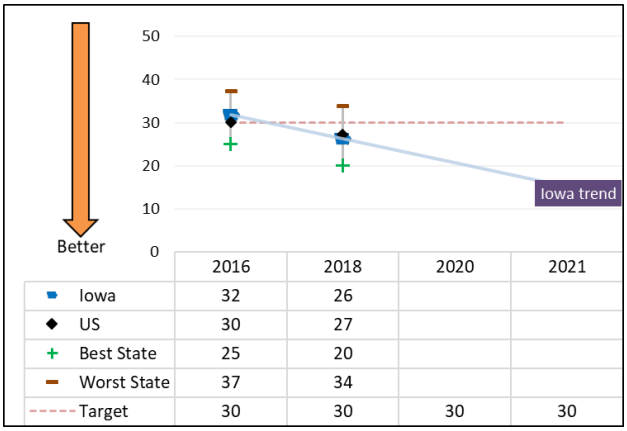
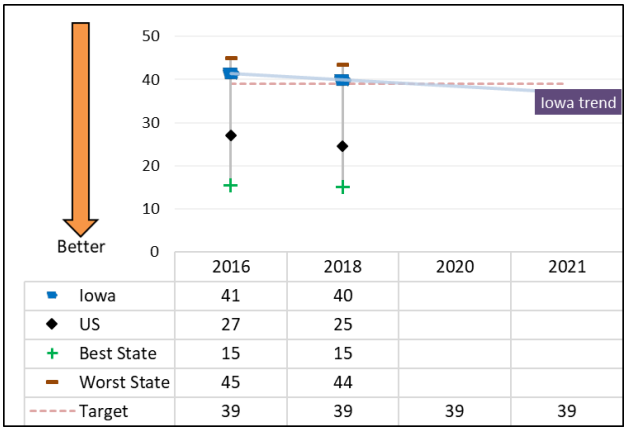


Figure 266. Adults ages 65+ with 1+ falls (%) - Overall. Iowa Rank: 15.



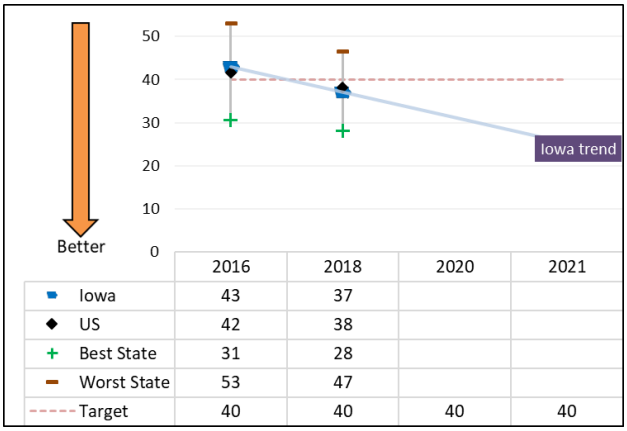
	2016	2018	2020	2021
Iowa	32	26		
US	30	27		
Best State	25	20		
Worst State	37	34		
Target	30	30	30	30

Figure 267. Adults ages 65+ with 1+ falls (%) - Hispanic or Non-White. Iowa Rank: 49.



	2016	2018	2020	2021
Iowa	41	40		
US	27	25		
Best State	15	15		
Worst State	45	44		
Target	39	39	39	39

Figure 268. Adults ages 65+ with 1+ falls (%) - With a disability. Iowa Rank: 20.



	2016	2018	2020	2021
Iowa	43	37		
US	42	38		
Best State	31	28		
Worst State	53	47		
Target	40	40	40	40

IV-4 Decrease ↓ the death rate related to motor vehicle crashes (per 100,000 population age-adjusted).

Overall ☺ ☑	Male ☺ ☑	NonCore (non-metro/rural) ☺
Target: 12	Target: 18	Target: 15
Baseline: 13.5 [2016]	Baseline: 20 [2016]	Baseline: 16.5 [2012-2016]
Newest: 11 [2019]≈19%↓ decrease	Newest: 16 [2019]≈18%↓ decrease	Newest: 16 [2015-2019]≈3%↓ decrease

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Underlying Cause of Death: Motor vehicle accidents (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2) https://wonder.cdc.gov/mcd-icd10.html

WHY DOES THIS MATTER?

Motor vehicle crashes are a public health concern both in the United States and abroad. In the United States, motor vehicle crashes are a leading cause of death, and kill over 100 people every day. However, motor vehicle crash injuries and deaths are preventable. There are proven strategies that can help prevent these injuries and deaths. Whether you are a driver, passenger, cyclist, or pedestrian, you can take steps to stay safe on the road.

– Source: CDC, National Center for Injury Prevention and Control. https://www.cdc.gov/transportationsafety/

About 38,000 people are killed in motor vehicle traffic crashes each year in the United States. Traffic crash deaths resulted in $55 billion in medical and work loss costs in addition to the immeasurable burden on the victims' families and friends in 2018.

– Source: CDC, National Center for Injury Prevention and Control. https://www.cdc.gov/transportationsafety/statecosts/index.html

Figure 269. Disparities in Iowa's motor vehicle crash death rate

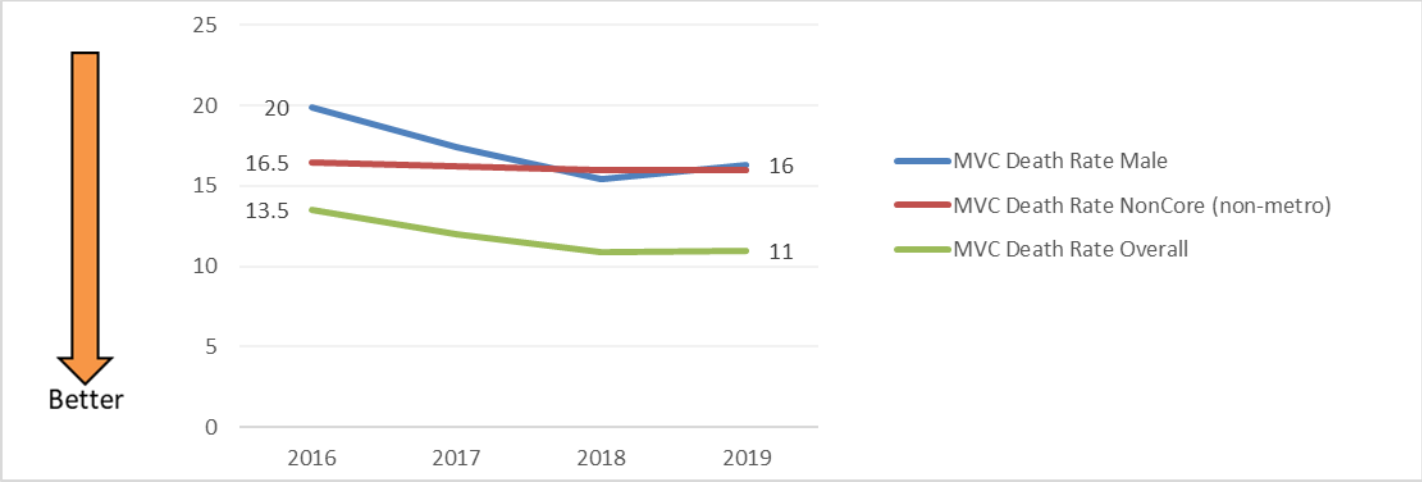
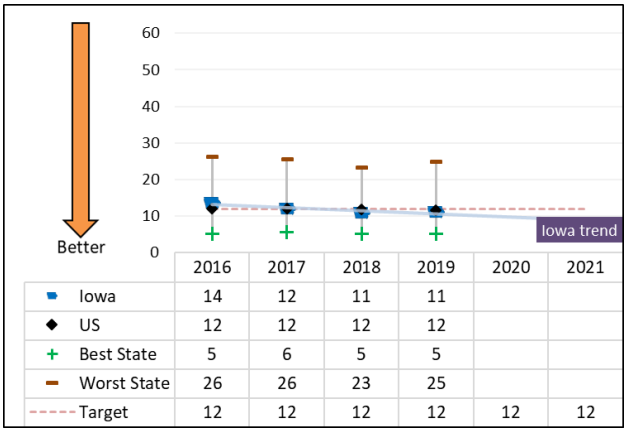
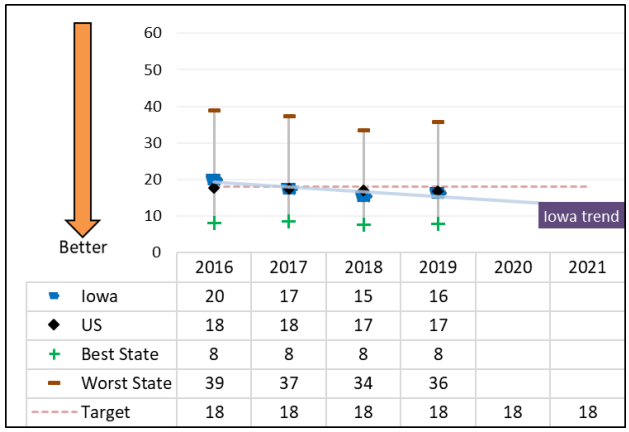


Figure 270. Motor vehicle crashes death rate – Overall. Iowa Rank: 20.



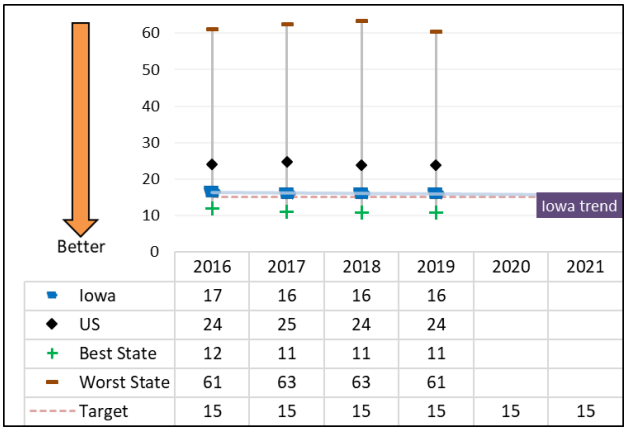
	2016	2017	2018	2019	2020	2021
Iowa	14	12	11	11		
US	12	12	12	12		
Best State	5	6	5	5		
Worst State	26	26	23	25		
Target	12	12	12	12	12	12

Figure 271. Motor vehicle crashes death rate – Male. Iowa Rank: 23.



	2016	2017	2018	2019	2020	2021
Iowa	20	17	15	16		
US	18	18	17	17		
Best State	8	8	8	8		
Worst State	39	37	34	36		
Target	18	18	18	18	18	18

Figure 272. Motor vehicle crashes death rate - Non-core (Rural). Iowa Rank: 6.



	2016	2017	2018	2019	2020	2021
Iowa	17	16	16	16		
US	24	25	24	24		
Best State	12	11	11	11		
Worst State	61	63	63	61		
Target	15	15	15	15	15	15

IV-5 Decrease ↓ the rate of children who are victims of maltreatment (per 1,000 children under age 18).

Overall ☹
Target: 11
Baseline: 12 [2016]
Newest: 16 [2019]≈33%↑ increase

Data Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. National Child Abuse and Neglect Data System (NCANDS) Child File. Courtesy: Kids Count. https://datacenter.kidscount.org/

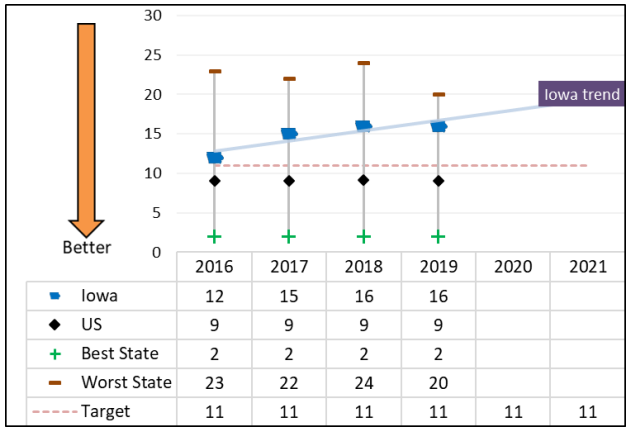
WHY DOES THIS MATTER?

Child victimization takes many forms, from neglect to sexual, physical or emotional abuse. Each is heinous, but the short and long-term consequences may differ with the type of victimization. One aspect that is consistent is the negative impact on child development such as cognitive development, social and emotional development, and academic development. The cognitive effects of child victimization include changes to the parts of the brain responsible for emotional regulation, memory, learning, focused attention, impulse control and critical thinking. This can result in wide ranging consequences including weight gain, depression and difficulty learning. The social and emotional effects of child victimization include reduced ability to form attachments to their parents, process emotions, and correctly assuming the intentions of others. Individuals who have been the victim of child maltreatment also are at increased risk of substance use, conduct disorders, anxiety, depression and either being bullied or bullying others. The academic effects of child victimization include poorer educational attainment and behavioral issues in the classroom. These effects can last for a person's entire life if left untreated. The earlier an individual receives treatment, the more effective it is likely to be, but the most effective solution is to prevent the abuse.

It is estimated that the economic cost of child maltreatment in the United States is $2 trillion per year. These costs stem from the pain, suffering and grief attributable to child maltreatment experienced among victims and communities as well as lost productivity, short-and long-term health care costs, child welfare costs, criminal justice costs and special education costs.

– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/child_maltreatment

Figure 273. Child maltreatment (per 1,000 population).
Iowa Rank: 39.



	2016	2017	2018	2019	2020	2021
Iowa	12	15	16	16		
US	9	9	9	9		
Best State	2	2	2	2		
Worst State	23	22	24	20		
Target	11	11	11	11	11	11

IV-6 Decrease ↓ the rate of youth residing in juvenile detention, correctional and/or residential facilities (per 100,000 youth ages 10-17).

Overall ☺ ☑	Male ☺ ☑	Black ☺
Target: 196	Target: 332	Target: 978
Baseline: 207 [2015]	Baseline: 351 [2015]	Baseline: 1,026 [2015]
Newest: 177 [2017]≈19%↓ decrease	Newest: 293 [2017]≈17%↓ decrease	Newest: 996 [2017]≈3%↓ decrease

Data Source: Sickmund, M., Sladky, T.J., Kang, W., and Puzzanchera, C. (2017) "Easy Access to the Census of Juveniles in Residential Placement." Online. https://www.ojjdp.gov/ojstatbb/ezacjrp/

WHY DOES THIS MATTER?

Detention is a pivotal decision point in the juvenile justice process. It takes youth who are awaiting a court hearing or a move into a correctional or treatment facility and temporarily confines them instead of allowing them to return home or enter an alternative supervision program. Each year across the country, more than 200,000 young people are admitted to detention facilities and approximately 16,000 youth are held in detention on any given night.

In the United States, the average length of stay is 27 days, yet research indicates that even a short turn in detention can have an outsized influence on court outcomes. It can also mean profound and potentially lifelong negative consequences for the young people involved.

The consequences include:

- A ticket to deeper system involvement. Youth placed into pretrial detention are far more likely to be formally charged, found delinquent and committed to youth corrections facilities than similarly situated young people who remain at home pending their court hearing, **according to research**. Detained youth are also more likely to be rearrested, adjudicated or convicted of new offenses and incarcerated than youth who remain at home awaiting court or pending placement.
- Exacerbated health issues. Locked detention can cause young people serious harm, both immediate and long-term, **research indicates**. Youth who spend time in custody are more likely to suffer mental health problems than comparable youth who are not detained. Harsh conditions and intensive supervision inside the facilities can also intensify symptoms for youth with serious mental health problems or a history of trauma or abuse.
- A derailed academic track. Detention disrupts a young person's schooling and makes it more likely that they will fail classes or drop out. When compared to peers who are not detained, youth who spent time in custody were less likely to complete high school and also less likely to find employment.

While the ramifications of experiencing juvenile detention are serious and significant, the case against it doesn't end there. Detention is also unfair and costly. African-American, Hispanic and American Indian youth are far more likely than their white counterparts to be detained, even after controlling for the seriousness of an offense, offending history and other factors. In addition: Temporarily confining youth occurs at a significant cost to taxpayers — roughly $1 billion per year nationwide. Though expenditures vary from region to region, the average detention stay costs roughly $150 to $300 per day — or at least $70,000 per year for every bed occupied.

– Source: The Annie E. Casey Foundation. https://www.aecf.org/blog/kids-deserve-better-why-juvenile-detention-reform-matters/

Figure 274. Disparities in Iowa youth in juvenile detention (rate)

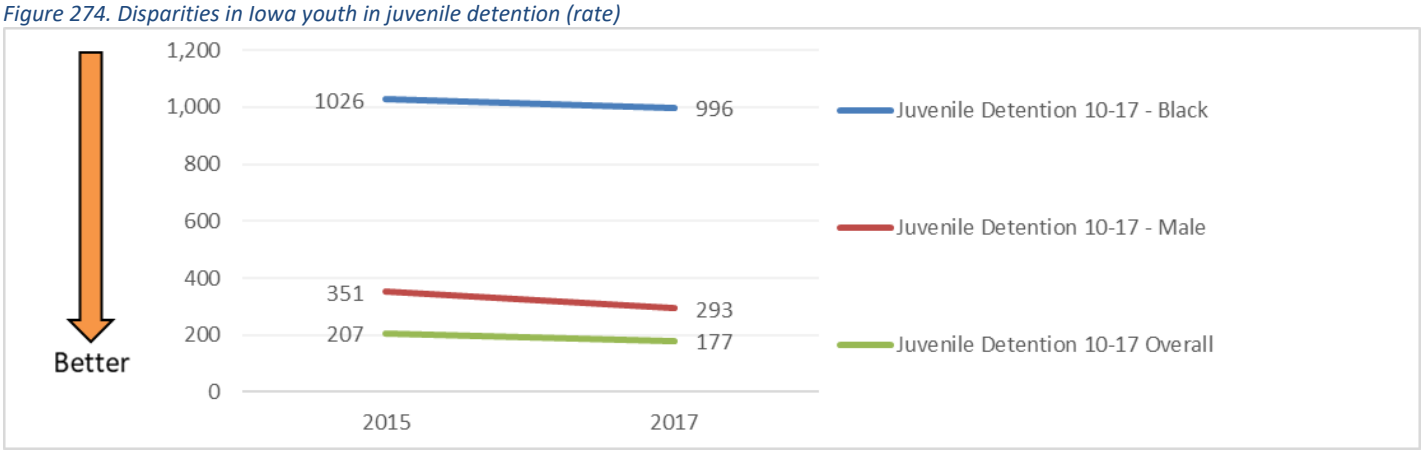
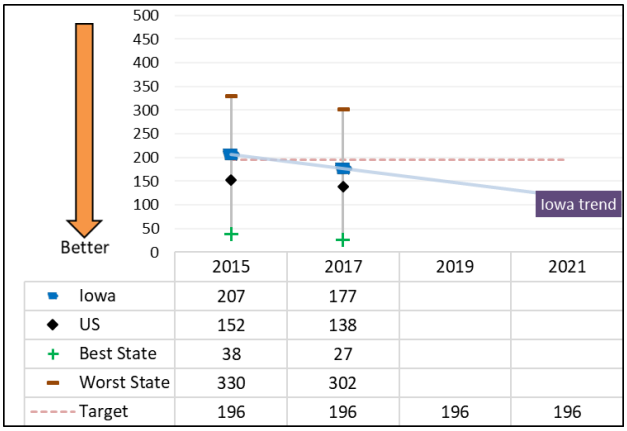
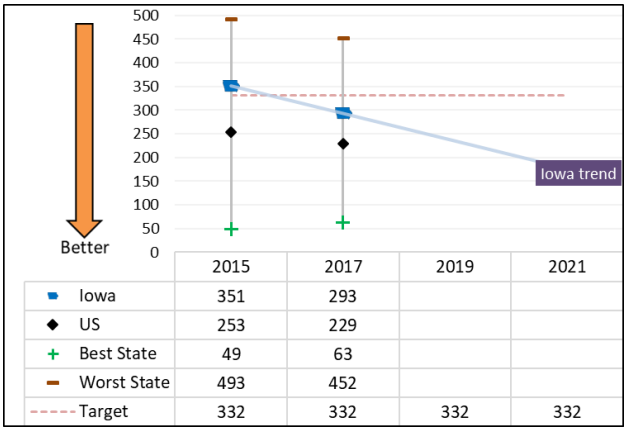


Figure 275. Youth in juvenile detention (per 100,000 population) – Overall. Iowa Rank: 39.



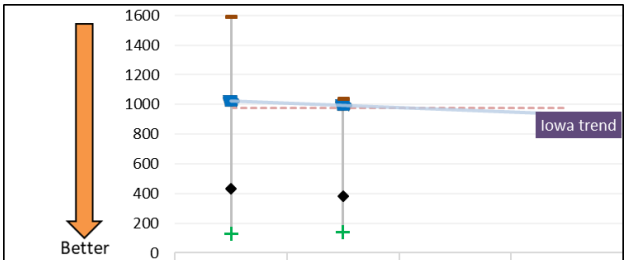
	2015	2017	2019	2021
Iowa	207	177		
US	152	138		
Best State	38	27		
Worst State	330	302		
Target	196	196	196	196

Figure 276. Youth in juvenile detention (per 100,000 population) – Male. Iowa Rank: 40.



	2015	2017	2019	2021
Iowa	351	293		
US	253	229		
Best State	49	63		
Worst State	493	452		
Target	332	332	332	332

Figure 277. Youth in juvenile detention (per 100,000 population) – Black. Iowa Rank: 48.



	2015	2017	2019	2021
Iowa	1026	996		
US	433	383		
Best State	131	140		
Worst State	1593	1039		
Target	978	978	978	978

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IV-7 Increase ↑ the percentage of children ages 0-17 with 2 or more adverse childhood experiences (ACEs) who are in excellent or very good health.

Overall ☹
Target: 90%
Baseline: 86% [2016]
Newest: 81.5% [2019]≈5%↓ decrease

Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health (NSCH). National Outcome Measure #19. https://www.childhealthdata.org/browse/survey

WHY DOES THIS MATTER?

Adverse childhood experiences (ACEs) are stressful or traumatic events that may have a lasting impact on children's health and well-being. Early experiences have a broad and profound impact on an individual's development and subsequent emotional, cognitive, social and biological functioning.

The relationship between ACEs and health behaviors and outcomes in adulthood was first described in a 1998 study, which found a higher number of adverse childhood exposures was associated with a higher number of risk factors for leading causes of death in adults. A recent study found that having four or more ACEs (compared with none) is associated with a number of adverse health outcomes including:

- Drug abuse and interpersonal and self-directed violence (very strong associations).
- Sexual risk taking behaviors, poor mental health and alcohol abuse (strong associations).
- Smoking, heavy alcohol use, poor self-rated health, cancer, heart disease and respiratory disease (moderate associations).
- Physical inactivity, overweight or obesity and diabetes (weak or modest associations).

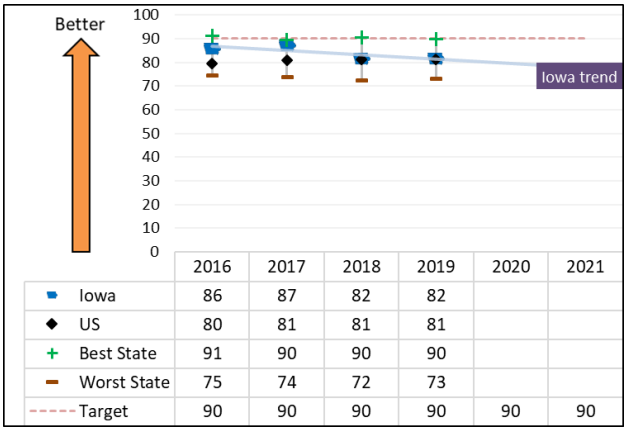
There are also socioeconomic challenges, associated with ACEs including not graduating from high school, being unemployed and lacking health insurance. These negative experiences place a great economic burden on families, communities and the society, costing an estimated $748 billion in North America.

Children who live in supportive neighborhoods and whose mother is in very good or excellent health are less likely to experience ACEs. The prevalence of ACEs is higher among:

- Children living in poverty compared with children living above the poverty level.
- Non-Hispanic Black children, who have a prevalence nearly two times higher than non-Hispanic white children.
- Hispanic children have the next highest prevalence of two or more ACEs.

– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/ACEs_8

Figure 278. Children with ACEs in good/excellent health (%).
Iowa Rank: 27.



	2016	2017	2018	2019	2020	2021
Iowa	86	87	82	82		
US	80	81	81	81		
Best State	91	90	90	90		
Worst State	75	74	72	73		
Target	90	90	90	90	90	90

IV-8 Decrease ↓ the rate of deaths from work-related injuries (number of deaths per 100,000 full time workers).

Overall ☺	Agriculture, forestry, fishing and hunting ☹
Target: 4	Target: 15
Baseline: 4.8 [2016]	Baseline: 17 [2016]
Newest: 4.7 [2019]≈2%↓ decrease	Newest: 24.5 [2019]≈47%↑ increase

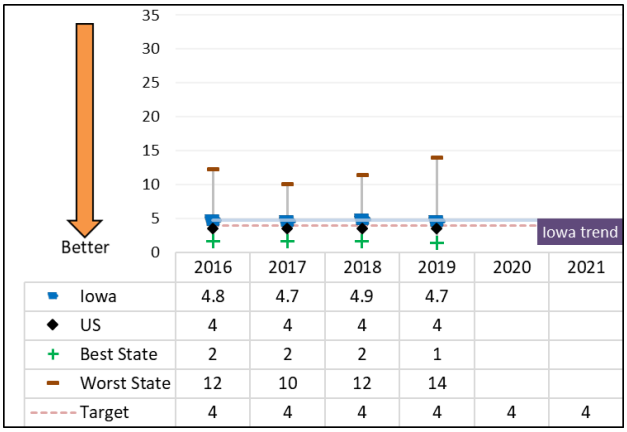
Data Source: U.S. Bureau of Labor Statistics, Current Population Survey, Census of Fatal Occupational Injuries.
https://www.bls.gov/iif/oshstate.htm#IA

WHY DOES THIS MATTER?

Occupational fatalities, also known as workplace fatalities, represent unsafe working conditions and personal risks faced by workers. In 2018, there were 5,250 fatal workplace injuries — a 2% increase since 2017. Transportation incidents accounted for the majority of fatalities at 46.4%, followed by violence and other injuries by persons or animals, which accounted for 18.5% of fatalities. In 2018, farming, fishing and forestry occupations had the highest rate of workplace fatalities with 22.8 deaths per 100,000 full-time equivalent workers, followed by transportation and material moving occupations at 15.0 deaths per 100,000 and construction and extraction occupations at 12.2 deaths per 100,000.Costs related to workplace injury and death were estimated at $170.8 billion in 2018. Costs include workers' compensation, administrative expenses, wage and productivity losses, medical fees and damages to company property.

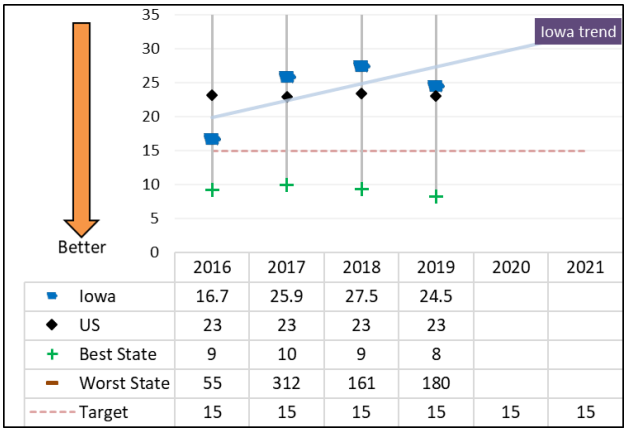
– Source: America's Health Rankings. Explore/annual/measure/WorkFatalities

Figure 279. Work-related injury deaths (rate) – Overall. Iowa Rank: 36.



	2016	2017	2018	2019	2020	2021
Iowa	4.8	4.7	4.9	4.7		
US	4	4	4	4		
Best State	2	2	2	1		
Worst State	12	10	12	14		
Target	4	4	4	4	4	4

Figure 280. Work-related injury deaths (rate) - Agriculture, forestry, fishing & hunting. Iowa Rank: 16 of 36 states with data available.



	2016	2017	2018	2019	2020	2021
Iowa	16.7	25.9	27.5	24.5		
US	23	23	23	23		
Best State	9	10	9	8		
Worst State	55	312	161	180		
Target	15	15	15	15	15	15

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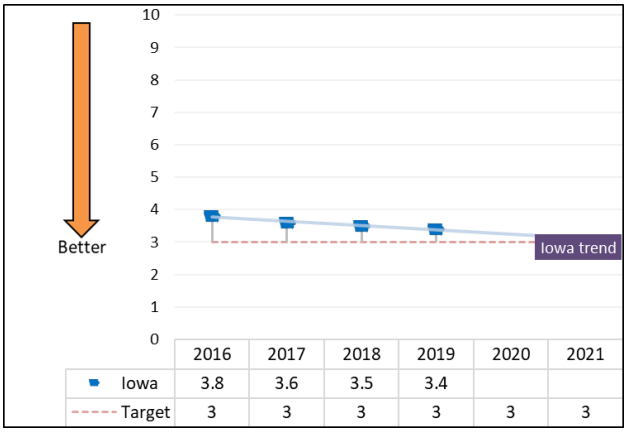
IV-9 Decrease ↓ the rate of non-fatal work-related injuries and illnesses (number of injuries/illnesses per 100 full time workers).

Overall ☺	Agriculture, forestry, fishing and hunting* ☺ ☑
Target: 3	Target: 7
Baseline: 4 [2016]	Baseline: 7.5 [2016]
Newest: 3.4 [2019]≈11%↓ decrease	Newest: 4.9 [2018]≈35%↓ decrease

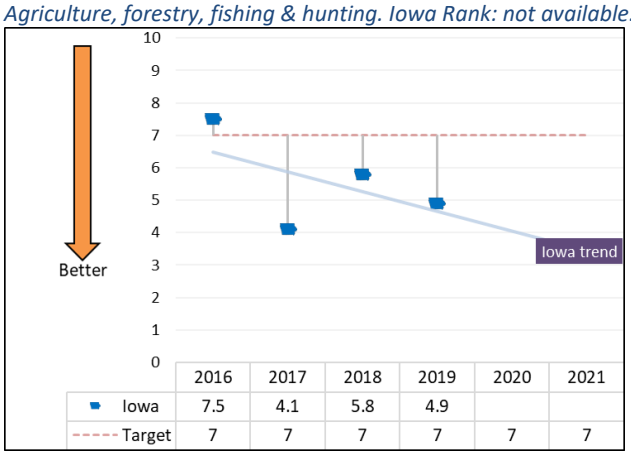
Data Source: U.S. Bureau of Labor Statistics, U.S. Department of Labor, Nonfatal occupational injuries and illnesses data by industry.
*Excludes farms with fewer than 11 employees. https://www.bls.gov/iif/oshstate.htm#IA

Figure 281. Non-fatal work-related injuries and illnesses (rate) – Overall. Iowa Rank: not available.



	2016	2017	2018	2019	2020	2021
Iowa	3.8	3.6	3.5	3.4		
Target	3	3	3	3	3	3

Figure 282. Non-fatal work-related injuries and illnesses (rate) - Agriculture, forestry, fishing & hunting. Iowa Rank: not available.



	2016	2017	2018	2019	2020	2021
Iowa	7.5	4.1	5.8	4.9		
Target	7	7	7	7	7	7

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FOCUS AREA: Mental Health, Illness, & Suicide

What Health Issues Are Included

Mental Health, Illness & Suicide

Mental Health, Illness, & Suicide Measures of Health Improvement

MH-1 Decrease the percentage of adults who reported their mental health was not good 14 or more days in the past 30 days.

Overall ☹ Target: 9% Baseline: 10% [2016] Newest: 12% [2019]≈23%↑ increase	Female ☹ Target: 11% Baseline: 12.4% [2016] Newest: 15% [2019]≈19%↑ increase	Ages 18-44 ☹ Target: 11% Baseline: 12.5% [2016] Newest: 16% [2019]≈31%↑ increase
Income less than $25,000 ☹ Target: 17% Baseline: 19% [2016] Newest: 21% [2019]≈13%↑ increase	Adults with Disability* ☹ Target: 23% Baseline: 25% [2016] Newest: 27% [2019]≈10%↑ increase	

Data Source: UnitedHealth Foundation. America's Health Rankings analysis of BRFSS.
https://www.americashealthrankings.org/explore/annual *Additional IDPH analysis of national BRFSS data.

WHY DOES THIS MATTER?

Frequent mental distress is a measure based on self-reported poor mental health days. The measure aims to capture the population experiencing persistent, and likely severe, mental health issues, which may have a significant impact on health-related quality of life and overall wellness. The cutoff point of 14 or more days of poor mental health is used to capture frequent mental distress. There is a strong relationship between the 14-day period and clinically diagnosed mental disorders, such as depression and anxiety.

A healthy mental state is essential to overall positive health and well-being. In some cases, poor mental health may lead to suicide. The direct medical spending associated with mental health disorders (including anxiety, depression and dementia) in the United States reached $201 billion in 2013, surpassing costs for heart disease ($147 billion) and traumatic injury ($143 billion).

– Source: America's Health Rankings. Explore/annual/measure/mental_distress

Figure 283. Disparities in Iowa adults with frequent mental distress (%).

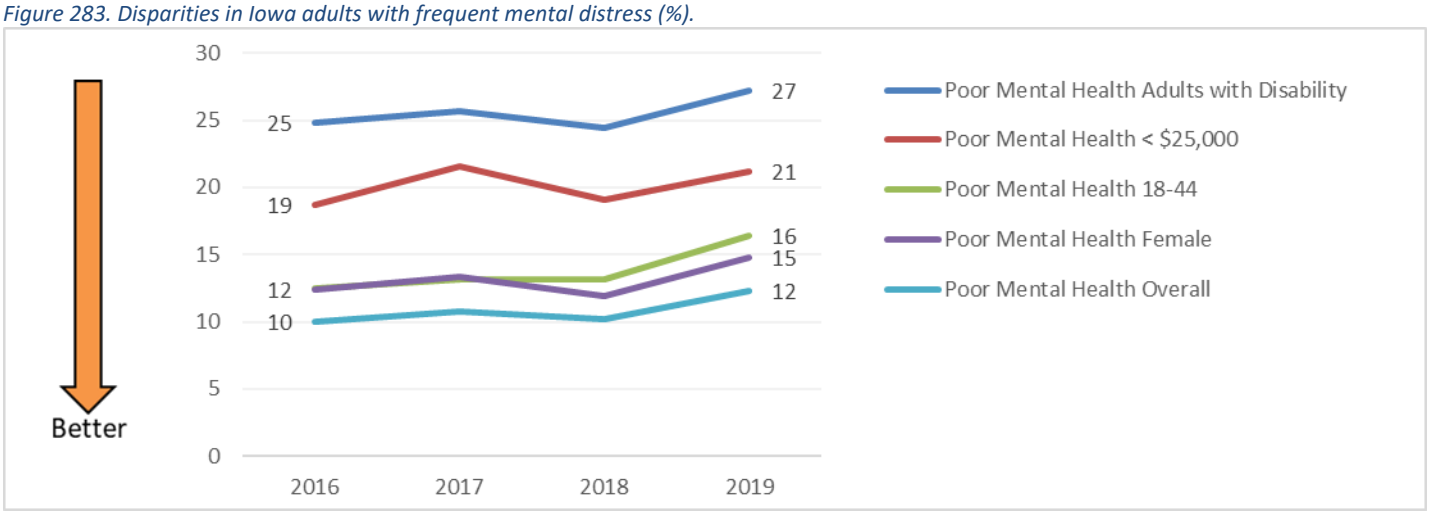
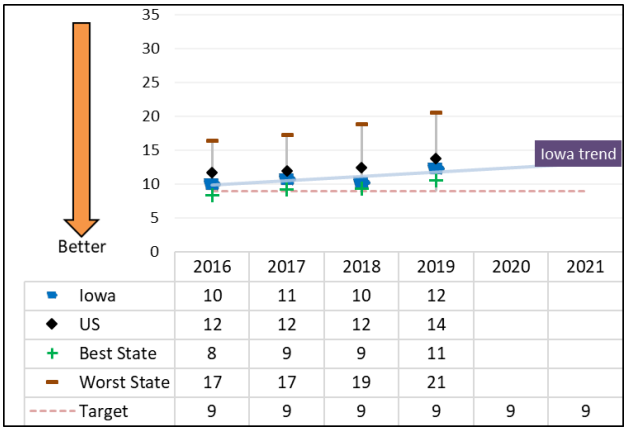
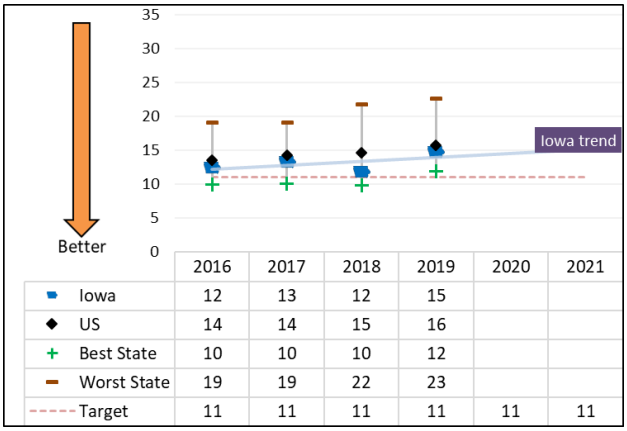


Figure 284. Adults with frequent mental distress (%) – Overall. Iowa Rank: 13.



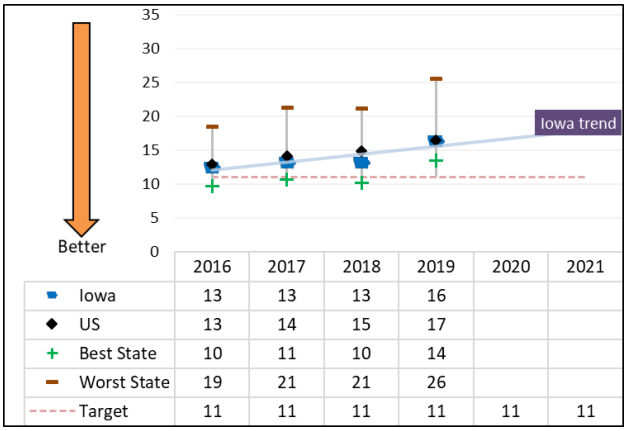
	2016	2017	2018	2019	2020	2021
Iowa	10	11	10	12		
US	12	12	12	14		
Best State	8	9	9	11		
Worst State	17	17	19	21		
Target	9	9	9	9	9	9

Figure 285. Adults with frequent mental distress (%) – Female. Iowa Rank: 16.



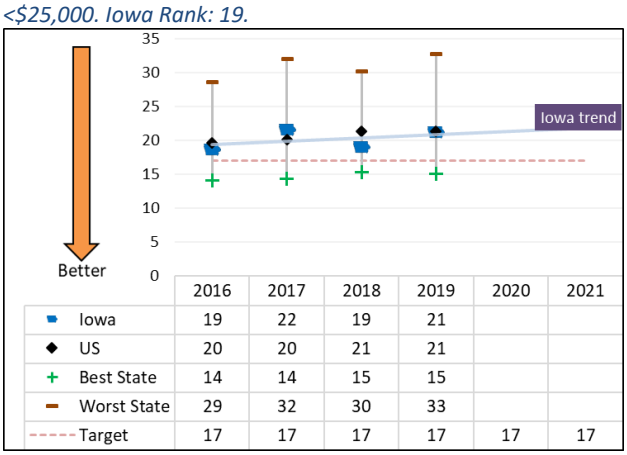
	2016	2017	2018	2019	2020	2021
Iowa	12	13	12	15		
US	14	14	15	16		
Best State	10	10	10	12		
Worst State	19	19	22	23		
Target	11	11	11	11	11	11

Figure 286. Adults with frequent mental distress (%) - Ages 18-44. Iowa Rank: 20.



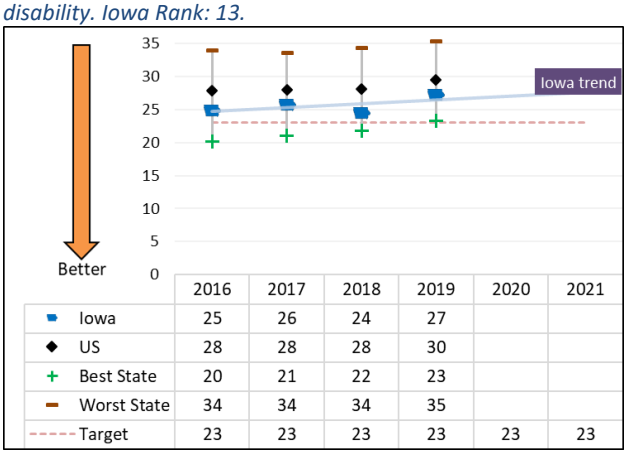
	2016	2017	2018	2019	2020	2021
Iowa	13	13	13	16		
US	13	14	15	17		
Best State	10	11	10	14		
Worst State	19	21	21	26		
Target	11	11	11	11	11	11

Figure 287. Adults with frequent mental distress (%) - Income <$25,000. Iowa Rank: 19.



	2016	2017	2018	2019	2020	2021
Iowa	19	22	19	21		
US	20	20	21	21		
Best State	14	14	15	15		
Worst State	29	32	30	33		
Target	17	17	17	17	17	17

Figure 288. Adults with frequent mental distress (%) - With a disability. Iowa Rank: 13.



	2016	2017	2018	2019	2020	2021
Iowa	25	26	24	27		
US	28	28	28	30		
Best State	20	21	22	23		
Worst State	34	34	34	35		
Target	23	23	23	23	23	23

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MH-2 Increase the number of mental health providers (per 100,000 population).

Overall ☺ ☑
Target: 129
Baseline: 122 [2016]
Newest: 165 [2020]≈35%↑ increase

Data Source: Centers for Medicare and Medicaid Services, National Provider Identification Registry. Courtesy: University of Wisconsin Population Health Institute, County Health Rankings. Rankings Data & Documentation, National Data & Documentation. https://www.countyhealthrankings.org/

WHY DOES THIS MATTER?

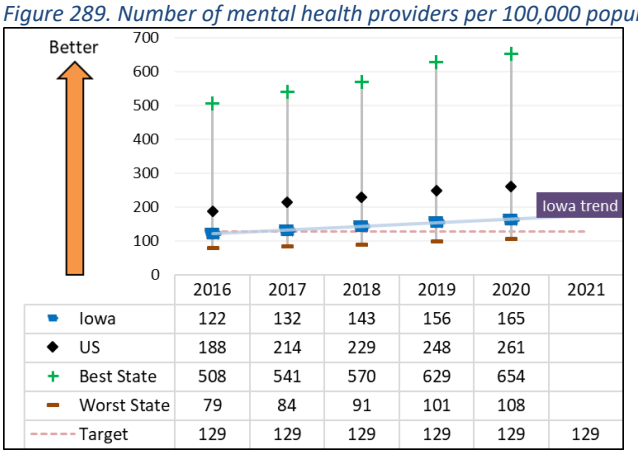
Mental health providers offer essential care to adults and children who have a mental or behavioral disorder by offering services such as assessment, diagnosis, treatment, medication, and therapeutic interventions. The mental health workforce includes a broad array of professionals, including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, professionals treating alcohol and other drug abuse and advanced practice nurses specializing in mental health care.

According to the National Institutes of Mental Health, about one in five Americans experienced some form of mental illness (not including substance abuse disorders) in 2019 but only 44.8% of adults with any mental illness and 65.5% with a serious mental illness reported receiving treatment in the past year.

An analysis by the Kaiser Family Foundation found that nearly 119 million Americans live in mental health shortage areas, and only 26.9% of the need is being met. The National Council of Behavioral Health (NCBH) reported that 77% of counties in the United States are experiencing a severe shortage of mental health providers. Demand for mental health professionals is projected to increase during and after the COVID-19 pandemic. The National Center for Health Workforce Analysis projected that by 2025 there will be a 45,000 and 250,000 shortage in mental health professionals.

– Source: America's Health Rankings. Explore/annual/measure/MHP

Figure 289. Number of mental health providers per 100,000 population. Iowa Rank: 44.



	2016	2017	2018	2019	2020	2021
Iowa	122	132	143	156	165	
US	188	214	229	248	261	
Best State	508	541	570	629	654	
Worst State	79	84	91	101	108	
Target	129	129	129	129	129	129

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MH-3 Increase the percentage of children ages 3-17 with a mental/behavioral condition who have received treatment or counseling.

Overall ☺
Target: 66%
Baseline: 63% [2016]
Newest: 65% [2019]≈4%↑ increase

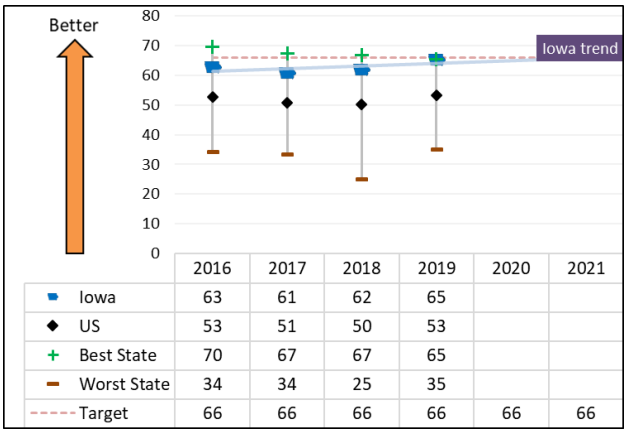
Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health (NSCH). National Outcome Measure #18. https://www.childhealthdata.org/browse/survey

WHY DOES THIS MATTER?

The prevalence of mental/behavioral health conditions has been increasing among children and has been found to vary by geographic and sociodemographic factors. However, a significant portion of children diagnosed with a mental health condition do not receive treatment. Further, the receipt of treatment is generally dependent on sociodemographic and health-related factors. Adequate insurance and access to a patient-centered medical home may improve mental health treatment.

– Source: Health Resources and Services Administration (HRSA). Maternal and Child Health Bureau. National Title V Outcome Measures

Figure 290. Children receiving needed mental health treatment (%). Iowa Rank: 1.



	2016	2017	2018	2019	2020	2021
Iowa	63	61	62	65		
US	53	51	50	53		
Best State	70	67	67	65		
Worst State	34	34	25	35		
Target	66	66	66	66	66	66

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MH-4 Decrease the rate of suicides (per 100,000 population).

Overall, age-adjusted ☹
Target: 13
Baseline: 15 [2016]
Newest: 16.7 [2019]≈15%↑ increase

Male, age-adjusted ☹
Target: 22
Baseline: 24 [2016]
Newest: 27 [2019]≈13%↑ increase

Ages 15-19 ☹
Target: 9
Baseline: 10 [2016]
Newest: 14 [2019]≈38%↑ increase

Ages 20-29 ☹
Target: 17
Baseline: 19 [2016]
Newest: 22.5 [2019]≈20%↑ increase

Ages 30-39 ☹
Target: 20
Baseline: 22 [2016]
Newest: 26.6 [2019]≈23%↑ increase

Ages 40-49 ☺
Target: 20
Baseline: 22 [2016]
Newest: 21.6 [2019]≈2%↓ decrease

Ages 50-59 ☹
Target: 20
Baseline: 22 [2016]
Newest: 24 [2019]≈10%↑ increase

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.
https://wonder.cdc.gov/mcd-icd10.html

WHY DOES THIS MATTER?

When someone dies by suicide, like any cause of death, the loss is felt by many. The ripples of loss spread from close family and friends to community members, acquaintances and even people the deceased did not know. All of those exposed to the loss may experience different levels of grief and trauma.

Nationally, the suicide rate increased 25.4% from 1999 to 2016, with increases occurring in every state, save for Nevada. In 2018, there were an estimated 1.4 million suicide attempts and more than 48,000 deaths by suicide, making it the tenth leading cause of death in the United States. Firearms were involved in half of all suicides, and there were more than twice as many deaths by suicide than by homicide.

Societal costs associated with suicide and suicide attempts were estimated at $93.5 billion. These costs include lifetime medical fees and lost work costs.

– Source: America's Health Rankings. Explore/annual/measure/Suicide

Suicide is a serious public health problem among all age groups. Among youth, it exacts an enormous toll due to the significant years of potential life lost. In 2017, there were more than 6,200 suicide deaths among adolescents and young adults ages 15-24, making it the second-leading cause of death for that age group.

Youth suicidal ideation, attempt and completion are on the rise. Far more adolescents have suicidal thoughts or attempt suicide and survive than those who die by suicide. Results from the 2019 Youth Behavioral Risk Factor Surveillance System show that in the past year 18.8% of high school students seriously considered attempting suicide and 8.9% attempted suicide.

The cost of suicide attempts in the United States in 2013 was estimated to be $58.4 billion. The average cost per suicide for adolescents and young adults is estimated to be at least $1.4 million, with most of the cost resulting from lost productivity.

– Source: America's Health Rankings. Explore/health-of-women-and-children/measure/teen_suicide

Figure 291. Disparities in Iowa's suicide rate.

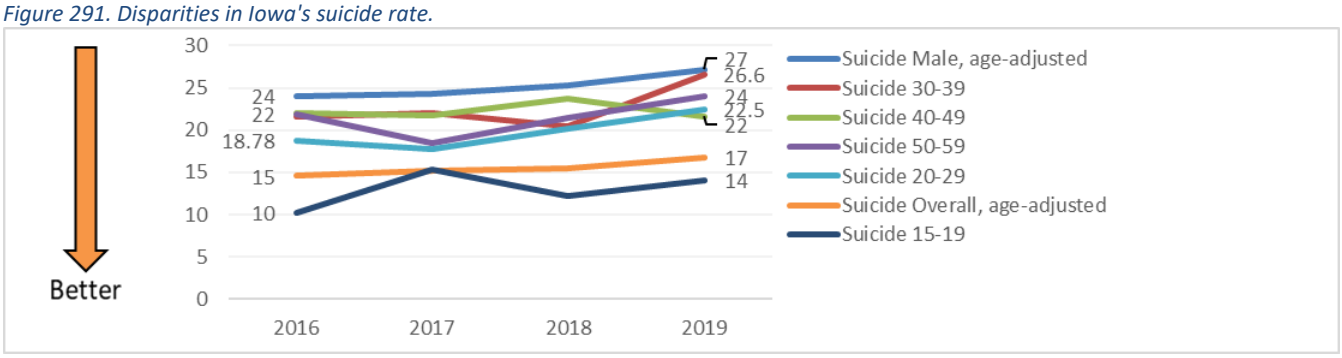
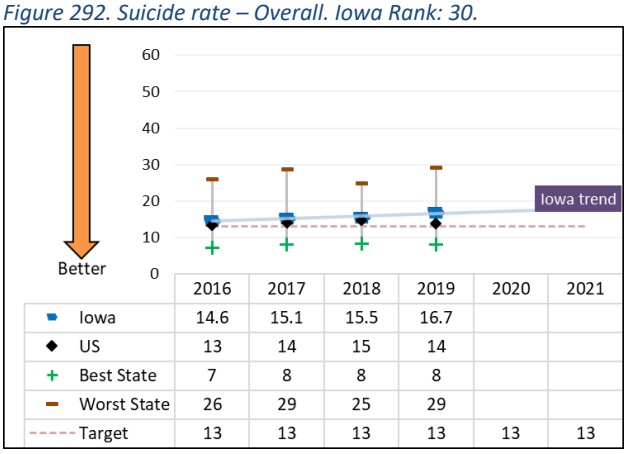
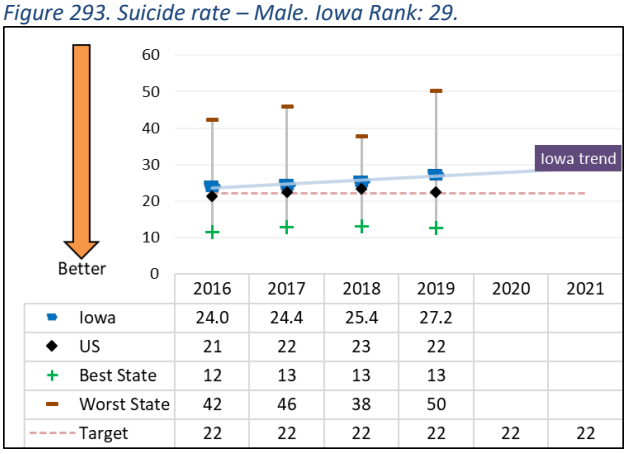


Figure 292. Suicide rate – Overall. Iowa Rank: 30.



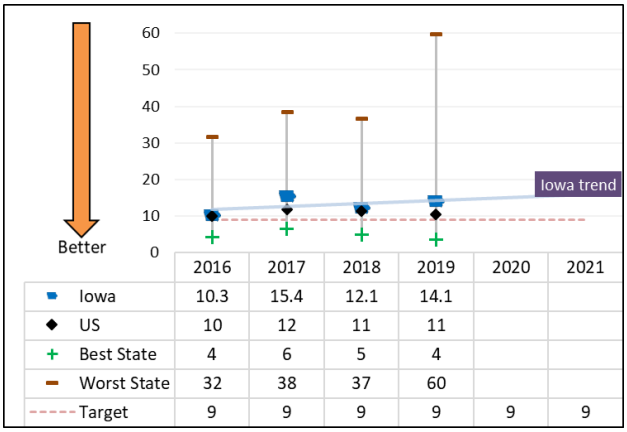
	2016	2017	2018	2019	2020	2021
Iowa	14.6	15.1	15.5	16.7		
US	13	14	15	14		
Best State	7	8	8	8		
Worst State	26	29	25	29		
Target	13	13	13	13	13	13

Figure 293. Suicide rate – Male. Iowa Rank: 29.



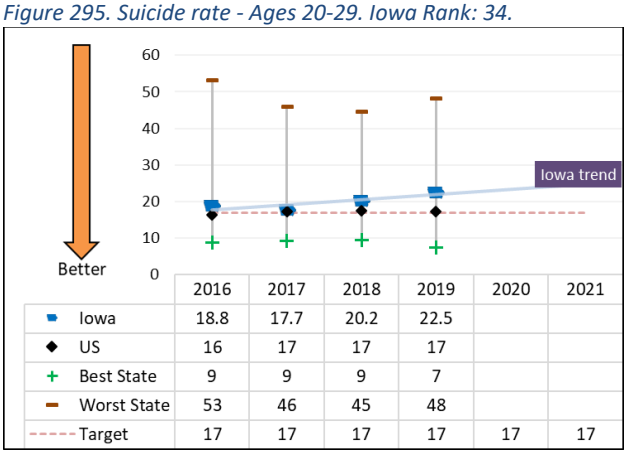
	2016	2017	2018	2019	2020	2021
Iowa	24.0	24.4	25.4	27.2		
US	21	22	23	22		
Best State	12	13	13	13		
Worst State	42	46	38	50		
Target	22	22	22	22	22	22

Figure 294. Suicide rate - Ages 15-19. Iowa Rank: 30 of 46 states with data available.



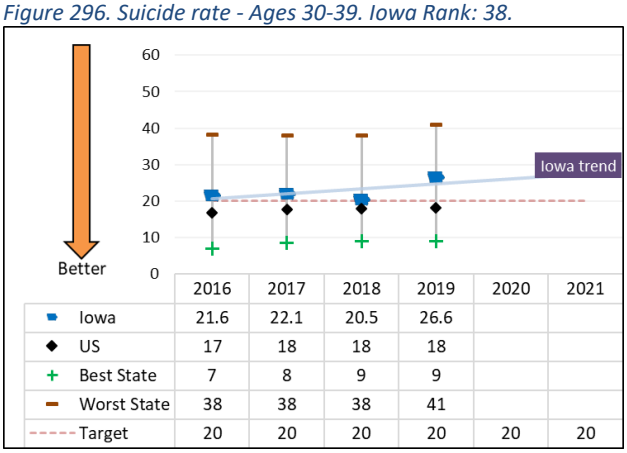
	2016	2017	2018	2019	2020	2021
Iowa	10.3	15.4	12.1	14.1		
US	10	12	11	11		
Best State	4	6	5	4		
Worst State	32	38	37	60		
Target	9	9	9	9	9	9

Figure 295. Suicide rate - Ages 20-29. Iowa Rank: 34.



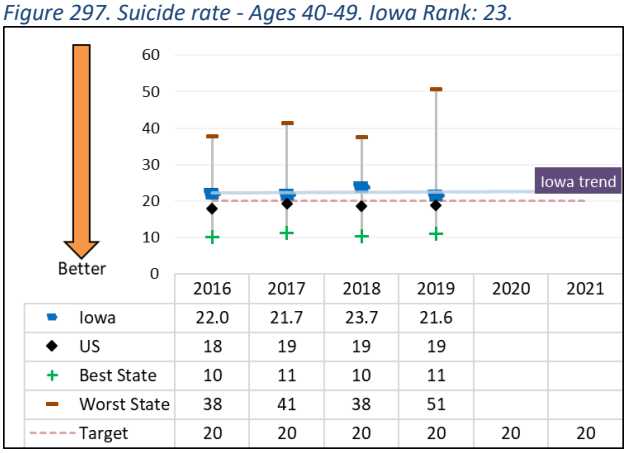
	2016	2017	2018	2019	2020	2021
Iowa	18.8	17.7	20.2	22.5		
US	16	17	17	17		
Best State	9	9	9	7		
Worst State	53	46	45	48		
Target	17	17	17	17	17	17

Figure 296. Suicide rate - Ages 30-39. Iowa Rank: 38.



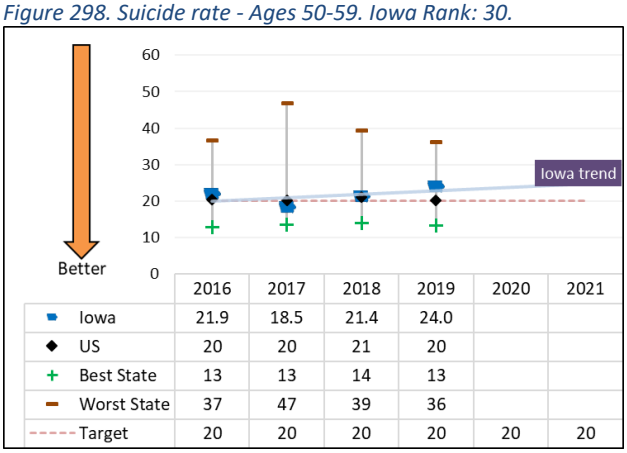
	2016	2017	2018	2019	2020	2021
Iowa	21.6	22.1	20.5	26.6		
US	17	18	18	18		
Best State	7	8	9	9		
Worst State	38	38	38	41		
Target	20	20	20	20	20	20

Figure 297. Suicide rate - Ages 40-49. Iowa Rank: 23.



	2016	2017	2018	2019	2020	2021
Iowa	22.0	21.7	23.7	21.6		
US	18	19	19	19		
Best State	10	11	10	11		
Worst State	38	41	38	51		
Target	20	20	20	20	20	20

Figure 298. Suicide rate - Ages 50-59. Iowa Rank: 30.



	2016	2017	2018	2019	2020	2021
Iowa	21.9	18.5	21.4	24.0		
US	20	20	21	20		
Best State	13	13	14	13		
Worst State	37	47	39	36		
Target	20	20	20	20	20	20