

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

**IOWA BRFSS BRIEF:
2022 SURVEY FINDINGS**

Iowa Behavioral Risk Factor Surveillance
System (BRFSS)
Bureau of Performance
Division of Strategic Operations

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Governor: Kim Reynolds
Lieutenant Governor: Adam Gregg
Iowa HHS Director: Kelly Garcia

Report Contact Information:

Eliza Daly, Iowa BRFSS Coordinator
eliza.daly@idph.iowa.gov
(515) 322-3213
<https://hhs.iowa.gov/brfss>

Olivia Diggs, Iowa BRFSS Epidemiologist
olivia.diggs@idph.iowa.gov
(515) 201-9370
<https://hhs.iowa.gov/brfss>

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Introduction

This brief presents estimates from the 2022 Iowa Behavioral Risk Factor Surveillance Survey, an annual state landline and cell phone survey of Iowa residents aged 18 and older. Iowa Behavioral Risk Factor Surveillance data contributes to the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) that is conducted within every state, the District of Columbia, and several U.S. territories¹. The BRFSS is the largest continuously running telephone survey in the world. The Iowa BRFSS is an important tool for data-driven decision making in public health. The BRFSS measures adult health by reaching out directly to adult Iowans to learn more about health status indicators, risk behaviors, demographics, health care accessibility, clinical preventive practices, and chronic conditions.

Iowa BRFSS survey data is used to design, implement, and support public health activities with the goal of reducing chronic diseases and other leading causes of death for Iowans. The survey is conducted every year, which allows for health trends to be compared over time. This data is also used to monitor the progress made towards the state's Healthy Iowans: Health Improvement Plan² and the national Healthy People 2030 Objectives³.

All of the results from the 2022 IA BRFSS presented within this brief have been weighted as described in the methods section and can be interpreted as prevalence estimates among the Iowa adult population. Due to the BRFSS methodology changes that took place in 2011, these estimates should only be compared to Iowa BRFSS estimates from 2011-2022 and not to Iowa BRFSS estimates from years prior to 2011.

The data collected through the BRFSS can be analyzed by demographic and socioeconomic characteristics (sex, race/ethnicity, age, education, annual household income, veteran status, disability status, and sexual orientation and gender identity). The analyses in this brief display findings across a variety of health topics, and highlight disparities in health within and across population sub-groups. In interpreting these results, it is critical to recognize that more factors than just one's individual behavioral choices affect overall health. The social, economic, behavioral and physical factors experienced by populations where they live and work have a profound impact on their health. These social determinants of health (SDOH) are rooted in systems, and therefore public health action to reduce and prevent health inequities should be directed at systems change. More information about how the Iowa Department of Health and Human Services (HHS) is committed to building health equity for all communities can be found on the Health Equity page of the Iowa HHS website [<https://hhs.iowa.gov/Health-Equity>].

In addition to this brief, the Iowa BRFSS program within the Iowa Department of Health and Human Services, Bureau of Performance releases several additional publications. These publications include larger more extensive annual reports, infographics highlighting topical data, Iowa county- and region-level data for select BRFSS topics, and data published to the Iowa Public Health Tracking Portal for select BRFSS topics. All of these publications can be found through the Iowa Department of Health and Human Services BRFSS website, [<https://hhs.iowa.gov/brfss>].

Methodology

Questionnaire Design

The CDC and all participating states update the BRFSS questionnaire each calendar year. The questionnaire consists of three components: 1) the core sections that are required of all states participating in the BRFSS; 2) a set of standardized modules developed by the CDC which states may opt to include in their survey; and 3) state-added questions which are designed and administered by individual states to address locally identified health problems. Sometimes, emerging core questions are added which focus on time-sensitive, topical questions (i.e., a nationwide outbreak). All core and optional module questions undergo a field-testing process conducted by the CDC. New or revised state-added questions are also pre-tested at the state level. Participation by Iowans in the BRFSS survey is random, anonymous, voluntary and confidential. Survey participants are requested to provide demographic information such as age, sex, race, marital and employment status, annual household income, educational level and location of residence by county and ZIP code. Information that could possibly be used to identify the respondent, such as location, is suppressed in public use data.

Sampling Process

The BRFSS uses two sampling frames: one for landline telephones, and one for cell phones. Content of the landline and cell phone surveys is the same. Respondents are randomly selected from household residents 18 years of age or older; only those living in households are surveyed, omitting residents of institutions, nursing homes, and group homes. The sample of landline telephone numbers was selected using a list-assisted, random-digit-dialed (RDD) methodology with a disproportionate stratification. This sampling methodology is designed to improve the probability that all households in Iowa with telephones have a chance of inclusion in the study. The sample of cell phone numbers were randomly selected from dedicated cellular telephone banks sorted on the basis of area code and exchange. The landline and cell phone samples are also stratified into six geographic regions. These are the same regions that are used by the public health resource within the state⁴. Geographic regions are represented at the same proportion as their population within the state. In 2022, a seventh stratum was drawn from census tracts throughout the state containing a relatively high percentage of African American or Hispanic residents in an effort to better represent minority groups in Iowa.

Interview Process

BRFSS interviews are conducted seven days a week during both daytime and evening hours. Approximately equal numbers of interviews per month are conducted from January through December of each survey year. Interviews are conducted in English and Spanish. All interviewers go through extensive training following the CDC BRFSS protocol so that they are prepared to conduct interviews with participants. Like most states, the Iowa BRFSS uses a Computer Assisted Telephone Interviewing (CATI) system. When a CATI program is used, the questionnaire is displayed on a computer screen during each interview, and the interviewer enters the responses directly into a computer. The CATI system not only assists interviewers in presenting the questionnaire and recording the responses, it helps keep track of appointments and callback attempts, reports statistics of call outcomes, and minimizes data entry errors. Not all interviews are fully completed. A partial complete is classified as an interview that ended before it was complete; however sufficient data had been collected to use for most measures. For 2022, the average interviewing time for all completed landline (full and partial) English and Spanish interviews was 29.49 minutes. The average time for completed English interviews (n=1,590) was 29.39 minutes and the average time for completed Spanish interviews (n=23) was 36.65 minutes. The average interviewing time for all completed cell phone (full and partial) English and Spanish interviews for 2022 was 26.63 minutes. The average time for completed English interviews (n=7,162) was 26.26 minutes and the average time for completed Spanish interviews (n=510) was 31.79 minutes. The response rate, defined as completed interviews + partial completes divided by all eligible households called, was 52% for landline and 56% for cell phones.

Weighting of the Data

Weighting the data enables us to generalize the results of the BRFSS survey to the population of Iowa as a whole. The CDC uses a weighting methodology known as iterative proportional fitting, or raking, to allow for the incorporation of cell phone data with the landline data and to improve the accuracy of prevalence estimates of Iowa BRFSS data. This weighting method has been in place since 2011. Estimates based on this weighting methodology were weighted to adjust for the probabilities of selection and a raking adjustment factor that adjusted for the distribution of the Iowa adult population by telephone source (landline or cell phone), race/ethnicity, education level, marital status, age by gender, gender by race/ethnicity, age by race/ethnicity, and renter/owner status.

Analysis of the Data

All percentages presented in this report represent weighted data with the exception of the sample profile found on page 5. The tables in this brief present prevalence estimates (the proportion/percent of individuals reporting a specific characteristic) and an associated 95% confidence interval (95% CI). If the 95% CIs for two estimates from different subpopulations or survey years did not overlap, they were considered to have a statistically significant difference. Unless otherwise indicated, respondents who answered that they did not know or refused to answer were not included in the calculation of estimates. For comparison purposes, the median estimates from all 50 states and the District of Columbia were used as national estimates. Due to the BRFSS methodology changes that were implemented in 2011, the 2022 Iowa BRFSS estimates provided within this report should only be compared to estimates from 2011-2022 and not to estimates from years prior to 2011.

Demographics of the 2022 Iowa BRFSS Respondents

In 2022, 8,949 respondents including 4,562 females and 4,387 males aged 18 years or older completed the Iowa BRFSS survey interview. The following table presents the distribution of this respondent sample by:

- 1) Age
- 2) Sex
- 3) Race/ethnicity
- 4) Level of education
- 5) Annual household income
- 6) Disability status
- 7) Veteran status
- 8) Sexual orientation

Demographic Characteristics	Number of Respondents	Percent (%)
Total	8,949	100.0
Age		
18-24	753	8.4
25-34	978	10.9
35-44	1,260	14.1
45-54	1,139	12.7
55-64	1,565	17.5
65-74	1,805	20.2
75+	1,328	14.8
Unknown ^a	121	1.4
Sex		
Female	4,562	51.0
Male	4,387	49.0
Race/Ethnicity		
Hispanic, all races	789	8.8
Black, Non-Hispanic	234	2.6
White, Non-Hispanic	7,503	83.8
Other, Non-Hispanic ^b	163	1.8
Multiracial, Non-Hispanic	106	1.2
Unknown ^a	154	1.7
Education Level		
Less Than H.S.	664	7.4
H.S. Graduate or G.E.D.	2,757	30.8
Some Post-H.S.	2,574	28.8
College Graduate	2,927	32.7
Unknown ^a	27	0.3
Annual Household Income		
Less than \$15,000	351	3.9
\$15,000 - \$24,999	746	8.3
\$25,000 - \$34,999	934	10.4
\$35,000 - \$49,999	1,150	12.9
\$50,000 - \$74,999	1,399	15.6
\$75,000+	2,825	31.6
Unknown ^a	1,544	17.3
Disability Status^c		
Adults with disabilities	2,497	27.9
Adults with no disabilities	6,367	71.2
Unknown ^a	85	1.0
Veteran Status		
Veteran	966	10.8
Non-Veteran	7,943	88.8
Unknown ^a	40	0.5
Sexual Orientation		
Bisexual	228	2.6
Lesbian or Gay	103	1.2
Other	113	1.3
Straight	7,918	88.5
Unknown ^a	587	6.6

^a Unknown includes participants who responded with “Don’t Know” or refused to answer.

^b Due to small response numbers, ‘Other, Non-Hispanic’ includes participants who identified as: American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, or Other, Non-Hispanic.

^c Disability is defined by a “yes” response to at least one of the following six items: deaf or have trouble hearing; visual impairment; serious difficulty concentrating, remembering or making decisions; serious difficulty walking or climbing stairs; difficulty dressing or bathing; or difficulty doing errands alone.

Health Status Indicators

General Health Status

In the BRFSS, general health status is defined by how adults respond to the following question: “Would you say that in general your health is excellent, very good, good, fair or poor?” General health status has been found to be a significant predictor of mortality, though it may predict mortality less well for racial/ethnic groups other than non-Hispanic White⁵.

- In 2022, 16.2% of Iowans reported their general health as fair or poor. For comparison, the U.S. median for adults reporting fair or poor health is slightly higher at 17.0%.
- The percentage of racial/ethnic minorities experiencing fair or poor general health is high, with one in five (22.5%) non-White or Hispanic persons reporting fair or poor general health.
- Among adults with less than a high school education, one third (32.3%) reported fair or poor general health.
- About two in five (44.4%) adult Iowans with a household income level of less than \$15,000 per year reported fair or poor general health.
- Adults with disabilities (36.4%) reported a significantly higher prevalence of fair or poor general health than adults without disabilities (8.8%).

Demographics Characteristics	General Health Status ^a			
	Good or Better		Fair or Poor	
	%	C.I. (95%)	%	C.I. (95%)
Total	83.8	(82.8-84.8)	16.2	(15.2-17.2)
Sex				
Female	82.1	(80.6-83.6)	17.9	(16.4-19.4)
Male	85.6	(84.3-86.9)	14.4	(13.1-15.7)
Race/Ethnicity				
Hispanic, all races	74.6	(70.7-78.5)	25.4	(21.5-29.3)
Black, Non-Hispanic	79.1	(71.5-86.6)	20.9	(13.4-28.5)
White, Non-Hispanic	85.0	(84.0-86.0)	15.0	(14.0-16.0)
Other, Non-Hispanic	81.5	(74.0-89.0)	18.5	(11.0-26.0)
Multiracial, Non-Hispanic	76.3	(66.6-86.1)	23.7	(13.9-33.4)
Age				
18-24	89.9	(87.2-92.6)	10.1	(7.4-12.8)
25-34	88.6	(86.1-91.5)	11.4	(8.9-13.9)
35-44	87.3	(85.1-89.6)	12.7	(10.4-14.9)
45-54	80.2	(77.4-83.1)	19.8	(16.9-22.6)
55-64	79.9	(77.3-82.5)	20.1	(17.5-22.7)
65-74	80.9	(78.5-83.3)	19.1	(16.7-21.5)
75+	76.7	(73.4-80.0)	23.3	(20.0-26.6)
Education				
Less Than H.S.	67.7	(62.7-72.7)	32.3	(27.3-37.3)
H.S. or G.E.D.	81.2	(79.4-83.0)	18.8	(17.0-20.6)
Some Post-H.S.	84.4	(82.6-86.2)	15.6	(13.8-17.4)
College Graduate	90.8	(89.5-92.0)	9.2	(8.0-10.5)
Household Income				
Less than \$15,000	55.6	(48.7-62.6)	44.4	(37.4-51.3)
\$15,000 - \$24,999	67.1	(62.7-71.5)	32.9	(28.5-37.3)
\$25,000 - \$34,999	77.0	(73.4-80.7)	23.0	(19.3-26.6)
\$35,000 - \$49,999	82.9	(79.8-85.9)	17.1	(14.1-20.2)
\$50,000 - \$74,999	86.6	(84.3-88.9)	13.4	(11.1-15.7)
\$75,000+	92.3	(91.2-93.5)	7.7	(6.5-8.8)
Sexual Orientation & Gender Identity				
LGBT+	79.9	(75.4-84.4)	20.1	(15.6-24.6)
Non-LGBT	83.9	(82.8-84.9)	16.1	(15.1-17.2)
Veteran Status				
Veteran	82.3	(79.4-85.3)	17.7	(14.7-20.6)
Non-Veteran	83.9	(82.8-85.0)	16.1	(15.0-17.2)
Disability Status				
Adults with disabilities	63.6	(61.1-66.0)	36.4	(34.0-38.9)
No disabilities	91.2	(90.3-92.2)	8.8	(7.8-9.7)

^a Among all adults, the proportion reporting that their health, in general, was either excellent, very good, or good; or fair or poor.

Quality of Life: Physical Health

The CDC has defined health-related quality of life (HRQOL) as “an individual’s or group’s perceived physical and mental health over time”⁶. Tracking health-related quality of life among different populations can identify subgroups with poor physical or mental health so that policies or interventions can be better tailored to improving their health. Since January 1993, the BRFSS questionnaire has included health-related quality-of-life (HRQOL) questions.

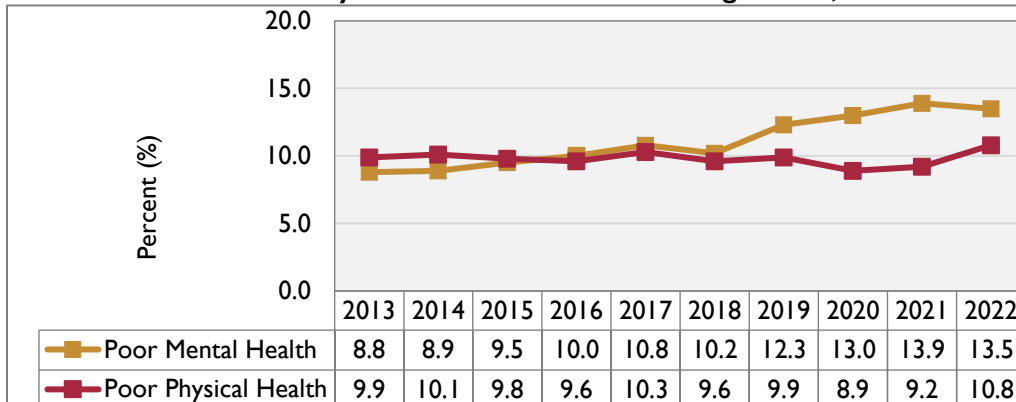
Poor Physical Health Indicator:
Frequent Physical Distress (FPD)^a:

- In 2022, approximately 10.8% of lowans reported experiencing FPD, which is slightly higher than the 2021 rate of reported FPD (9.2%).
- The highest prevalence of FPD occurred among those with a low household income. Over one-third, 34.6%, of lowans with a household income of less than \$15,000 reported having 14 or more poor physical health days.
- Over one quarter of adults with a disability reported FPD (26.5%), compared to 5.0% of those without a disability who reported FPD.

Demographics Characteristics	Poor Physical Health ^a	
	%	C.I. (95%)
Total	10.8	(10.0-11.7)
Sex		
Female	13.3	(12.0-14.6)
Male	8.4	(7.4-9.3)
Race/Ethnicity		
Hispanic, all races	10.4	(7.5-13.2)
Black, Non-Hispanic	11.0	(6.0-16.0)
White, Non-Hispanic	10.6	(9.7-11.4)
Other, Non-Hispanic	12.2	(5.5-19.0)
Multiracial, Non-Hispanic	20.6	(11.4-29.9)
Age		
18-24	5.8	(3.8-7.8)
25-34	6.5	(4.5-8.4)
35-44	8.7	(6.7-10.8)
45-54	11.8	(9.6-14.1)
55-64	13.8	(11.7-15.8)
65-74	15.4	(13.3-17.6)
75+	15.3	(12.7-18.0)
Education		
Less Than H.S.	11.5	(8.5-14.5)
H.S. or G.E.D.	12.5	(10.9-14.0)
Some Post-H.S.	12.2	(10.6-13.8)
College Graduate	7.2	(6.1-8.5)
Household Income		
Less than \$15,000	34.6	(27.9-41.2)
\$15,000 - \$24,999	19.5	(15.9-23.0)
\$25,000 - \$34,999	13.2	(10.4-16.1)
\$35,000 - \$49,999	12.2	(9.5-14.8)
\$50,000 - \$74,999	9.6	(7.7-11.5)
\$75,000+	6.0	(4.9-7.0)
Sexual Orientation & Gender Identity		
LGBT+	15.7	(11.6-19.8)
Non-LGBT	10.5	(9.7-11.4)
Veteran Status		
Veteran	12.7	(10.2-15.2)
Non-Veteran	10.7	(9.8-11.5)
Disability Status		
Adults with disabilities	26.5	(24.3-28.8)
No disabilities	5.0	(4.3-5.7)

^a Among all adults, frequent physical distress is the proportion reporting 14 or more days of poor physical health, which includes physical illness and injury, during the past 30 days.

Prevalence of Poor Physical and Mental Health among lowans, 2013-2022



Quality of Life: Mental Health

The CDC has defined health-related quality of life (HRQOL) as “an individual’s or group’s perceived physical and mental health over time”⁶. Tracking health-related quality of life among different populations can identify subgroups with poor physical or mental health so that policies or interventions can be better tailored to improving their health. Since January 1993, the BRFSS questionnaire has included health-related quality-of-life (HRQOL) questions.

Poor Mental Health Indicator:
Frequent Mental Distress (FMD)^b:

- In 2022, 13.5% of Iowans reported experiencing FMD, which is comparable to the 2021 rate of 13.9%.
- Approximately one out of three (33.2%) Iowa adults with an annual household income of less than \$15,000 reported FMD.
- Iowans with disabilities had a higher prevalence of FMD (28.5%), compared to adults who do not have disabilities (8.1%).
- The highest rate of FMD was reported among those identifying as lesbian, gay, bisexual, transgender, or something else (LGBT+). FMD was more prevalent among respondents identifying as LGBT+ (34.9%), compared to those identifying as non-LGBT (11.9%).

Demographic Characteristics	Poor Mental Health ^a	
	%	C.I. (95%)
Total	13.5	(12.5-14.5)
Sex		
Female	17.3	(15.8-18.8)
Male	9.6	(8.5-10.7)
Race/Ethnicity		
Hispanic, all races	13.5	(10.4-16.6)
Black, Non-Hispanic	12.7	(7.3-18.0)
White, Non-Hispanic	13.4	(12.4-14.4)
Other, Non-Hispanic	*	*
Multiracial, Non-Hispanic	29.6	(18.7-40.4)
Age		
18-24	22.4	(18.6-26.1)
25-34	17.3	(14.3-20.2)
35-44	14.4	(11.9-16.8)
45-54	13.8	(11.3-16.4)
55-64	10.9	(9.0-12.8)
65-74	8.5	(6.8-10.2)
75+	5.2	(3.7-6.8)
Education		
Less Than H.S.	15.4	(11.5-19.3)
H.S. or G.E.D.	15.8	(13.9-17.6)
Some Post-H.S.	14.9	(13.1-16.8)
College Graduate	8.6	(7.3-9.9)
Household Income		
Less than \$15,000	33.2	(26.4-40.0)
\$15,000 - \$24,999	23.2	(19.2-27.3)
\$25,000 - \$34,999	18.8	(15.3-22.4)
\$35,000 - \$49,999	12.7	(9.9-15.4)
\$50,000 - \$74,999	12.2	(9.8-14.6)
\$75,000+	8.7	(7.4-10.1)
Sexual Orientation & Gender Identity		
LGBT+	34.9	(29.3-40.4)
Non-LGBT	11.9	(11.0-12.9)
Veteran Status		
Veteran	8.5	(6.4-10.6)
Non-Veteran	14.1	(13.0-15.1)
Disability Status		
Adults with disabilities	28.5	(26.1-30.9)
No disabilities	8.1	(7.1-9.0)

^a Among all adults, frequent mental distress is the proportion reporting 14 or more days of poor mental health, which includes stress, depression, and problems with emotions during the past 30 days.

* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

Health Insurance Coverage

Health insurance coverage is an important determinant of access to health care. People without health insurance are far more likely to postpone health care or avoid it altogether⁷. A delay in getting medical attention can have negative consequences, particularly if preventable conditions or chronic diseases go undetected⁷.

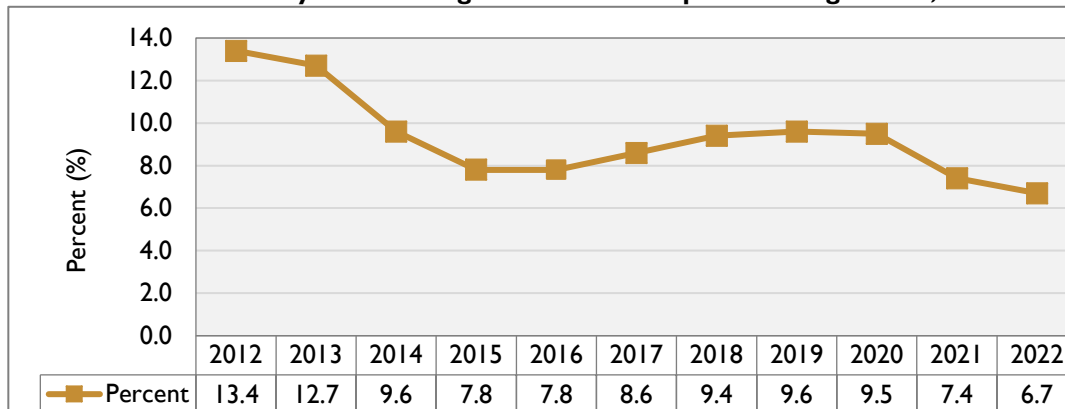
- In 2022, 6.7% of adult lowans age 18-64 reported that they did not have health insurance coverage. This is a decrease from the rate of lowan adults aged 18-64 reporting no health insurance in 2021 (7.4%) and the lowest percentage reported to date.
- About two out of five Hispanic adult lowans (37.5%) reported having no health insurance, which is significantly higher than the other racial/ethnic groups analyzed.
- Among the age groups analyzed, those aged 18-24 and 25-34 reported the highest rates of no health insurance coverage (9.0% and 9.8% respectively).
- The prevalence of no health insurance coverage decreased with higher education levels. Among those with less than a high school education, 33.3% reported having no health insurance coverage. The prevalence rate among college graduates was 2.5%.
- There were no significant differences in lack of health insurance coverage by sexual orientation and gender identity status.
- There was a significant difference in lack of health insurance coverage when looking at disability status. The prevalence of no health insurance coverage was 9.2% among adults with disabilities, compared to 5.9% among adults without disabilities.

Demographic Characteristics	No Health Insurance Coverage, ages 18-64 ^a	
	%	C.I. (95%)
Total	6.7	(5.9-7.5)
Sex		
Female	6.0	(4.8-7.1)
Male	7.4	(6.3-8.5)
Race/Ethnicity		
Hispanic, all races	37.5	(32.9-42.1)
Black, Non-Hispanic	*	*
White, Non-Hispanic	3.7	(3.0-4.5)
Other or Multiracial, Non-Hispanic	6.8	(3.0-10.7)
Age		
18-24	9.0	(6.4-11.7)
25-34	9.8	(7.7-12.0)
35-44	7.9	(6.1-9.6)
45-54	4.2	(2.8-5.6)
55-64	2.9	(1.9-4.0)
Education		
Less Than H.S.	33.3	(27.7-39.0)
H.S. or G.E.D.	7.4	(5.8-8.9)
Some Post-H.S.	3.2	(2.3-4.2)
College Graduate	2.5	(1.7-3.4)
Household Income		
Less than \$15,000	10.2	(5.6-14.9)
\$15,000 - \$24,999	14.5	(10.5-18.6)
\$25,000 - \$34,999	15.0	(11.1-18.9)
\$35,000 - \$49,999	6.5	(4.3-8.6)
\$50,000 - \$74,999	4.9	(2.8-6.9)
\$75,000+	1.9	(1.1-2.6)
Sexual Orientation & Gender Identity		
LGBT+	6.0	(3.3-8.7)
Non-LGBT	6.3	(5.5-7.1)
Veteran Status		
Veteran	*	*
Non-Veteran	6.9	(6.1-7.7)
Disability Status		
Adults with disabilities	9.2	(7.0-11.4)
No disabilities	5.9	(5.1-6.7)

^a Among adults aged 18-64 years, the proportion who reported having no health care coverage, including health insurance, prepaid plans such as HMOs, or government plans, such as Medicare or Indian Health Services.

* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

No Health Insurance by Year among Iowa BRFSS Respondents Age 18-64, 2012-2022



Access to Health Care

Regular and reliable access to health care services can prevent disease and disability, detect and treat illnesses, increase quality of life, reduce the likelihood of premature death⁸. Two indicators related to health care access include not having a personal health care provider and having had a time during the past 12 months when an individual needed to see a doctor but could not because of the cost.

- In 2022, 18.1% of adult lowans reported they did not have a personal health care provider. For comparison, the U.S. median for this measure is 16.2%.
- In 2022, 7.3% reported not seeing the doctor within the past 12 months due to cost, which is lower than the national median of 10.1% for this measure.
- Younger adult lowans reported a higher prevalence of not having a personal health care provider than older adult lowans.
- Non-White and/or Hispanic lowans reported not having a personal health care provider (31.2%) and not being able to access health care due to the cost (16.1%) at higher rates compared to White, non-Hispanic adults (15.4% and 5.6% respectively).
- The prevalence of both of these indicators decreased with higher education and household income levels.
- Not having health insurance is a significant barrier to accessing health care. Of those who did not have health insurance, the majority (59.4%), reported not having a personal health care provider, and 30.7% reported not seeing a doctor within the past 12 months due to cost.

Demographic Characteristics	No Personal Health Care Provider ^a		No Health Care Access Due to Cost ^b	
	%	C.I. (95%)	%	C.I. (95%)
Total	18.1	(17.0-19.2)	7.3	(6.5-8.0)
Sex				
Female	12.3	(10.9-13.7)	8.1	(7.0-9.2)
Male	24.0	(22.3-25.7)	6.4	(5.3-7.4)
Race/Ethnicity				
Hispanic, all races	41.0	(36.6-45.4)	20.2	(16.5-23.9)
Black, Non-Hispanic	24.6	(17.2-32.0)	14.9	(8.0-21.8)
White, Non-Hispanic	15.4	(14.3-16.5)	5.6	(4.9-6.3)
Other or Multiracial, Non-Hispanic	25.7	(19.2-32.2)	12.5	(7.8-17.3)
Age				
18-24	33.1	(28.9-37.4)	10.4	(7.8-12.9)
25-34	31.7	(28.1-35.3)	12.2	(9.7-14.8)
35-44	22.5	(19.6-25.4)	8.5	(6.6-10.5)
45-54	13.6	(11.2-16.0)	7.8	(5.9-9.6)
55-64	9.5	(7.8-11.2)	5.5	(3.6-7.3)
65+	6.0	(4.9-7.1)	2.5	(1.7-3.2)
Education				
Less Than H.S.	30.8	(26.0-35.6)	17.5	(13.3-21.8)
H.S. or G.E.D.	21.3	(19.2-23.4)	8.3	(6.9-9.7)
Some Post-H.S.	15.9	(14.0-17.8)	6.4	(5.2-7.7)
College Graduate	13.4	(11.7-15.1)	4.2	(3.2-5.1)
Household Income				
Less than \$15,000	18.4	(12.7-24.1)	13.0	(8.4-17.6)
\$15,000 - \$24,999	21.7	(17.6-25.7)	13.6	(10.2-16.9)
\$25,000 - \$34,999	21.9	(18.2-25.6)	14.0	(10.7-17.4)
\$35,000 - \$49,999	18.8	(15.6-22.0)	8.7	(6.5-11.0)
\$50,000 - \$74,999	17.6	(14.9-20.4)	6.7	(5.0-8.4)
\$75,000+	14.9	(13.2-16.6)	3.0	(2.2-3.8)
Sexual Orientation & Gender Identity				
LGBT+	20.3	(15.5-25.0)	17.4	(12.7-22.1)
Non-LGBT	17.6	(16.5-18.8)	6.4	(5.7-7.2)
Veteran Status				
Veteran	18.8	(15.2-22.4)	3.1	(1.6-4.6)
Non-Veteran	17.9	(16.8-19.1)	7.7	(6.9-8.5)
Disability Status				
Adults with disabilities	14.9	(12.9-16.8)	13.6	(11.7-15.4)
No disabilities	18.8	(17.5-20.2)	4.9	(4.1-5.7)
Health Insurance				
Insured	15.3	(14.2-16.3)	5.8	(5.1-6.5)
Not insured	59.4	(53.2-65.5)	30.7	(25.1-36.4)

^a Among all adults, the proportion reporting that they did not have anyone that they thought of as their personal doctor or health care provider

^b Among all adults, the proportion reporting that in the past 12 months, they could not see a doctor when they needed to due to the cost.

Cognitive Decline

Subjective cognitive decline (SCD) is a form of cognitive impairment that describes the self-reported experience of worsening or more frequent confusion or memory loss. It is typical for some cognitive decline to occur as adults age, but if decline becomes severe enough that it interferes with ability to perform routine tasks it is best to see a healthcare provider. SCD is often one of the earliest noticeable symptoms of Alzheimer’s disease and related dementias⁹.

Please note: Subjective cognitive decline and the data reported on this page are self-reported, meaning they do not imply a diagnosis of cognitive decline by a healthcare professional.

- In 2022, an estimated 11.3% of adults aged 45+ reported that they have experienced confusion or memory loss that is happening more often or getting worse (subjective cognitive decline).
- Of those reporting subjective cognitive decline, over one-third (38.8%) reported that it created difficulties like having to give up day-to-day activities or interference with work or social activities.
- Rates of subjective cognitive decline decreased as education level increased. Those with less than a high school education (21.7%) reported subjective cognitive decline at 2x the rate of those who were college graduates (7.6%).
- Many adults experiencing subjective cognitive decline (60.6%) have not discussed their confusion or memory loss symptoms with a healthcare provider.
- Discussing confusion or memory loss with a healthcare provider was less prevalent among adults with higher incomes (\$50,000 or more; 30.4%) than adults with lower incomes (less than \$50,000; 53%).
- Discussing confusion or memory loss with a healthcare provider was more prevalent among females (48.4%) than among males (26.9%).

Demographics Characteristics	Subjective Cognitive Decline (SCD) ^a		Functional Difficulty Due to SCD ^b	
	%	C.I. (95%)	%	C.I. (95%)
Total	11.3	(9.6-12.8)	38.8	(31.4-46.2)
Sex				
Female	13.0	(10.4-15.5)	41.2	(30.7-51.8)
Male	9.5	(7.6-11.4)	35.5	(25.5-45.6)
Race/Ethnicity				
Non-White or Hispanic	7.4	(3.7-11.1)	*	*
White, Non-Hispanic	11.5	(9.8-13.2)	35.9	(28.4-43.5)
Age Group				
45 - 54	11.1	(7.4-14.8)	*	*
55 - 64	11.8	(8.8-14.8)	42.3	(29.1-55.5)
65-74	8.9	(6.5-11.4)	44.5	(29.8-59.1)
75+	14.1	(10.2-18.1)	35.2	(18.8-51.5)
Education				
Less than H.S.	21.7	(11.4-31.9)	*	*
H.S. or G.E.D.	12.3	(9.4-15.1)	47.5	(34.9-60.0)
Some Post-H.S.	11.5	(8.6-14.4)	27.5	(16.4-38.6)
College Graduate	7.6	(5.7-9.5)	30.4	(18.4-42.4)
Household Income				
Less than \$15,000	15.3	(12.4-18.3)	45.3	(34.7-55.8)
\$15,000 - \$24,999	8.2	(6.3-10.1)	27.1	(16.3-37.9)
Sexual Orientation & Gender Identity				
LGBT+	*	*	*	*
Non-LGBT	11.1	(9.4-12.7)	37.7	(30.2-45.1)
Veteran Status				
Veteran	13.1	(9.2-17.1)	35.3	(20.2-50.4)
Non-Veteran	10.9	(9.2-12.7)	39.5	(31.2-47.9)
Disability Status				
Adults with disabilities	23.0	(19.3-26.7)	49.0	(39.5-58.4)
No disabilities	5.0	(3.7-6.3)	*	*
Health Insurance				
Insured	11.5	(9.9-13.2)	38.4	(30.9-45.9)
Not insured	*	*	*	*

^a Among all adults aged 45 years and older, the proportion reporting that they have experienced confusion or memory loss that is happening more often or is getting worse.

^b Among all adults reporting subjective cognitive decline, the proportion reporting that during the past 12 months they have given up day-to-day household activities or chores that they used to do as a result of confusion or memory loss; or that confusion or memory loss interfered with their ability to work, volunteer, or engage in social activities outside the home.

* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

Disability

Disability is often used as an umbrella term for any conditions of the mind or body that cause impairments, activity limitations, or participation restrictions¹⁰. Some disabilities may be hidden or not easy to see. People with disabilities account for a very diverse group with a wide range of needs. Two people with the same type of disability can be affected in very different ways.

- In 2022, an estimated 27.4% of adults in Iowa reported disability (having serious difficulty hearing, visual impairment, difficulty concentrating, remembering, or making decisions, difficulty walking or climbing stairs, difficulty dressing or bathing, or difficulty doing errands alone). This is a significant increase from the rate of Iowan adults reporting disability in 2021 (24.1%) and the highest percentage reported to date.
- Females (29.8%) reported a significantly higher rate of disability compared to males (25.0%).
- Over half of Multiracial, non-Hispanic (52.0%) Iowans reported disability.
- The prevalence of disability increased with age. For adults aged 75 years and older, over half (53.2%) reported disability.
- The prevalence of disability decreased with higher education and household income levels. Three in five (60.7%) of Iowans with a household income of less than \$15,000 per year reported disability, and two in five (40.5%) of those with less than a high school education reported disability.
- Adult Iowans who identified as LGBT+ (39.7%) reported a significantly higher rate of disability than non-LGBT adults (26.2%).
- Veterans (36.9%) reported a significantly higher prevalence of disability than did non-veterans (26.4%).

Demographic Characteristics	Disability ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	27.4	(26.2-28.6)
Sex		
Female	29.8	(28.0-31.6)
Male	25.0	(23.4-26.7)
Race/Ethnicity		
Hispanic, all races	27.2	(23.1-31.3)
Black, Non-Hispanic	22.3	(14.8-29.8)
White, Non-Hispanic	27.1	(25.8-28.4)
Other, Non-Hispanic	24.2	(15.9-32.4)
Multiracial, Non-Hispanic	52.0	(40.2-63.9)
Age		
18-24	26.2	(22.2-30.2)
25-34	20.5	(17.3-23.6)
35-44	18.0	(15.3-20.7)
45-54	21.7	(18.7-24.7)
55-64	27.7	(24.9-30.5)
65-74	33.5	(30.7-36.4)
75+	53.2	(49.4-56.9)
Education		
Less Than H.S.	40.5	(35.1-46.0)
H.S. or G.E.D.	33.3	(31.0-35.5)
Some Post-H.S.	28.0	(25.8-30.2)
College Graduate	16.5	(14.9-18.2)
Household Income		
Less than \$15,000	60.7	(53.9-67.6)
\$15,000 - \$24,999	47.5	(42.6-52.3)
\$25,000 - \$34,999	41.1	(36.7-45.5)
\$35,000 - \$49,999	27.7	(24.3-31.1)
\$50,000 - \$74,999	22.4	(19.6-25.2)
\$75,000+	15.2	(13.6-16.8)
Sexual Orientation & Gender Identity		
LGBT+	39.7	(34.0-45.4)
Non-LGBT	26.2	(24.9-27.5)
Veteran Status		
Veteran	36.9	(32.9-41.0)
Non-Veteran	26.4	(25.1-27.7)

^a Among all adults, the proportion who reported having serious difficulty hearing; visual impairment; difficulty concentrating, remembering, or making decisions; difficulty walking or climbing stairs; difficulty dressing or bathing; or difficulty doing errands alone.

Food Insecurity

Food insecurity is defined as the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways¹¹. According to the USDA, there was an estimated 33.8 million people living in food-insecure households in 2021¹².

- In 2022, 8.6% of adults in Iowa reported that in the last year they received food stamps (SNAP benefits) on an EBT card, and 9.5% of Iowa adults reported that they struggled to afford food in the past year.
- A quarter of Hispanic (25.7%) and Multiracial, non-Hispanic (24.6%), as well as a fifth of Black, non-Hispanic (21.2%) Iowans reported struggling to afford food, compared to 7.3% of White, non-Hispanic adults.
- Food insecurity was highest among those with lower education and household income levels; it significantly decreased as education and household income grew. The highest rates of food insecurity were reported among individuals with household incomes of less than \$15,000 (34.4%). Over half (51.5%) of Iowans with a household income of less than \$15,000 reported that they received food stamps within the past year.
- Adult Iowans identifying as LGBT+ reported a higher prevalence of struggling to afford food when needed (21.2%), compared to non-LGBT Iowans (8.7).
- Adults with disabilities reported a higher prevalence of struggling to afford food when needed (19.9%), compared to adults without disabilities (5.4%).

Demographic Characteristics	Received Food Stamps on an EBT Card, Past 12 Months ^a		Not Enough Money to Buy More Food When Needed, Past 12 Months ^b	
	Often or Sometimes True			
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	8.6	(7.7-9.5)	9.5	(8.6-10.4)
Sex				
Female	12.2	(10.8-13.7)	12.1	(10.6-13.5)
Male	4.9	(4.0-5.8)	6.9	(5.9-7.9)
Race/Ethnicity				
Hispanic, all races	16.2	(12.3-20.1)	25.7	(21.3-30.0)
Black, Non-Hispanic	22.6	(13.9-31.3)	21.2	(13.3-29.1)
White, Non-Hispanic	7.1	(6.3-8.0)	7.3	(6.4-8.1)
Other, Non-Hispanic	*	*	18.4	(9.5-27.3)
Multiracial, Non-Hispanic	22.7	(12.3-33.1)	24.6	(14.2-35.0)
Age				
18-24	9.4	(6.2-12.5)	13.5	(10.2-16.9)
25-34	12.0	(9.2-14.9)	12.5	(9.8-15.2)
35-44	11.9	(9.4-14.3)	11.9	(9.4-14.3)
45-54	11.6	(8.9-14.3)	10.9	(8.5-13.4)
55-64	6.7	(5.1-8.4)	7.2	(5.5-8.8)
65-74	4.7	(3.5-5.9)	4.3	(3.0-5.5)
75+	2.1	(1.1-3.0)	5.8	(3.6-7.9)
Education				
Less Than H.S.	22.1	(16.9-27.2)	28.7	(23.4-34.0)
H.S. or G.E.D.	10.9	(9.2-12.6)	12.6	(10.8-14.4)
Some Post-H.S.	8.2	(6.7-9.7)	7.7	(6.3-9.1)
College Graduate	3.1	(2.2-3.9)	3.2	(2.3-4.1)
Household Income				
Less than \$15,000	51.5	(43.7-59.3)	34.4	(26.9-41.9)
\$15,000 - \$24,999	20.8	(16.8-24.7)	26.0	(21.5-30.4)
\$25,000 - \$34,999	19.5	(15.1-23.9)	21.0	(16.7-25.3)
\$35,000 - \$49,999	7.1	(4.8-9.3)	9.6	(7.1-12.1)
\$50,000 - \$74,999	2.9	(1.7-4.1)	4.5	(3.0-6.0)
\$75,000+	1.4	(0.8-1.9)	1.7	(1.1-2.3)
Sexual Orientation & Gender Identity				
LGBT+	15.1	(10.6-19.5)	21.2	(16.2-26.2)
Non-LGBT	8.2	(7.3-9.1)	8.7	(7.8-9.5)
Veteran Status				
Veteran	2.9	(1.6-4.2)	6.0	(4.2-7.9)
Non-Veteran	9.3	(8.3-10.2)	9.9	(8.9-10.8)
Disability Status				
Adults with disabilities	16.7	(14.5-18.8)	19.9	(17.6-22.2)
No disabilities	5.6	(4.7-6.5)	5.4	(4.6-6.3)

^a Among all adults, the proportion reporting that in the last 12 months they received food stamps, also called SNAP (the Supplemental Nutrition Assistance Program) on an EBT card.

^b Among all adults, the proportion reporting that in the last 12 months the food they bought always, usually, or sometimes did not last, and they did not have money to get more. Please note, there was a slight wording change to the answer options to this question in 2022 compared to 2021 but the rates are still comparable.

* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

Physical Activity

A lifestyle that includes regular physical activity has been shown to reduce the risk of many diseases including cardiovascular disease, diabetes, certain cancers, osteoporosis, and other debilitating conditions¹³. Regular physical activity can help to strengthen bones and muscles, improve mental health and quality of sleep, and increase general quality of life¹³.

Leisure-time physical activity refers to any physical activities that are not required as essential activities of daily living or work, and are performed during free time based on personal interests and needs (e.g., recreational walking, running, sports, etc.).

- In 2022, an estimated 74.1% of adult Iowans reported any leisure-time physical activity in the last month. This is similar to the national median of 76.6%.
- Males (76.7%) reported a higher rate of leisure-time physical activity compared to females (71.5%).
- Hispanic (61.6%) adult Iowans reported the lowest rates of leisure-time physical activity among the racial/ethnic groups analyzed.
- The prevalence of leisure-time physical activity decreased with age. The highest prevalence of leisure-time physical activity when looking at age groups was among 18-24 year olds (81.4%).
- Leisure-time physical activity drastically increased with higher education and household income levels.
- Adult Iowans with disabilities (64.5%) reported a lower rate of leisure-time physical activity than did Iowans without disabilities (79.1%).
- There were no significant differences in leisure-time physical activity based on sexual orientation and gender identity or veteran status.

Demographics Characteristics	Any Leisure-Time Physical Activity in Last Month ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	74.1	(72.9-75.2)
Sex		
Female	71.5	(69.7-73.2)
Male	76.7	(75.1-78.3)
Race/Ethnicity		
Hispanic, all races	61.6	(57.2-66.0)
Black, Non-Hispanic	67.9	(59.5-76.3)
White, Non-Hispanic	75.5	(74.3-76.7)
Other, Non-Hispanic	72.3	(64.0-80.7)
Multiracial, Non-Hispanic	74.6	(64.3-84.9)
Age Group		
18 - 24	81.4	(77.7-85.0)
25 - 34	78.4	(75.2-81.6)
35 - 44	78.2	(75.4-81.1)
45 - 54	75.9	(72.8-78.9)
55 - 64	71.1	(68.2-74.0)
65-74	69.1	(66.4-71.9)
75+	59.6	(55.9-63.3)
Education		
Less than H.S.	51.9	(46.5-57.4)
H.S. or G.E.D.	67.1	(64.8-69.4)
Some Post-H.S.	76.6	(74.5-78.6)
College Graduate	85.3	(83.7-86.9)
Household Income		
Less than \$15,000	58.1	(51.2-65.0)
\$15,000 - \$24,999	64.0	(59.4-68.6)
\$25,000 - \$34,999	63.1	(58.9-67.4)
\$35,000 - \$49,999	71.2	(67.8-74.6)
\$50,000 - \$74,999	76.6	(73.8-79.3)
\$75,000+	83.0	(81.3-84.8)
Sexual Orientation & Gender Identity		
LGBT+	73.0	(67.8-78.2)
Non-LGBT	74.1	(72.9-75.4)
Veteran Status		
Veteran	74.1	(70.6-77.6)
Non-Veteran	74.0	(72.8-75.3)
Disability Status		
Adults with disabilities	64.5	(58.9-64.0)
No disabilities	79.1	(77.7-80.4)

^a Among all adults, the proportion reporting they had participated in any leisure time physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise during the past month.

Weight Status: Overweight and Obesity

Body mass index (BMI) is used as an indirect measure to determine a person's body weight category. A BMI of 25.0 to <30 falls within the overweight range. A BMI of 30.0 or higher falls within the obesity range. In the BRFSS, BMI is calculated from the self-reported height and weight of survey participants.

- In 2022, an estimated 33.8% of adult Iowans were classified as overweight, which is comparable to the national median of 34.1%. The prevalence of being classified as overweight has remained stable since 2011 in Iowa and the U.S.
- In 2022, an estimated 37.4% were classified as obese, which is higher than the national median of 33.6%. The prevalence of obesity has steadily risen in Iowa and across the nation since 2011: 29% in Iowa, 27.8% nationally in 2011.
- Iowa is one of 22 states with an obesity rate of over 35%.
- According to the BMI calculation, Black, non-Hispanic adult Iowans (43.1%) reported the highest rate of obesity compared to the other racial/ethnic groups analyzed. However, rates of obesity did not significantly differ among different racial/ethnic groups in Iowa.
- While the rates of overweight status typically increased with age, the rates of obesity increased through the 45-54 age group and then decreased among older adults.
- Among adults with lower household incomes, more were obese than overweight. For adult Iowans with less than a \$15,000 annual household income, the prevalence of obesity was 45.3% and the prevalence of overweight status was 28.8%.
- Adults with disabilities (46.5%) reported a higher rate of obesity than adults without disabilities (33.9%).

Demographic Characteristics	Overweight ^a		Obesity ^b	
	%	C.I. (95%)	%	C.I. (95%)
Total	33.8	(32.5-35.2)	37.4	(36.0-38.7)
Sex				
Female	28.3	(26.4-30.1)	39.1	(37.1-41.1)
Male	39.0	(37.1-40.9)	35.8	(34.0-37.6)
Race/Ethnicity				
Hispanic, all races	36.6	(31.8-41.4)	38.6	(33.7-43.5)
Black, Non-Hispanic	28.5	(19.4-37.5)	36.3	(27.2-45.4)
White, Non-Hispanic	33.9	(32.5-35.3)	37.9	(36.5-39.4)
Other, Non-Hispanic	34.0	(24.8-43.2)	24.6	(16.3-32.8)
Multiracial, Non-Hispanic	31.0	(19.3-42.7)	43.1	(31.3-54.8)
Age				
18-24	24.6	(20.5-28.8)	23.5	(19.5-27.6)
25-34	32.5	(28.8-36.3)	37.2	(33.2-41.1)
35-44	33.3	(30.0-36.7)	41.0	(37.5-44.6)
45-54	32.8	(29.4-36.1)	47.5	(43.9-51.1)
55-64	36.9	(33.7-40.1)	40.2	(37.0-43.3)
65-74	37.0	(34.1-40.0)	40.5	(37.5-43.5)
75+	40.0	(36.3-43.7)	28.3	(24.9-31.7)
Education				
Less Than H.S.	37.0	(30.9-43.1)	37.6	(31.8-43.3)
H.S. or G.E.D.	31.3	(28.9-33.6)	39.2	(36.8-41.7)
Some Post-H.S.	33.1	(30.7-35.4)	40.0	(37.5-42.5)
College Graduate	37.0	(34.7-39.3)	31.9	(29.7-34.0)
Household Income				
Less than \$15,000	28.8	(22.0-35.5)	45.3	(38.1-52.6)
\$15,000 - \$24,999	27.3	(23.1-31.6)	46.7	(41.7-51.7)
\$25,000 - \$34,999	31.7	(27.5-36.0)	40.6	(36.1-45.1)
\$35,000 - \$49,999	34.6	(30.9-38.2)	36.7	(33.0-40.3)
\$50,000 - \$74,999	33.5	(30.2-36.8)	38.5	(35.2-41.9)
\$75,000+	37.3	(35.1-39.6)	35.5	(33.3-37.7)
Sexual Orientation & Gender Identity				
LGBT+	22.4	(17.6-27.2)	41.5	(35.6-47.5)
Non-LGBT	34.6	(33.2-36.0)	37.3	(35.9-38.7)
Veteran Status				
Veteran	42.0	(37.8-46.1)	32.9	(31.5-34.3)
Non-Veteran	32.9	(31.5-34.3)	37.6	(36.1-39.0)
Disability Status				
Adults with disabilities	29.2	(26.8-31.7)	46.5	(43.8-49.1)
No disabilities	35.8	(34.2-37.4)	33.9	(32.3-35.5)
Has Children Younger than 18 in the Home				
Yes	32.5	(30.0-35.0)	38.3	(35.8-40.9)
No	34.6	(33.0-36.1)	36.9	(35.3-38.5)

^a Among all adults, the proportion of respondents whose BMI was greater than or equal to 25 and less than 30.

^b Among all adults, the proportion of respondents whose BMI was greater than or equal to 30.0.

Risk Behavior Indicators

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are stressful or traumatic events that occur in the first 18 years of life, including abuse, household challenges, and neglect¹⁴. Experiences people have in early childhood can have a lifelong effect on both physical and mental health.

- In 2022, 37.2% of adult Iowans reported 0 ACEs, while 19.4% of adult Iowans reported 4+ ACEs. Rates in Iowa are slightly higher than national estimates (0 ACEs = 36%; 4+ ACEs = 17.3%, nationally).
- Females (24.0%) reported a significantly higher prevalence of 4+ ACEs compared to males (14.8%).
- The prevalence of reporting 4+ ACEs decreased with age and household income.
- Those who identified as LGBT+ (43.9%) reported a prevalence of experiencing 4+ ACEs at over double the rate of non-LGBT (17.9%) Iowans.
- Adults with disabilities (31.6%) reported experiencing 4+ ACEs at double the rate of adults without disabilities (15.1%).
- The prevalence of depression, frequent mental distress, and frequent physical distress increased as the number of ACEs reported increased. Those reporting six or more ACEs were at the highest risk for poor mental and physical health.

Demographics Characteristics	Reported 0 ACEs ^a		Reported 4+ ACEs ^a	
	%	C.I. (95%)	%	C.I. (95%)
Total	37.2	(35.8-38.6)	19.4	(18.2-20.7)
Sex				
Female	35.5	(33.5-37.5)	24.0	(22.0-25.9)
Male	38.9	(36.9-40.9)	14.8	(13.3-16.4)
Race/Ethnicity				
Hispanic, all races	32.8	(28.1-37.5)	21.5	(17.3-25.6)
Black, Non-Hispanic	27.0	(17.2-36.7)	34.8	(24.2-45.3)
White, Non-Hispanic	38.0	(36.5-39.6)	17.8	(16.5-19.1)
Other or Multiracial, Non-Hispanic	28.9	(20.8-37.0)	36.9	(28.4-45.4)
Age				
18-24	27.9	(23.3-32.5)	28.9	(24.1-33.6)
25-34	26.3	(22.5-30.0)	28.0	(24.0-32.1)
35-44	32.9	(29.2-36.5)	23.2	(19.9-26.5)
45-54	31.6	(28.0-35.1)	22.4	(19.0-25.8)
55-64	41.2	(38.0-44.5)	16.0	(13.5-18.5)
65-74	45.8	(42.7-49.0)	9.6	(7.8-11.4)
75+	60.0	(55.9-64.0)	4.8	(3.0-6.6)
Education				
Less Than H.S.	33.7	(28.1-39.4)	21.4	(16.2-26.7)
H.S. or G.E.D.	34.8	(32.2-37.3)	22.1	(19.6-24.5)
Some Post-H.S.	34.4	(31.9-37.0)	22.2	(19.8-24.6)
College Graduate	43.9	(41.4-46.3)	12.8	(11.1-14.5)
Household Income				
Less than \$15,000	21.5	(15.4-27.6)	34.6	(26.7-42.5)
\$15,000 - \$24,999	30.4	(25.7-35.1)	26.0	(20.9-31.0)
\$25,000 - \$34,999	33.0	(28.4-37.5)	27.0	(22.3-31.7)
\$35,000 - \$49,999	34.7	(30.8-38.6)	23.0	(19.2-26.8)
\$50,000 - \$74,999	38.1	(34.6-41.7)	17.2	(14.3-20.2)
\$75,000+	39.5	(37.1-41.8)	14.6	(12.8-16.3)
Sexual Orientation & Gender Identity				
LGBT+	15.7	(11.7-19.7)	43.9	(37.4-50.4)
Non-LGBT	38.4	(36.9-39.9)	17.9	(16.6-19.2)
Disability Status				
Adults with disabilities	28.7	(26.2-31.1)	31.6	(28.8-34.4)
No disabilities	40.3	(38.6-42.0)	15.1	(13.8-16.5)

^a The ACE score is the total sum of the 11 different categories of ACEs reported by participants. Among all adults, the proportion reporting that when they were before the age of 18 years old they: Lived with anyone who was depressed, mentally ill, or suicidal; Lived with anyone who was a problem drinker or alcoholic; Lived with anyone who used illegal street drugs or who abused prescription medications; Lived with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility; Had parents who were separated or divorced; Had parents or adults in the home who slapped, hit, kicked, punched, or beat each other up at least once; Had a parent or adult in the home who hit, beat, kicked, or physically hurt the respondent in any way; Had a parent or adult in the home who ever swore at, insulted, or put down the respondent; Had anyone at least 5 years older than the respondent or an adult ever touch the respondent sexually at least once; Had anyone at least 5 years older than the respondent or an adult try to make the respondent touch them sexually at least once; Had anyone at least 5 years older than the respondent or an adult force the respondent to have sex at least once.

Alcohol Consumption

In the United States, alcohol is the top mind-altering substance used¹⁵. The BRFSS survey defines a standard drink as one 12-ounce beer, one 5-ounce glass of wine, or a drink with one shot of hard liquor. In BRFSS analyses, binge drinking is defined as consuming 5 or more alcoholic drinks for men and 4 or more alcoholic drinks for women on one occasion. BRFSS defines heavy drinking as consuming more than 14 drinks per week for men and more than 7 drinks per week for women.

- In 2022, 55.8% of lowans reported that they had at least one drink of alcohol in the past 30 days.
- In 2022, 21.5% of lowans reported binge drinking in the previous month, and 8.1% reported heavy drinking in the past month.
- Heavy drinking increased from 7.0% in 2021 to 8.1% in 2022, but the increase was not statistically significant.
- Binge and heavy drinking were significantly more prevalent among males than females.
- Binge drinking decreased significantly with age.
- Almost half of males aged 25-34 (46.2%) engaged in recent binge drinking in 2022, which was the highest percentage across the analyzed age and sex categories.
- Binge drinking was highest among the household income category of \$50,000 - \$74,999 (23.2%). Heavy drinking was highest among the household income category of \$75,000+ (10.0%).
- Binge drinking was higher among adults without disabilities (23.6%) compared to adults with disabilities (16.2%).
- Binge (23.9%) & heavy drinking (10.7%) rates were higher among lowans who reported poor mental health.
- In 2022, Iowa ranked 4th highest in the nation for adult binge drinking and tied for 6th highest in the nation for adult heavy drinking.

Demographics Characteristics	Binge Drinking ^a		Heavy Drinking ^b	
	%	C.I. (95%)	%	C.I. (95%)
Total	21.5	(20.4-22.7)	8.1	(7.3-8.9)
Sex				
Female	14.4	(13.0-15.8)	6.2	(5.2-7.2)
Male	28.7	(26.9-30.5)	10.0	(8.8-11.2)
Race/Ethnicity				
Hispanic, all races	20.2	(16.6-23.9)	4.8	(2.7-6.9)
Black, Non-Hispanic	17.7	(10.7-24.7)	*	*
White, Non-Hispanic	22.1	(20.9-23.4)	8.5	(7.6-9.3)
Other, Non-Hispanic	12.4	(6.0-18.8)	*	*
Multiracial, Non-Hispanic	28.2	(17.8-38.7)	16.2	(7.7-24.7)
Age Group				
18 - 24	25.8	(21.9-29.8)	6.7	(4.4-9.0)
25 - 34	35.7	(31.9-39.5)	12.1	(9.5-14.7)
35 - 44	27.3	(24.2-30.4)	9.2	(7.1-11.2)
45 - 54	24.6	(21.5-27.7)	8.9	(6.8-11.0)
55 - 64	18.2	(15.8-20.7)	9.0	(7.2-10.8)
65-74	9.4	(7.7-11.1)	5.3	(4.0-6.6)
75+	3.5	(2.2-4.8)	3.1	(1.9-4.4)
Education				
Less than H.S.	15.4	(11.4-19.3)	5.1	(2.6-7.6)
H.S. or G.E.D.	21.1	(19.0-23.2)	9.4	(7.9-11.0)
Some Post-H.S.	23.1	(21.0-25.2)	8.6	(7.2-10.0)
College Graduate	21.8	(19.8-23.8)	6.9	(5.7-8.1)
Household Income				
Less than \$15,000	13.8	(8.5-19.1)	*	*
\$15,000 - \$24,999	16.9	(12.9-20.9)	5.8	(3.2-8.5)
\$25,000 - \$34,999	17.9	(14.5-21.3)	5.6	(3.5-7.8)
\$35,000 - \$49,999	16.7	(13.7-19.7)	5.5	(3.7-7.3)
\$50,000 - \$74,999	23.2	(20.2-26.1)	9.5	(7.5-11.5)
\$75,000+	15.7	(12.9-18.6)	10.0	(8.7-11.4)
Sexual Orientation & Gender Identity				
LGBT+	23.9	(18.8-29.0)	7.1	(4.1-10.0)
Non-LGBT	21.4	(20.1-22.6)	8.3	(7.4-9.1)
Veteran Status				
Veteran	21.3	(17.7-24.9)	9.6	(7.0-12.3)
Non-Veteran	21.5	(20.3-22.7)	7.9	(7.1-8.7)
Disability Status				
Adults with disabilities	16.2	(14.3-18.2)	7.5	(6.0-8.9)
No disabilities	23.6	(22.2-25.0)	8.4	(7.5-9.3)
Reporting Poor Mental Health^c				
Yes	23.9	(20.5-27.4)	10.7	(8.0-13.4)
No	21.3	(20.0-22.5)	7.7	(6.9-8.5)

^a Among all adults, the proportion reporting consumption of five or more drinks per occasion (for males) or four or more drinks per occasion (for women) at least once in the previous month.

^b Among all adults, the proportion reporting alcohol consumption of more than 14 drinks per week (for men) or 7 drinks per week (for women) in the previous month.

^c Frequent mental distress is the proportion reporting 14 or more days of poor mental health, which includes stress, depression, and problems with emotions during the past 30 days.

* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

Brain Injury

A traumatic brain injury, or TBI, is an injury that affects how the brain works. TBIs are caused by an external force such as hitting your head during a fall, colliding with an object or another person, or a penetrating injury to the head¹⁶. TBIs can range from mild injuries with temporary symptoms to more serious injuries that result in long-term physical and psychological complications¹⁷. Concussions are a type of traumatic brain injury.

- In 2022, an estimated 28.3% of adults reported that they had ever had a brain injury.
- Males (34.3%) reported a higher prevalence of brain injury compared to females (22.2%).
- Brain injuries were most prevalent among Other and Multiracial, Non-Hispanic Iowans (36.1%) and White, Non-Hispanic Iowans (28.9%), compared to Hispanic Iowans (17.4%).
- Veterans (38.3%) reported a significantly higher prevalence of brain injury, compared to non-veterans (27.1%).
- Reports of brain injury were significantly higher among adults with disabilities (37.8%) compared to adults without disabilities (24.5%).
- Among adults with poor mental health, 40.9% reported ever having a brain injury. This is 1.5x higher than the prevalence rate among those without poor mental health (26.5%).

Demographic Characteristics	Ever Had a Head Injury ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	28.3	(26.4-30.2)
Sex		
Female	22.2	(19.7-24.8)
Male	34.3	(31.6-37.0)
Race/Ethnicity		
Hispanic, all races	17.4	(12.3-22.4)
Black, Non-Hispanic	22.5	(11.2-33.8)
White, Non-Hispanic	28.9	(26.9-30.9)
Other or Multiracial, Non-Hispanic	36.1	(24.1-48.1)
Age Group		
18 - 24	28.2	(21.9-34.5)
25 - 34	32.4	(26.7-38.1)
35 - 44	29.8	(24.8-34.9)
45 - 54	33.6	(28.5-38.8)
55 - 64	29.6	(25.4-33.7)
65-74	25.5	(21.6-29.4)
75+	16.2	(12.1-20.3)
Education		
Less than H.S.	18.1	(12.0-24.1)
H.S. or G.E.D.	27.5	(24.0-30.9)
Some Post-H.S.	32.6	(29.1-36.2)
College Graduate	26.4	(23.4-29.4)
Household Income		
Less than \$15,000	37.8	(26.7-48.9)
\$15,000 - \$24,999	31.7	(24.8-38.5)
\$25,000 - \$34,999	28.8	(22.5-35.0)
\$35,000 - \$49,999	25.5	(20.5-30.6)
\$50,000 - \$74,999	31.3	(26.5-36.2)
\$75,000+	29.0	(25.9-32.1)
Sexual Orientation & Gender Identity		
LGBT+	33.3	(24.4-42.2)
Non-LGBT	28.2	(26.3-30.1)
Veteran Status		
Veteran	38.3	(32.3-44.3)
Non-Veteran	27.1	(25.1-29.1)
Disability Status		
Adults with disabilities	37.8	(34.0-41.6)
No disabilities	24.5	(22.4-26.7)
Reporting Poor Mental Health ^b		
Yes	40.9	(35.0-46.9)
No	26.5	(24.5-28.5)

^a Among all adults, the proportion reporting that they had a head injury or concussion (an injury to the brain or skull that may have been caused by, but not limited to, a bump or blow to the head, injury from an explosion or blast, or injury to the head from a car accident or crash)

^b Frequent mental distress is the proportion reporting 14 or more days of poor mental health, which includes stress, depression, and problems with emotions during the past 30 days.

Cigarette Smoking

Smoking harms nearly every organ of the body, and can lead to disease and disability¹⁸. Cigarette smoking is the leading cause of preventable death in the United States, responsible for more than 480,000 deaths per year¹⁹.

- In 2022, an estimated 14.7% of adult Iowans reported that they currently smoked cigarettes on a regular basis. This is comparable to the U.S. median of 14.0%.
- Males (16.6%) reported statistically higher rates of smoking than females (12.9%).
- Multiracial, non-Hispanic Iowans (26.5%) reported the highest prevalence of cigarette smoking, followed by Black, non-Hispanic (15.8%), White, non-Hispanic (14.9%), Hispanic (12.2%), and Other, non-Hispanic (9.2%) Iowa adults.
- Smoking rates were highest among the 55-64 (19.7%) age group, followed by the 35-44 (19.3%) and 45-54 (18.1%) age groups.
- The prevalence of cigarette smoking decreased as level of education increased. About a quarter (25.6%) of adult Iowans with less than a high school education reported current cigarette smoking, compared to 4.8% of college graduates.
- Adult Iowans with higher household incomes reported lower rates of current cigarette smoking. Approximately 37.0% of adults with incomes below \$15,000 reported current smoking, compared to 8.9% of adults with household incomes above \$75,000.
- There was an increase in current cigarette smoking rates among LGBT+ Iowans from 2021 (16.1%) to 2022 (19.1%).
- Adults with disabilities (22.5%) reported a significantly higher prevalence of smoking cigarettes than did adults without disabilities (11.8%).
- Two in five current smokers (43.8%) reported that they attempted to quit smoking cigarettes for at least one day in the past year.

Demographic Characteristics	Current Cigarette Smoking ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	14.7	(13.8-15.7)
Sex		
Female	12.9	(11.5-14.2)
Male	16.6	(15.2-18.1)
Race/Ethnicity		
Hispanic, all races	12.2	(9.1-15.2)
Black, Non-Hispanic	15.8	(9.3-22.4)
White, Non-Hispanic	14.9	(13.8-15.9)
Other, Non-Hispanic	9.2	(4.0-14.4)
Multiracial, Non-Hispanic	26.5	(16.2-36.8)
Age Group		
18 - 24	8.0	(5.7-10.3)
25 - 34	17.7	(14.7-20.8)
35 - 44	19.3	(16.5-22.0)
45 - 54	18.1	(15.4-20.8)
55 - 64	19.7	(17.1-22.2)
65 - 74	11.4	(9.3-13.4)
75+	4.7	(3.0-6.3)
Education		
Less than H.S.	25.6	(20.8-30.5)
H.S. or G.E.D.	19.8	(17.8-21.7)
Some Post-H.S.	15.6	(13.8-17.4)
College Graduate	4.8	(3.9-5.7)
Household Income		
Less than \$15,000	37.0	(30.0-44.0)
\$15,000 - \$24,999	24.9	(20.6-29.2)
\$25,000 - \$34,999	20.0	(16.6-23.4)
\$35,000 - \$49,999	14.6	(11.9-17.3)
\$50,000 - \$74,999	15.6	(12.9-18.2)
\$75,000+	8.9	(7.6-10.2)
Sexual Orientation & Gender Identity		
LGBT+	19.1	(14.5-23.8)
Non-LGBT	14.7	(13.6-15.7)
Veteran Status		
Veteran	16.1	(12.9-19.2)
Non-Veteran	14.6	(13.6-15.6)
Disability Status		
Adults with disabilities	22.5	(20.3-24.7)
No disabilities	11.8	(10.7-12.8)

^a Among all adults, the proportion reporting that they had ever smoked at least 100 cigarettes (5 packs) in their life and that they smoke cigarettes now, either every day or on some days.

E-Cigarette Use

E-cigarette use, also known as vaping, has rapidly increased among youth and young adult populations in recent years²⁰. E-cigarettes use a battery to heat up a special liquid into an aerosol that users can inhale. The liquid is often flavored. Most e-cigarettes contain nicotine, the highly addictive and harmful chemical found in other tobacco products, plus other harmful substances besides nicotine like carcinogens and heavy metals²¹.

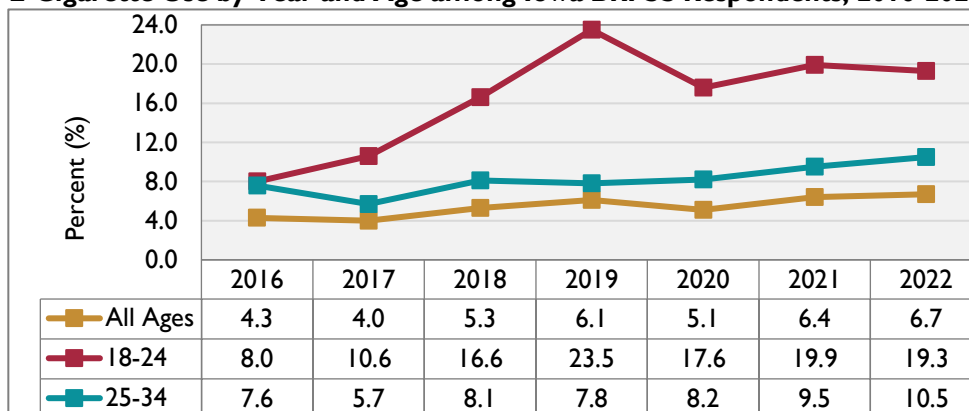
- In 2022, an estimated 6.7% of adult Iowans reported that they currently smoked e-cigarettes on a regular basis. This is slightly lower than the national median of 7.7%.
- E-cigarette use was highest among the 18-24 age group (19.3%). This rate is almost double the next highest rate, 10.5%, which was reported among the 25-34 age group.
- Reported e-cigarette use was significantly higher among adults who identified as LGBT+ (18.4%) compared to non-LGBT adults (5.7%).
- Adults with disabilities (10.1%) reported e-cigarette use at a significantly higher rate compared to adults without disabilities (5.5%).
- There were no significant differences in reported e-cigarette use by veteran status (5.5% among veterans, 6.9% among non-veterans).

Demographic Characteristics	Current E-Cigarette Use ^a	
	%	C.I. (95%)
Total	6.7	(6.0-7.5)
Sex		
Female	6.0	(4.9-7.0)
Male	7.5	(6.4-8.6)
Race/Ethnicity		
Hispanic, all races	6.2	(4.0-8.4)
Black, Non-Hispanic	*	*
White, Non-Hispanic	6.3	(5.5-7.1)
Other, Non-Hispanic	11.8	(5.4-18.3)
Multiracial, Non-Hispanic	17.3	(8.4-26.1)
Age Group		
18 - 24	19.3	(15.7-22.9)
25 - 34	10.5	(8.1-12.9)
35 - 44	7.6	(5.6-9.7)
45 - 54	4.8	(3.2-6.4)
55 - 64	3.1	(1.9-4.2)
65+	0.7	(0.3-1.0)
Education		
Less than H.S.	6.7	(3.7-9.6)
H.S. or G.E.D.	9.6	(8.0-11.2)
Some Post-H.S.	6.9	(5.6-8.3)
College Graduate	3.4	(2.5-4.3)
Household Income		
Less than \$15,000	8.5	(4.3-12.8)
\$15,000 - \$24,999	9.9	(6.7-13.2)
\$25,000 - \$34,999	10.2	(7.1-13.3)
\$35,000 - \$49,999	8.3	(5.8-10.8)
\$50,000 - \$74,999	5.5	(3.8-7.2)
\$75,000+	4.4	(3.4-5.4)
Sexual Orientation & Gender Identity		
LGBT+	18.4	(13.6-23.2)
Non-LGBT	5.7	(4.9-6.4)
Disability Status		
Adults with disabilities	10.1	(8.4-11.8)
No disabilities	5.5	(4.6-6.3)

^a Among all adults, the proportion reporting that they currently use e-cigarettes or other electronic vaping products, either every day or on some days.

* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

E-Cigarette Use by Year and Age among Iowa BRFSS Respondents, 2016-2022



Inadequate Sleep

A third of U.S. adults report that they usually get less than the recommended amount of sleep (7-9 hours per day for adults)²². Not getting enough sleep has been linked to the development and management of many chronic diseases and conditions, including type 2 diabetes, cardiovascular disease, obesity, and depression²³.

- In 2022, an estimated 36.3% of adult Iowans reported inadequate sleep.
- Over half of Black, non-Hispanic Iowans (55.7%) and Multiracial, Non-Hispanic Iowans (55.0%) reported inadequate sleep.
- When looking at prevalence by age group, adults aged 35-44 reported the highest rate of inadequate sleep (42.5%).
- Reports of inadequate sleep were highest among Iowans who had lower levels of education and household income. Over half (50.7%) of adults with a household income of less than \$15,000 reported inadequate sleep, compared to 30.9% of adults with household incomes of \$75,000+ reporting inadequate sleep.
- Iowans identifying as LGBT+ (46.6%) reported significantly higher rates of inadequate sleep compared to non-LGBT adults (35.6%).
- Adults with disabilities (47.1%) reported significantly higher rates of inadequate sleep compared to adults without disabilities (32.0%).
- Among adults with frequent mental distress, 58% reported inadequate sleep, compared to 32.8% among those without frequent mental distress.

Demographic Characteristics	Inadequate Sleep ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	36.3	(34.9-37.6)
Sex		
Female	36.3	(34.4-38.2)
Male	36.2	(34.4-38.1)
Race/Ethnicity		
Hispanic, all races	32.8	(28.6-37.1)
Black, Non-Hispanic	55.7	(47.0-64.3)
White, Non-Hispanic	34.6	(33.2-36.0)
Other, Non-Hispanic	42.1	(32.6-51.6)
Multiracial, Non-Hispanic	55.0	(43.3-66.7)
Age Group		
18 - 24	38.0	(33.5-42.4)
25 - 34	39.9	(36.1-43.7)
35 - 44	42.5	(39.0-45.9)
45 - 54	39.2	(35.8-42.6)
55 - 64	35.4	(32.4-38.5)
65+	27.7	(25.6-29.8)
Education		
Less than H.S.	37.8	(32.4-42.2)
H.S. or G.E.D.	40.7	(38.3-43.2)
Some Post-H.S.	38.8	(36.3-41.2)
College Graduate	27.5	(25.4-29.5)
Household Income		
Less than \$15,000	50.7	(43.7-57.7)
\$15,000 - \$24,999	42.9	(38.2-47.7)
\$25,000 - \$34,999	39.5	(35.1-43.8)
\$35,000 - \$49,999	39.3	(35.5-43.2)
\$50,000 - \$74,999	36.5	(33.2-39.9)
\$75,000+	30.9	(28.7-33.0)
Sexual Orientation & Gender Identity		
LGBT+	46.6	(40.8-52.5)
Non-LGBT	35.6	(34.2-37.1)
Veteran Status		
Veteran	39.2	(35.1-43.3)
Non-Veteran	36.0	(34.6-37.4)
Disability Status		
Adults with disabilities	47.1	(44.5-49.7)
No disabilities	32.0	(30.5-33.6)

^a Among all adults, the proportion reporting either 1-6 or 10-24 hours of sleep in a 24 hour period. Adequate sleep is defined as 7-9 hours of sleep in a 24-hour period.

Marijuana Use

Marijuana, also called cannabis, is the most commonly used federally illegal drug in the United States²⁴. Certain states have legalized the use of recreational and/or medical marijuana use in recent years. As of 2022, recreational marijuana use is illegal in the state of Iowa. However, Iowa has a regulated medical cannabidiol (CBD) program for Iowa residents with serious medical conditions.

The Iowa BRFSS asks on how many days in the past month did a respondent use marijuana or cannabis, specifying to respondents that cannabidiol, CBD, or medical marijuana should not be included in their answer.

- In 2022, an estimated 10.9% of adult Iowans reported that they had used marijuana at least once in the past month. This is an increase from the 2021 rate of 7.0%.
- Reported marijuana use was higher among males than females for any past month use and for daily marijuana use.
- Reported marijuana use was highest among younger adults: one out of five Iowans (20%) aged 18-24 reported marijuana use in the past month.
- Among those who identified as LGBT+, 31.8% reported any past month marijuana use, which is over triple the prevalence rate reported among non-LGBT Iowa adults (9.7%).
- Adults with disabilities (15.4%) reported a significantly higher prevalence of marijuana use in the past month as compared to adults without disabilities (9.1%).

Demographic Characteristics	Any Past Month Marijuana Use (1+ Days) ^a		Daily Past Month Marijuana Use (20+ Days) ^b	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	10.9	(9.4-12.3)	5.3	(4.3-6.3)
Sex				
Female	8.4	(6.5-10.4)	3.5	(2.2-4.8)
Male	13.3	(11.2-15.4)	7.1	(5.5-8.7)
Race/Ethnicity				
Hispanic, all races	5.6	(2.5-8.7)	*	*
Black, Non-Hispanic	*	*	*	*
White, Non-Hispanic	10.6	(9.1-12.0)	5.0	(4.0-6.0)
Other or Multiracial, Non-Hispanic	*	*	*	*
Age Group				
18 - 24	20.0	(14.3-25.7)	11.8	(7.1-16.4)
25 - 34	18.5	(13.4-23.6)	8.8	(5.1-12.4)
35 - 44	14.2	(10.2-18.3)	6.8	(4.2-9.5)
45 - 54	9.3	(6.2-12.4)	4.8	(2.3-7.2)
55 - 64	8.1	(5.3-10.9)	2.5	(1.1-3.9)
65+	2.7	(1.6-3.9)	*	*
Education				
Less than H.S.	12.6	(5.8-19.3)	*	*
H.S. or G.E.D.	11.6	(9.0-14.1)	6.8	(4.8-8.8)
Some Post-H.S.	12.9	(10.1-15.8)	6.1	(4.1-8.1)
College Graduate	7.4	(5.5-9.2)	2.4	(1.4-3.5)
Household Income				
Less than \$15,000	24.3	(13.7-34.8)	*	*
\$15,000 - \$24,999	9.9	(5.0-14.8)	*	*
\$25,000 - \$34,999	12.5	(8.2-16.9)	7.6	(4.0-11.2)
\$35,000 - \$49,999	14.6	(9.9-19.3)	6.0	(7.8-9.3)
\$50,000 - \$74,999	12.0	(8.1-16.0)	6.3	(3.5-9.2)
\$75,000+	8.9	(6.7-11.0)	4.2	(2.6-5.7)
Sexual Orientation & Gender Identity				
LGBT+	31.8	(23.2-40.4)	16.3	(9.5-23.0)
Non-LGBT	9.7	(8.3-11.1)	4.7	(3.6-5.7)
Veteran Status				
Veteran	7.8	(3.9-11.6)	*	*
Non-Veteran	11.3	(9.7-12.8)	5.3	(4.3-6.4)
Disability Status				
Adults with disabilities	15.4	(12.2-18.5)	8.5	(6.0-11.0)
No disabilities	9.1	(7.6-10.7)	4.0	(3.0-5.1)

^a Among all adults, the proportion reporting marijuana or cannabis use at least once in the past 30 days.

^b Among all adults, the proportion reporting marijuana or cannabis use at least 20 or more days in the past 30 days.

* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

Prescription Opioid Use

Prescription opioids can be prescribed by doctors to treat moderate to severe pain, but can also have serious risks and side effects²⁵. With prolonged use, pain-relieving effects may lessen and the body can develop dependence and addiction. When taken in excessive amounts, prescription opioids can lead to overdoses that may or may not be fatal. The most common drugs involved in prescription opioid overdose deaths include methadone, oxycodone, and hydrocodone²⁶.

- In 2022, an estimated 15.9% of adult lowans reported taking any prescription opioid pain relievers.
- An estimated 1.5% of all adult lowans reported taking opioids either more frequently or in higher doses than directed, or when it was not prescribed to them. This is an increase from the 2021 rate of 0.9%.
- Those with lower household incomes (less than \$35,000) reported a higher prevalence of prescription opioid use (20.7%) in the past year as compared to those making \$35,000 or more (14.8%).
- Adults with disabilities (24.9%) reported a higher prevalence of using prescription opioids in the past year compared to adults with no disabilities (12.5%). Adults with disabilities also reported a higher prevalence of opioid misuse or abuse (2.8% vs. 1.0% respectively).
- Insured adults (16.6%) reported higher rates of any past year prescription opioid use - over 2x the prevalence rate of uninsured adults (7.6%).

Demographic Characteristics	Any Past Year Prescription Opioid Use ^a		Any Past Year Prescription Opioid Misuse or Abuse ^b	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	15.9	(14.8-16.9)	1.5	(1.1-1.9)
Sex				
Female	17.3	(15.7-18.9)	1.3	(0.8-1.8)
Male	14.4	(13.0-15.8)	1.6	(1.1-2.2)
Race/Ethnicity				
Non-White or Hispanic	15.9	(14.8-17.0)	*	*
White, Non-Hispanic	15.9	(12.5-19.2)	1.3	(0.9-1.7)
Age Group				
18 - 35	12.5	(10.4-14.5)	1.9	(1.0-2.8)
36+	17.2	(15.9-18.4)	1.3	(0.9-1.7)
Education				
Less than H.S. & H.S. or G.E.D.	15.0	(13.3-16.7)	1.9	(1.2-2.6)
Some Post-H.S. & College Graduate	16.4	(15.1-17.8)	1.3	(0.8-1.7)
Household Income				
Less than \$35,000	20.7	(18.1-23.4)	2.1	(1.1-3.2)
\$35,000+	14.8	(13.6-16.1)	1.3	(0.8-1.7)
Sexual Orientation & Gender Identity				
LGBT+	15.0	(10.9-19.2)	*	*
Non-LGBT	15.9	(14.8-17.0)	1.4	(1.0-1.8)
Veteran Status				
Veteran	17.1	(13.6-20.5)	*	*
Non-Veteran	15.7	(14.6-16.9)	1.5	(1.1-1.9)
Disability Status				
Adults with disabilities	24.9	(22.5-27.3)	2.8	(1.8-3.7)
No disabilities	12.5	(11.3-13.6)	1.0	(0.6-1.4)
Health Insurance				
Insured	16.6	(15.4-17.7)	1.4	(1.0-1.8)
Not insured	7.6	(4.0-11.1)	*	*

^a Among all adults, the proportion who reported taking any prescription opioid pain relievers such as hydrocodone, codeine, oxycodone, morphine, Lortab, Vicodin, Tylenol #3, Percocet, or OxyContin, in the past year.

^b Among all adults, the proportion who reported taking any opioid pain medications more frequently or in higher doses than directed by a doctor; or any prescription opioid pain relievers, the proportion who reported taking any prescription opioid pain relievers when it was NOT prescribed to them by a doctor, dentist, nurse practitioner, or other healthcare provider.

* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

Clinical Preventive Practices

Routine Checkup in Past Year

Routine checkups with a healthcare provider are an important aspect of preventative health care. People who see their healthcare provider regularly and have routine screenings are more likely to receive an early diagnosis if they develop a medical condition, and this can contribute to better outcomes and a longer lifespan²⁷.

- In 2022, an estimated 78.3% of adult Iowans reported that they had a routine medical checkup within the past year. This was similar to the U.S. median of 76.8%.
- Females (84.2%) reported a significantly higher prevalence of having a routine checkup in the past year than males (72.2%).
- An estimated 83.0% of Black, non-Hispanic Iowans, 79.3% of White, non-Hispanic Iowans, and 73.8% of Other or Multiracial, non-Hispanic Iowans reported having a routine medical checkup in the past year, whereas 65.7% of Hispanic Iowans reported having a routine medical checkup.
- Generally, the prevalence of having a routine medical checkup within the past year increased with age.
- Veterans and adults with disabilities (84.3% and 81.9%, respectively) had significantly higher rates of having a routine medical checkup within the past year compared to non-veterans and adults without disabilities (77.6% and 76.7%, respectively).
- Insured adults (80.0%) had a significantly higher prevalence of a routine medical checkup in the past year compared to adults without health insurance (45.2%).

Demographic Characteristics	Had a Routine Checkup within the Past Year ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	78.3	(77.1-79.4)
Sex		
Female	84.2	(82.8-85.7)
Male	72.2	(70.5-73.9)
Race/Ethnicity		
Hispanic, all races	65.7	(61.4-70.1)
Black, Non-Hispanic	83.0	(77.2-88.9)
White, Non-Hispanic	79.3	(78.0-80.5)
Other or Multiracial, Non-Hispanic	73.8	(67.6-80.0)
Age		
18-24	71.3	(67.3-75.3)
25-34	64.3	(60.6-68.0)
35-44	69.0	(65.8-72.2)
45-54	80.0	(77.2-82.7)
55-64	83.3	(81.1-85.5)
65+	92.9	(91.6-94.1)
Education		
Less Than H.S.	73.8	(69.5-78.2)
H.S. or G.E.D.	76.9	(74.8-79.0)
Some Post-H.S.	78.0	(75.9-80.1)
College Graduate	81.6	(79.8-83.5)
Household Income		
Less than \$15,000	77.9	(72.1-83.6)
\$15,000 - \$24,999	78.7	(74.6-82.9)
\$25,000 - \$34,999	78.1	(74.4-81.9)
\$35,000 - \$49,999	77.6	(74.2-80.9)
\$50,000 - \$74,999	75.3	(72.3-78.2)
\$75,000+	78.4	(76.5-80.3)
Sexual Orientation and Gender Identity		
LGBT+	74.9	(69.9-79.8)
Non-LGBT	78.5	(77.3-79.7)
Veteran Status		
Veteran	84.3	(81.0-87.5)
Non-Veteran	77.6	(76.4-78.8)
Disability Status		
Adults with disabilities	81.9	(79.8-84.0)
No disabilities	76.7	(75.3-78.1)
Health Insurance		
Insured	80.0	(78.8-81.1)
Not insured	45.2	(39.0-51.3)

^a Among all adults, the proportion reporting a routine medical checkup within the past year.

Breast Cancer Screening

Breast cancer is the second most common type of cancer among women²⁸. Health care providers use screening tools like mammograms (an X-ray picture of the breast) to look for early signs of breast cancer. Regular mammograms are the best tool health care providers have to find breast cancer early. Detecting breast cancer early provides an individual with more treatment options and a higher chance of survival²⁹.

- In 2022, an estimated 92.9% of Iowa women 40 years and older reported ever having a mammogram, and 71.4% reported having a mammogram within the last two years.
- For comparison, the U.S. median for women aged 40+ who had received a mammogram in the past two years was 76.3%, which is higher than Iowa's rate of 71.4%.
- The prevalence of having a recent mammogram (within the last two years) increased with higher education and household income levels.
- Women with disabilities reported a significantly lower rate of having a recent mammogram (65.3%) compared to women without disabilities (74.3%).
- Health insurance coverage was strongly linked to recent breast cancer screening. Women who had health insurance reported significantly higher rates of having a recent mammogram (72.2%) compared to women without health insurance (48.1%).

Demographic Characteristics	Ever Had a Mammogram ^a		Had Mammogram in Last 2 Years ^b	
	Age 40 and Over			
	%	C.I. (95%)	%	C.I. (95%)
Total Females	92.9	(91.6-94.2)	71.4	(69.3-73.5)
Race/Ethnicity				
Hispanic, all races	89.0	(83.5-94.4)	66.6	(57.5-75.8)
Black, Non-Hispanic	*	*	*	*
White, Non-Hispanic	93.4	(92.1-94.7)	72.1	(69.9-74.2)
Other, Non-Hispanic	*	*	*	*
Multiracial, Non-Hispanic	*	*	*	*
Age				
40-54	84.6	(81.5-87.7)	64.3	(60.3-68.4)
55-64	97.2	(95.7-98.6)	79.2	(75.5-82.9)
65-74	*	*	81.8	(78.3-85.2)
75+	*	*	61.0	(55.6-66.0)
Education				
Less Than H.S.	*	*	52.3	(42.2-62.4)
H.S. or G.E.D.	92.5	(90.1-95.0)	67.0	(62.9-71.0)
Some Post-H.S.	93.0	(90.9-95.1)	71.8	(68.1-75.4)
College Graduate	94.6	(92.8-96.4)	79.0	(76.0-82.1)
Household Income				
Less than \$15,000	*	*	57.4	(46.7-68.1)
\$15,000 - \$24,999	91.2	(86.6-95.9)	68.7	(62.1-75.2)
\$25,000 - \$34,999	*	*	70.3	(63.4-77.2)
\$35,000 - \$49,999	*	*	74.6	(69.0-80.2)
\$50,000 - \$74,999	93.7	(90.6-96.8)	71.1	(65.8-76.3)
\$75,000+	92.2	(89.9-94.5)	75.8	(72.2-79.3)
Sexual Orientation and Gender Identity				
LGBT+	*	*	68.3	(57.3-79.3)
Non-LGBT	93.1	(91.8-94.5)	72.0	(69.9-74.2)
Veteran Status				
Veteran	*	*	*	*
Non-Veteran	92.9	(91.6-94.2)	71.4	(69.3-73.5)
Disability Status				
Adults with disabilities	93.3	(90.9-95.7)	65.3	(61.4-69.2)
No disabilities	92.7	(91.1-94.2)	74.3	(71.9-76.8)
Health Insurance				
Insured	93.3	(92.0-94.6)	72.2	(70.1-74.4)
Not insured	*	*	48.1	(33.2-63.0)

^a Among women aged 40 years and older, the proportion who reported having ever having a mammogram.

^b Among women aged 40 years and older, the proportion who reported having a mammogram in the past two years.

* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

Lung Cancer Screening

Lung cancer is one of the most common cancers in the United States, and one of the most deadly: more people in the U.S. die from lung cancer than any other type of cancer³⁰. Rates of lung cancer are decreasing nationally as few people smoke cigarettes, however lung cancer can also occur in adults who have never smoked³⁰. Lung cancer screening is recommended for adults who are at high risk for developing the disease because of their smoking history and age³¹. The U.S Preventative Services Task Force (USPSTF) recommends that adults aged 50-80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years be screened for lung cancer using a low-dose computed tomography (also called a low-dose CT scan or LDCT) every year³².

- In 2022, an estimated 11.8% of Iowa adults aged 50-80 who were current or former smokers reported that they had a CAT/CT chest scan in the past year. This is higher than the national median of 9.9%.
- Of the states bordering Iowa, Nebraska (15.6%), Kansas (13.5%) and Wisconsin (12.2%) had higher rates of lung cancer screening than Iowa.
- The prevalence of lung cancer screening in line with the USPSTF guidelines ranged from 8.7% to 18.5% among the different demographic categories analyzed.
- No significant differences in the prevalence of lung cancer screening were observed among or between the demographic categories analyzed.

Demographic Characteristics	Had a CAT/CT Chest Scan, Current or Former Smokers Aged 50-80 ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	11.8	(9.2-14.3)
Sex		
Female	13.8	(9.4-18.2)
Male	10.2	(7.3-13.1)
Race/Ethnicity		
Non-White or Hispanic	*	*
White, Non-Hispanic	12.3	(9.6-15.0)
Age Group		
50 - 64	12.5	(8.4-16.6)
65 - 80	11.5	(8.3-14.7)
Education		
Less than H.S.	*	*
H.S. or G.E.D.	11.7	(7.8-15.6)
Some Post-H.S.	12.5	(8.1-17.0)
College Graduate	8.1	(4.1-12.2)
Household Income		
Less than \$15,000	*	*
\$15,000 - \$24,999	*	*
\$25,000 - \$34,999	18.5	(10.5-26.6)
\$35,000 - \$49,999	10.0	(4.6-15.4)
\$50,000 - \$74,999	13.6	(6.4-20.8)
\$75,000+	9.5	(4.7-14.4)
Sexual Orientation & Gender Identity		
LGBT+	*	*
Non-LGBT	12.3	(9.6-15.0)
Veteran Status		
Veteran	8.7	(4.5-13.0)
Non-Veteran	12.7	(9.6-15.7)
Disability Status		
Adults with disabilities	12.5	(8.5-16.6)
No disabilities	11.3	(8.1-14.6)
Health Insurance		
Insured	11.9	(9.3-14.5)
Not insured	*	*

^a Among adults aged 50-80 who are current and former smokers (20-pack year smoking history), the proportion reporting that they had a CAT/CT chest scan in the last year

* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

HIV Testing

An estimated 1.2 million people in the United States have HIV (human immunodeficiency virus), and about 13% of those people are unaware of their status³³. Nearly 40% of new HIV infections are transmitted by people who don't know they have the virus³⁴. People who get tested and learn they have HIV can get antiretroviral therapy treatment and remain healthy for years. Knowing your HIV status can also help prevent future HIV transmission. It is recommended that everyone between the ages of 13 and 64 get tested for HIV at least once in their lifetime as part of routine care.

- In 2021, 25.8% of Iowan adults reported ever being tested for HIV. This is lower than the national median of 36.1%.
- Black, non-Hispanic (46.7%) and Hispanic (34.1%) Iowans reported a significantly higher prevalence of HIV testing compared to White, non-Hispanic (24.0%), Multi-racial, non-Hispanic (22.1%) and Other, non-Hispanic (22.1%) Iowans.
- Adult Iowans who identified as LGBT+ (42.3%) reported significantly higher rates of HIV testing than non-LGBT Iowans (24.6%).
- Veterans (36.7%) reported a significantly higher prevalence of HIV testing compared to non-veterans (24.6%).
- Adults with disabilities (28.3%) reported a higher prevalence rate for HIV testing than adults without disabilities (25.0%).

Demographic Characteristics	Ever Tested for HIV ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	25.8	(24.6-27.1)
Sex		
Female	27.3	(25.5-29.2)
Male	24.3	(22.6-26.0)
Race/Ethnicity		
Hispanic, all races	34.1	(29.6-38.6)
Black, Non-Hispanic	46.7	(37.0-56.3)
White, Non-Hispanic	24.0	(22.7-25.3)
Other, Non-Hispanic	22.1	(14.2-30.1)
Multiracial, Non-Hispanic	22.1	(14.2-30.1)
Age Group		
18 - 24	18.7	(15.0-22.5)
25 - 34	36.9	(33.0-40.9)
35 - 44	38.6	(35.0-42.1)
45 - 54	33.6	(30.1-37.0)
55 - 64	23.2	(20.5-25.9)
65-74	14.0	(11.9-16.0)
75+	7.6	(5.2-10.0)
Education		
Less than H.S.	25.9	(20.9-30.9)
H.S. or G.E.D.	23.1	(20.9-25.3)
Some Post-H.S.	27.1	(24.8-29.5)
College Graduate	27.1	(25.0-29.3)
Household Income		
Less than \$15,000	29.1	(22.7-35.6)
\$15,000 - \$24,999	27.6	(23.2-32.1)
\$25,000 - \$34,999	28.6	(24.3-32.9)
\$35,000 - \$49,999	27.4	(23.7-31.2)
\$50,000 - \$74,999	25.7	(22.5-28.9)
\$75,000+	25.5	(23.4-27.6)
Sexual Orientation & Gender Identity		
LGBT+	42.3	(36.2-48.4)
Non-LGBT	24.6	(23.2-25.9)
Veteran Status		
Veteran	36.7	(32.4-41.0)
Non-Veteran	24.6	(23.3-25.9)
Disability Status		
Adults with disabilities	28.3	(25.9-30.8)
No disabilities	25.0	(23.5-26.5)
Health Insurance		
Insured	25.9	(24.5-27.2)
Not insured	30.8	(24.9-36.7)

^a Among adults, the proportion reporting that they ever had been tested for HIV, apart from tests that were part of a blood donation.

Immunizations

Influenza, or the flu, is a contagious respiratory illness caused by viruses that infect the nose, throat and lungs. It can cause mild to severe illness, and sometimes can lead to death³⁵. The best way to prevent the flu is by getting a flu vaccination each year. Pneumonia is a lung disease caused by bacteria, viruses, and other infectious agents such as fungi. Pneumonia is frequently a complication of influenza. CDC recommends pneumococcal vaccination for all children younger than five years old and all adults 65 years or older³⁶. In certain situations, older children and other adults should also get pneumococcal vaccines.

- In 2022, an estimated 48.3% of adult Iowans reported receiving a flu vaccine in the past year. This is slightly lower than the 2021 rate of 50.8%.
- In 2022, an estimated 35.5% of Iowan adults reported ever receiving a pneumonia vaccine.
- Females reported significantly higher rates of having these vaccines (54.6% flu; 40.7% pneumonia) compared to males (42.0% flu; 30.2% pneumonia).
- The prevalence of having a flu vaccine in the past year increased with age, higher household income, and higher education.
- The prevalence of ever having a pneumonia vaccine decreased with higher levels of household income.
- Veterans (58.5%) and adults with disabilities (51.8%) reported a higher rate of having a flu vaccine in the past year compared to non-veterans (47.2%) and adults without disabilities (47.0%).
- Those with health insurance reported significantly higher rates of receiving a flu vaccine in the past year (50.3%) and a pneumonia vaccine ever in their lifetime (36.7%), when compared to those without insurance (24.0% for flu, 16.1% for pneumonia vaccine).

Demographic Characteristics	Had Influenza (Flu) Vaccine in Past Year ^a		Ever Had Pneumococcal (Pneumonia) Vaccine ^b	
	%	C.I. (95%)	%	C.I. (95%)
Total	48.3	(46.9-49.7)	35.5	(34.2-36.9)
Sex				
Female	54.6	(52.6-56.7)	40.7	(38.8-42.7)
Male	42.0	(40.1-43.9)	30.2	(28.4-31.9)
Race/Ethnicity				
Hispanic, all races	38.2	(33.6-42.7)	17.6	(13.7-21.5)
Black, Non-Hispanic	39.0	(29.3-48.6)	22.4	(14.5-30.2)
White, Non-Hispanic	50.0	(48.5-51.5)	38.2	(36.7-39.6)
Other, Non-Hispanic	46.2	(36.7-55.8)	22.3	(14.1-30.4)
Multiracial, Non-Hispanic	40.1	(28.3-51.9)	26.0	(14.7-37.4)
Age				
18-24	30.4	(26.1-34.7)	25.1	(20.8-29.4)
25-34	32.5	(28.7-36.2)	18.3	(15.0-21.7)
35-44	36.5	(33.1-39.9)	15.9	(13.1-18.6)
45-54	45.2	(41.6-48.8)	20.6	(17.6-23.7)
55-64	57.2	(54.0-60.3)	30.9	(28.0-33.9)
65-74	70.2	(67.4-73.0)	70.2	(67.3-73.0)
75+	74.5	(71.2-77.8)	77.4	(74.0-80.8)
Education				
Less Than H.S.	41.7	(36.0-47.5)	27.2	(22.0-32.4)
H.S. or G.E.D.	40.4	(38.0-42.8)	37.2	(34.8-39.7)
Some Post-H.S.	48.7	(46.1-51.2)	36.5	(34.1-39.0)
College Graduate	58.8	(56.5-61.1)	34.9	(32.7-37.1)
Household Income				
Less than \$15,000	47.3	(40.1-54.6)	43.9	(36.4-51.3)
\$15,000 - \$24,999	45.8	(40.9-50.7)	47.5	(42.4-52.5)
\$25,000 - \$34,999	45.1	(40.7-51.3)	41.3	(36.8-45.8)
\$35,000 - \$49,999	46.4	(43.5-51.3)	36.9	(33.2-40.7)
\$50,000 - \$74,999	46.4	(42.9-49.8)	35.0	(31.7-38.2)
\$75,000+	51.0	(48.7-53.3)	27.6	(25.5-29.7)
Sexual Orientation & Gender Identity				
LGBT+	43.8	(37.9-49.6)	35.0	(29.1-40.9)
Non-LGBT	48.8	(47.4-50.3)	35.7	(34.3-37.0)
Veteran Status				
Veteran	58.5	(54.2-62.7)	52.3	(47.8-56.7)
Non-Veteran	47.2	(45.8-48.7)	33.8	(32.4-35.1)
Disability Status				
Adults with disabilities	51.8	(49.2-54.5)	49.5	(46.8-52.2)
No disabilities	47.0	(45.3-48.6)	30.1	(28.6-31.6)
Health Insurance				
Insured	50.3	(48.9-51.8)	36.7	(35.3-38.1)
Not insured	24.0	(18.7-29.3)	16.1	(11.3-21.0)

^a Among adults, the proportion reporting that they had a flu vaccine, either by injection in the arm or sprayed in the nose during the past 12 months.

^b Among adults, the proportion reporting that they ever had a pneumococcal vaccine.

COVID-19 Vaccination

In December 2020, the Food and Drug Administration (FDA) gave emergency use authorization to the first COVID-19 vaccines for distribution in the United States. Since December 2020, millions of COVID-19 vaccines have been administered³⁷. The vaccines have gone through – and continue to go through – extensive safety monitoring.

- In 2022, an estimated 75.7% of adult Iowans reported receiving at least one COVID-19 vaccination. This is consistent with the rate reported in 2021 (75.4%).
- The prevalence of Iowans reporting that they had received at least one COVID-19 vaccination significantly increased with age. Adults aged 75+ reported the highest rate (91.9%), compared to 61.4% of 18-24 year olds.
- Rates for Iowans who had been vaccinated with at least one COVID-19 dose did not significantly differ by household income level; however, significant differences were observed by education level. While 87.0% of college graduates reported receiving at least one COVID-19 vaccination, only 61.6% of Iowans with less than a high school education reported the same.
- Veterans (84.4%) reported a significantly higher rate of having received at least once COVID-19 vaccine compared to non-veterans (74.7%).
- COVID-19 vaccination status for at least one vaccine did not significantly differ by sexual orientation and gender identity or by disability status.
- Iowans with health insurance (77.7%) reported a higher rate of receiving at least one COVID-19 vaccine compared to Iowans without health insurance (53.6%).

Demographic Characteristics	Had Received at Least One COVID-19 Vaccination ^a	
	%	C.I. (95%)
Total	75.7	(74.4-77.0)
Sex		
Female	78.2	(76.4-80.0)
Male	73.2	(71.4-75.0)
Race/Ethnicity		
Hispanic, all races	74.8	(70.5-79.2)
Black, Non-Hispanic	73.6	(64.8-82.5)
White, Non-Hispanic	76.5	(75.1-77.8)
Other, Non-Hispanic	80.1	(71.6-88.6)
Multiracial, Non-Hispanic	51.2	(38.7-63.7)
Age		
18-24	61.4	(56.6-66.2)
25-34	62.7	(58.7-66.7)
35-44	69.2	(65.8-72.6)
45-54	74.5	(71.3-77.7)
55-64	82.7	(80.3-85.1)
65-74	90.7	(88.9-92.5)
75+	91.9	(89.4-94.5)
Education		
Less Than H.S.	61.6	(55.8-67.4)
H.S. or G.E.D.	70.7	(68.3-73.1)
Some Post-H.S.	74.4	(72.1-76.7)
College Graduate	87.0	(85.4-88.7)
Household Income		
Less than \$15,000	65.2	(57.7-72.6)
\$15,000 - \$24,999	73.6	(69.1-78.0)
\$25,000 - \$34,999	72.5	(68.0-77.1)
\$35,000 - \$49,999	74.9	(71.3-78.5)
\$50,000 - \$74,999	73.7	(70.4-77.1)
\$75,000+	79.5	(77.5-81.4)
Sexual Orientation & Gender Identity		
LGBT+	80.2	(75.5-85.0)
Non-LGBT	75.5	(74.2-76.9)
Veteran Status		
Veteran	84.4	(81.2-87.6)
Non-Veteran	74.7	(73.4-76.1)
Disability Status		
Adults with disabilities	74.8	(72.3-77.3)
No disabilities	76.2	(74.7-77.7)
Health Insurance		
Insured	77.7	(76.4-79.0)
Not insured	53.6	(47.0-60.3)

^a Among adults, the proportion reporting that they had received a COVID-19 vaccination.

Oral Health

Oral health is a key indicator of overall health, well-being, and quality of life. Untreated oral diseases can impact one's ability to speak, smile, eat, drink, swallow, and show emotions³⁸. Routine dental care helps in early diagnosis and treatment of tooth decay (cavities) and periodontal (gum) disease.

- In 2022, an estimated 68.3% of adult Iowans reported having a dental visit within the past year, which is slightly higher than the U.S. median of 65.9%.
- In 2022, an estimated 60.2% of adult Iowans reported that they had never had any permanent teeth removed. This is consistent with the U.S. median of 59.7% for this measure.
- Females (71.7%) reported higher rates of having a dental visit in the past year compared to males (46.9%).
- Rates for having a dental visit in the past year and not having any permanent teeth removed increased with higher levels of education and household income.
- LGBT+ Iowans (58.2%) reported lower rates of having dental visit in the past year, but higher rates of having no teeth removed (70.8%) compared to non-LGBT Iowans (69.2% and 59.3% respectively).
- Adults with disabilities (57.1%) reported significantly lower rates of having a dental visit in the past year compared to adults without disabilities (72.7%).
- Veterans (47.8%) and adults with disabilities (43.7%) reported lower rates of having no permanent teeth removed, compared to non-veterans (61.6%) and adults without disabilities (66.8%).
- Insured adults (70.4%) reported having a dental visit in the past year at a significantly higher rate compared to uninsured adults (32.7%).

Demographic Characteristics	Last Dental Visit Within 12 Months ^a		No Permanent Teeth Removed ^b	
	%	C.I. (95%)	%	C.I. (95%)
Total	68.3	(67.1-69.6)	60.2	(58.9-61.5)
Sex				
Female	71.7	(69.9-73.5)	59.5	(57.7-61.4)
Male	46.9	(63.1-66.7)	60.9	(59.1-62.7)
Race/Ethnicity				
Hispanic, all races	47.2	(42.7-51.7)	60.5	(56.2-64.9)
Black, Non-Hispanic	58.5	(49.9-67.1)	57.4	(48.8-66.0)
White, Non-Hispanic	71.1	(69.8-72.4)	59.9	(58.5-61.3)
Other, Non-Hispanic	66.7	(57.9-75.5)	68.7	(60.1-77.2)
Multiracial, Non-Hispanic	45.8	(34.1-57.5)	59.6	(48.2-71.0)
Age				
18-24	68.6	(64.4-72.8)	90.0	(87.2-92.8)
25-34	60.4	(56.6-64.2)	78.3	(75.1-81.5)
35-44	67.2	(63.9-70.4)	68.0	(64.6-71.2)
45-54	69.5	(66.3-72.7)	59.8	(56.3-63.2)
55-64	71.1	(68.3-73.9)	48.6	(45.5-51.7)
65-74	73.6	(71.0-76.2)	38.5	(35.6-41.3)
75+	67.7	(64.1-71.2)	29.4	(26.1-32.8)
Education				
Less Than H.S.	41.5	(36.1-47.0)	45.6	(40.1-51.1)
H.S. or G.E.D.	63.5	(61.2-65.9)	52.1	(49.7-54.6)
Some Post-H.S.	69.6	(67.3-71.8)	59.1	(56.8-61.5)
College Graduate	80.1	(78.3-82.0)	74.8	(73.0-76.7)
Household Income				
Less than \$15,000	46.9	(39.9-53.9)	40.0	(33.1-46.9)
\$15,000 - \$24,999	48.2	(43.4-53.0)	39.9	(35.1-44.8)
\$25,000 - \$34,999	54.8	(50.4-59.2)	45.6	(41.1-50.1)
\$35,000 - \$49,999	63.7	(60.0-67.4)	55.8	(52.1-59.6)
\$50,000 - \$74,999	68.9	(65.7-72.2)	58.3	(54.9-61.7)
\$75,000+	80.7	(78.9-82.5)	73.4	(71.4-75.4)
Sexual Orientation & Gender Identity				
LGBT+	58.2	(52.5-64.0)	70.8	(65.7-75.9)
Non-LGBT	69.2	(67.9-70.5)	59.3	(57.9-60.7)
Veteran Status				
Veteran	68.2	(64.4-72.0)	47.8	(43.6-51.9)
Non-Veteran	68.3	(67.0-70.0)	61.6	(60.2-63.0)
Disability Status				
Adults with disabilities	57.1	(54.5-59.7)	43.7	(41.1-46.3)
No disabilities	72.7	(71.2-74.1)	66.8	(65.3-68.3)
Health Insurance^c				
Insured	70.4	(69.1-71.7)	59.2	(57.8-60.5)
Not insured	32.7	(26.9-38.5)	59.6	(53.6-65.6)

^a Among all adults, the proportion who reported they had visited a dentist or dental clinic for any reason in the previous year.

^b Among all adults, the proportion who reported that they have had no teeth removed because of tooth decay or gum disease.

^c Health insurance does not always cover dental care. Dental care is often covered through separate dental insurance, however BRFSS does not report on dental insurance coverage.

Chronic Conditions

Arthritis

Arthritis encompasses a group of over 100 different rheumatic diseases and conditions that result in pain and reduction of functionality in and around the joints. It is the leading cause of work disability in the United States³⁹.

- In 2022, 27.0% of adult lowans reported ever being told by a doctor that they had some form of arthritis, which is the highest reported rate to date. Iowa's rate was similar to the national median of 27.7%.
- Females (30.8%) reported a statistically higher prevalence of arthritis than males (23.1%).
- White, non-Hispanic lowans reported the highest prevalence of arthritis (29.6%), compared to Hispanic lowans (8.5%).
- The prevalence of arthritis drastically increased age. The demographic group reporting the highest prevalence of arthritis was adults lowans age 75 years and older (56.3%).
- As household income level increased, the prevalence of arthritis decreased.
- Arthritis prevalence was significantly higher among veterans (36.0%) compared to non-veterans (26.1%).
- Among adults with disabilities, 45.4% reported arthritis, compared to 20.1% among adults without disabilities.
- Among adult lowans with a self-care disability (difficulty dressing or bathing), 60.6% reported they had arthritis, compared to 26.1% among those who did not have a self-care disability.
- Among adult lowans with a mobility disability (serious difficulty walking or climbing stairs), 64.5% reported they had arthritis, compared to 22% among those who did not have a mobility disability.

Demographic Characteristics	Ever Told Arthritis ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	27.0	(25.8-28.1)
Sex		
Female	30.8	(29.1-32.5)
Male	23.1	(21.6-24.6)
Race/Ethnicity		
Hispanic, all races	8.5	(6.0-10.9)
Black, Non-Hispanic	18.6	(12.2-25.1)
White, Non-Hispanic	29.6	(28.4-30.9)
Other, Non-Hispanic	13.1	(7.0-19.2)
Multiracial, Non-Hispanic	23.9	(14.2-33.6)
Age Group		
18 - 24	2.9	(1.3-4.5)
25 - 34	7.8	(5.7-10.0)
35 - 44	14.7	(12.2-17.1)
45 - 54	26.4	(23.4-29.5)
55 - 64	38.6	(35.6-41.5)
65-74	50.6	(47.6-53.5)
75+	56.3	(52.6-59.9)
Education		
Less than H.S.	22.1	(17.9-26.4)
H.S. or G.E.D.	29.0	(26.9-31.1)
Some Post-H.S.	28.9	(26.8-31.1)
College Graduate	23.8	(22.0-25.6)
Household Income		
Less than \$15,000	41.9	(34.9-48.9)
\$15,000 - \$24,999	37.5	(32.9-42.1)
\$25,000 - \$34,999	32.0	(28.1-35.8)
\$35,000 - \$49,999	28.3	(25.0-31.5)
\$50,000 - \$74,999	27.3	(24.5-30.1)
\$75,000+	21.0	(19.2-22.7)
Sexual Orientation & Gender Identity		
LGBT+	22.5	(17.9-27.0)
Non-LGBT	27.6	(26.4-28.8)
Veteran Status		
Veteran	36.0	(32.2-39.8)
Non-Veteran	26.1	(24.9-27.2)
Disability Status		
Adults with disabilities	45.4	(42.8-47.9)
No disabilities	20.1	(18.9-21.2)
Health Insurance		
Insured	28.6	(27.4-29.8)
Not insured	9.7	(6.2-13.2)

^a Among all adults, the proportion reporting ever being told by a doctor, nurse, or other health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

Asthma

Asthma is a chronic inflammatory disorder of the lungs where airways become blocked or narrowed⁴⁰. Asthma can make breathing difficult and trigger coughing, wheezing, breathlessness, or chest tightness⁴¹. Genetic, environmental, and occupational factors have been linked to developing asthma.

- In 2022, an estimated 13.8% of Iowans reported that they had ever been diagnosed with asthma in their lifetime, and 9.7% reported that they currently have asthma.
- Iowa's prevalence rate for lifetime asthma (13.8%) was lower than the U.S. median (15.7%). The prevalence rate for current asthma in Iowa (9.7%) was comparable to the U.S. median (10.4%).
- Compared to males, females had a significantly higher rate of lifetime (16.9% females; 10.6% males) and current (13.0% females; 6.3% males) asthma.
- The prevalence of lifetime asthma significantly decreased with age and higher household income levels. The prevalence of current asthma was highest among the 18-24 (11.8%), 45-54 (11.7%), and 55-64 (10.7%) age groups, and also significantly decreased with higher household income levels.
- Asthma prevalence was higher among LGBT+ Iowans (22.5% lifetime asthma; 17.3% current asthma), compared to non-LGBT Iowans (13.1% lifetime asthma; 9.3% current asthma)
- Iowa veterans (8.7% lifetime asthma; 6.7% current asthma) reported lower rates of asthma compared to non-veterans (14.4% lifetime asthma; 10.1% current asthma).
- Iowa veterans (8.7% lifetime asthma; 6.7% current asthma) reported lower rates of asthma compared to non-veterans (14.4% lifetime asthma; 10.1% current asthma).
- Adults with disabilities reported significantly higher rates of both lifetime (22.1% adults with disabilities, 11.1% without disabilities) and current (17.1% adults with disabilities; 7.2% without disabilities) asthma.

Demographic Characteristics	Ever Told Asthma ^a		Current Asthma ^b	
	%	C.I. (95%)	%	C.I. (95%)
Total	13.8	(12.8-14.7)	9.7	(8.9-10.5)
Sex				
Female	16.9	(15.4-18.4)	13.0	(11.6-14.4)
Male	10.6	(9.4-11.7)	6.3	(5.4-7.2)
Race/Ethnicity				
Hispanic, all races	10.4	(7.7-13.1)	6.5	(4.4-8.7)
Black, Non-Hispanic	16.9	(10.7-23.0)	13.3	(7.6-18.9)
White, Non-Hispanic	13.6	(12.6-14.6)	9.5	(8.6-10.4)
Other, Non-Hispanic	14.9	(8.0-21.8)	11.8	(5.4-18.3)
Multiracial, Non-Hispanic	28.2	(17.8-38.5)	21.4	(11.8-31.1)
Age Group				
18 - 24	17.6	(14.2-21.0)	11.8	(8.9-14.8)
25 - 34	14.3	(11.5-17.0)	8.8	(6.5-11.1)
35 - 44	12.4	(10.2-14.7)	9.0	(7.0-11.0)
45 - 54	15.9	(13.2-18.5)	11.7	(9.3-14.1)
55 - 64	13.9	(11.8-16.0)	10.7	(8.8-12.6)
65-74	12.2	(10.2-14.1)	9.2	(7.5-11.0)
75+	9.6	(7.4-11.9)	5.8	(4.1-7.6)
Education				
Less than H.S.	14.0	(10.2-17.9)	10.0	(6.7-13.4)
H.S. or G.E.D.	14.2	(12.4-16.8)	9.8	(8.3-11.3)
Some Post-H.S.	15.0	(13.2-16.8)	10.9	(9.4-12.5)
College Graduate	11.8	(10.3-13.3)	7.9	(6.7-9.2)
Household Income				
Less than \$15,000	28.2	(21.8-34.6)	20.6	(14.8-26.4)
\$15,000 - \$24,999	19.8	(16.0-23.6)	13.8	(10.6-17.1)
\$25,000 - \$34,999	16.5	(13.0-20.1)	13.0	(9.7-16.4)
\$35,000 - \$49,999	11.7	(9.1-14.3)	9.0	(6.6-11.4)
\$50,000 - \$74,999	13.3	(11.1-15.6)	8.8	(6.9-10.7)
\$75,000+	11.3	(9.9-12.8)	7.6	(6.4-8.8)
Sexual Orientation & Gender Identity				
LGBT+	22.5	(17.4-27.6)	17.3	(12.6-22.0)
Non-LGBT	13.1	(12.1-14.0)	9.3	(8.5-10.2)
Veteran Status				
Veteran	8.7	(6.5-10.8)	6.7	(4.8-8.6)
Non-Veteran	14.4	(13.3-15.4)	10.1	(9.2-11.0)
Disability Status				
Adults with disabilities	22.1	(19.9-24.3)	17.1	(15.1-19.1)
No disabilities	11.1	(10.0-12.2)	7.2	(6.3-8.1)
Health Insurance				
Insured	14.0	(13.0-15.0)	9.8	(9.0-10.7)
Not insured	8.8	(5.3-12.4)	4.7	(2.0-7.5)

^a Among all adults, the proportion reporting that they were ever told by a doctor, nurse, or other health care professional that they had asthma.

^b Among all adults, the proportion reporting that they still have asthma.

Cardiovascular Diseases

Cardiovascular disease (CVD) is an umbrella term covering disorders of both the heart (cardio) and blood vessels (vascular) in the body. CVD most often refers to heart disease and stroke. Heart disease includes coronary heart disease and heart attacks. Heart disease was the leading cause of death in the United States⁴² and for Iowans in 2022⁴³.

- In 2022, an estimated 4.0% of adult Iowans had ever been told by a doctor that they had a heart attack, 4.5% had ever been told they had angina or coronary heart disease (CHD), and 3.1% had ever been told they had a stroke.
- Males reported significantly higher rates of heart attack and CHD, compared to females.
- The prevalence of a heart attack, CHD and stroke increased with age and decreased with higher education and household income levels.
- Veterans reported higher rates of being diagnosed with each of the three conditions, compared to non-veterans.
- Adults with disabilities reported higher rates of being diagnosed with each of the three conditions, compared to adults without disabilities.

Demographic Characteristics	Ever Told Heart Attack ^a		Ever Told Angina or Coronary Heart Disease (CHD) ^b		Ever Told Stroke ^c	
	%	C.I. (95%)	%	C.I. (95%)	%	C.I. (95%)
Total	4.0	(3.5-4.4)	4.5	(4.0-5.0)	3.1	(2.7-3.6)
Sex						
Female	3.0	(2.4-3.7)	3.5	(2.9-4.2)	3.5	(2.8-4.2)
Male	4.9	(4.2-5.6)	5.5	(4.8-6.3)	2.7	(2.2-3.2)
Race/Ethnicity						
Non-White or Hispanic	3.6	(2.1-5.1)	3.3	(1.8-4.7)	2.6	(1.4-3.7)
White, Non-Hispanic	4.0	(3.5-4.5)	4.8	(4.2-5.3)	3.2	(2.7-3.7)
Age						
18-44	0.7	(0.4-1.1)	1.0	(0.5-1.4)	1.0	(0.5-1.5)
45-54	3.5	(2.3-4.8)	3.5	(2.3-4.7)	2.8	(1.8-3.8)
55-64	5.2	(3.8-6.7)	5.5	(4.1-7.0)	3.4	(2.4-4.4)
65-74	8.3	(6.6-10.0)	9.4	(7.6-11.2)	5.8	(4.4-7.3)
75+	11.0	(8.9-13.1)	14.1	(11.7-16.5)	8.6	(6.3-10.9)
Education						
Less Than H.S.	6.3	(3.8-8.8)	4.0	(2.1-5.9)	5.1	(2.3-7.8)
H.S. or G.E.D.	4.8	(3.9-5.7)	5.4	(4.4-6.4)	3.2	(2.5-4.0)
Some Post-H.S.	3.9	(3.1-4.7)	4.5	(3.6-5.4)	3.2	(2.4-4.0)
College Graduate	2.5	(1.9-3.0)	3.8	(3.1-4.5)	2.3	(1.7-2.9)
Household Income						
Less than \$15,000	12.5	(7.6-17.5)	9.1	(4.9-13.3)	8.8	(4.2-13.4)
\$15,000 - \$24,999	5.3	(3.3-7.3)	6.0	(3.9-8.0)	6.0	(4.0-8.1)
\$25,000 - \$34,999	6.1	(4.3-8.0)	5.2	(3.5-6.8)	4.0	(2.4-5.7)
\$35,000 - \$49,999	4.5	(3.1-5.8)	5.0	(3.6-6.4)	3.1	(1.8-4.3)
\$50,000 - \$74,999	3.4	(2.4-4.4)	4.7	(3.4-6.0)	3.4	(2.1-4.6)
\$75,000+	2.5	(1.9-3.2)	3.4	(2.6-4.1)	1.6	(1.2-2.1)
Veteran Status						
Veteran	8.1	(6.1-10.0)	8.5	(6.6-10.5)	6.0	(4.1-8.0)
Non-Veteran	3.5	(3.1-4.0)	4.1	(3.6-4.7)	2.8	(2.4-3.3)
Disability Status						
Adults w/ disabilities	7.7	(6.4-9.0)	9.1	(7.7-10.5)	6.5	(5.2-7.7)
No disabilities	2.6	(2.1-3.0)	2.9	(2.4-3.3)	1.9	(1.5-2.3)
Health Insurance						
Insured	4.2	(3.7-4.7)	4.7	(4.2-5.3)	3.3	(2.8-3.8)
Not insured	*	*	*	*	*	*

Among all adults, the proportion ever told by a doctor, nurse, or other health professional that: ^a they had a heart attack or myocardial infarction, ^b they had angina or coronary heart disease, or ^c they had a stroke.

* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

Cancer

Cancer is the second most common cause of death in the United States, following heart disease⁴⁴. Although cancer is a common disease, more and more people are surviving cancer. Death rates for all cancer types have declined 31% since 1991, when the cancer death rate peaked at 215 deaths from cancer per 100,000 people⁴⁵. Declines in the cancer death rate are largely due to reductions in smoking and vast improvements in early cancer detection and treatment methods.

- In 2022, an estimated 5.5% of adult Iowans had ever been told by a doctor that they had skin cancer, and 8.1% reported being told they had melanoma or some other type of cancer.
- Iowa's prevalence rates for skin cancer (5.5%) and melanoma/other cancer (8.1%) were both aligned with the national medians (5.5% skin cancer, 8.3% melanoma/other cancer) among U.S. adults.
- White, non-Hispanic Iowans reported a higher prevalence of melanoma/other types of cancer (9.1%) compared to non-White or Hispanic Iowans (3.4%).
- The prevalence of skin cancer and other types of cancer increased with age.
- Veterans reported a higher prevalence rate of cancer (8.3% for skin cancer, 12.2% for melanoma and other cancer) than non-veterans (5.3% for skin cancer and 7.7% for melanoma and other cancer).
- Adults with disabilities reported a higher prevalence rate of cancer (6.6% for skin cancer, 12.7% for melanoma and other cancer) than adults without disabilities (5.1% for skin cancer, 6.5% for melanoma and other cancer).

Demographic Characteristics	Ever Told Skin Cancer ^a		Ever Told Melanoma or Any Other Types of Cancer ^b	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	5.5	(5.0-6.1)	8.1	(7.5-8.8)
Sex				
Female	6.1	(5.3-6.9)	9.5	(8.5-10.5)
Male	5.0	(4.3-5.6)	6.7	(5.9-7.5)
Race/Ethnicity				
Non-White or Hispanic	*	*	3.4	(2.0-4.7)
White, Non-Hispanic	6.6	(6.0-7.2)	9.1	(8.3-9.8)
Age				
18-24	*	*	*	*
25-34	*	*	1.5	(0.6-2.4)
35-44	1.3	(0.6-2.0)	2.3	(1.4-3.3)
45-54	4.1	(2.8-5.4)	6.1	(4.4-7.9)
55-64	7.8	(6.1-9.4)	11.4	(9.5-13.3)
65-74	12.1	(10.3-13.9)	16.8	(14.7-18.9)
75+	16.6	(14.0-19.1)	22.7	(19.7-25.7)
Education				
Less Than H.S.	*	*	6.5	(3.8-9.2)
H.S. or G.E.D.	5.0	(4.1-6.0)	7.2	(6.1-8.2)
Some Post-H.S.	5.7	(4.7-6.7)	9.1	(7.8-10.3)
College Graduate	7.1	(6.2-8.1)	8.5	(7.3-9.6)
Household Income				
Less than \$15,000	*	*	9.2	(5.8-12.7)
\$15,000 - \$24,999	5.3	(3.5-7.2)	11.6	(8.5-14.6)
\$25,000 - \$34,999	5.0	(3.5-6.5)	8.1	(6.0-10.2)
\$35,000 - \$49,999	5.9	(4.3-7.4)	8.8	(7.0-10.6)
\$50,000 - \$74,999	5.6	(4.3-6.9)	8.6	(6.9-10.4)
\$75,000+	6.3	(5.3-7.3)	6.8	(5.8-7.9)
Sexual Orientation & Gender Identity				
LGBT+	3.0	(1.3-4.6)	5.0	(3.0-7.0)
Non-LGBT	5.9	(5.3-6.5)	8.3	(7.6-9.0)
Veteran Status				
Veteran	8.3	(6.4-10.1)	12.2	(9.9-14.6)
Non-Veteran	5.3	(4.7-5.8)	7.7	(7.0-8.4)
Disability Status				
Adults with disabilities	6.6	(5.5-7.7)	12.7	(11.1-14.2)
No disabilities	5.1	(4.4-5.7)	6.5	(5.8-7.2)
Health Insurance				
Insured	6.0	(5.4-6.6)	8.7	(8.0-9.4)
Not insured	*	*	*	*

Among all adults, the proportion ever told by a doctor, nurse, or other health professional that:
^a they had skin cancer that was not melanoma, or ^b they had melanoma or any other form of cancer.

* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease, or COPD, refers to a group of chronic inflammatory lung diseases that causes airflow blockage and breathing-related problems⁴⁶. Symptoms of COPD include coughing, wheezing, shortness of breath, chest tightness, and excess phlegm production⁴⁷. Cigarette smoke exposure is the leading cause for the development and progression of COPD⁴⁸.

- In 2022, an estimated 6.6% of adult Iowans reported ever being told by a health care provider that they had chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis. This is slightly lower than the national median of 6.9%.
- The prevalence of COPD increased with age and decreased with higher levels of education and household income.
- Iowa veterans (11.4%) reported a significantly higher prevalence COPD than non-veterans (6.1%).
- Adults with disabilities (15.4%) had a significantly higher prevalence rate of being diagnosed with COPD than adults without disabilities (3.3%).
- Among respondents who were current cigarette smokers, 18.1% reported being diagnosed with COPD. Comparatively, 4.6% of non-cigarette smokers reported they had COPD.

Demographic Characteristics	Ever Told COPD, Emphysema, or Chronic Bronchitis ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	6.6	(5.9-7.2)
Sex		
Female	7.2	(6.3-8.2)
Male	5.9	(5.1-6.7)
Race/Ethnicity		
Non-White or Hispanic	6.8	(6.1-7.5)
White, Non-Hispanic	5.8	(3.9-7.8)
Age		
18-24	*	*
25-34	*	*
35-44	3.6	(2.3-4.9)
45-54	5.7	(4.1-7.3)
55-64	10.3	(8.3-12.2)
65-74	13.5	(11.4-15.5)
75+	12.1	(9.5-14.7)
Education		
Less Than H.S.	11.0	(7.5-14.4)
H.S. or G.E.D.	7.8	(6.6-8.9)
Some Post-H.S.	7.2	(6.0-8.4)
College Graduate	3.1	(2.4-3.8)
Household Income		
Less than \$15,000	22.6	(16.3-29.0)
\$15,000 - \$24,999	14.8	(11.6-18.1)
\$25,000 - \$34,999	9.5	(7.2-11.8)
\$35,000 - \$49,999	4.9	(3.6-6.2)
\$50,000 - \$74,999	7.2	(5.5-8.9)
\$75,000+	2.7	(2.0-3.4)
Veteran Status		
Veteran	11.4	(8.8-13.9)
Non-Veteran	6.1	(5.4-6.7)
Disability Status		
Adults with disabilities	15.4	(13.6-17.2)
No disabilities	3.3	(2.8-3.8)
Health Insurance		
Insured	6.9	(6.2-7.6)
Not insured	*	*

^a Among all adults, the proportion reporting ever being told by a doctor that they had chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis.

* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

Depression

Depression is one of the most common mental disorders in the United States⁴⁹. Depressive symptoms can affect how someone feels, thinks, and handles daily activities. Physical health and mental health are interconnected. Poor physical health can lead to poor mental health, and poor mental health can lead to poor physical health. Depression may occur with other mental disorders and other illnesses, such as diabetes, cancer, heart disease, and chronic pain. Depression can make these conditions worse, and vice versa. Sometimes, medications taken for these illnesses cause side effects that contribute to symptoms of depression.

- In 2022, an estimated 18.5% of adult Iowans reported ever being told by a doctor that they had a depressive disorder (including depression, major depression, dysthymia, or minor depression). Iowa's rate (18.5%) for adults diagnosed with a depressive disorder is lower than the national median of 21.7%.
- Females reported a significantly higher (25.6%) rate of diagnosed depression than did males (11.2%).
- Almost half of Multiracial, non-Hispanic (47.6%) adults in Iowa reported ever being diagnosed with a depressive disorder.
- Diagnosed depression was highest among younger Iowans and those with lower annual household incomes.
- The prevalence of a diagnosed depressive disorder was highest among adult LGBT+ Iowans (44.6%) by a significant amount. This is almost three times higher than the rate of depression reported among non-LGBT adults (16.5%).
- Adults with disabilities (36.5%) reported a significantly higher rate of diagnosed depression, at more than three times the rate of adults without disabilities (12.1%).

Demographic Characteristics	Ever Told a Depressive Disorder ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	18.5	(17.4-19.6)
Sex		
Female	25.6	(23.9-27.4)
Male	11.2	(10.0-12.4)
Race/Ethnicity		
Hispanic, all races	13.3	(10.3-16.3)
Black, Non-Hispanic	12.5	(7.1-17.9)
White, Non-Hispanic	18.9	(17.7-20.1)
Other, Non-Hispanic	12.8	(6.3-19.3)
Multiracial, Non-Hispanic	47.6	(36.0-59.3)
Age Group		
18 - 24	22.2	(18.4-25.9)
25 - 34	24.2	(20.8-27.6)
35 - 44	21.1	(18.3-23.9)
45 - 54	20.9	(18.0-23.8)
55 - 64	15.6	(13.3-17.8)
65-74	14.0	(12.0-16.0)
75+	9.6	(7.3-12.0)
Education		
Less than H.S.	18.1	(13.7-22.5)
H.S. or G.E.D.	18.5	(16.5-20.5)
Some Post-H.S.	20.4	(18.3-22.4)
College Graduate	16.3	(14.6-18.0)
Household Income		
Less than \$15,000	40.8	(33.7-47.8)
\$15,000 - \$24,999	29.0	(26.7-33.4)
\$25,000 - \$34,999	22.6	(18.8-26.3)
\$35,000 - \$49,999	20.9	(17.6-24.2)
\$50,000 - \$74,999	16.9	(14.3-19.6)
\$75,000+	13.0	(11.4-14.6)
Sexual Orientation & Gender Identity		
LGBT+	44.6	(38.8-50.4)
Non-LGBT	16.5	(15.4-17.6)
Veteran Status		
Veteran	12.5	(9.7-15.3)
Non-Veteran	19.2	(18.0-20.3)
Disability Status		
Adults with disabilities	36.5	(34.0-39.1)
No disabilities	12.1	(11.0-13.3)

^a Among all adults, the proportion who reported ever being told by a doctor, nurse, or other health professional they had a depressive disorder, including depression, major depression, dysthymia, or minor depression.

Diabetes

Diabetes is a chronic health condition that affects the body's ability to turn food into energy. It is the 8th leading cause of death in the United States⁵⁰. Insulin is a hormone that helps control the body's blood sugar levels and metabolism. If someone has diabetes, their body either does not make enough insulin (type 1 diabetes), or it cannot use the insulin it makes as well as it should (type 2 diabetes). More than 37 million Americans have diabetes, and approximately 90-95% of them have type 2 diabetes⁵¹.

- In 2022, an estimated 11.6% of adult Iowans reported ever being told by a health care provider that they had diabetes (excluding women told only during pregnancy). The U.S. median for adults with a diabetes diagnosis was comparable (11.5%).
- The prevalence of diabetes was similar by sex.
- Multiracial, non-Hispanic Iowans (15.6%) reported the highest prevalence of diabetes, followed by Black, non-Hispanic (13.4%), Other, non-Hispanic (13.0%), White, non-Hispanic (11.5%), and Hispanic (9.8%) adults. Differences by race/ethnicity were not significantly different from each other.
- The prevalence of diabetes increased with age. Those aged 65-74 (22.4%) reported the highest prevalence of diabetes followed by those aged 75+ (22.0%).
- The prevalence of diabetes decreased with higher levels of household income and education.
- Iowa veterans (17.8%) had a significantly higher rate of diagnosed diabetes compared to non-veterans (11.0%).
- The rate of adults with disabilities who had been diagnosed with diabetes (21.0%) was over 2x higher than the rate of diabetes for adults without disabilities (8.2%).
- Adults with health insurance (12.2%) reported a diabetes diagnosis at almost 2x the prevalence rate of those without health insurance (6.3%).
- Among adult Iowans who had been told they had diabetes, most reported being first diagnosed between ages 46-60 years old (38.8%).

Demographic Characteristics	Ever Told Diabetes ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	11.6	(10.8-12.4)
Sex		
Female	11.9	(10.7-13.1)
Male	11.3	(10.2-12.4)
Race/Ethnicity		
Hispanic, all races	9.8	(7.2-12.4)
Black, Non-Hispanic	13.4	(8.0-18.9)
White, Non-Hispanic	11.5	(10.6-12.3)
Other, Non-Hispanic	13.0	(6.4-19.6)
Multiracial, Non-Hispanic	15.6	(7.4-23.8)
Age		
18-24	*	*
25-34	2.4	(1.3-3.5)
35-44	6.3	(4.6-8.0)
45-54	13.3	(11.0-15.7)
55-64	17.2	(14.9-19.6)
65-74	22.4	(19.9-24.9)
75+	22.0	(18.9-25.1)
Education		
Less Than H.S.	13.6	(10.4-16.8)
H.S. or G.E.D.	12.6	(11.1-14.2)
Some Post-H.S.	12.8	(11.2-14.3)
College Graduate	8.4	(7.2-8.5)
Household Income		
Less than \$15,000	21.9	(16.0-27.8)
\$15,000 - \$24,999	20.0	(16.2-23.9)
\$25,000 - \$34,999	15.4	(12.5-18.3)
\$35,000 - \$49,999	12.1	(9.8-14.3)
\$50,000 - \$74,999	11.4	(9.4-13.3)
\$75,000+	7.6	(6.4-8.7)
Sexual Orientation & Gender Identity		
LGBT+	8.0	(5.2-10.8)
Non-LGBT	12.0	(11.1-12.9)
Veteran Status		
Veteran	17.8	(14.8-20.8)
Non-Veteran	11.0	(10.1-11.8)
Disability Status		
Adults with disabilities	21.0	(18.9-23.0)
No disabilities	8.2	(9.4-9.0)
Health Insurance		
Insured	12.2	(11.3-13.1)
Not insured	6.3	(3.7-8.8)
Age diabetes diagnosed		
1-15 years old	3.5	(1.9-5.0)
16-30 years old	12.7	(9.9-15.6)
31-45 years old	24.3	(21.2-27.5)
46-60 years old	38.8	(35.2-42.4)
61+ years old	20.7	(17.7-23.7)

^a Among all adults, the proportion reporting that they were ever told by a doctor, nurse, or other health professional that they had diabetes. Adults who were told they have prediabetes or women who were told they had diabetes only during pregnancy were respectively classified under separate response categories.

* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

Kidney Disease

The kidneys are two bean-shaped organs that are responsible for filtering extra water and wastes out of the blood and making urine⁵². Kidney disease is a condition where the kidneys are damaged and cannot filter blood as well as healthy kidneys. This can lead to toxic waste and extra fluid accumulating in the body, and may lead to high blood pressure, heart disease, and stroke⁵³.

- In 2022, an estimated 2.8% of adult Iowans reported ever being told by a health care provider that they had kidney disease. This was slightly lower than the national median of 3.5%.
- The prevalence of kidney disease increased with age. For example, 6.9% of Iowans aged 75+ reported kidney disease compared to 1.0% of 18-44 year olds.
- The prevalence of kidney disease decreased with increasing levels of education and household income.
- Adults with disabilities (6.6%) had a higher prevalence of kidney disease compared to adults without disabilities (1.4%).

Demographic Characteristics	Ever Told Kidney Disease ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	2.8	(2.4-3.3)
Sex		
Female	3.5	(2.8-4.2)
Male	2.1	(1.7-2.6)
Race/Ethnicity		
Hispanic	2.4	(1.1-3.6)
Black, Other, & Multiracial, Non-Hispanic	*	*
White, Non-Hispanic	3.0	(2.5-3.4)
Age		
18-44	1.0	(0.6-1.4)
45-54	3.0	(1.8-4.3)
55-64	2.8	(1.7-3.8)
65-74	5.6	(4.2-7.1)
75+	6.9	(5.1-8.6)
Education		
Less Than H.S.	4.4	(2.3-6.5)
H.S. or G.E.D.	3.1	(2.4-3.8)
Some Post-H.S.	2.7	(1.9-3.5)
College Graduate	2.3	(1.7-2.9)
Household Income		
Less than \$15,000	6.6	(2.9-10.3)
\$15,000 - \$24,999	5.5	(3.3-7.6)
\$25,000 - \$34,999	3.5	(2.0-5.0)
\$35,000 - \$49,999	2.6	(1.5-3.7)
\$50,000 - \$74,999	2.7	(1.8-3.6)
\$75,000+	1.9	(1.3-4.0)
Sexual Orientation & Gender Identity		
LGBT+	*	*
Non-LGBT	3.0	(2.5-3.4)
Veteran Status		
Veteran	4.3	(2.8-5.8)
Non-Veteran	2.7	(2.3-3.1)
Disability Status		
Adults with disabilities	6.6	(5.3-7.8)
No disabilities	1.4	(1.1-1.7)
Health Insurance		
Insured	2.9	(2.5-3.4)
Not insured	*	*

^a Among all adults, the proportion reporting ever being told by a doctor, nurse, or other health professional that they had kidney disease.

* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

Long-Term COVID-19 Effects

Many people recover fully within a few days or weeks of being infected with SARS-CoV-2, the virus that causes COVID-19. But some can have symptoms that linger for weeks, months, or even years after their initial diagnosis⁵⁴. Long COVID, long-haul COVID, post-COVID-19 conditions, and chronic COVID are all names for the health problems that some people experience within a few months of their COVID-19 diagnosis⁵⁵. People with long-term COVID-19 effects can experience a wide range of symptoms including fatigue, respiratory and heart symptoms, and neurological symptoms.

- In 2022, an estimated 23.3% of adult Iowans who reported that they had tested positive for COVID-19 reported that they had experienced long-term COVID-19 symptoms (symptoms lasting three months or longer that they did not have prior to having COVID-19).
- Females (27.0%) reported a significantly higher prevalence of having experienced long-term COVID-19 effects compared to males (19.0%).
- The prevalence of experiencing long-term COVID-19 effects was higher among adults with disabilities (29.1%) compared to adults without disabilities (21.2%).
- Among those also reporting frequent mental distress, almost a third (32.3%) reported experiencing long-term COVID-19 effects. This is compared to 21.9% among adults not reporting poor mental health (21.9%).
- Adults who had tested positive for COVID-19 (either by a healthcare professional or using an at-home test) but did not have health insurance reported a higher prevalence of long-term COVID-19 effects (32.2%), compared to adults with health insurance coverage (23.3%).
- Adults who reported that they had experienced long-term COVID-19 effects were asked to identify their primary long-term symptom. The most commonly reported primary long-term COVID-19 symptoms were: tiredness or fatigue (23.7%), difficulty breathing or shortness of breath (20.2%), and loss of taste and smell (19.2%). Other primary symptoms experienced included depression, anxiety or mood changes, joint or muscle pain, and difficulty thinking/concentrating or forgetfulness/memory problems (“brain fog”).

Demographic Characteristics	Experienced Long-Term COVID-19 Symptoms ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	23.3	(21.2-25.4)
Sex		
Female	27.0	(23.9-30.1)
Male	19.0	(16.2-21.8)
Race/Ethnicity		
Non-White or Hispanic	22.5	(20.3-24.8)
White, Non-Hispanic	28.4	(22.1-34.8)
Age		
18-24	17.8	(12.4-23.2)
25-34	25.8	(19.9-31.6)
35-44	26.4	(23.2-31.4)
45-54	25.9	(20.4-31.3)
55-64	22.8	(18.1-27.5)
65-74	22.2	(17.4-27.1)
75+	16.8	(10.5-23.1)
Education		
Less Than H.S.	21.8	(12.7-30.8)
H.S. or G.E.D.	21.3	(17.6-25.0)
Some Post-H.S.	28.2	(24.3-32.1)
College Graduate	19.3	(16.1-22.6)
Household Income		
Less than \$15,000	*	*
\$15,000 - \$24,999	25.0	(17.2-32.9)
\$25,000 - \$34,999	35.3	(26.7-43.9)
\$35,000 - \$49,999	24.9	(18.6-31.2)
\$50,000 - \$74,999	24.2	(18.9-29.5)
\$75,000+	21.6	(18.4-24.7)
Sexual Orientation & Gender Identity		
LGBT+	24.9	(16.1-33.8)
Non-LGBT	23.6	(21.3-25.8)
Veteran Status		
Veteran	20.6	(14.2-27.1)
Non-Veteran	23.6	(21.3-25.8)
Disability Status		
Adults with disabilities	29.1	(24.7-33.5)
No disabilities	21.2	(18.8-23.6)
Frequent Mental Distress^b		
Yes	32.3	(26.2-38.5)
No	21.9	(19.7-24.2)
Health Insurance		
Insured	23.3	(21.1-25.5)
Not insured	32.2	(20.1-44.4)

^a Among all adults who reported that they had tested positive for COVID-19, the proportion reporting they had any symptoms lasting 3 months or longer that they did not have prior to having COVID-19.

^b Frequent mental distress is the proportion reporting 14 or more days of poor mental health, which includes stress, depression, and problems with emotions during the past 30 days.

* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

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