



# Healthy Iowans

## Iowa's State Health Assessment

June 2022

Coordinated by the Iowa  
Department of Public Health





# Acknowledgements

Thank you to the hundreds of partners that have contributed their time, expertise, hard work, and other resources to making health improvements in Iowa over the last three decades.

Thank you to all those who responded to the Iowa Health Assessment survey. Your responses provided valuable input and helped to shape the state health assessment.

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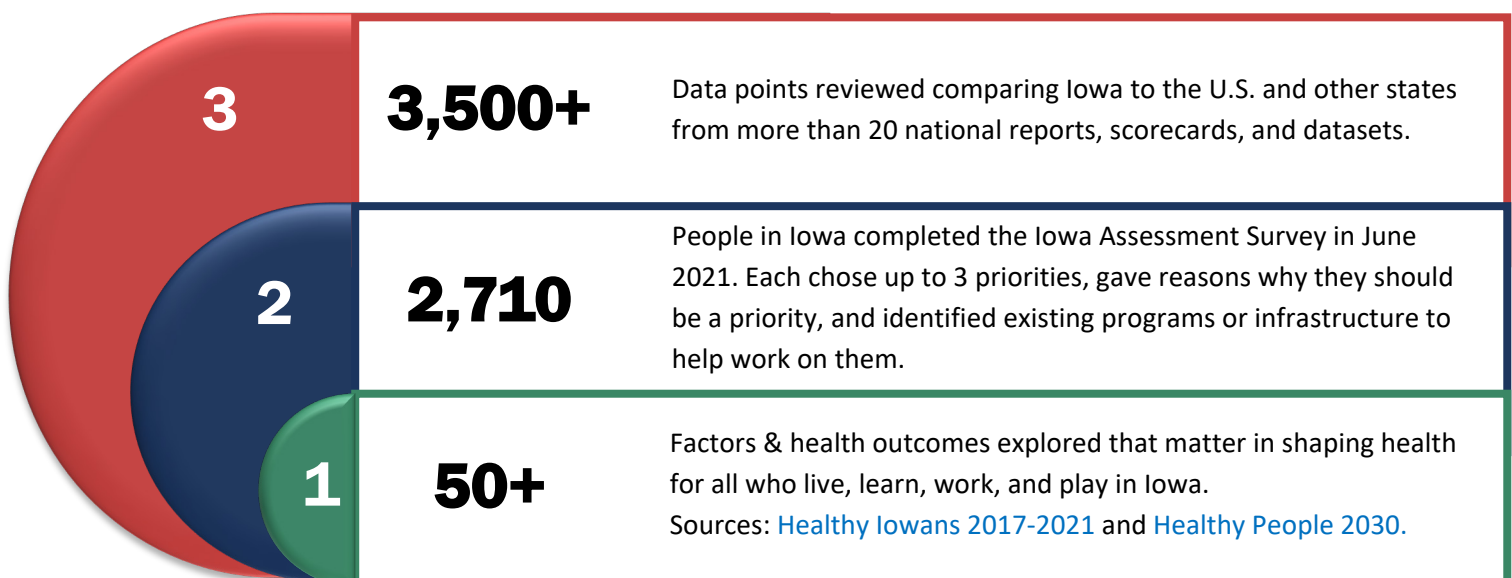
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# Introduction

Every five years, the Iowa Department of Public Health leads a collaborative process, known as Healthy Iowans. The process includes a state health assessment (SHA) and a state health improvement plan (SHIP). The 2021-22 SHA identifies the most important factors that shape health for all who live, learn, work, and play in Iowa based on summary data points and what we heard from people in Iowa. It also includes selected priorities based on that data.

The priorities highlighted in this SHA report will help guide the development of Iowa's 2023-2027 SHIP. Communities and organizations can also use the report as they plan local strategies to achieve better health for all. The report includes data points on health outcomes and the social, economic, and environmental factors that affect everyone's health. These system-wide factors are complex and require collaboration and attention from a variety of sectors, including public health.

## SHA Process at a Glance: 3 Main Parts



## Report Layout

This SHA report includes two main sections: background data (including demographics) and data on seven identified priorities. Within each section, there are three basic elements: why it matters, what the data shows, and what we heard.

**Why it matters** contains information from various reputable national sources such as [Healthy People](#) about how the topic relates to and shapes health.

**What the data shows** contains data from national reports, scorecards, and data sets such as US Census Bureau, CDC, and America's Health Rankings.

**What we heard** contains data and quotes from Iowans who took the Iowa Health Assessment survey in June 2021.

**Why It Matters**

**What the Data Shows**

**What We Heard**



# Health Equity

“Health equity is the attainment of the highest possible level of health for all people. It means achieving the environmental, social, economic, and other conditions in which all people have the opportunity to attain their highest possible level of health. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health, and healthcare disparities.”<sup>1</sup> Health equity is crucial to a vibrant state; however, many communities and specific groups have experienced generations of isolation from opportunity. Policies and practices at every level have created deep-rooted barriers to good health.<sup>2</sup>

Throughout the SHA, the data indicates many disparities across population-specific groups, in particular for people of color (such as African American and Indigenous people), people with disabilities, people who are lesbian, gay, bisexual, and transgender, and people who live in rural areas. What the data is not able to fully provide is the context or root cause analysis of why these disparities exist; however, much of the cause can be attributed to unequal treatment, unjust systems, and inequitable community and economic development.<sup>3</sup> Further community engagement is needed to identify unique opportunities within communities for stakeholders to implement collaborative and meaningful solutions.

## What We Heard

“ Adequate public health infrastructure is critical for ensuring good public health outcomes, equity in health care access and impacts all community members. ”

“ Society and community interactions impact health equity which impacts all other health outcomes. ”

“ Social cohesion, equity, and inclusion are pivotal in ensuring community well-being. ”

“ Policies in all sectors of the economy impact the social determinants of health, which ultimately impact the ability of all Iowa’s populations to equitably live and enjoy optimal health... ”

Notes: *Health Equity*

<sup>1</sup> [Healthy People 2030](#)

<sup>2</sup> [Robert Wood Johnson Foundation](#)

<sup>3</sup> [Robert Wood Johnson Foundation](#)



# COVID-19

The 2021-22 SHA process began during the global COVID-19 pandemic. The pandemic worsened existing health disparities and showed the effects that economic and social factors have on every health issue.

COVID-19 also caused delays in the collection and analysis of some health data. As a result, several data points used in the SHA were pre-COVID-19 (pre-2020). The Iowa Health Assessment Survey was completed during the pandemic in June 2021; therefore, the responses to the survey were likely influenced by the health, social, economic, and environmental impacts from the pandemic that will remain for years to come.

While the pandemic is a major public health crisis, people in Iowa face many other broad, interacting challenges that may make it difficult for individuals, communities, and the state as a whole to be healthy. The 2021-22 SHA aims to bring focus to these issues.

## What We Heard

“ The homeless or those with housing insecurity are in danger. The pandemic has forced more to be on the streets and that is a public health issue for adults and children. ”

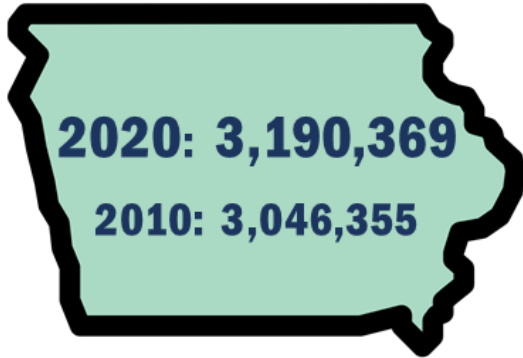
“ Due to COVID-19, we are experiencing an overwhelming amount of new or worsened mental health issues. ”

“ COVID-19 has spotlighted inequities in access to care and availability of care for many in our community. ”

“ This past year has been a year of chaos and crippling stress for many, resulting in business losses, unemployment, transportation barriers, social isolation, a lack of childcare.... ”

# Iowa's People

**4.7%** increase in Iowa's population since 2010<sup>1</sup>

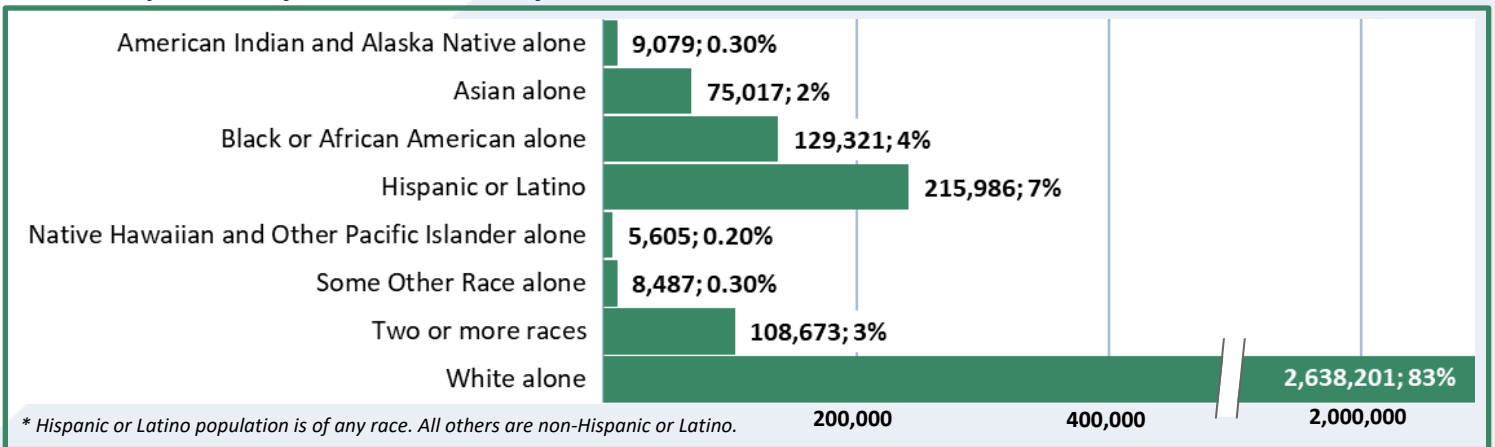


## Race and Ethnicity

Nearly every topic examined in the SHA shows differences in health outcomes by race and ethnicity. While there can be challenges in analyzing data when there are smaller population counts for some racial categories, it is important to break down data by race and ethnicity to identify disparities in health outcomes and the social, economic, environmental factors that affect these health outcomes.

When breaking down Iowa's population by different race and ethnicity categories, the state continues to increase diversity as 17% of the state's population identify with one or more of at least 45 different racial categories. About 83% of the state identifies as White, non-Hispanic.<sup>1</sup>

### Iowa's Population by Race and Ethnicity\*, 2020<sup>1</sup>



## Age

Every age group has health and social needs that are unique to them. For example, strategies that focus on increasing breastfeeding rates, promoting vaccinations and developmental screenings, and encouraging safe sleep practices are key to improving **infants' health**.

**Children and adolescents** who get stable and supportive care, screenings, early education, and who practice healthy behaviors are more likely to stay healthier and prevent many long-term problems. As of 2020, nearly 1 in 4 of all Iowans were under age 18.

### Population in Iowa by Age, 2020<sup>2</sup>

Age Group	Estimate	Percent
0 to 5 years	233,211	7%
6 to 11 years	241,674	8%
12 to 17 years	250,674	8%
18 to 24 years	313,856	10%
25 to 34 years	398,796	13%
35 to 44 years	390,589	12%
45 to 54 years	357,591	11%
55 to 64 years	411,034	13%
65+ years	566,136	18%

## Languages


Most people in Iowa use English as their primary language in their home (91%). Still, more than 260,000 people (9%) speak one of more than 65 non-English languages at home, though this is much lower than the national average (22%). Spanish was the second most often used language at home (over 130,000 people). It is important to note that 3% of the population reported speaking English “less than very well.” Meaning roughly 106,000 Iowans face a barrier to getting the services they need, as not all services in the state are equipped with translation support.<sup>3</sup>

## Sexual Orientation and Gender Identity

Based on survey data collected between 2015 and 2017, an estimated 3.6% of Iowa adults identified as lesbian, gay, bisexual, or transgender (LGBT).<sup>4</sup> In addition, 12.5% of Iowa high school students identified as lesbian, gay, or bisexual (LGB) in the [2019 Iowa Youth Risk Behavior System survey \(YRBS\)](#). Another 5% of students were unsure of their sexual orientation. People identifying as LGBT experience health disparities linked to social stigma, discrimination, and stress.<sup>5</sup> As more health data is collected on sexual orientation and gender identity, it will be important to identify differences in health outcomes and in the social, economic, environmental factors that affect these health outcomes.

## Living with Disability

About 12% of people in Iowa reported living with a disability in 2020. [People with disabilities](#) often do not get the health care and preventive services they need to stay healthy. They also may face barriers to working, going to school, finding accessible places to live, accessing safe spaces for physical activity, or accessing transportation. These barriers can be a factor in poor mental health as well as lead to other types of health issues (e.g., lack of exercise, falls).



**380,000**  
Iowans  
live with a  
disability

### People with Disabilities in Iowa, 2020<sup>6</sup>



**120,019**

IOWANS  
WITH  
Hearing  
Difficulty



**136,523**

IOWANS  
WITH  
Cognitive  
Difficulty



**163,556**

IOWANS  
WITH  
Ambulatory  
Difficulty



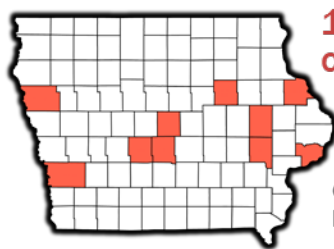
**119,407**

IOWANS  
WITH  
Independent  
Living Difficulty

# Population Trends

## Iowa's population is URBANIZING

Areas of population growth and decline vary around the state. Between 2010 and 2020, 68 of Iowa's 99 counties had a population decline. While there was growth in several counties across Iowa, most population increases took place in or near urban areas. Population growth in urban areas can expand access to employment, education, and health care; however, it also can lead to congestion, higher crime rates, pollution, increased inequality, and social exclusion.<sup>7</sup>



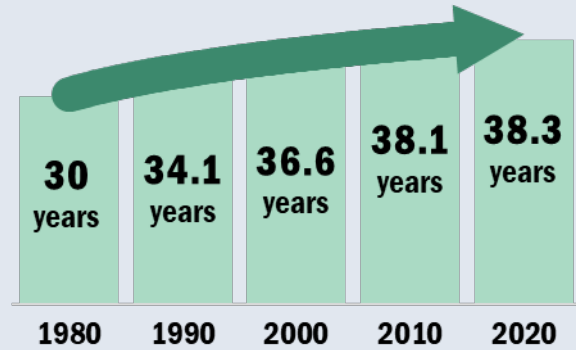
**10 counties** make up **over half** of Iowa's population

Black Hawk  
Dallas  
Dubuque  
Johnson  
Linn  
Polk  
Pottawattamie  
Scott  
Story  
Woodbury

U.S. Census Bureau, 2020

## Iowa's population is AGING

### Median Age<sup>9</sup>

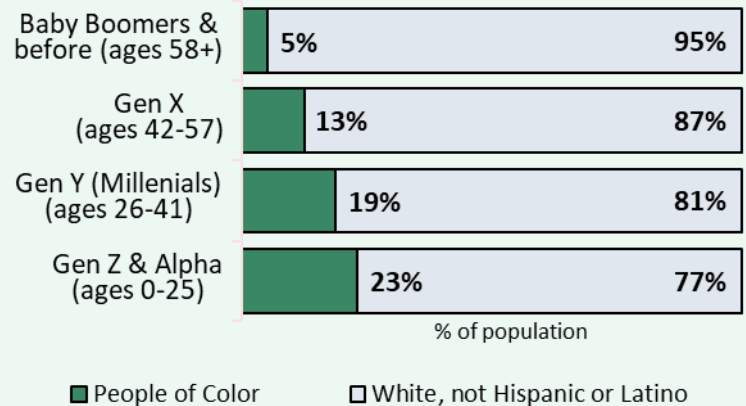


Older adults are at higher risk for chronic health problems like diabetes, osteoporosis, and Alzheimer's disease that require a variety of health services from prevention and treatment to support from family and the community. As Iowa ages, there will be a greater need for caregivers and support services for older adults.<sup>8</sup>

## Iowa's population is MORE RACIALLY & ETHNICALLY DIVERSE

In 2000, people of color represented 7.3% of Iowa's total population. By 2020, this proportion had increased to 17.3%. Additionally, 23% of Iowa's younger people (ages 0-25) were people of color. Eliminating disparities in systems such as education, employment, health, income, and other social, economic, and environmental factors will improve overall health in Iowa and increase economic growth.<sup>8</sup>

### Iowa's Population by Race/Ethnicity and Generation, 2020<sup>2</sup>



Notes: Iowa's People

<sup>1</sup> U.S. Census Bureau, 2020

<sup>2</sup> CDC WONDER Online, U.S. Census Bureau, 2020

<sup>3</sup> U.S. Census Bureau, American Community Survey, 2019

<sup>4</sup> Williams Institute, 2019

<sup>5</sup> Healthy People 2020, LGBT Health

<sup>6</sup> U.S. Census Bureau, American Community Survey, 2020

<sup>7</sup> United Nations, Department of Economic and Social Affairs, 2020

<sup>8</sup> National Equity Atlas, 2015-2019

<sup>9</sup> Iowa State Data Center, 1980-2000; U.S. Census Bureau, Decennial Census, 2010; & American Community Survey, 2020



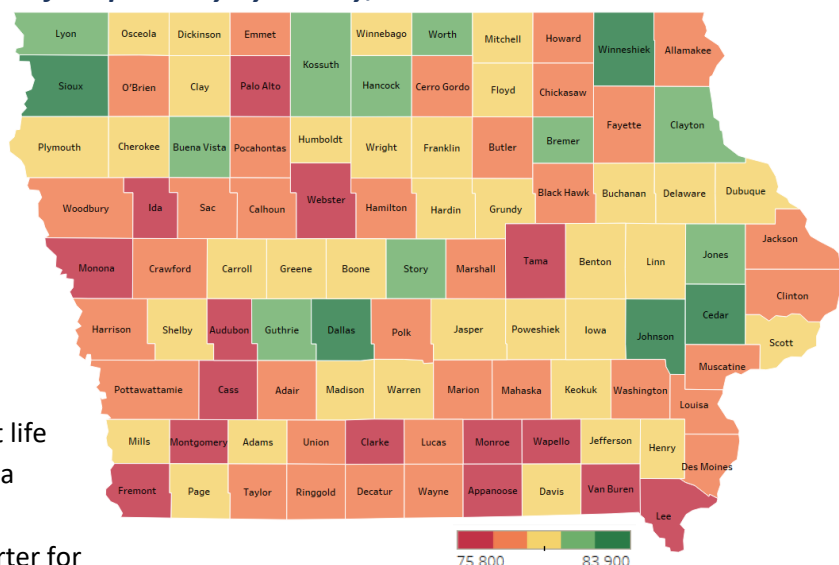
# Overall Health Profile

## Life Expectancy

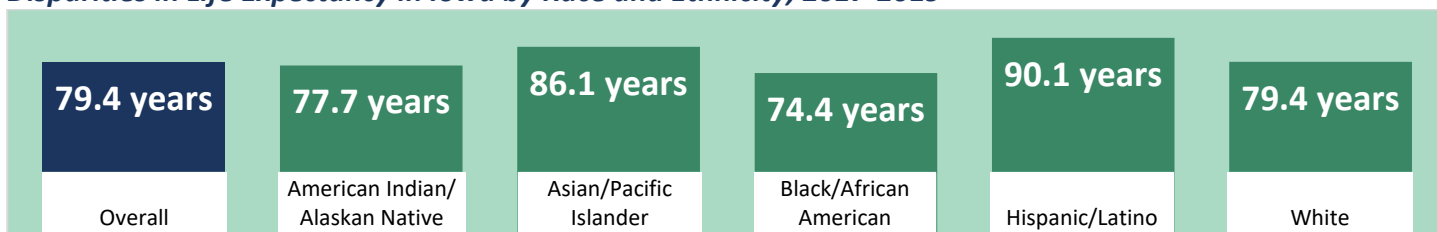
Life expectancy is the average number of years that a group of newborns is expected to live if the age-specific death rates from the year of their birth stayed consistent throughout their life. While Iowa's life expectancy (79.4 years) was slightly longer than the nation's (78.6 years), it varies based on where people live. Montgomery County, Iowa had the lowest life expectancy (75.8 years), while the highest was in Sioux County (83.9 years), a difference of eight years.<sup>1</sup>

Disparities in life expectancy can also reflect how different life experiences for people in Iowa can affect the lifespan. Data shows that average life expectancy is longer for Asian/Pacific Islander and Hispanic/Latino Iowans and much shorter for American Indian/Alaskan Native and Black/African American Iowans. More research needs to be done to understand why these disparities exist.

Life Expectancy by County, 2017-2019<sup>1</sup>



Disparities in Life Expectancy in Iowa by Race and Ethnicity, 2017-2019<sup>1</sup>



## Leading Causes of Death, 2020

Rank	Causes of Death in Iowa <sup>2</sup>	Total Deaths	Death Rate*
1	Heart Disease	7,499	172.9
2	Cancer	6,304	147.8
3	COVID-19	4,336	99.0
4	Chronic lower respiratory diseases	1,704	39.4
5	Unintentional injuries	1,647	45.7
6	Alzheimer disease	1,467	31.9
7	Cerebrovascular diseases	1,408	31.9
8	Diabetes	1,047	24.7
9	Suicide	552	18.0
10	Influenza and pneumonia	538	12.4

\* Per 100,000 Iowa residents, adjusted by age.

Deaths from heart disease were the leading cause of death for Iowans ages 80 and older as well as for those ages 45-54. Because almost half of all deaths in 2020 were Iowa residents ages 80 and older, heart disease also was Iowa's overall leading cause of death. However, cancers were the leading cause of deaths for ages 55-79. Unintentional injuries were the leading cause of deaths for ages 1 to 44. For infants, birth defects were the leading cause of death. Iowa had higher death rates than the U.S. for heart disease, cancer, COVID-19, chronic lower respiratory diseases, and suicide.<sup>2</sup>

Notes: Overall Health Profile

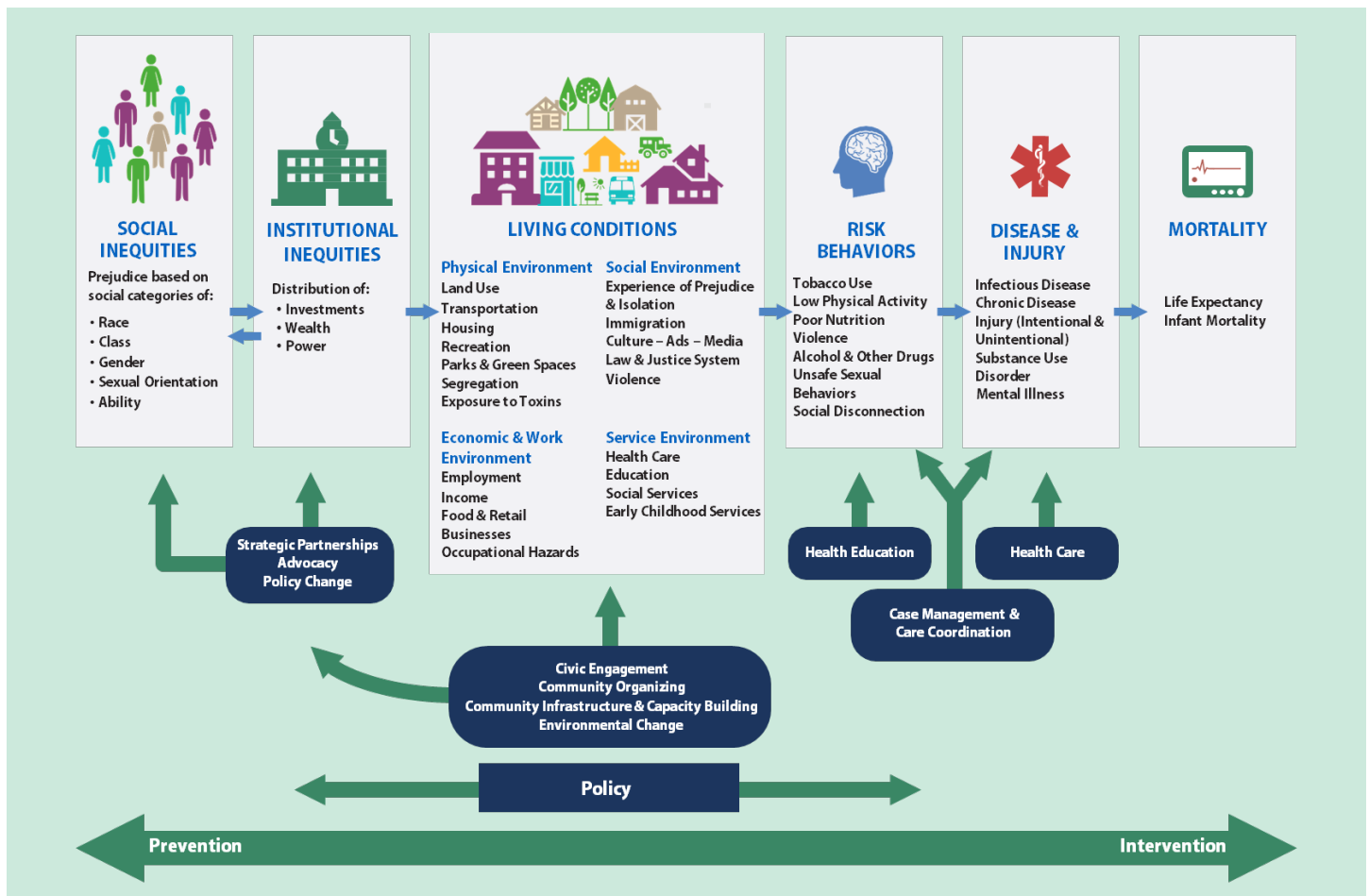
<sup>1</sup> County Health Rankings, 2021

<sup>2</sup> NCHS: Multiple Cause of Death on CDC WONDER Online Database

# Social, Economic, & Environmental Factors

The conditions in which people live, learn, work, and play can influence how healthy they are.<sup>1</sup> In other words, social, economic, and environmental factors and the interrelationships among these factors have an impact on individual and population health. These factors can influence the ability to make healthy choices, afford health care and housing, access transportation, and much more. Other important social, economic, and environmental factors affecting health (access to care, economic stability and income, and housing) are reviewed in following sections. The graphic below describes many of the factors that influence health and wellbeing.

## Social, Economic, and Environmental Factors Influencing Health



Adapted from *A Public Health Framework for Reducing Health Inequities*. Bay Area Regional Health Inequities Initiative (BARHII)

Data indicators were analyzed for every one of the social, economic, and environmental factors shown above using Healthy People and Iowa’s 2016 SHA to identify factors and health outcomes for the 2021-2022 SHA.<sup>2</sup> Each one had at least one data indicator showing Iowa could do better. In addition, each one of the factors and health outcomes included in the 2021 Iowa Health Assessment survey was chosen as a priority by at least one person who took the survey.

# Education

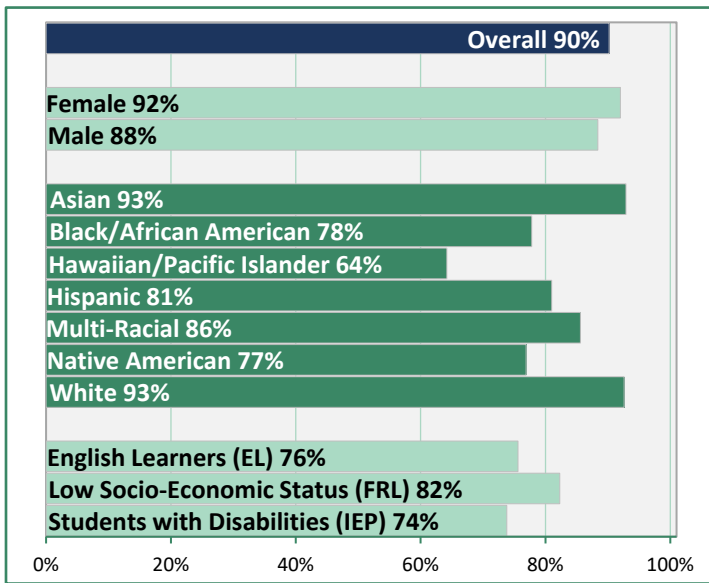
Many of the factors and health outcomes assessed in this SHA show differences in outcomes based on people’s level of education. Education creates opportunities for better health and leads to jobs with safer working conditions and higher earnings. For people to lead healthy and productive lives, they need knowledge about preventing sickness and disease. People with less education are more likely to have serious health conditions.<sup>3</sup> For children, growing up in a low-income neighborhood is associated with reduced educational attainment and lower adult earnings.<sup>4</sup>

Data shows that **adverse childhood experiences** (ACEs) affect student engagement in school, i.e., caring about doing well in school and doing required homework.<sup>5</sup> ACEs are potentially traumatic events children and their families may face, such as financial problems, violence, poor mental health, substance abuse, among others. Lower engagement in school also can lead to less effective learning and fewer opportunities to succeed, even if the student graduates from high school.<sup>6</sup>

## *Iowa parent-reported school engagement for children experiencing ACEs, 2019-2020<sup>5</sup>*

Number of ACEs	% not always/usually engaged
Zero	15.8%
One	19.1%
Two+	38.0%

## *Iowa High School 4-Year Graduation Rates, Class of 2021<sup>7</sup>*



For the 2020-2021 school year, Iowa’s high school graduation rate was 90%, which is one of the highest rates in the nation. However, looking only at the overall rate does not give a full picture of the experiences of every student. For example, White and Asian students in Iowa graduate from high school on time at higher rates compared to Hispanic, American Indian, African American, and Hawaiian and Pacific Islander students. Disparities also exist among students with lower socioeconomic status, students learning English as a second language, and students with an individualized education plan (those who participate in special education programs).<sup>7</sup>

# Society & Community Interactions

In addition to level of education, how people interact with family, friends, co-workers, and community members can have a large impact on their health and well-being.<sup>8</sup> Many people face challenges and dangers beyond their control — such as unsafe neighborhoods, discrimination, or trouble affording the things they need — making building relationships more difficult. These factors often have negative effects on health and safety throughout life and ultimately may lead to social isolation. Addressing these factors can help reduce these negative impacts.<sup>8</sup>

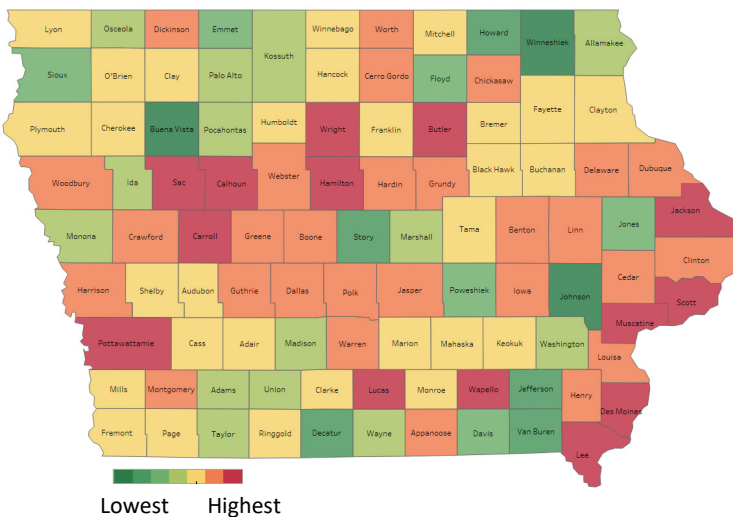
## **Iowans ages 65+ have a higher risk of social isolation, especially if they are:<sup>8</sup>**

- ▶ divorced, separated, widowed, or never married;
- ▶ living with a disability;
- ▶ living alone;
- ▶ living with independent living difficulty; or
- ▶ experiencing poverty

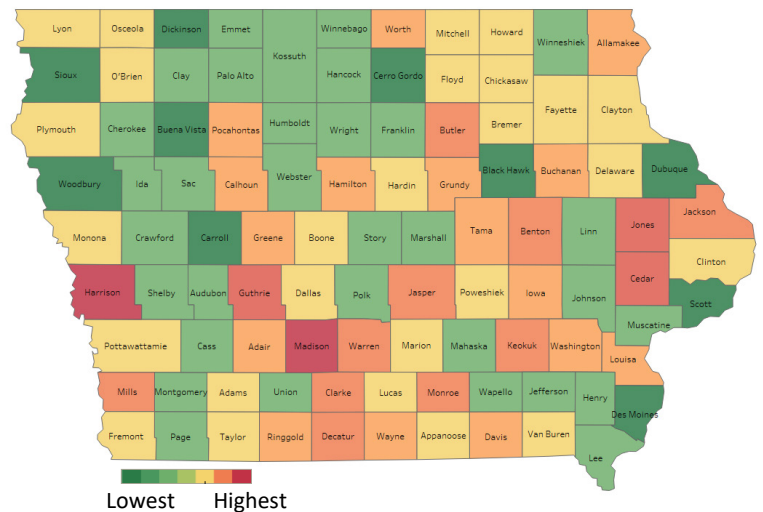
# Transportation

The transportation choices communities and individuals make can affect health through less active living, poor air quality, and traffic crashes. Choices for commuting to work can include walking, biking, public transit, carpooling, or driving alone. Driving alone is the most damaging to health; yet, in most counties, driving alone is the main way people travel to work.<sup>9</sup> How people choose to get to work depends on community design, such as sidewalks, safer intersections, or options for public transit. In addition, longer commuting distances relate to poorer mental and physical health.<sup>10</sup> On average in Iowa, 80% of the workforce drove alone to work, ranging from 69% (Johnson County) to 86% (Muscatine, Scott).<sup>9</sup> Of these people driving alone, 21% had a long commute (30+ minutes), ranging from 9% (Black Hawk) to 50% (Harrison).<sup>10</sup>

**Driving Alone to Work, 2016-2020<sup>8</sup>**



**Long Commute (30+ minutes) Driving Alone, 2016-2020<sup>9</sup>**



## What We Heard

- “ When people know more, they have the ability to make better decisions for themselves and their communities. They know how their decisions affect different populations and have the information they need to proceed. ”
- “ Education is the underlying key to understanding health and how to care for yourself. It’s the strongest preventive measure there is. ”
- “ Without transportation, people cannot get to their doctor and medical appointments or to grocery stores to purchase healthy food. ”
- “ Education is the key to economic stability and productive members of society. Educated people tend to be better advocates for themselves and their community. This will be an investment into preventing some of the other issues listed. ”

Notes: *Social, Economic, and Environmental Factors*

<sup>1</sup> Healthy People 2030, Social Determinants of Health  
<sup>2</sup> Healthy Iowans 2017-2021 and Healthy People 2030  
<sup>3</sup> America's Health Rankings, 2021  
<sup>4</sup> Institute for Research on Poverty, 2017  
<sup>5</sup> National Survey of Children's Health, 2019-2020

<sup>6</sup> American Psychological Association, 2015  
<sup>7</sup> Iowa Department of Education, 2021  
<sup>8</sup> Healthy People 2030, Social & Community Context  
<sup>9</sup> County Health Rankings, 2016-2020  
<sup>10</sup> County Health Rankings, 2016-2020

# Seven Priorities for Iowa



Seven of the topics examined during the 2021-2022 state health assessment process stand out as priorities for Iowa. Iowa Health Assessment survey respondents most frequently chose these topics as priorities. Each had many data indicators showing Iowa has room for improvement compared to other states and the U.S. In addition, these topics were identified as top issues in the [previous SHA \(2016\)](#), showing Iowa still has improvement work to do in these areas.

Three of the seven priority topics are social, economic, and environmental factors. Four are health behaviors or outcomes. Overarching all seven is the importance of reducing health disparities. Health disparities exist for all of these topics whether by age, gender, sexual orientation, race and ethnicity, education level, income, disability, location, or a combination of several characteristics.

## Overarching Theme: Health Disparities

### Social, Economic, and Environmental Factors



**Access to Care**



**Economic Stability & Income**



**Housing**

### Health Behaviors & Outcomes



**Mental Health &  
Mental Disorders**



**Active Living &  
Healthy Eating**

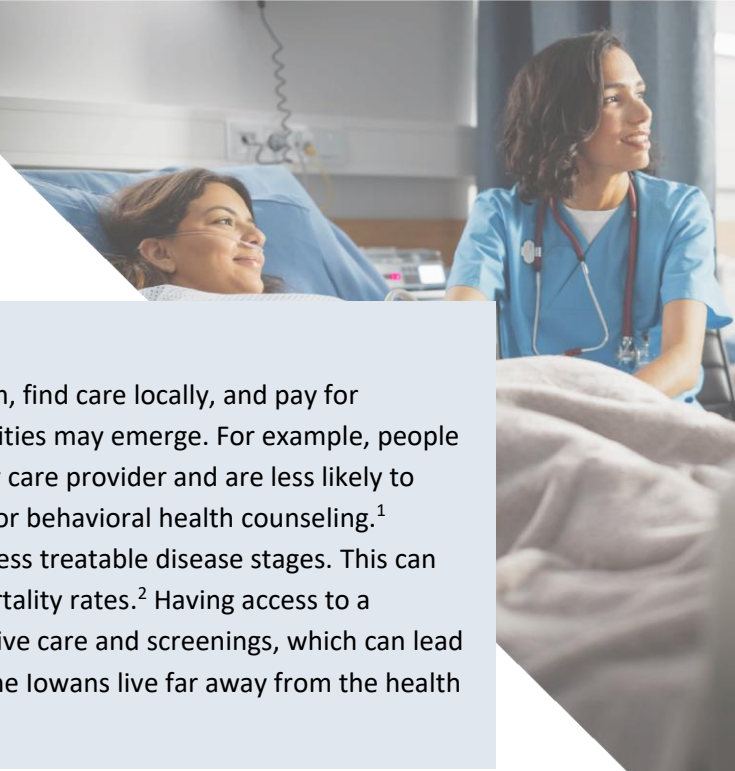


**Substance Use**



**Cancer**

# Access to Care



## Why It Matters

Access to care includes the ability to navigate the health care system, find care locally, and pay for services. When someone lacks one or more of these abilities, disparities may emerge. For example, people without affordable [health insurance](#) are less likely to have a primary care provider and are less likely to receive preventive care, dental care, chronic disease management, or behavioral health counseling.<sup>1</sup> Additionally, those without insurance are often diagnosed at later, less treatable disease stages. This can lead to worse health outcomes, lower quality of life, and higher mortality rates.<sup>2</sup> Having access to a primary care provider can increase the likelihood of getting preventive care and screenings, which can lead to improved health. Location is also a barrier to access to care.<sup>3</sup> Some Iowans live far away from the health care services they need.

## What the Data Shows

### Health Insurance

In 2019, nearly 5% of Iowa's population was living without health insurance. People of color, people with less education, and people with lower incomes are more likely to be uninsured in Iowa. More research needs to be done to understand why these disparities exist. Despite people of color being 17% of Iowa's total population, they account for 33% of the uninsured.<sup>4</sup>

*Iowans Not Covered By Health Insurance by Race and Ethnicity, 2019<sup>4</sup>*

	Iowa %	US %
<b>Overall</b>	<b>4.9</b>	<b>9.4</b>
American Indian & Alaska Native	25.2	20.7
Asian/Native Hawaiian and Pacific Islander	5.9	6.8
Black or African American	8.4	11.0
Hispanic or Latino*	14.6	18.9
All Other Races and Two or More Races	8.5	8.1
White	3.8	6.4

*\* Hispanic or Latino is of any race. All races are non-Hispanic or Latino.*

### Providers

Accessing routine, high-quality health care has a large impact on individual health. Yet, more than one in five adults (22.6%) in Iowa do not have a regular primary care provider. In Iowa, people of color, males, adults ages 18-34, and people with less education were more likely to indicate they do not have a primary care provider.<sup>5</sup>

The United States, as well as Iowa, is currently facing a shortage of physicians due to the nation's growing health care needs. Having a sufficient supply of primary care physicians in a community has numerous benefits, including: lower rates of low birthweight births, lower all-cause mortality, longer life spans, reductions in health system costs, and reductions in health disparities.<sup>6</sup> Iowa ranks in the bottom 10% of the country for the number of obstetricians, gynecologists, and midwives per 100,000 females ages 15 and older making accessing women's health services difficult across the state.<sup>7</sup>

Iowa had  
**4,867**  
primary care physicians  
as of September 2021,  
a decrease from 2016.<sup>5</sup>

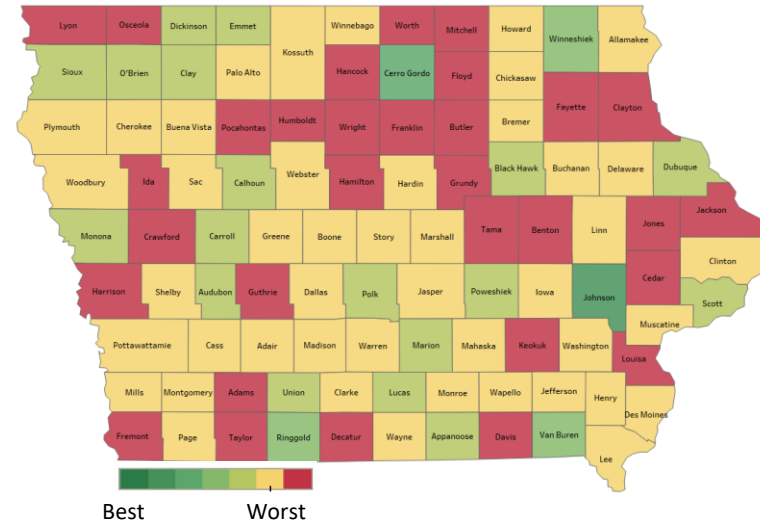
## Primary Care Physicians

In 2019, Iowa had about 1,347 people living in the state for every primary care physician, down from 1391:1 in 2016—a 3% decrease.<sup>8</sup> Iowa had the 31<sup>st</sup> lowest ratio nationally. The U.S average was 1307:1.

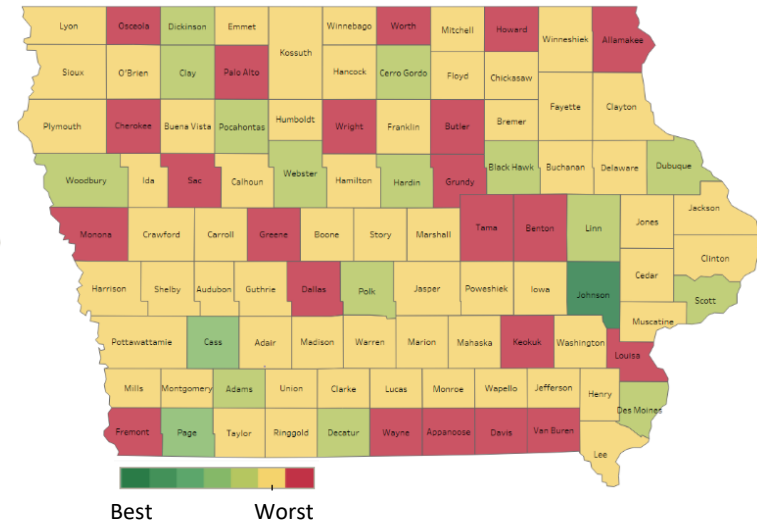
## Dentists

In 2020, Iowa had about 1,436 people living in the state for every dentist, down from 1561:1 in 2016—an 8% decrease.<sup>9</sup> Iowa had the 22<sup>nd</sup> lowest ratio nationally. The U.S. average was 1399:1.

**Ratio of Population to Primary Care Physicians, 2018<sup>7</sup>**



**Ratio of Population to Dentists by County, 2019<sup>8</sup>**



## What We Heard

**19%** of respondents

chose **health care access & quality, health insurance, or hospital & emergency services** as a priority

**Common reasons:** lack of providers, rural access, cost of care and medications, and universal health insurance

“ There are too many people who do not have access to quality health care because of lack of insurance or the high cost of health care. We need to make healthcare a right for all. ”

“ ...There is an overall lack of health care providers for both routine medical care, and specialized needs. Providers do not stay long in the community, so it's difficult for citizens to find consistent care. ”

“ Adequate accessible healthcare is lacking in rural and lower income areas within Iowa. ”

“ If people have access to good quality health care that is affordable they can catch health issues early before they turn into a crisis situation. And they can learn about better healthy living... ”

Notes: Access to Care

<sup>1</sup> Healthy People 2030, Health Insurance

<sup>2</sup> Agency for Healthcare Research and Quality

<sup>3</sup> Healthy People 2030, Health Care Access & Quality

<sup>4</sup> US Census Bureau, American Community Survey, 2019

<sup>5</sup> BRFSS, 2020

<sup>6</sup> America's Health Rankings, Annual Report, 2021

<sup>7</sup> America's Health Rankings, Health of Women and Children, 2021

<sup>8</sup> County Health Rankings, 2021

<sup>9</sup> County Health Rankings, 2021

# Economic Stability & Income

## Why It Matters

**Economic stability** is the connection between the financial resources people have and their health. Most of the topics examined in this SHA show differences in outcomes based on income. Having a job with a livable wage that provides enough money for safe and affordable housing, access to transportation, health insurance, healthy food, childcare, and other essential services is critical to supporting physical and mental health.

Many factors can contribute to inequitable access to resources and opportunities, which may result in **poverty**. People living in poverty are at greater risk for mental illness and chronic diseases, such as heart disease, diabetes, and obesity.<sup>1</sup> Multiple aspects of employment—including job security, the work environment, financial compensation, and job demands—may affect health.<sup>2</sup>

## What the Data Shows

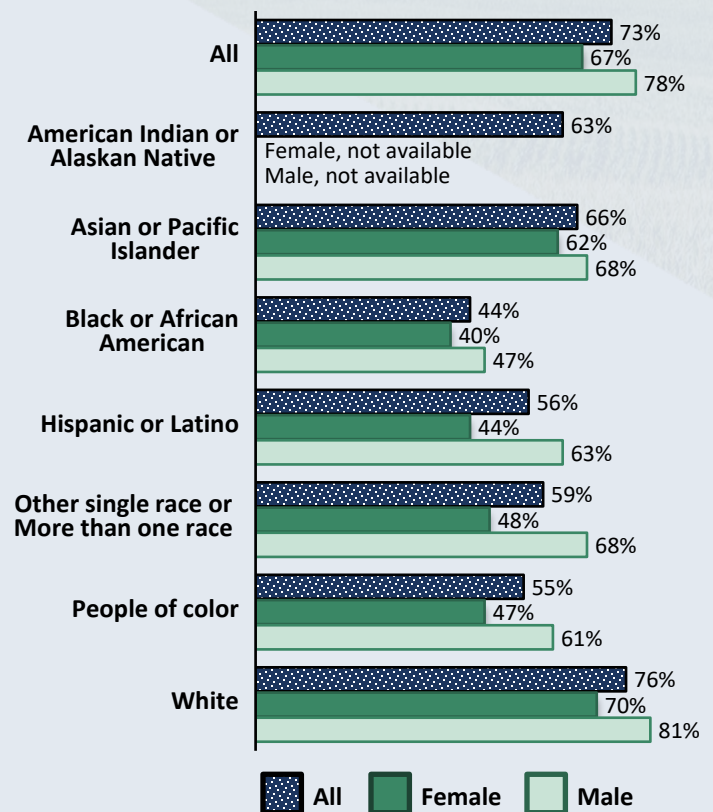
### Income and Living Wage

A living wage is the minimum income necessary for workers to meet their basic needs. The minimum wage in Iowa follows the federal guidelines of \$7.25 per hour, as of May 2022. In 2019, 76% of White workers earned at least \$15 per hour compared to 55% of people of color. Women in Iowa from all race/ethnicity groups also were less likely than men were to earn \$15 per hour.<sup>4</sup>

#### Iowa Living Wage, 2020<sup>3</sup>:

- ▶ \$13.62/hour (1 adult, no children)
- ▶ \$42.18/hour (1 adult, 2 children)
- ▶ \$24.21/hour (2 working adults, 2 children)

People in Iowa Earning at Least \$15 Per Hour, 2019<sup>4</sup>





# Poverty

In Iowa, women, people of color, people with disabilities, and people with a high school degree or less experience higher rates of poverty than the state average. These disparities are influenced by various historical factors such as racial segregation, lack of access to education, and higher paying jobs.<sup>4</sup> Ongoing factors, like decades of a lack of investment in infrastructure and social programs as well as discrimination also contribute to poverty.<sup>4</sup> From 2015-2019 in Iowa, children, adolescents, and young adults of color were especially hard hit – three of every ten – faced poverty.<sup>4</sup>

## Poverty for All Ages, 2019<sup>4,5</sup>

	Iowa %	U.S.%
<b>OVERALL</b>	<b>11.7</b>	<b>13.5</b>
Female	12.9	14.7
American Indian and Alaska Native, non-Hispanic	27.7	25.7
Asian/Pacific Islander, non-Hispanic	16.2	11.1
Black or African American, non-Hispanic	32.7	23.0
Hispanic or Latino origin (of any race)	21.0	19.8
Other single race or more than one race, non-Hispanic	18.3	16.3
With any disability	18.9	20.5
Less than high school graduate	25.7	30.7
High school graduate (includes equivalency)	13.9	16.9

People of color in Iowa ages 0 -24 are more likely to experience poverty:

**Under age 5 – 32.1%**

**Age 5-17 – 26.5%**

**Age 18-24 – 32.8%<sup>4</sup>**

## What We Heard

**10%** of respondents said

**economic stability and income** are priorities

**Common reasons:** links with many health issues, low minimum wage, employer sponsored healthcare, and affording basic needs

“A healthy, diverse economy is the bedrock of a community. Low income can be directly correlated to stress, poor health (mental and physical), and a variety of other serious concerns.”

“Health improves when people don’t have to choose between going to the doctor or going to work.”

“Those who don't have a living wage struggle with housing, jobs, and child care.”

“If people are worried about where to sleep, eat, and feel safe they cannot focus on their health.”

Notes: *Economic Stability and Income*

<sup>1</sup> Healthy People 2030, Poverty

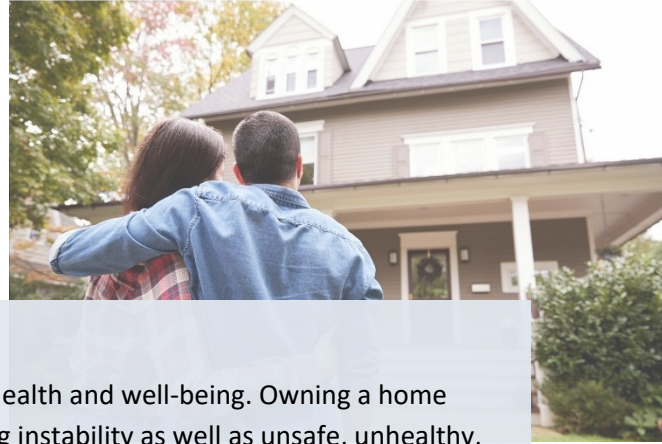
<sup>2</sup> Healthy People 2030, Employment

<sup>3</sup> MIT Living Wage Calculator, 2020

<sup>4</sup> National Equity Atlas, Poverty, 2015-2019

<sup>5</sup> U.S. Census Table S1703, 2015-2019

# Housing



## Why It Matters

People's homes and where they are located have a large impact on their health and well-being. Owning a home provides social, economic, and health benefits. On the other hand, housing instability as well as unsafe, unhealthy, or unaffordable housing negatively affects mental and physical health. Across Iowa, some struggle to afford their homes or are spending more than half of their income on housing.<sup>1</sup> These cost-burdened households have to choose between spending on housing, paying for utilities, and paying for food or health care. Children who move frequently are more likely to have chronic conditions and poor physical health.<sup>1</sup> In addition, they may be less likely to have consistent health insurance coverage. Homelessness is the most extreme form of housing instability. People who are homeless are at greater risk of chronic disease, depression, and substance use disorders.<sup>1</sup>

Housing quality and safety can also affect mental and physical health. Poor housing quality inside and outside the home can expose people to harm from poor air quality, insects, allergens, lead, and homes that are too hot or too cold. People with disabilities and older adults also face challenges finding homes that are safe and accessible.<sup>2</sup>

## What the Data Shows

### Homelessness

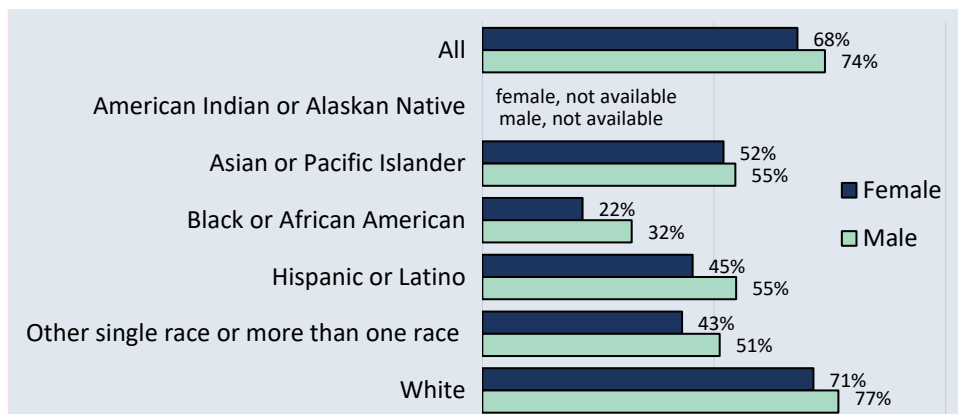
Homelessness includes people living on the street, in shelters, in transitional housing, or sharing housing with others due to housing loss. Homelessness and health are interrelated and can affect each other. Poor physical health, such as an injury or illness, can lead to employment and financial problems that may ultimately lead to the loss of stable housing. Homelessness can also create new health problems or make existing ones worse.<sup>3</sup> During the 2018-2019 school year, the US Department of Education estimated that 7,295 public school students in Iowa experienced homelessness over the course of the school year.<sup>4</sup>

There were  
**2,647**  
people in Iowa  
experiencing  
homelessness  
on any given day, as  
of January 2020.<sup>4</sup>

### Homeownership

Overall, Iowa has one of the highest percentages in the nation of people who own their own home. Still, almost 30% of households in Iowa are renters. People of color have much lower homeownership rates compared to non-Hispanic white Iowans (43% vs. 74%). Women in Iowa of all racial and ethnicity categories also have lower homeownership rates compared to men.<sup>5</sup>

Iowa Homeowners by Race, Ethnicity, and Sex, 2019<sup>5</sup>

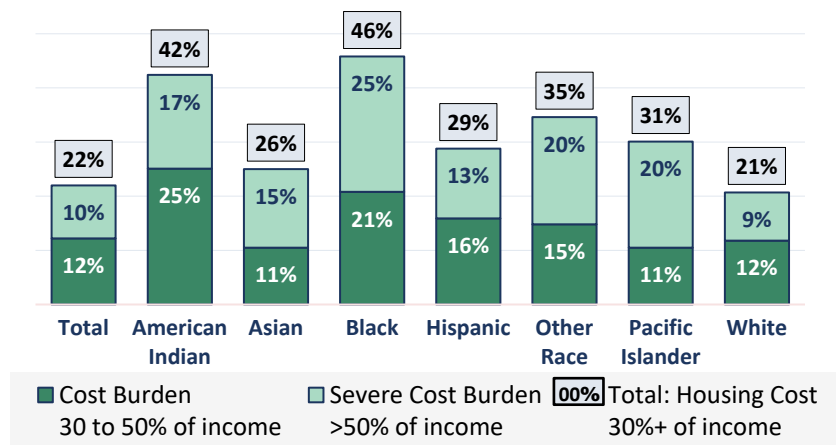


\* Hispanic or Latino population is of any race. All others are non-Hispanic or Latino.

## Housing Affordability

In Iowa, cost-burden, spending more than 30% of income on housing costs, is the most common housing problem — including 39.5% of renters and 16.1% of homeowners.<sup>6</sup> Families with incomes below 50% of Iowa’s median family income (\$39,750) were the most severely housing cost-burdened in the state, with 68% of these families having to pay more than 30% of their income on housing costs.<sup>6</sup>

Housing Cost Burden in Iowa by Race and Ethnicity, 2019<sup>6</sup>



## Housing Problems

Exposure to lead is a problem due to the age of Iowa’s housing stock. Lead exposure is highly toxic, especially to young children and pregnant women and most frequently occurs through ingestion or inhalation of contaminated house paint, house dust, soil, and water. Housing built before 1950 has the highest risk of lead exposure. With 26% of houses built before 1950 in the state, Iowa has one of the nation’s highest percentages of housing with a risk of lead exposure.<sup>7</sup>

Radon is an invisible cancer-causing radioactive gas that has been identified as a leading cause of lung cancer among non-smokers.<sup>8</sup> Iowa has the highest radon concentration levels in the nation, with 71.6% of homes above the US Environmental Protection Agency action level.<sup>9</sup> As of 2022, there is no state requirement for rental properties to conduct radon testing unlike single family homes that are required to test when selling the property. Furthermore, renters may not have legal or financial control to mitigate radon.

## What We Heard

9%

of respondents chose **housing access & affordability or housing safety & quality** as a priority

**Common reasons:** rental affordability, rural, homelessness, low-income housing, and safety

“Rentals are overpriced and affordable senior housing is hard to find...”

“Housing is a basic need and when people don't have security in it, it radiates to every area of their lives. Stress rises, mental health may worsen, and healthcare is at the back of their minds. As people's basic needs are met they will be better equipped to be healthier overall.”

“Housing access and affordability is a huge issue in our rural communities.”

Notes: *Housing*

<sup>1</sup> Healthy People 2030, Housing Instability

<sup>2</sup> Healthy People 2030, Quality Housing

<sup>3</sup> National Health Care for the Homeless Council, 2019

<sup>4</sup> U.S. Interagency Council on Homelessness, 2020

<sup>5</sup> National Equity Atlas, 2015-2019

<sup>6</sup> Iowa Finance Authority, 2021

<sup>7</sup> America’s Health Rankings, Annual Report, 2021

<sup>8</sup> Environmental Protection Agency

<sup>9</sup> Iowa Department of Public Health, 2019

# Mental Health & Mental Disorders

## Why It Matters

According to Healthy People 2030, mental health conditions and mental disorders affect people regardless of age, social and economic background, or racial and ethnic group, but some populations are more affected than others are. Mental health and physical health are related and closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it more difficult for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.<sup>1</sup> Frequent mental distress is associated with smoking, physical inactivity, housing insecurity, food insecurity, and insufficient sleep.<sup>2</sup> In some cases, mental health distress leads to suicide, which is Iowa's ninth highest cause of death overall and second highest cause of death for people ages 15-39.

## What the Data Shows

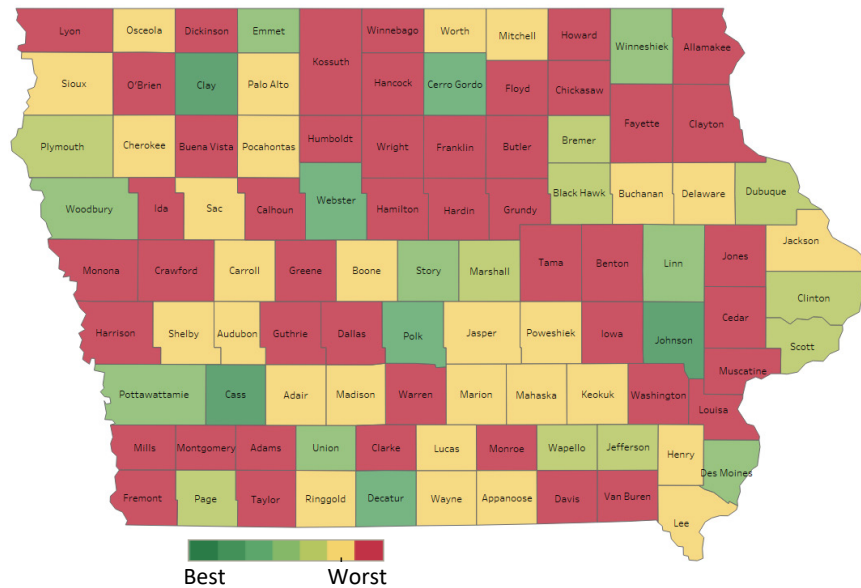
### Access and Providers

Some Iowans struggle to find mental health care. There are far fewer mental health providers in Iowa than the national average. In 2020, the ratio of population to mental health providers for the state was 610:1 compared to the national average of 270:1. Additionally, wide differences exist depending on where someone lives. The provider ratio varied across the state, ranging from three counties at or better than the national average of 270:1 (Cass, Clay, Johnson) to four counties with ratios of more than 9,000:1 (Davis, Franklin, Lyon, Winnebago).<sup>3</sup>

### Depression

The rate of ever having depression among Iowa adults differs by age, sex, education, income, race and ethnicity, and for people with disabilities. In 2020, people in Iowa with incomes of \$25,000 or less were nearly three times more likely to indicate ever having depression than those with incomes of greater than \$75,000 (31.6% v. 10.7%).<sup>4</sup> People living with disability in 2019 were more than three times more likely to indicate having depression than those reporting no disability (39.3% v. 11.4%).<sup>5</sup> People ages 65+, college graduates, men, and people with incomes greater than \$50,000 reported levels of diagnosed depression lower than the state average (17.4%).<sup>6</sup>

Ratio of Population to Mental Health Providers\*, 2020<sup>3</sup>



\*Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care.<sup>3</sup>

## Frequent Mental Distress

Frequent mental distress is defined as 14 or more mentally unhealthy days in the last month. Differences exist by age, sex, education, income, race and ethnicity, and for people with disabilities. In 2019, in Iowa living with disability were more than four times more likely to experience frequent mental distress than those without disability (34.4% v. 7.9%).<sup>7</sup> In 2020, people in Iowa with incomes less than \$25,000 were more than three and a half times more likely to experience frequent mental distress than those with incomes \$75,000 or more (24.9% v. 6.8%).<sup>8</sup>

**12.9% of Iowans reported experiencing frequent mental distress in 2020 – similar to the national average.<sup>8</sup>**

## Suicide

In 2020, there were 552 deaths by suicide in Iowa.<sup>9</sup> Of these, 81.9% were male (452), 60 were ages 18-24, and 17 were under age 18. Also troubling are the numbers of Iowa high school students who reported seriously considering suicide, making a plan to attempt it, actually attempting suicide, and injuring themselves from attempts. Female students and students who identify as lesbian, gay, or bisexual are more likely to have these dangerous thoughts and to act on them by attempting suicide.<sup>10</sup>

*Iowa High School Students & Suicide by Sex & Sexual Orientation, 2019<sup>10</sup>*

	Considered suicide	Planned suicide	Attempted suicide	Injured by an attempt
<b>Total Percent</b>	<b>20</b>	<b>14.9</b>	<b>9.7</b>	<b>4.5</b>
Female %	26.5	19.4	11.7	5.1
Male %	13.4	10.5	7.7	3.9
Bisexual %	48.7	40.9	19.7	7.9
Gay or lesbian %	45.9	31.1	29.4	16.4
Heterosexual (straight) %	15.3	11.2	7.3	3.6
Not sure %	35.6	29	16.3	9

## What We Heard

**37%** of respondents chose **mental health & mental disorders** as a priority

**Common reasons:** timely access to services, availability of providers, treatment affordability, connection to social and economic factors, stigma, connection to substance abuse and violence, suicide

“It is very hard to find mental health services in this area.”

“Mental health and understanding the importance of it is extremely important and affects more people than we know. Many people are unsure what to do in a crisis or how to support those struggling with mental health issues.”

“Rural areas are underserved and lack resources to help those with mental health issues.”

“Iowa lacks comprehensive care for mental health. It is incredibly hard to be seen due to a lack of providers. Mental health issues affect all areas of one's life.”

Notes: *Mental Health & Mental Disorders*

<sup>1</sup> Healthy People 2030, Mental Health & Mental Disorders

<sup>2</sup> America's Health Rankings, Annual Report, 2021

<sup>3</sup> County Health Rankings, 2021

<sup>4</sup> America's Health Rankings, Annual Report, 2021

<sup>5</sup> CDC, Disability and Health Data System, 2019

<sup>6</sup> BRFSS, 2020

<sup>7</sup> CDC, Disability and Health Data System, 2019

<sup>8</sup> America's Health Rankings, Annual Report, 2021

<sup>9</sup> NCHS, CDC WONDER Online Database, 2020

<sup>10</sup> Youth Risk Behavior Survey (YRBS), 2019

# Active Living & Healthy Eating

## Why It Matters

**Active living** and **healthy eating** are important factors of overall health. Both active living and healthy eating can help people maintain a healthy body weight and decrease the risk of becoming **overweight or obese**. Being overweight or obese can lead to serious health issues such as cardiovascular disease, diabetes, stroke, depression, and certain cancers.<sup>1</sup>

**Access to healthy foods and beverages** and **opportunities for physical activity** can increase healthy behaviors and improve health. Unfortunately, differences in social determinants of health – the conditions in which people are born, live, work, play, and age – can contribute to less opportunity to engage in healthy behaviors and lower health status.

Adults who lack consistent access to food (food insecure) are more likely to have chronic diseases such as diabetes, high blood pressure, and obesity, while children who are food insecure have a greater risk of obesity and developmental problems.<sup>2</sup> Having easy, regular access to grocery stores that sell fruits, vegetables, and other staples at affordable prices is necessary for people to eat a well-rounded, nutritious diet that is essential for better health.<sup>3</sup>



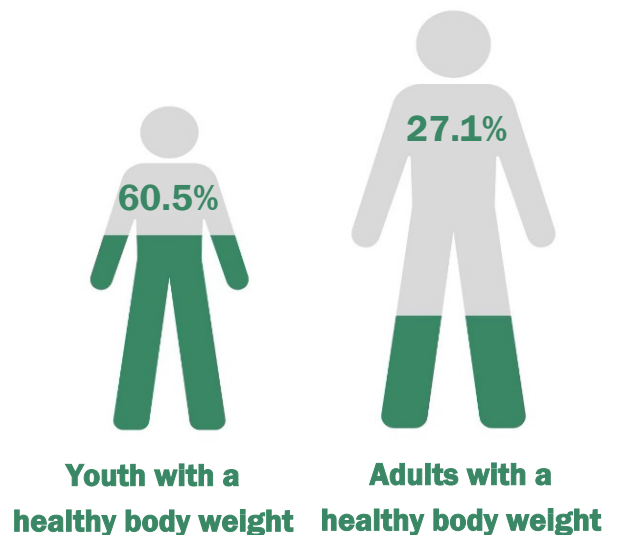
## What the Data Shows

### Healthy Body Weight

Since 2011, the percentage of overweight adults in Iowa has stayed about the same (35%), while the percentage of obese adults has increased from 28% in 2011 to 36.6% in 2020. Every demographic group has high percentages of being overweight or obese. Some have even higher percentages compared to others – e.g., females, people with lower incomes, people of color, people with disability.

- ▶ Youth (ages 10-17) with a healthy body weight decreased from 65.4% (2016) to 60.5% (2019-2020)<sup>4</sup>
- ▶ Adults (ages 18+) with a healthy body weight decreased from 34.9% (2011) to 27.1% (2020)<sup>5</sup>

**Iowans with Healthy Body Weight 2019-2020<sup>4,5</sup>**



## Nutrition & Healthy Eating

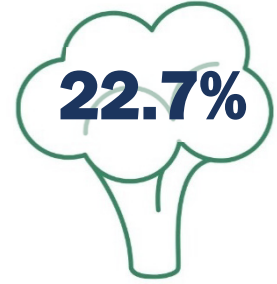
Diets high in fruit and vegetables reduce the risk of chronic diseases such as obesity, Type 2 diabetes, heart disease, and certain cancers.<sup>6</sup> The [2020 Dietary Guidelines](#) recommends a healthy diet at every age including adolescents and adults having 2 ½ to 4 cups of vegetables and 1 ½ to 2 ½ cups of fruit each day.

Added sugars in foods and drinks can make it hard for people to get the nutrients they need without consuming too many calories. People who eat too much added sugar may be at higher risk for tooth decay and obesity.<sup>6</sup> Many people in the United States consume too much added sugar.<sup>7</sup> In Iowa, sugar sweetened drinks are a common source of added sugars for many high school students. In 2019, 72% of students reported having any soda or pop in the last seven days. Over 17% had one or more sodas every day. Nearly 11% had two or more sodas per day.<sup>8</sup>

### Fruit and Vegetable Consumption by Iowa Adults, 2019<sup>6</sup>



consumed **less than**  
one fruit per day



consumed **less than**  
one vegetable per day

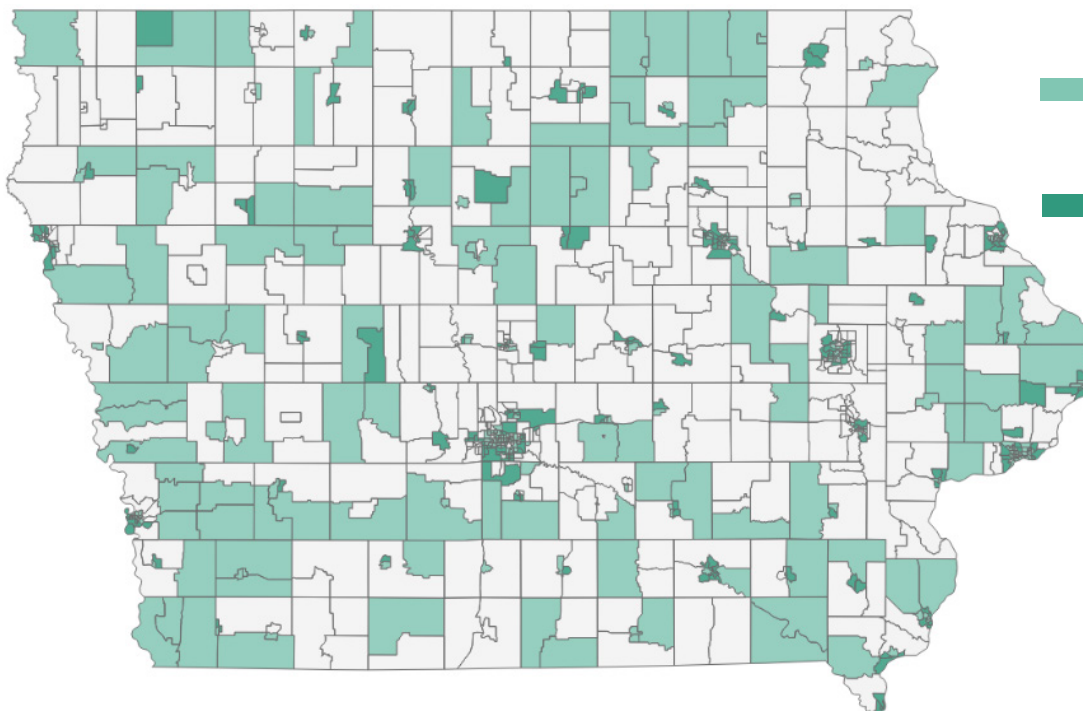
## Food Access

In Iowa, 89 out of 99 counties have areas identified as having low food access. Low food access is defined as urban census tracts that are at least half a mile from the nearest supermarket and rural census tracts that are at least 10 miles from the nearest supermarket. In the map below, the light green represents low access at half a mile and 10 miles, while the darker green represents lower access at 2 miles and 20 miles.

Due to inflation, food today is 8% more expensive on average than it was a year ago. In Iowa, a family of four - two adults and two children - can expect to spend an average of \$8,885 on food in 2022.<sup>9</sup>

**More than 25%**  
of Black & Hispanic families  
struggle to afford food,  
10% of white families  
struggle to afford food.<sup>3</sup>

### Areas of Low Food Access by Census Tract, 2019<sup>10</sup>



Low Access at  
Urban Tract: ½ mile  
Rural Tract: 10 miles

Low Access at  
Urban Tract: 2 miles  
Rural Tract: 20 miles

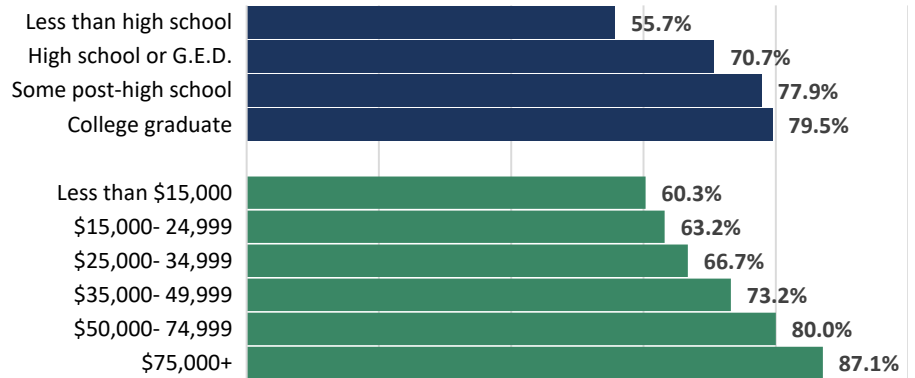
## Physical Activity

Most Iowans are participating in some physical activity; however, only about **one in five** are meeting the recommended guidelines for physical activity.

In 2020, the percentage of adult Iowans reporting engaging in no physical activity or exercise other than their regular job in the past 30 days was slightly higher than national average, 23.6% versus 22.4% respectively.<sup>11</sup>

People of color, people with lower incomes, people with disabilities, and people with lower levels of education have higher rates of physical inactivity.<sup>11</sup> Access to recreational facilities such as walking trails, playgrounds, parks, and sports fields is not distributed evenly across the state. In Iowa, 61.7% of adults reported using recreational facilities.<sup>12</sup> Walking is a simple form of physical activity, and having access to safe spaces to walk can encourage individuals to walk. There is also a disparity of access to sidewalks among rural and urban areas - 54% of rural residents reported having access to sidewalks compared to 73% percent of urban residents.<sup>12</sup>

*Percent of Iowa Adults Reporting Any Leisure-Time Physical Activity by Education and Income, 2020<sup>11</sup>*



## What We Heard

**28%** of respondents

chose one or more of **food access, nutrition & healthy eating, overweight & obesity, or physical activity** as a priority

**Common reasons:** links with many other health problems, food and exercise costs, places for activity, costs to the health system, importance of starting with youth

“ Our county has a high number of children and adults with obesity. Limited resources for weight loss with limited incomes for many. ”

“ It is hard to eat healthy when some of those options are expensive. ”

“ We have members in our community that don't have access to healthy and fresh foods due to income barriers and/or lack of quality grocery stores in their neighborhoods coupled with transportation barriers. ”

“ We need quality food access at a reasonable price. ”

“ I think we all could benefit from more physical activity. I feel like there are not enough trails or fun things to do...”

Notes: *Active Living and Healthy Eating*

<sup>1</sup> Healthy People 2030, Overweight & Obesity

<sup>2</sup> Effects of Hunger, Feeding America

<sup>3</sup> The Food Trust

<sup>4</sup> National Survey of Children's Health, 2016-2020

<sup>5</sup> BRFSS 2011-2020

<sup>6</sup> CDC, Chronic Disease Fact Sheets

<sup>7</sup> Healthy People 2030, Objective NWS-10

<sup>8</sup> Youth Risk Behavior Survey (YRBS), 2019

<sup>9</sup> Economic Policy Institute, 2022

<sup>10</sup> USDA Food Access Research Atlas, 2021

<sup>11</sup> America's Health Rankings, Annual Report, 2021

<sup>12</sup> IDPH, Bureau of Nutrition and Physical Activity Data Report, 2020



# Substance Use

## Why It Matters

Substance use includes alcohol and illicit and/or prescription drugs. [Substance use disorders](#) involve misuse of one or more of these substances and may lead to several social, physical, mental, and public health problems<sup>1</sup>. [Treatments for substance use disorders](#) are available, but for a variety of reasons, most people do not get the treatments they need.<sup>1</sup> Especially for youth and young adults in Iowa, strategies to prevent substance use disorders can reduce related health problems and prevent deaths.

## What the Data Shows

### People with Substance Use Disorder

Substance use disorder is a mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. In 2019-2020, there were approximately 33.3% of Iowa adults ages 18 -25 with substance abuse disorder, including alcohol and illicit drug use, compared to 24.4% in the nation.<sup>2</sup>

As of 2019-2020, Iowa had the **highest rate in the nation** for adults 18 -25 with substance use disorder.<sup>2</sup>

### Alcohol Use & Binge Drinking

Alcohol is the most commonly misused substance in Iowa. Iowa's alcohol use rates for almost every demographic are among the highest in the nation.<sup>3</sup> In 2019-2020, young adults ages 18-25 in Iowa also had the fourth highest percentage in the nation for those who need but are not receiving treatment (19.9%).<sup>2</sup>

*\*Excessive drinking is the percentage of adults reporting binge drinking is (four or more [women] or five or more [men] drinks on one occasion in the past 30 days) or heavy drinking is 8 or more [women] or 15 or more [men] drinks per week. <sup>3</sup>*

*Excessive Drinking\* by Age and Sex, 2020<sup>3</sup>*

Population	Iowa %	US %
Age 18-44	32.2	23.4
Age 45-64	20.8	15.5
Age 65+	7.2	7.4
Female	16.6	13.6
Male	29.1	21.3

### Drug Use

Overall, drug use rates in Iowa are similar to the rest of the nation. Drug use among youth in Iowa is higher compared to other states, but similar to the national average.

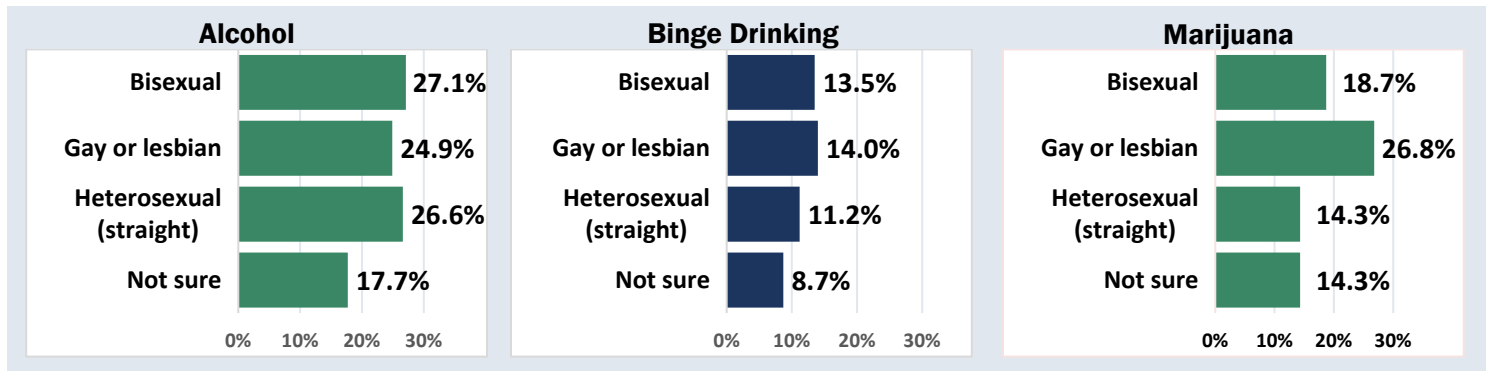
Opioid drugs, including prescription painkillers and illicit street drugs, are a leading cause of overdoses in Iowa and across the nation. Opioid-related deaths jumped nearly 36% in Iowa from 2019 to 2020, from 157 to 213, respectively.<sup>4</sup>

*Illicit Drug Use in the Last Month Estimates by Age, 2019-2020<sup>2</sup>*

Age Group	Iowa	U.S.
12 - 17	7.97%	7.71%
18 +	10.68%	13.79%

For Iowa’s youth, prescription pain reliever misuse in the past year among youth ages 12-17 (2.2%) was slightly above the national average (1.9%).<sup>1</sup> Students in Iowa that reported ever taking prescription pain medicine without a doctor’s prescription or differently than how a doctor told them to use it was slightly lower (11.6%) than the national average (14.3%).<sup>5</sup> LGBTQ+ people often face significant stressors that may lead to alcohol and drug use.<sup>6</sup> While gay, lesbian, or bisexual (or LGB) high school students had similar current alcohol use and binge drinking as other students, LGB students reported higher rates of current marijuana use.

**Current Marijuana and Alcohol Use among Iowa High School Students by Sexual Orientation, 2019<sup>7</sup>**



LGB youth also reported higher rates of ever trying drugs like cocaine, ecstasy, heroin, inhalants, and methamphetamines, or misusing prescription pain medication at least once.

**Iowa High School Students Ever Using Specific Drugs by Sexual Orientation, 2019<sup>7</sup>**

Sexual Orientation	Cocaine	Ecstasy	Heroin	Inhalants	Methamphetamines	Prescription Pain Medicine <sup>5</sup>
Bisexual %	5.6	5.9	2.7	17.5	1.5	22.5
Gay or lesbian %	29.9	18.1	15.3	18.3	16.1	28.2
Heterosexual (straight) %	1.8	2.0	1.0	4.6	0.9	9.9
Not sure %	4.9	5.3	2.8	14.9	6.7	6.7

## What We Heard

**8%** of respondents chose **alcohol & drug use** as a priority

**Common reasons:** prevention, access to treatment, related to mental health and other issues, use by youth, crime & violence, effect on families

- “ Preventing drugs and alcohol from getting into the hands of children and adolescents, as a lifetime of use and the negative impacts on the community tend to begin then. ”
- “ Drug addiction damages all aspects of society. Health, family, employment, finances, crime, victimization, domestic violence, public safety. Everyone is negatively affected by addiction. ”
- “ Limited services for people with drug and alcohol dependencies... ”
- “ Drugs and alcohol are widely used and affect whole families, not just the user. ”

Notes: Substance Use

<sup>1</sup> Healthy People 2030, Drug & Alcohol Use  
<sup>2</sup> National Survey on Drug Use and Health, 2019-2020  
<sup>3</sup> America’s Health Ranking, 2020  
<sup>4</sup> IDPH, Iowa Substance Abuse Deaths

<sup>5</sup> YRBS, 2019  
<sup>6</sup> National Institute on Drug Use  
<sup>7</sup> YRBS, 2019

# Cancer

## Why It Matters

Although advances in [cancer](#) detection and treatment have led to fewer deaths, cancer is still the second leading cause of death both in Iowa and nationally. Race and ethnicity is a social construct and therefore not a stand-alone risk factor for cancer. However, disparities in social and economic factors may differ by race and ethnicity and therefore contribute to cancer burden and deaths.<sup>1</sup> Thus, death rates are higher for some cancers and groups of people.<sup>2</sup> Many risk behaviors linked to cancer can be prevented, such as excessive drinking, using tobacco products, physical inactivity, poor nutrition, and ultraviolet light exposure. Screenings also help reduce cancer deaths; however, the same social and economic factors also play a large role in determining whether people have cancer risk behaviors or get cancer screenings.<sup>2</sup>



**2 in 5 Iowans**

**will be diagnosed with cancer in their lifetimes.**

## What the Data Shows

### Cancer Burden

Between 2014 and 2018, Iowa had the nation's third highest cancer incidence rate (number of new cases of cancer per 100,000 population).<sup>3</sup> Males in Iowa are more likely than females to be diagnosed with cancer. In Iowa, non-Hispanic Black or African American people have the highest rates of cancer of all racial and ethnic groups for those ages 50-79 years; Iowa's White population has the highest rates among those 80 and older.<sup>4</sup>

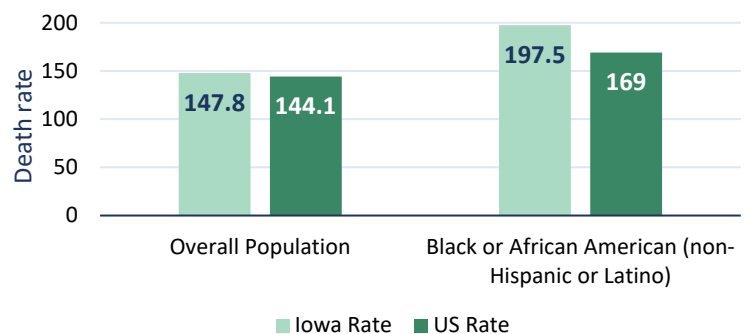
### Cancer Deaths

Iowa's overall cancer death rate (number of deaths per 100,000 population, age-adjusted) is slightly higher than the U.S. average.<sup>5</sup> In 2020, cancer was the leading cause of death for Iowans ages 55 to 79. Iowa's Black or African American people experience higher overall rates of death from cancer, especially compared to other states. Higher death rates often reflect less or delayed access to primary care, cancer screenings, and treatment. In particular, colorectal and lung cancer death data shows large disparities.<sup>5</sup>

### Most Common Cancers by Rate, 2018\*

1. Female breast cancer: **135.8**
2. Male Prostate cancer: **117.0**
3. Lung & Bronchus cancer: **58.7**
4. Colorectal cancer: **39.9**
5. Uterine cancer: **30.5**

Source: [Iowa Cancer Registry](#). \*New cancer cases per 100,000 people, age-adjusted



## Lung Cancer Deaths

In Iowa, lung cancer death rates for non-Hispanic Black or African American men and women and non-Hispanic White men were higher than Iowa's overall rate for 2016-20. The lung cancer death rate for non-Hispanic Black or African American men was Iowa's highest while the rate for non-Hispanic Black or African American women was the highest in the U.S.<sup>6</sup>

<i>Lung Cancer Death Rates (age-adjusted), 2016-2020<sup>6</sup></i>	Iowa Rate	U.S. Rate
<b>OVERALL</b>	<b>37.9</b>	<b>34.9</b>
Female, Black or African American*	48.7	27.8
Male, Black or African American*	55.9	50.7
Male, White*	46.4	44.8

\*non-Hispanic or Latino

## Colorectal Cancer Deaths

In Iowa, colorectal cancer death rates for non-Hispanic Black or African American men and non-Hispanic White men were higher than Iowa's overall rate for 2016-20. The colorectal cancer death rate for non-Hispanic Black or African American men was third highest in the U.S.<sup>7</sup>

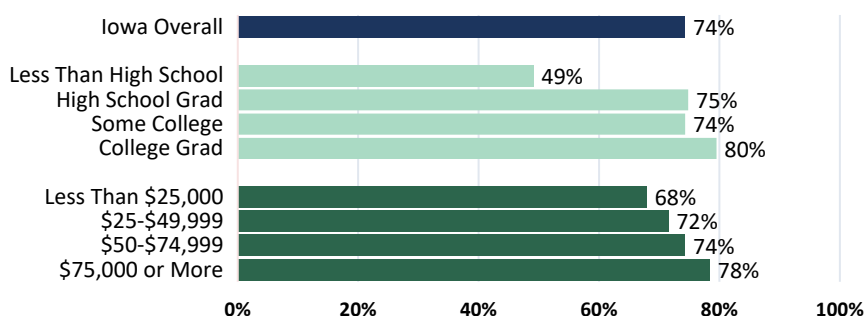
<i>Colorectal Cancer Death Rates (age-adjusted), 2016-2020<sup>7</sup></i>	Iowa Rate	U.S. Rate
<b>OVERALL</b>	<b>13.9</b>	<b>13.4</b>
Male, Black or African American*	27.2	22.4
Male, White*	16.4	15.7

\*non-Hispanic or Latino

## Cancer Screening

Cancer screening tests can help detect cancer at earlier stages, before symptoms develop, making treatment easier and improving rates of survival. In Iowa, people with less education and lower incomes were less likely to get recommended colorectal cancer screenings.<sup>8</sup>

### *Iowa Population Receiving Recommended Colorectal Cancer Screenings by Education and Income, 2020<sup>8</sup>*



## What We Heard

**6%** of respondents chose **cancer** as a priority

**Common reasons:** treatment access, treatment affordability, burden on family and community, personal connection to someone affected by cancer

“Cancer has touched almost every Iowa family and despite the progress we have made, too many people die from this disease.”

“Burden of cancer in Iowa is one of the leading causes of death and loss of work days.”

“Cancer affects almost every Iowan, we need to support research efforts, equitable access to quality treatment, and diagnosis and social support.”

“Cancer affects so many people and their families. It not only affects physical health, it also can affect mental health of those directly affected and their families.”

Notes: *Cancer*

<sup>1</sup> Iowa Cancer Registry, 2021

<sup>2</sup> Healthy People 2030 and National Cancer Institute

<sup>3</sup> National Cancer Institute: State Cancer Profiles

<sup>4</sup> Iowa Cancer Registry, 2021

<sup>5</sup> CDC Wonder, 2016-2020 (ICD 10 codes C00-C97)

<sup>6</sup> CDC Wonder, 2016-2020, (C18-C21)

<sup>7</sup> CDC Wonder, 2016-2020, (C33-C34)

<sup>8</sup> America's Health Rankings, 2021 Annual Report

# Looking Forward

The next step is to use the themes and issues identified in the state health assessment (SHA) to develop a 2023-2027 State Health Improvement Plan (SHIP). The Healthy Iowans Partnership will use the data collected during the SHA to identify priorities and strategies for the SHIP. Working on these priorities and strategies will require collaboration with organizations and people across Iowa. In addition, anyone can use the SHA results in their own health improvement efforts and in building relationships with others to work on broader improvements.

Additionally, to align with [Healthy People 2030](#), the national health improvement plan, the IDPH Healthy Iowans Team acknowledges the ongoing

work in Iowa on all of the topics that affect health, including all of those from Iowa's SHA process and related ones from Healthy People 2030. The team will track improvement for these topics to build a complete picture of health in Iowa. This includes collecting program or initiative highlights from organizations working on these important topics and monitoring related data. The team also encourages sharing data, strategies, and other health-related assessments with others working toward health improvement to raise attention for new topics or to add further insight into existing ones.



## Get in Touch

If you have any questions about the 2021-22 State Health Assessment or would like to get involved, contact the Healthy Iowans Team:

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- + Visit [idph.iowa.gov/healthy-iowans/assessment](https://idph.iowa.gov/healthy-iowans/assessment) to learn more.