

2015 STATE HEALTH PROFILE

Iowa Department of Public Health
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2015 IOWA HEALTH PROFILE

The University of Iowa

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CONVENTIONS

Introduction

This publication presents a summary of data concerning the overall health of Iowans. This vast collection of data is intended to enhance the knowledge and understanding of the population in Iowa. More specifically, the information in this publication is presented for each of Iowa's 99 counties, which includes demographics and social determinants, access to quality health services and support, acute disease, addictive behaviors, chronic disease, environmental health, healthy living, injury and violence, mental health and mental disorders, and preparedness and response. In general, data are presented in the same tabular and graphical format for each piece of information. Although related to information presented in the Iowa Health Fact Book, this publication is meant to present distinct information and is intended for a different target audience. As of the completion of this document, the Iowa Health Fact Book can be viewed at <http://www.public-health.uiowa.edu/factbook/>.

Layout

Maps: Most pages contain a color-coded map of Iowa, a table exhibiting the data broken down into important demographic categories, and a graph that displays the historical trend. Where reasonable and possible, the color-coded maps of Iowa are presented to show the current state of each health aspect and how that aspect varies across the state. When it is not presented in that format, it is either because the data were too sparse (that is, a relatively small number of counties with non-zero counts) or they were not available at the county level. A county presented in the color white indicates the number of cases in that county is too small to report.

Tables: The tables show the information broken down by age, race, gender, income, education level, and county size when appropriate and data are available. Either crude or age-adjusted population rates are shown when reasonable, which also facilitates comparisons across counties. For data items in which historical values are available, line graphs showing time trends by county grouping are presented.

Years Presented: The time interval covered does differ across the data items, mainly due to differences in data availability. The tables on each page, in general, display data from the most recent available year or years and also data from two to five years beforehand. This gives a brief snapshot of change over time broken down by the demographic factors listed in the table. Data from SEER is generally aggregated across multiple years so that counts of occurrence are large enough to report. In the tables where data were retrieved via SEER, age-adjusted rates from the two most recent sets of years are shown. For surveys, such as Iowa Youth Survey, or Behavioral Risk Factor Surveillance System, the exact same questions are not asked every year, and in the tables will be the most

recent year the question was asked, and a recent year the question was asked. County level data are not presented for these tables. All other pages directly cite the external source.

Metropolitan Statistical Areas

A Metropolitan Statistical Area (MSA) county is defined by the U. S. Census Bureau as a central city along with the counties economically and socially connected to it. Each MSA must have one city with at least 50,000 inhabitants or a Census-defined urbanized area with a total metropolitan population of at least 100,000 (75,000 in New England). Under the year 2000 standards, rural counties may be included in an MSA if at least 25 percent of the workers who live in the county work within the central county or counties (that is, the county or counties containing the urban core of 50,000 or more population) of the MSA. A county can also be included if at least 25 percent of the jobs in the county are filled by workers living in the central counties of the MSA. This definition was updated following the 2010 Census resulting in many newly classified MSA counties. Using the 2010 Census, twenty counties were defined as MSA doubling the previous number of ten MSA defined counties. The MSAs are Ames (Story County), Cedar Rapids (Benton, Jones, Linn Counties), Davenport (Scott County), Des Moines (Dallas, Guthrie, Madison, Polk, Warren Counties), Dubuque (Dubuque County), Iowa City (Johnson, Washington Counties), Omaha-Council Bluffs (Harrison, Mills, Pottawattamie Counties), Sioux City (Woodbury County), Waterloo-Cedar Falls (Black Hawk, Bremer, Grundy Counties). Of note, Plymouth County was newly designated as an MSA county of Sioux City by the Census Bureau in February of 2013. Since much of the data presented in this document is prior to 2013, we do not include Plymouth County as an MSA county. Iowa's estimated population surpassed 3 million in 2008 and almost 57% of the 2014 estimated Iowa population of 3,107,126 lived in MSA counties.

Small Numbers

If the number of events in a health outcome table was small, the count is masked and replaced with a caret (^) to protect subject confidentiality. However, all numbers are included in the computations needed for the line graphs and other charts accompanying the health outcomes tables, which summarizes data over a larger number of people. Different data sources require different criteria for the masking of small numbers. For the majority of the document, the masking definition is five or less. Data from SEER*Stat were masked when the count was less than 10.

Population Standard

The Year 2000 Estimated United States Standard Million Population from the United States Census Bureau has been used for adjustment purposes.

Age-Adjustment Calculations

Both crude and age-adjusted rates have been calculated and presented in many of the data tables. Crude rates for an entity (e.g., county) are the number of events of a health outcome divided by the population at risk in the county. The age-adjusted rates used in this book are a weighted average of the age-specific rates from the targeted population (e.g., county), where the weights are the proportions of persons in the corresponding age groups of a standard population. As stated above, the Year 2000 United States population was used as the standard population. If data only represent one age group, then the age-adjusted rate is identical to the crude rate and thus not reported (e.g., live births).

There are no hard and fast rules as to when one should use either the crude or the adjusted rate for comparisons. A few guidelines can, however, be noted. A crude rate for a county reflects the disease or mortality burden for a county and may be useful to the health policy makers in the county. If a county has a relatively high proportion of elderly and the disease is associated with older individuals, crude rates will reflect that higher burden due to greater numbers of elderly. The age-adjusted rate is also useful as a county comparison index, but after putting both counties on the same playing field with respect to the age distribution in each. These rates have been adjusted to the same standard population, so the effect of differing age distributions in two counties is eliminated before the comparison is made. Hence, both are useful descriptive indices of diseases, but with differences in interpretation.

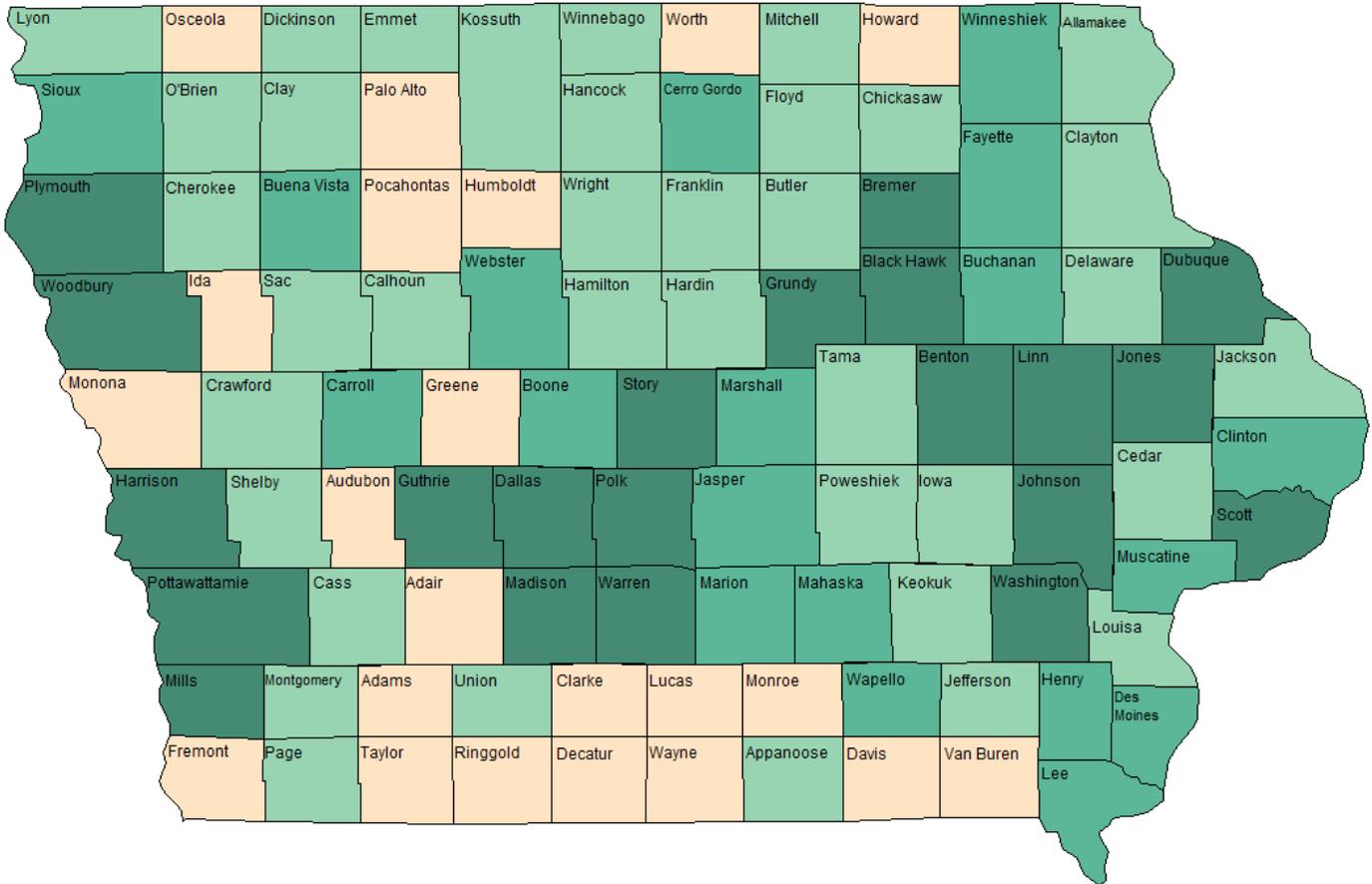
Ranks

Iowa is compared to all 50 states and the District of Columbia using ranks. A ranking of 1 denotes the best rate and a ranking of 51 denotes the worst rate. National and state-level data were obtained from the same source used to obtain data for the corresponding table when available. For cancer incidence and mortality data, county specific numbers are obtained from SEER*Stat, whereas national (including ranks) and state-level data are from the CDC WONDER Compressed Mortality File online database.

Four County Groupings

There were twenty counties defined by the U. S. Census Bureau as MSA from the 2010 Census, and this was the definition used in this document. The seventy-nine other counties were classified into groups based on population size using the 2010 Census. There are 22 counties with less than 10,000 residents (small), 36 counties with 10,000 to 20,000 residents (medium) and 21 counties with 20,000 to 50,000 residents (large).

County Groups Based on 2010 Census



Small Medium Large MSA

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone survey that is conducted each year in every state, including Iowa, as well as in the District of Columbia and American territories. It is financially and technically supported by the Centers for Disease Control and Prevention (CDC) and is a scientifically-designed and validated method of collecting information.

The Iowa BRFSS collects health risk behavior information from over 7,000 household telephone surveys in both English and Spanish, and is designed to collect information on nationally agreed upon topics and on additional areas of special interest to Iowa. Because the BRFSS is ongoing, the prevalence of these behaviors may be followed over time. The risk behaviors of those surveyed (Iowa residents age 18 and over) are major contributors to illness, disability, and premature death.

The goal of the Iowa BRFSS is to provide data to initiate and guide health promotion and disease prevention programs. The BRFSS program achieves this goal by:

- determining state specific prevalence of personal health behaviors related to the leading causes of premature death;
- developing the capacity of the state health department to conduct credible telephone surveys; and
- advancing the understanding that health-related behaviors are critical indices of health.

The BRFSS results can help inform health professionals as to health behaviors and beliefs of the general population, and can be used as a measure of the effectiveness of various public health strategies.

BRFSS KEY AREAS...

- ✓ Health Status
- ✓ Health Care Coverage
- ✓ Physical Inactivity
- ✓ Body Weight
- ✓ Smoking
- ✓ Alcohol Consumption
- ✓ Hypertension
- ✓ Cholesterol Awareness
- ✓ Colorectal Cancer Screening
- ✓ Diabetes
- ✓ Adult Immunizations
- ✓ Injury Control
- ✓ Women's Health

Iowa Youth Survey

The Iowa Youth Survey (IYS) is administered every other year by the Iowa Department of Public Health (IDPH) Division of Behavioral Health. The Division works collaboratively with IDPH's Division of Tobacco Use Prevention and Control and with other State agencies and stakeholders such as the Department of Education, the Department of Human Rights Division of Criminal and Juvenile Justice Planning, and the University of Iowa Consortium for Substance Abuse Research and Evaluation, in organizing the survey and analyzing and reporting its results.

Survey Scope: The 2014 IYS is the 15th in a series of surveys conducted originally every three years, and more recently, every two years, since 1975. The surveys done between 1999 and 2014 differ from previous years in both the procedures used to implement the survey and in the students who were asked to participate. Earlier surveys were given to approximately one-third of Iowa's public school districts to be taken by a sample of their 6th, 8th, 10th and 12th grade students. Starting with the 1999 IYS, participation was sought from all public school districts and all students in grades 6, 8 and 11, as well as 14-18 year-old students in alternative programs. These changes made it possible to provide youth development data for each participating school and for each county in which participating students reside, making it feasible to use IYS results to assess the outcomes of specific community and school youth development programs. The changes also, however, restrict certain direct comparisons with surveys prior to 1999.

Starting with the 2002 IYS, participation was also sought from all non-public schools, in addition to all of the public school districts. By including all Iowa students in 6th, 8th and 11th grades, the survey results more accurately reflect the attitudes and perceptions of all Iowa students in those grades.

In 2012, a modification was made to the survey structure to reduce the time it took younger students to complete the survey. "Skip" questions were introduced for alcohol, tobacco, and marijuana use and for gambling and suicidal ideation. When a "no" response to a skip question was selected, all related questions were classified with null responses (No, Never, etc.) as well, allowing the student to skip those questions. If all "skips" were selected, the survey was reduced by 34 questions.

Survey content. The 2014 survey included questions about student behaviors, attitudes and beliefs, as well as their perceptions of their peer, family, school, and neighborhood/community environments. Prior research has shown that each of these environments plays a significant role in positive youth development. Selection of specific survey questions was based on:

- 1) analysis of data collected in previous Iowa Youth Surveys;
- 2) a literature review of established youth development models, especially those widely accepted in Iowa; and

- 3) discussions with youth development professionals – community service providers, school district personnel and academicians.

The general content of the 2014 IYS questions was similar to that of previous surveys. Most of the questions and response options from the 2012 IYS were utilized with little or no modification. Changes made to the questions were intended to elicit additional, more detailed information.

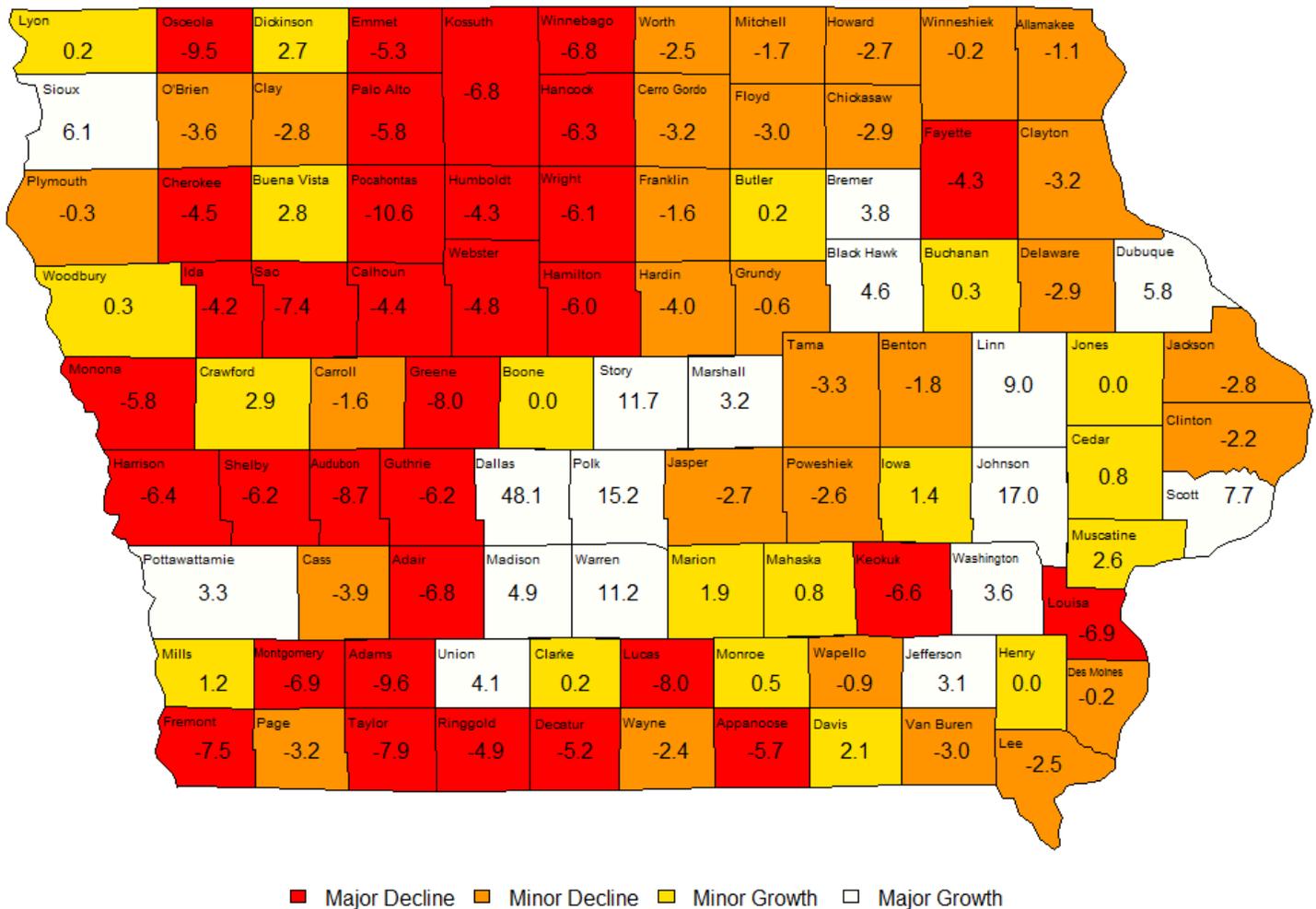
The appropriateness of any comparison between the 2014 IYS and surveys from previous years must be considered on a question-by-question basis. It is important to note that in some cases, the question numbers have changed from year-to-year. Question wording, response options, and time frames may also have changed. Trend analyses should be considered exploratory. If comparisons are made, the results may indicate that school districts appear to be significantly different, for better or worse, from the reports generated by previous surveys. However, this appearance may be due to differences in question wording and the representativeness of the sample rather than actual changes in Iowa's youth.

National Cancer Institute Surveillance, Epidemiology, and End Results Program (SEER)

The State Health Registry of Iowa has been recording the occurrence of cancer in Iowa since 1973. It receives mortality data from IDPH. The Registry's incidence and IDPH's mortality databases have been used to generate the cancer incidence and cancer mortality statistics provided in this section via a software program called SEER*Stat (version 8.2.1), which is provided by the National Cancer Institute. Due to small counts, SEER does not provide annual mortality data at the county level, and aggregates across multiple years. In this document, 2008 to 2012 was the most recent time span available, which is compared to 2005-2007.

IOWANS BY THE NUMBERS

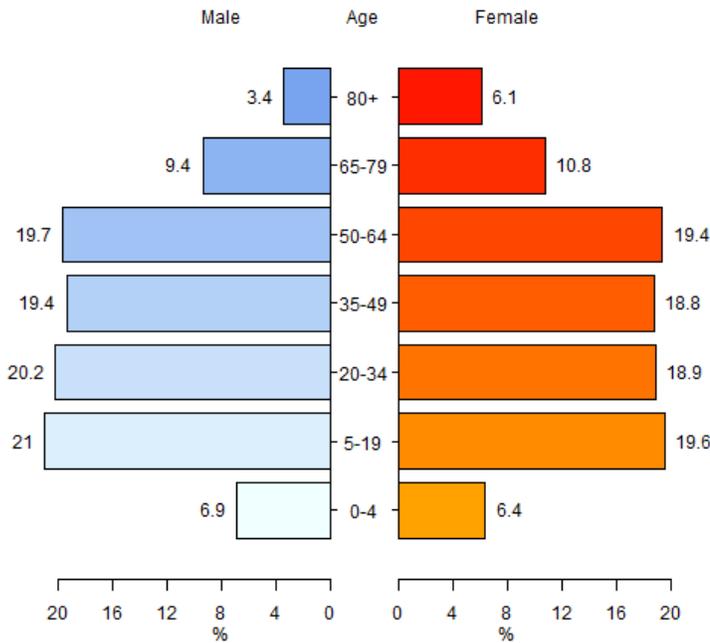
Percent Population Change from 2004- 2013



From April 1, 2010 to July 1, 2013, Iowa saw an overall increase of 1.5% in population, compared to the national average of a 2.5% increase. Although there was an overall increase in population, only 36 of Iowa’s 99 counties saw an increase in population (labeled as Growth above) while 63 counties experienced a decrease in population (Labeled as Decline above). Of those counties that increased, half increased by less than 3% (Minor Growth) while the other half increased by more than 3% (Major Growth), with Dallas County increasing the most by percentage at 48.1%. Of those counties that decreased, half decreased by less than 4% (Minor Decline) while the other half decreased by more than 4% (Major Decline) with Pocahontas County decreasing the most as a percentage at 10.6%. County specific changes, as realized in the figure above, show the largest growth in the designated MSA areas, with the greatest amount of growth in the Des Moines MSA. The greatest decrease in population, by percentage, is largely happening in the western half of the state.

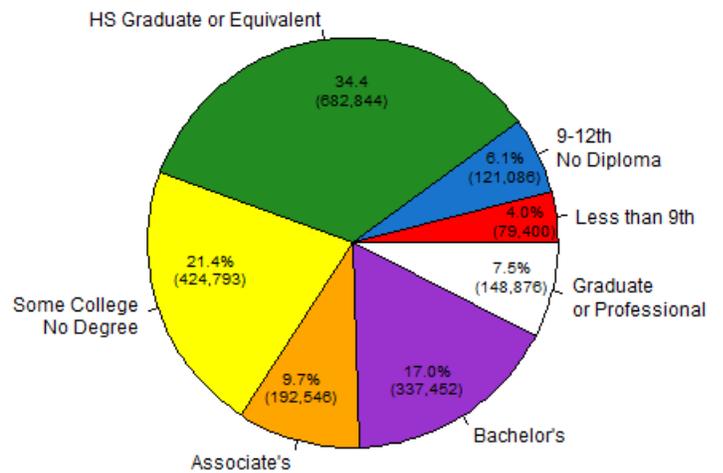
[All data in this section is from Census Bureau and American Community Survey]

Iowan Age Distribution by Sex

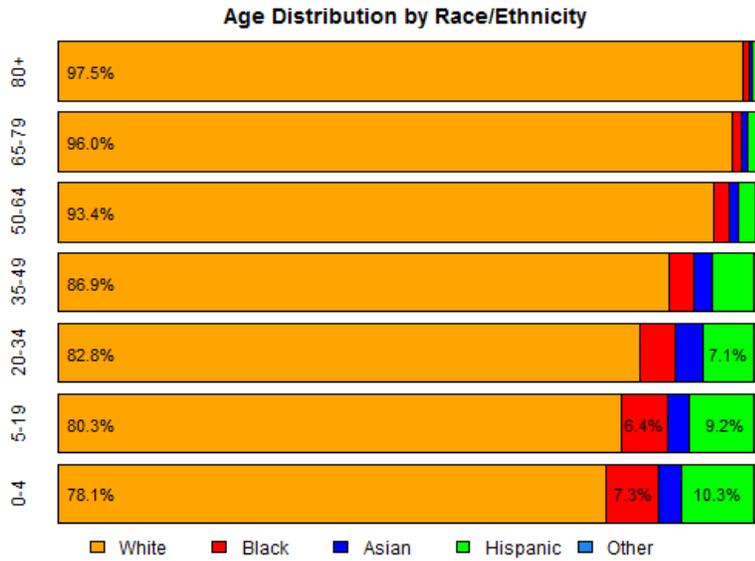


Larger counties have a greater percentage of young adults (15-44 years), and the smaller counties have a larger percentage of persons 65 years of age or older. Over 65 represents 15.6% of the population. Females represent 50.4% of the population.

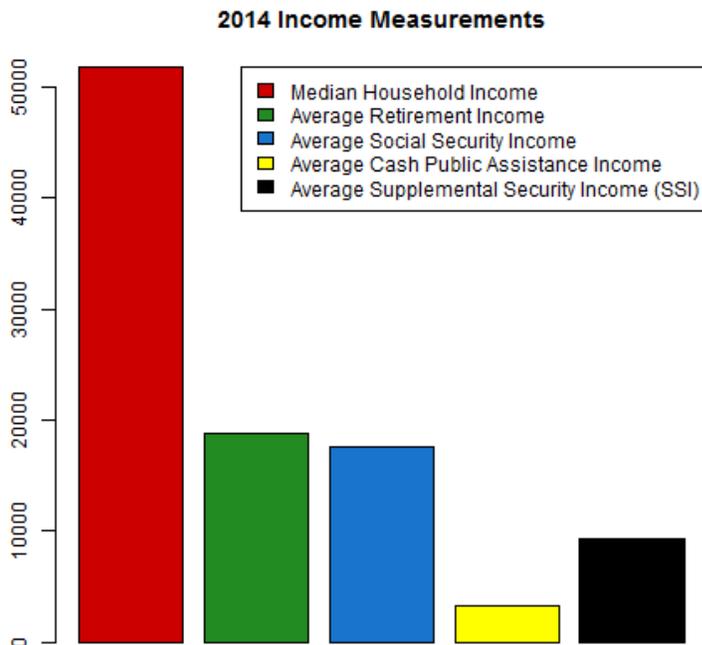
Education Distribution, Age 25+



90% of Iowans have a high school degree or higher. 91.1% of 25-34 year olds have a high school degree or higher, 91.8% of 34 to 44 year olds, 89.8% of 45 to 64 year olds, and 70.6% of those 65 and older. The percentages are higher for females than for males in each age category.



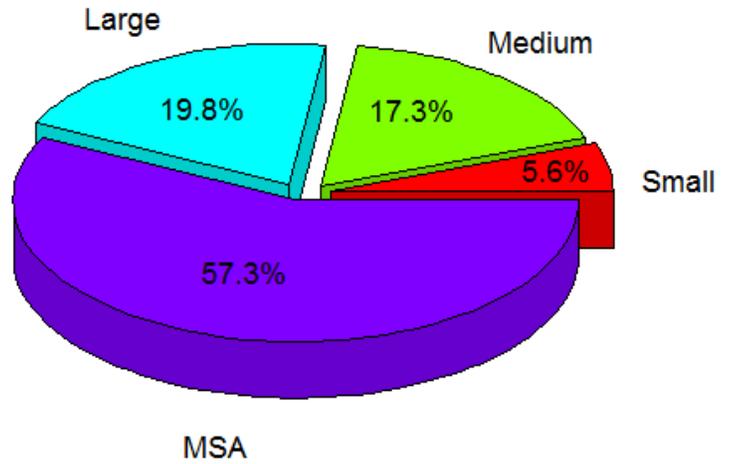
Overall, 92.5% of Iowans are White non-Hispanic or Latino, with 5.5% specifying Hispanic or Latino. Only 3.3% are Black or African American, 2.0% Asian, and 1.6% two or more races. However, we do see broader diversity when broken down by age. Even though White still holds the largest percentage, the younger Iowans are increasingly more diverse.



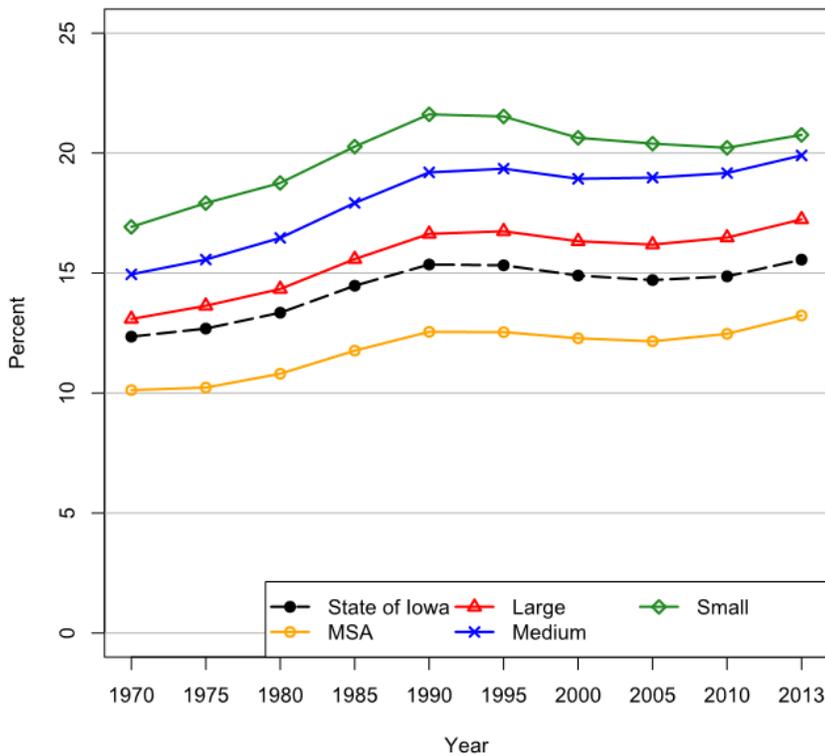
Among all states, Iowa ranks 30th in total personal income, and 24th in per capita personal income at \$42,470. The home ownership rate from 2009-2013 was 72.2%, the median value of owner-occupied housing from 2009-2013 was \$124,300, with 12.4% living below the poverty level.

Population Distribution by County Size

The population in Iowa is becoming increasingly urbanized.



Percent of Iowans Age 65 and Older



The percentage of Iowans who are 65 and older living in a county is inversely related to the population size of the county. Those with larger total populations have a smaller proportion that are over the age of 65.

TOP TEN MAJOR CAUSES OF DEATH IN IOWA IN 2014...

✓ Heart Disease	(203.6 per 100,000)
✓ Cancer	(201.2 per 100,000)
✓ Chronic Obstructive Pulmonary Disease	(60.2 per 100,000)
✓ Unintentional Injuries	(45.4 per 100,000)
✓ Cerebrovascular Disease	(43.6 per 100,000)
✓ Alzheimer's Disease	(41.9 per 100,000)
✓ Diabetes	(32.2 per 100,000)
✓ Pneumonia/Influenza	(17.7 per 100,000)
✓ Infective and Parasitic Diseases	(14.4 per 100,000)
✓ Suicide	(12.6 per 100,000)

Source: 2014 Provisional Data from Iowa Department of Public Health Bureau of Vital Statistics

DEMOGRAPHICS / SOCIAL DETERMINANTS

County specific changes over the last ten years show the largest growth to be in the designated MSA counties with 10.1% growth, with the greatest amount of growth in the Des Moines MSA. The greatest decrease in population, by percentage, is happening in the smallest counties with an average 5% decrease in those counties with less than 10,000 people. Larger counties have a greater percentage of young adults (15-44 years), and the smaller counties have a larger percentage of persons 65 years of age or older. These age distributions are used to standardize the data in the following chapters so risk factors other than age can be compared. Also, the population of the state has become older since 1970. The percent of Iowans age 65 and older increased steadily

KEY FEATURES IN IOWA DEMOGRAPHICS...

- ✓ Increasing urbanization
- ✓ Females represent 50.4% of population
- ✓ Median age 38.1 years
- ✓ Over 65 represents 15.6% of population

through the early 1990's, but has slightly decreased since then.

CHARACTERISTICS OF RACE / ETHNICITY

White	92.5%
Black or African American	3.3%
Asian	2.0%
Two or more races	1.6%

In recent years, epidemiologists and other researchers concerned with improving the public's health have placed great emphasis on social and behavioral conditions affecting health. These determinants include:

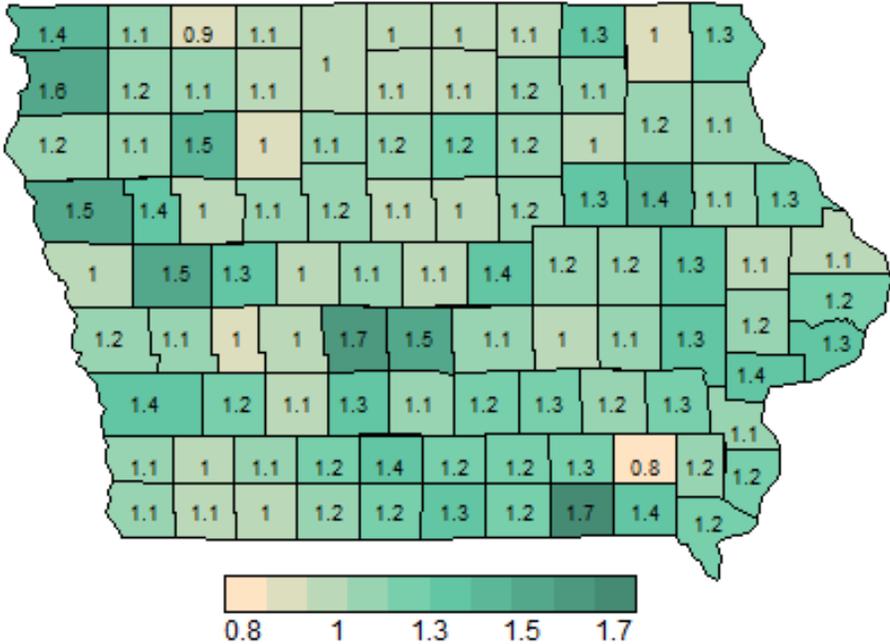
- 1) Social environment—the level and quality of connectedness with friends, family, and community along with socio-economic conditions such as unemployment and job control, income inequality, and race/ethnicity, and the availability of resources to meet basic daily needs;
- 2) Physical environment—the natural environment such as improved climate and precipitation, and the built environment—buildings, spaces, transportation systems, and products created or modified by people.

Social and physical environmental levels are significantly interconnected; multi-level interventions that change policies and improve the social and physical environments can have a long-lasting impact on health outcomes.

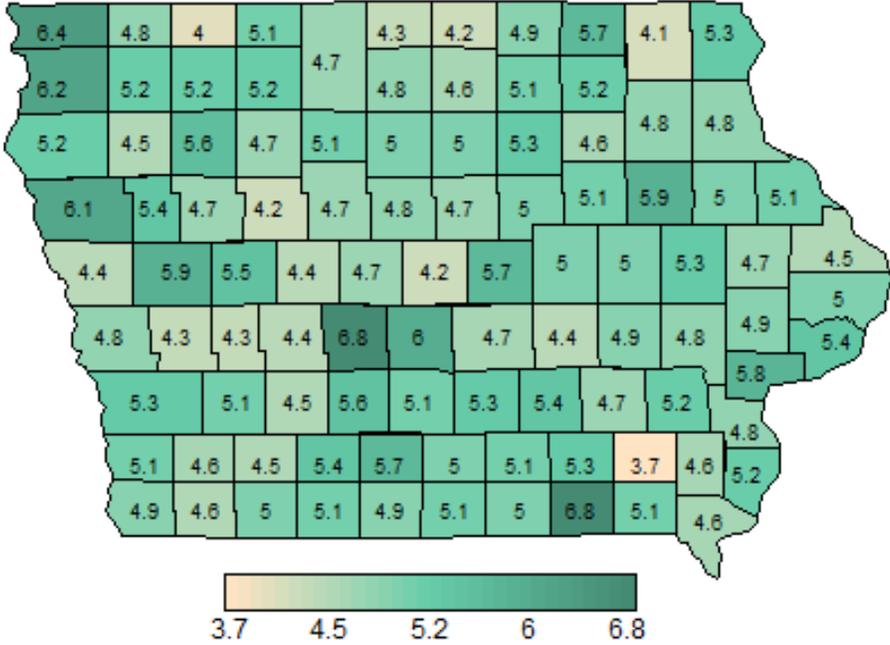
Two powerful social determinants of health are income and education. Both relate to health care access. The National Longitudinal Mortality Study cited in the Institute of Medicine's report, *The Future of the Public's Health*, found that mortality was associated with income, education, and occupation. Another 16-year study, also cited in the report, found that median family income in one's zip code of residence was predictive of death from a variety of causes.

Demographics

Average Annual Population Distribution
2008-2012 % Age < 1



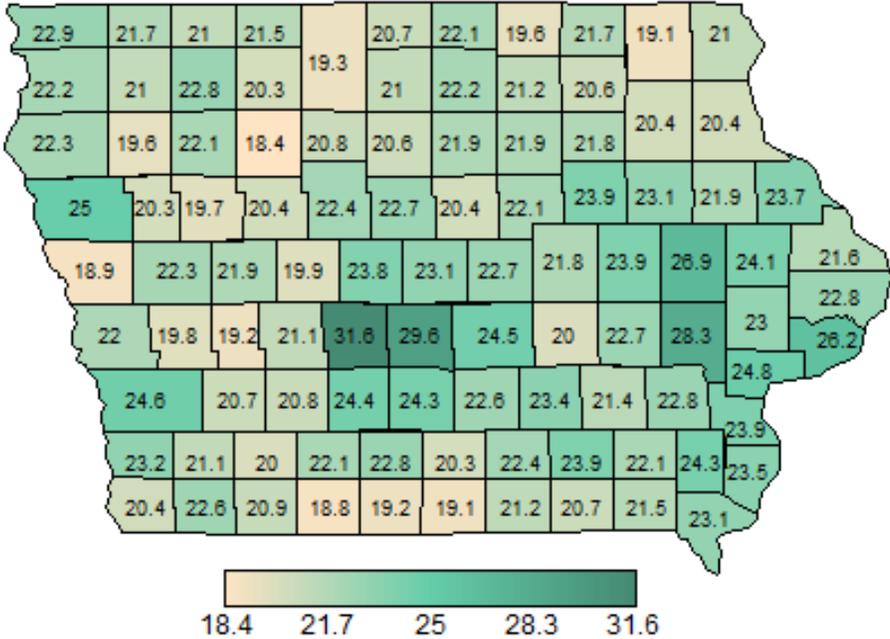
Average Annual Population Distribution
2008-2012 % Age 1-4



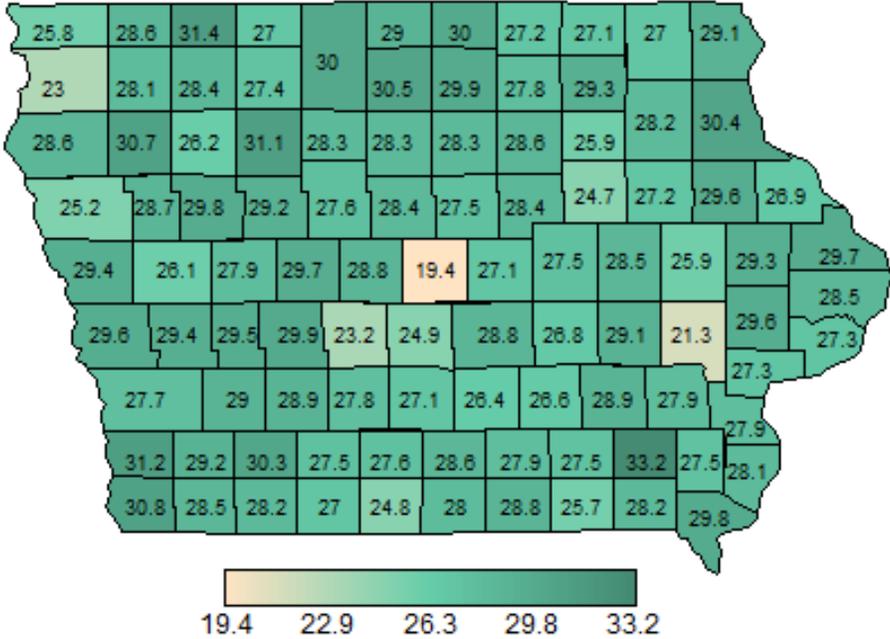
Source: Population Division, U.S. Census Bureau and SEER*Stat

Demographics

**Average Annual Population Distribution
2008-2012 % Age 25-44**



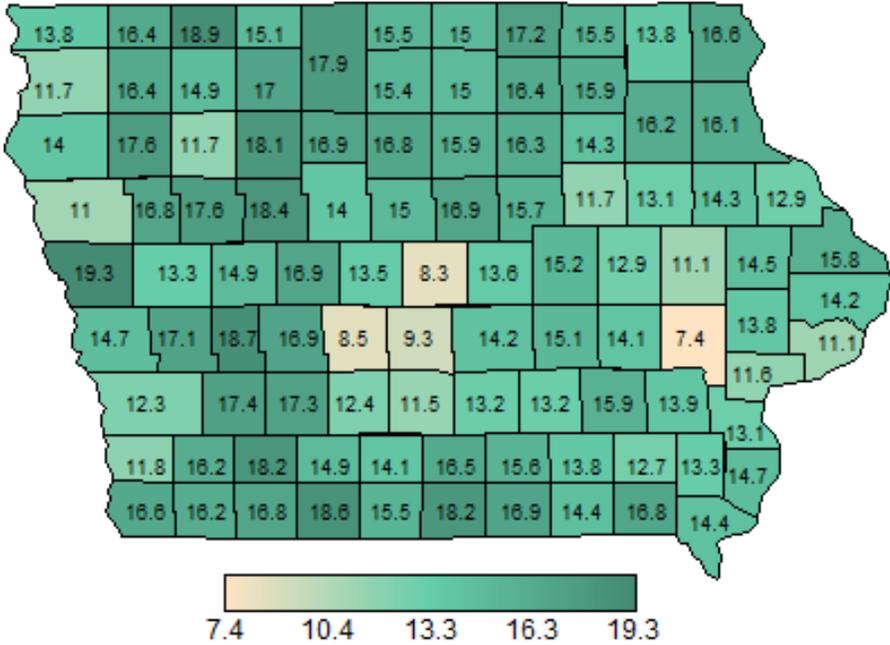
**Average Annual Population Distribution
2008-2012 % Age 45-64**



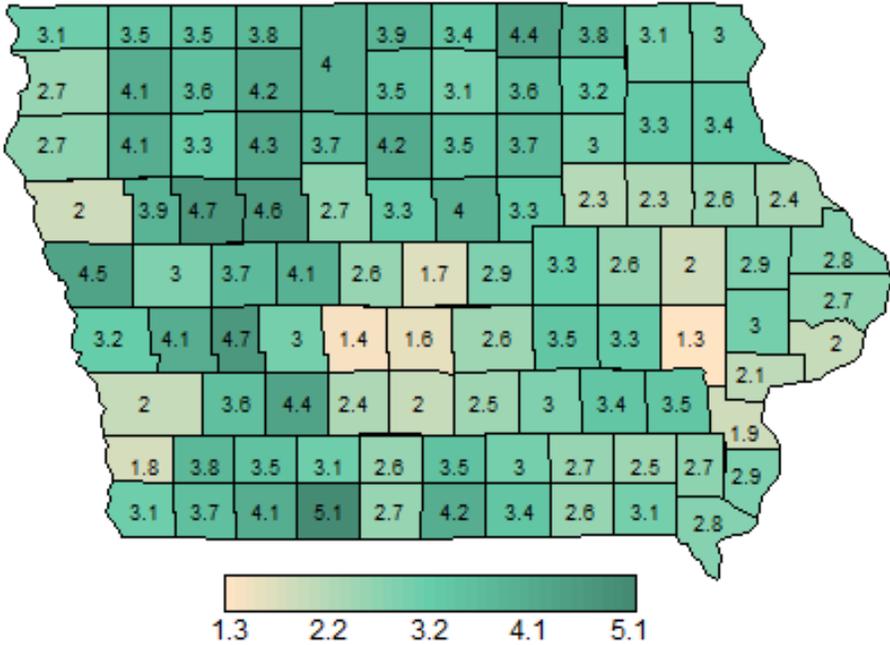
Source: Population Division, U.S. Census Bureau and SEER*Stat

Demographics

**Average Annual Population Distribution
2008-2012 % Age 65-84**



**Average Annual Population Distribution
2008-2012 % Age 85+**



Source: Population Division, U.S. Census Bureau and SEER*Stat

Demographics

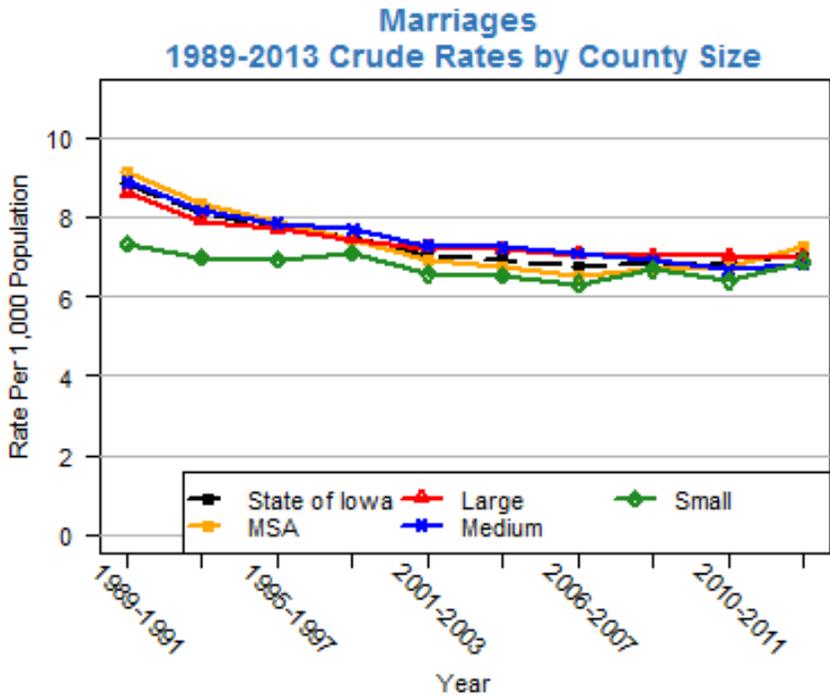
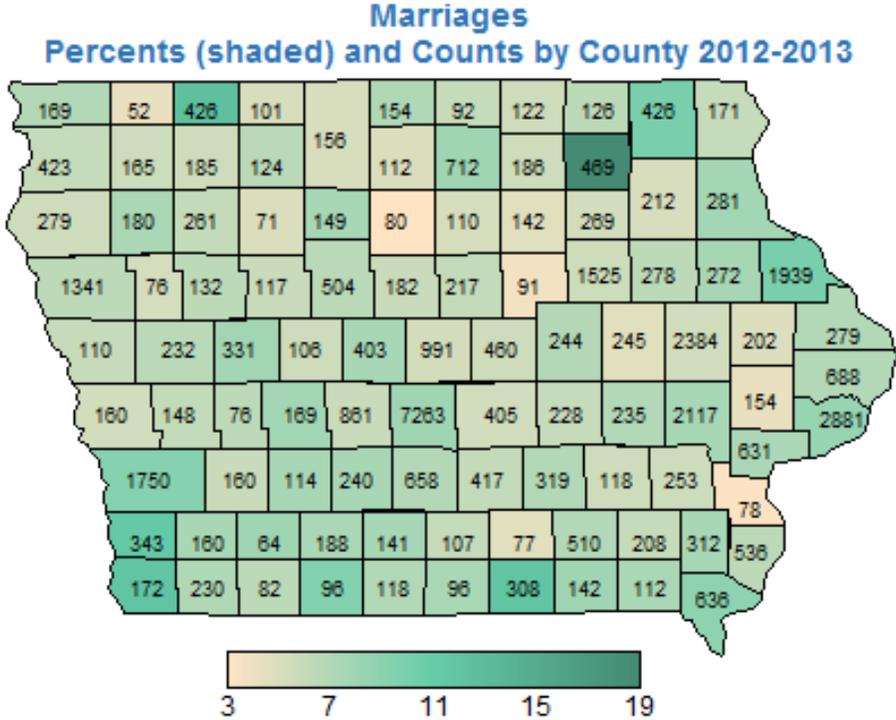
- Iowa ranks among the best states for feeling in good health in the US, but fell from 2nd in 2011 to 7th in 2014.
- There are more positive feelings towards general health with increased income levels.

Adults with good or better health.	STATE COMPARISON	2014	2011
	US	82.2	82.1
Iowa	86.4 (7)	87.0 (2)	
Best State	88.3	87.9	
Worst State	74.2	74.9	
GENDER			
Male	86.3	86.7	
Female	86.5	87.3	
AGE			
18-24	94.4	94.0	
25-34	93.2	93.2	
35-44	88.8	90.6	
45-54	84.6	87.7	
55-64	81.5	82.7	
65+	79.6	77.4	
RACE/ETHNICITY			
White	87.0	87.8	
Black	75.2	80.5	
Hispanic	81.0	73.9	
INCOME LEVEL			
<\$15,000	69.3	66.4	
\$15 – 24,999	76.8	76.3	
\$25 – 34,999	85.4	86.4	
\$35 – 49,999	88.2	91.3	
\$50,000 +	93.9	94.6	
EDUCATION			
< High School	66.2	71.6	
High School	83.9	84.3	
Some post-H.S.	89.3	89.5	
College Grad	93.7	94.3	

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Marriages

- The Little Brown Church in the Vale in Nashua, Chickasaw County hosts over 400 weddings per year making Chickasaw County the highest per capita wedding destination in Iowa.

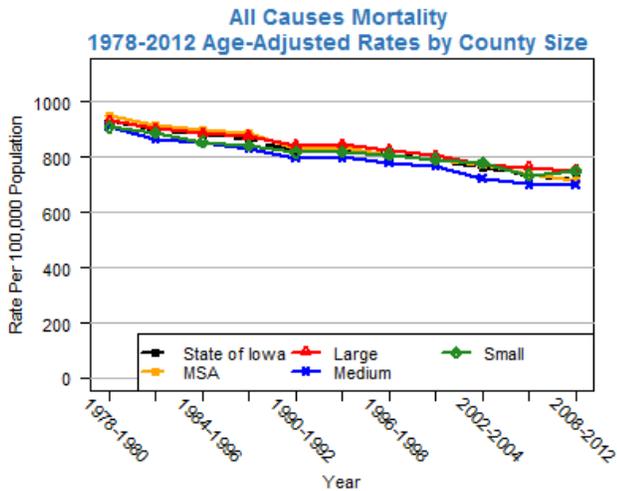
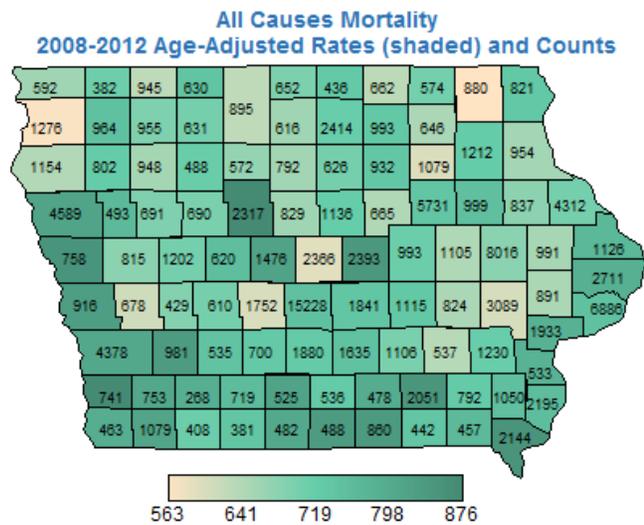


Source: Iowa Department of Public Health, Vital Statistics

All Causes Mortality

- With the population aging, chronic disease has become a major determinant of the health of Iowans.
- Heart disease is still the number one cause of death in Iowa, but cancer is expected to overtake it in the next few years.
- Heart disease and cancer make up over half of all deaths in Iowa.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.

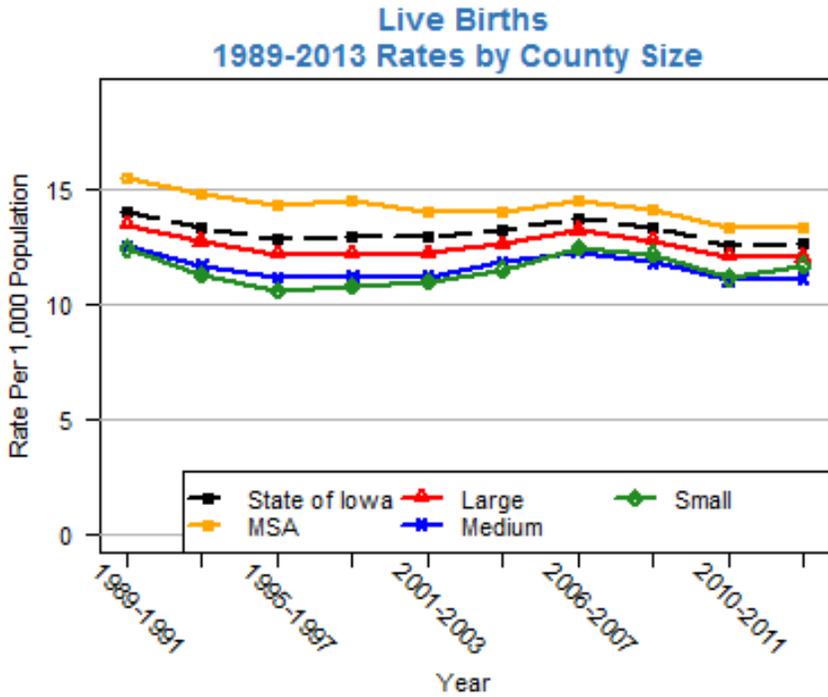
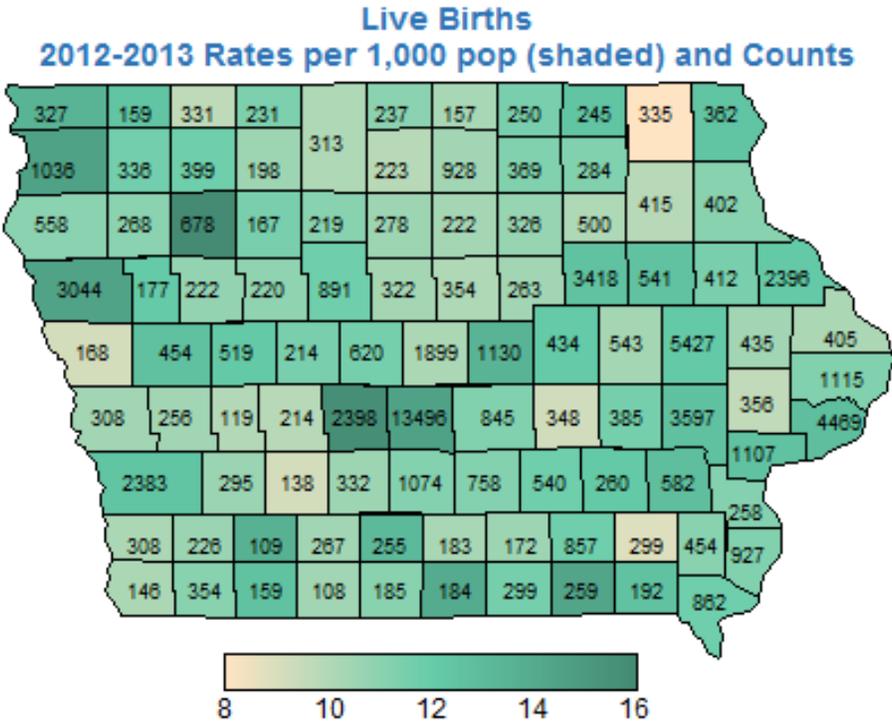


Age-Adjusted Rate per 100,000
2008-2012 2005-2007

STATE COMPARISON	2008-2012	2005-2007
US	745.6	791.7
Iowa	721.8 (20)	734.3 (9)
Best State	595.8	634.7
Worst State	955.0	1003.9
GENDER		
Male	863.5	888.8
Female	611.1	619.2
AGE^a		
< 1	502.4	538.0
1-4	27.1	26.7
5-14	13.0	13.7
15-24	55.3	63.2
25-44	125.6	118.8
45-64	519.6	519.6
65-84	2976.6	3076.7
85+	14244.1	14358.4
RACE/ETHNICITY		
White	719.5	732.3
Black	941.5	973.6
American Indian	713.8	670.6
Asian or Pacific	469.5	376.3
Hispanic	429.3	392.0
COUNTY POPULATION		
Small, <10K	749.9	735.0
Medium, 10-20K	700.6	701.9
Large, > 20K	752.2	762.9
MSA	715.1	737.5

^a Crude Rate

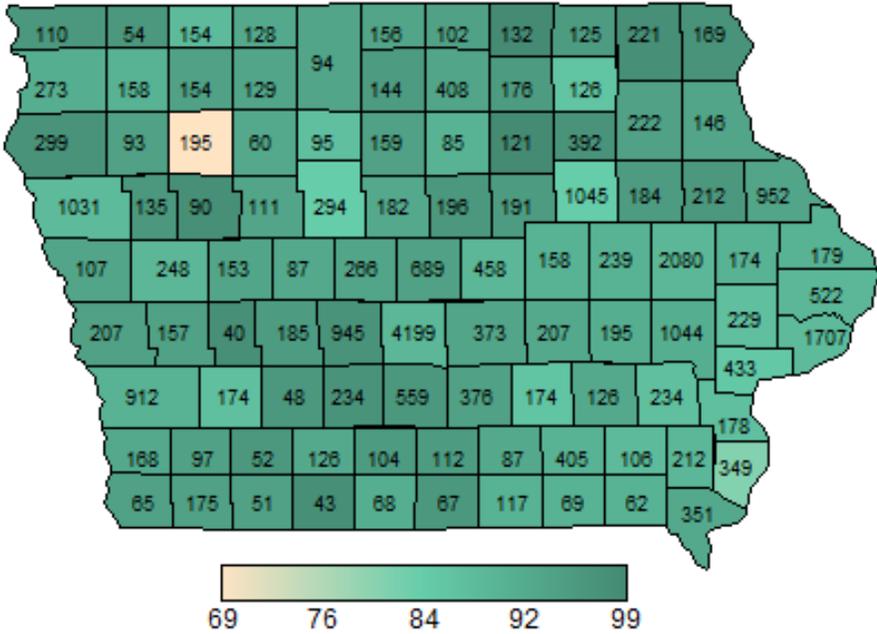
Live Births



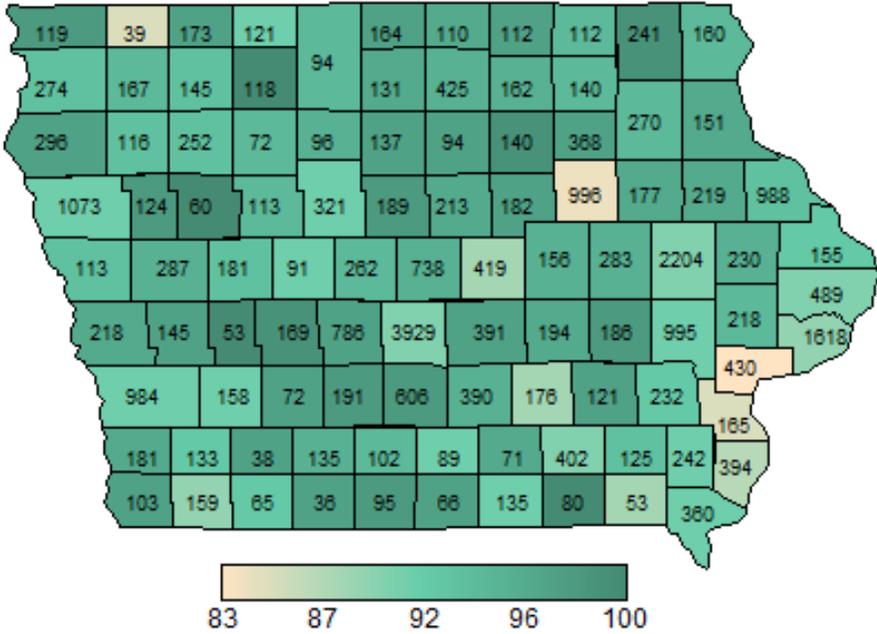
Source: Iowa Department of Public Health, Vital Statistics, Birth Certificates

Graduation

4-Year High School Graduation by County 2013-2014 Percents (shaded) and Counts



5-Year High School Graduation by County 2013-2014 Percents (shaded) and Counts

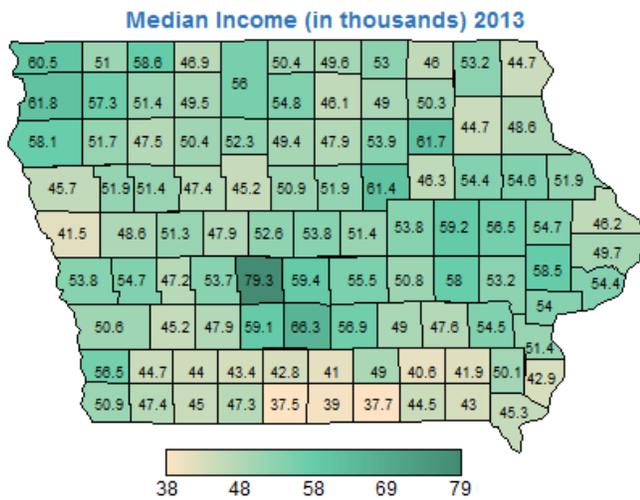


Source: Iowa Department of Education, Bureau of Information and Analysis, Student Reporting in Iowa (EASIER) files

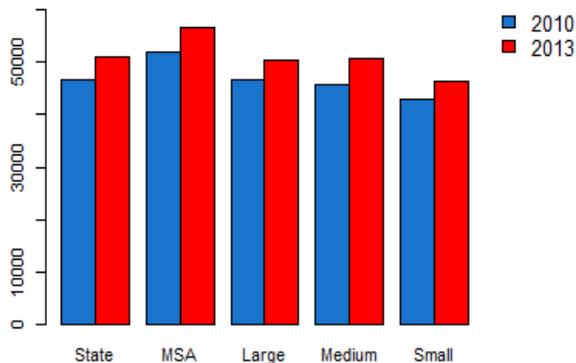
Median Household Income

- Among all states, Iowa ranks 30th in total personal income, and 24th in per capita personal income at \$42,470.
- From 2009-2013, 72.2% of all occupied housing units, were occupied by the owner (home ownership rate), and the median value of those houses was \$124,300 from 2009-2013.
- The most expensive houses, on average, are owned by 45-64 year olds, and are in MSA counties.

U.S. Census Bureau; American Community Survey, 2010 & 2013 American Community Survey 1-Year Estimates
 U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE).



Average Median Income by County Size



Median Household Income (\$) in the Past 12 Months
 2013 2010

STATE COMPARISON	2013	2010
US	52,250	50,046
Iowa	52,229(21)	47,961(26)
Best State	72,482	68,854
Worst State	37,963	36,851
GENDER ^a		
Male	36,376	32,016
Female	23,771	22,174
HOUSEHOLDER AGE		
15-24	27,369	24,281
25-44	59,814	54,373
45-64	64,714	60,100
65+	36,690	32,487
RACE/ETHNICITY		
White	53,351	49,179
Black	28,526	22,810
American Indian	35,082	35,391
Asian	61,664	58,854
Pacific Islander	^	^
Hispanic	38,892	37,192
COUNTY POPULATION		
Small, <10K	46,335	42,736
Medium, 10-20K	50,675	45,643
Large, > 20K	50,308	46,588
MSA	56,595	51,968

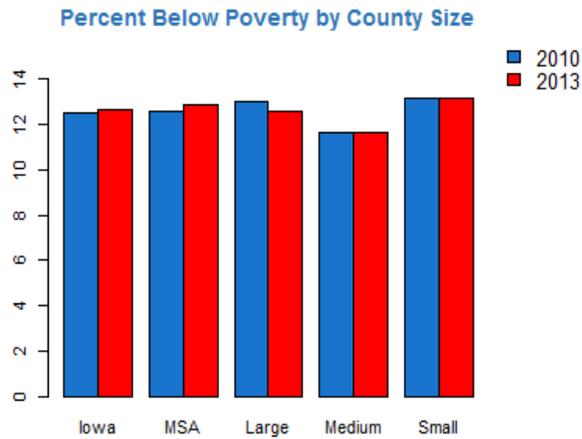
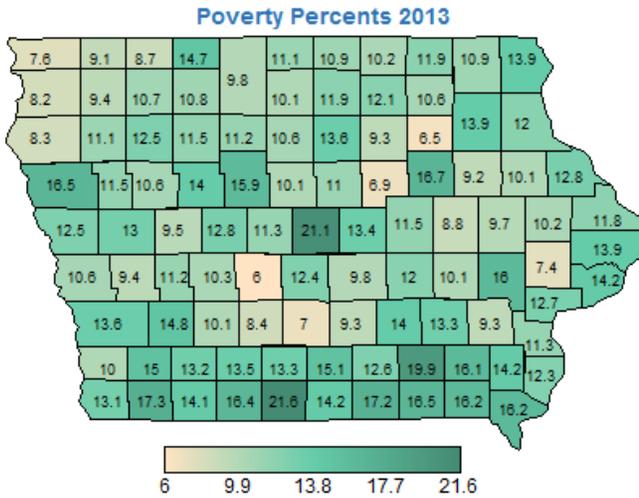
^a Gender comparisons are individual earnings

People in Poverty

- The poverty level in Iowa has remained steady from 2010 to 2013. The smallest counties in Iowa tend to have a slightly higher poverty level than counties with larger populations.
- 7.8% of individuals 65 and older were below the poverty level.
- The rates shown on this page are per individual. 8.1% of families in 2013 were below the poverty level and 13.9% of families with related children under 18 years old were below the poverty level.

www.iowadatacenter.org/quickfacts

U.S. Census Bureau; American Community Survey, 2010 & 2013 American Community Survey 1-Year Estimates
 U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE).



People Below Poverty in the Past 12 Months
 2013 2010

	2013	2010
STATE COMPARISON		
US	15.8%	15.3%
Iowa	12.6% (13)	12.5% (13)
Best State	9.0%	8.6%
Worst State	17.8%	17.6%
GENDER		
Male	11.5%	11.4%
Female	13.8%	13.7%
AGE		
Under 6 years	17.3%	19.4%
6-17	15.6%	14.7%
18-24	29.6%	30.8%
25-44	11.6%	11.5%
45-64	7.7%	7.5%
65-74	6.6%	5.3%
75+	9.4%	8.1%
RACE/ETHNICITY		
White	11.3%	10.9%
Black	35.7%	43.3%
American Indian	33.2%	19.4%
Asian	18.3%	11.3%
Pacific Islander	27.3%	^
Hispanic	24.0%	27.2%
COUNTY POPULATION		
Small, <10K	13.2%	13.3%
Medium, 10-20K	11.8%	11.7%
Large, > 20K	12.3%	12.7%
MSA	11.3%	11.3%

ACCESS TO QUALITY HEALTH SERVICES AND SUPPORT

Access to quality health services in this section is measured by BRFSS questions on health care costs, health care coverage, and ability to obtain transportation to medical care. We also include the percentage of under insured in Iowa, and identify the number of health care professionals in each county, plus the number of health care facilities and beds in each county. In the summaries that follow, we see that access to health has the greatest barriers for blacks, low-income earners, and those with lower levels of education attained.

Compared to all other states, Iowa ranks well in health care coverage, affordability, and transportation to quality health services. Whites generally have better access than blacks and Hispanics in Iowa. Maps are provided that show where health care providers and facilities are in Iowa.

The U.S. Agency for Healthcare Research and Quality (AHRQ) and U.S. Department of Health & Human Services give more nuanced quantification of health care availability as described next.

AHRQ State Snapshot

US Department of Health and Human Services – Agency for Healthcare Research and Quality

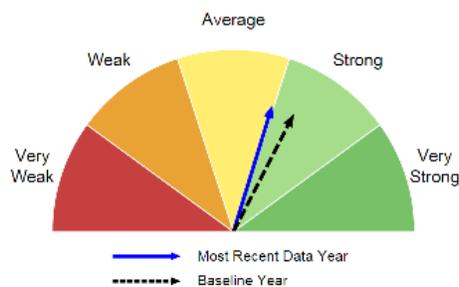


The Agency for Healthcare Research and Quality is a national research organization that is part of the U.S. Department of Health and Human Services. AHRQ funds internal and external research projects, and has a large variety of public health data available on its website, <http://www.ahrq.gov/>. The organization periodically releases summary reports of health care quality across states and regions as part of its mission to *“improve the quality, safety, efficiency, and effectiveness of health care for all Americans.”*

Known as “State Snapshots” and using data from the National Healthcare Quality Report, these reports make comparisons of health care quality measures across states and regions. The measurements on which these aggregate statistics are based are further broken down and compared to previous data.

They report 199 measures and compare those measures to achievable benchmarks. In Iowa, 24 (12%) of the measures are far away from the benchmark, 80 measures (40%) are close to the benchmark, and 95 (48%) have achieved the benchmark.

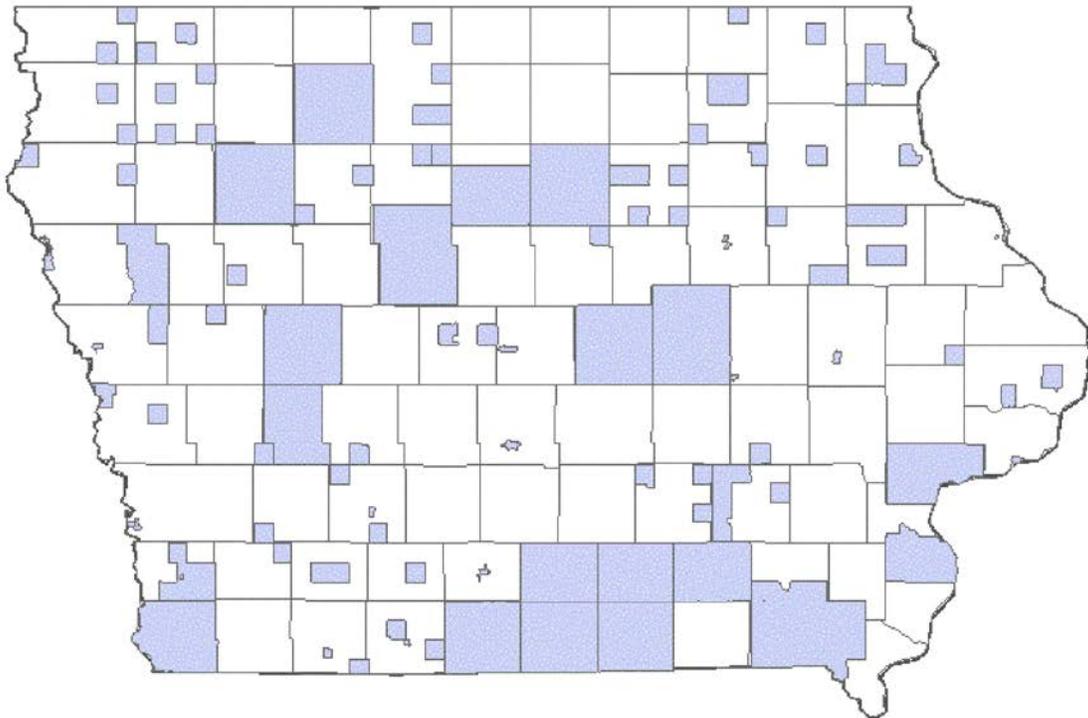
The 199 healthcare quality measures are summarized and compared to all other states. For the baseline year, Iowa’s performance was in the Strong range (dotted line) compared to other states. However, for the most recent year, Iowa’s performance is in the Average range. For more in depth details, see their website: <http://nhqrnet.ahrq.gov/inhqrdr/iowa/dashboard>



Health Professional Shortage Areas

The U.S. Department of Health & Human Resources, Health Resources and Services Administration (HRSA) keeps a Data Warehouse (<http://datawarehouse.hrsa.gov/>) of various health care indicators. HRSA's programs improve access to health care by strengthening the health care workforce, building healthy communities, and achieving health equity. These programs provide health care to people who are geographically isolated, economically or medically vulnerable. HRSA identifies geographic areas, population groups, and facilities with too few primary care, dental, and mental health providers. In the figure below, HRSA calculated and shaded the geographic areas that are considered Medical Underserved Areas/Populations. More examples can be found on their website.

Medically Underserved Areas/Populations

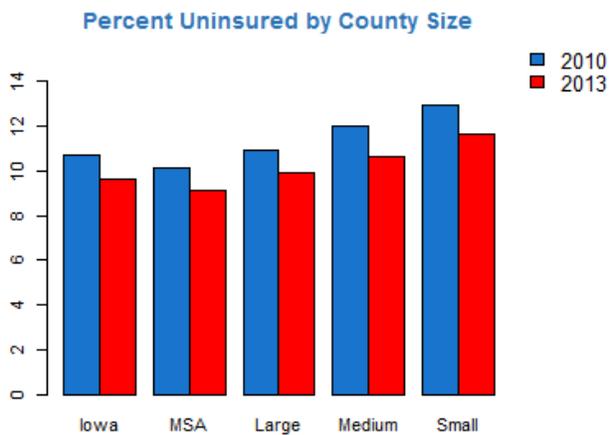
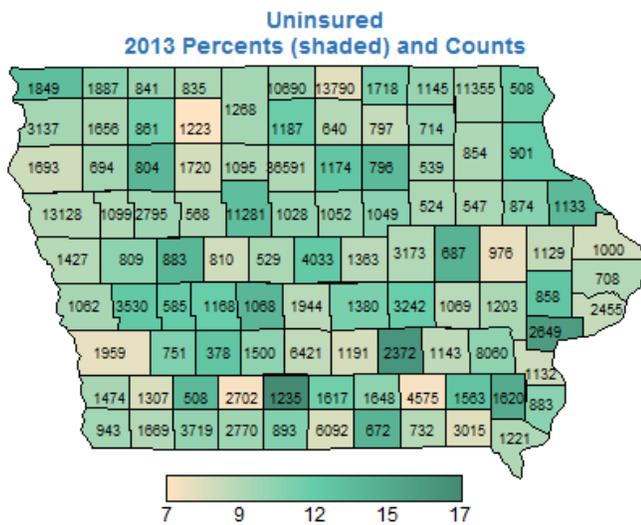


Shaded regions are geographic areas considered Medically Underserved Areas/Populations

Affordability: Health Insurance for People Under 65

- The largest percentage of uninsured Iowa residents occurs in the smallest Iowa counties.
- Hispanics are less likely to be insured than both whites and blacks.
- Sources of health insurance coverage for the entire population are:
 - 54% employer
 - 7% other private
 - 14% Medicaid
 - 14% Medicare
 - 1% other public
 - 9% uninsured

Census Bureau, Small Area Income and Poverty Estimates (SAIPE).



Percent of People Under 65 Uninsured
2013 2010

STATE COMPARISON	2013	2010
US	16.7	17.7
Iowa	9.6 (5)	10.7 (6)
Best State	4.3	5.2
Worst State	24.8	26.3
GENDER		
Male	10.5	11.9
Female	8.5	9.7
AGE ^a		
Under 6 years	3.6	2.9
6-17	4.4	4.6
18-24	14.0	20.6
25-34	16.8	18.4
35-44	11.8	12.9
45-54	9.4	10.5
55-64	6.7	6.7
RACE/ETHNICITY		
White	8.5	9.5
Black	13.3	14.5
Hispanic	21.4	25.6
COUNTY POPULATION		
Small, <10K	11.6	12.9
Medium, 10-20K	10.6	12.0
Large, > 20K	9.9	10.9
MSA	9.1	10.1

^a U.S. Census Bureau, American Community Survey

Health Care Coverage

- The age group with the highest rate of uninsured is 24 to 34 year olds.
- Those with less than a high school education have a higher percentage of uninsured.
- The income level with the highest uninsured rate is \$15,000 to \$24,999.

<i>Respondents without any kind of health care coverage.</i>	<i>STATE COMPARISON</i>	2014	2011
		<i>US</i>	14.1
	<i>Iowa</i>	7.7 (4)	11.6 (7)
	<i>Best State</i>	4.6	6.7
	<i>Worst State</i>	24.9	29.8
	<i>GENDER</i>		
	<i>Male</i>	9.1	14.4
	<i>Female</i>	6.4	8.8
	<i>AGE</i>		
	<i>18-24</i>	10.0	16.5
	<i>25-34</i>	15.6	19.9
	<i>35-44</i>	10.4	15.1
	<i>45-54</i>	7.7	11.0
	<i>55-64</i>	4.77	9.6
	<i>65+</i>	0.8	0.9
	<i>RACE/ETHNICITY</i>		
	<i>White</i>	6.0	9.5
	<i>Black</i>	15.7	32.0
	<i>Hispanic</i>	37.8	48.5
	<i>INCOME LEVEL</i>		
	<i><\$15,000</i>	12.4	22.9
	<i>\$15 – 24,999</i>	16.5	26.7
	<i>\$25 – 34,999</i>	11.6	19.1
	<i>\$35 – 49,999</i>	7.6	10.4
	<i>\$50,000 +</i>	2.7	3.0
	<i>EDUCATION</i>		
	<i>< High School</i>	21.3	27.3
	<i>High School</i>	8.7	13.0
	<i>Some post-H.S.</i>	6.0	10.7
	<i>College Grad</i>	3.5	3.7

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Affordability

- Cost of medication impacts a higher percentage of females than males.
- Cost of medication impacts whites considerably less than blacks or Hispanics.
- The percent who did not take medication due to cost is more than twice as high for those with less than a high school education compared to those with at least a high school education.

<i>Did not take medication as prescribed because of cost in the past 12 months.</i>	<i>STATE COMPARISON</i>	2014	2013
		US	8.6
	Iowa	6.3 (8)	6.4 (5)
	Best State	4.8	4.7
	Worst State	11.8	12.7
	<i>GENDER</i>		
	Male	4.7	5.2
	Female	7.8	7.5
	<i>AGE</i>		
	18-24	4.1	7.6
	25-34	9.6	6.9
	35-44	8.8	8.4
	45-54	7.4	8.6
	55-64	5.2	6.3
	65+	3.7	2.1
	<i>RACE/ETHNICITY</i>		
	White	6.0	6.0
	Black	11.0	5.0
	Hispanic	11.2	13.0
	<i>INCOME LEVEL</i>		
	<\$15,000	15.4	11.8
	\$15 – 24,999	9.6	11.3
	\$25 – 34,999	8.8	7.4
	\$35 – 49,999	6.6	6.3
	\$50,000 +	3.4	3.2
	<i>EDUCATION</i>		
	< High School	13.7	9.2
	High School	5.5	6.0
	Some post-H.S.	6.8	8.0
	College Grad	3.6	3.2

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Affordability

- The ability to afford medical care increases with education level and income level.
- Whites were much more likely to be able to afford a doctor than blacks or Hispanics.

<i>Did not see a doctor because of cost In the past 12 months.</i>	<i>STATE COMPARISON</i>	<i>2014</i>	<i>2011</i>
		<i>US</i>	<i>14.3</i>
	<i>Iowa</i>	<i>8.8 (4)</i>	<i>10.3 (4)</i>
	<i>Best State</i>	<i>7.0</i>	<i>8.7</i>
	<i>Worst State</i>	<i>19.4</i>	<i>23.3</i>
	<i>GENDER</i>		
	<i>Male</i>	<i>7.8</i>	<i>9.4</i>
	<i>Female</i>	<i>9.7</i>	<i>11.1</i>
	<i>AGE</i>		
	<i>18-24</i>	<i>9.9</i>	<i>12.1</i>
	<i>25-34</i>	<i>13.8</i>	<i>15.1</i>
	<i>35-44</i>	<i>11.5</i>	<i>14.8</i>
	<i>45-54</i>	<i>10.7</i>	<i>11.1</i>
	<i>55-64</i>	<i>6.2</i>	<i>8.2</i>
	<i>65+</i>	<i>2.9</i>	<i>2.5</i>
	<i>RACE/ETHNICITY</i>		
	<i>White</i>	<i>7.7</i>	<i>9.2</i>
	<i>Black</i>	<i>18.0</i>	<i>21.0</i>
	<i>Hispanic</i>	<i>27.1</i>	<i>24.1</i>
	<i>INCOME LEVEL</i>		
	<i><\$15,000</i>	<i>17.3</i>	<i>22.7</i>
	<i>\$15 – 24,999</i>	<i>21.6</i>	<i>20.4</i>
	<i>\$25 – 34,999</i>	<i>11.6</i>	<i>18.4</i>
	<i>\$35 – 49,999</i>	<i>8.6</i>	<i>8.5</i>
	<i>\$50,000 +</i>	<i>2.6</i>	<i>3.7</i>
	<i>EDUCATION</i>		
	<i>< High School</i>	<i>17.9</i>	<i>16.3</i>
	<i>High School</i>	<i>8.9</i>	<i>10.6</i>
	<i>Some post-H.S.</i>	<i>8.8</i>	<i>11.9</i>
	<i>College Grad</i>	<i>4.8</i>	<i>4.6</i>

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Transportation

- Iowa fares well nationally in having availability of transportation to medical care by ranking third among all states regardless of gender, race, or age.
- Blacks tend to have the most difficulty in finding transportation to medical care.
- The percent of people delaying medical care due to no transportation is almost 4 times higher for those with less than a high school degree compared to those with at least a high school degree.

<i>Delayed getting needed medical care due to lack of transportation in the past 12 months.</i>	<i>STATE COMPARISON</i>	<i>2014</i>	<i>2013</i>
	<i>US</i>	<i>2.4</i>	<i>2.7</i>
	<i>Iowa</i>	<i>2.6 (5)</i>	<i>2.6 (5)</i>
	<i>Best State</i>	<i>2.4</i>	<i>2.1.9</i>
	<i>Worst State</i>	<i>5.4</i>	<i>5.6.0</i>
	<i>GENDER</i>		
	<i>Male</i>	<i>2.1</i>	<i>2.2</i>
	<i>Female</i>	<i>3.0</i>	<i>3.2</i>
	<i>AGE</i>		
	<i>18-24</i>	<i>3.1</i>	<i>6.0</i>
	<i>25-34</i>	<i>2.8</i>	<i>2.2</i>
	<i>35-44</i>	<i>2.7</i>	<i>2.1</i>
	<i>45-54</i>	<i>2.8</i>	<i>3.1</i>
	<i>55-64</i>	<i>2.1</i>	<i>1.8</i>
	<i>65-74</i>	<i>2.0</i>	<i>1.7</i>
	<i>75+</i>	<i>2.4</i>	<i>2.3</i>
	<i>RACE/ETHNICITY</i>		
	<i>White</i>	<i>2.0</i>	<i>2.2</i>
	<i>Black</i>	<i>11.3</i>	<i>9.6</i>
	<i>Hispanic</i>	<i>7.6</i>	<i>5.7</i>
	<i>INCOME LEVEL</i>		
	<i><\$15,000</i>	<i>11.0</i>	<i>14.0</i>
	<i>\$15 – 24,999</i>	<i>6.1</i>	<i>5.0</i>
	<i>\$25 – 34,999</i>	<i>2.4</i>	<i>1.6</i>
	<i>\$35 – 49,999</i>	<i>0.5</i>	<i>0.8</i>
	<i>\$50,000 +</i>	<i>0.3</i>	<i>0.3</i>
	<i>EDUCATION</i>		
	<i>< High School</i>	<i>8.6</i>	<i>8.1</i>
	<i>High School</i>	<i>2.3</i>	<i>3.0</i>
	<i>Some post-H.S.</i>	<i>2.3</i>	<i>2.4</i>
	<i>College Grad</i>	<i>0.9</i>	<i>0.5</i>

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Transportation

- The non-emergency medical transportation (NEMT) program are services available to eligible members who need a ride to get to their medical appointments. The table below summarizes the use of this service.
- Between 2011 and 2014, trips per user and percent of members of using transportation services have slightly increased.
- The number of trips occurring between 1-10 miles has increased, while all other categories have decreased.

Iowa Medicaid Monthly Trips Summary		
	2014	2011
% of Members Utilizing Transportation Services	1.2	1.1
Trips per user	7.6	6.7
Trips per distance:		
< 1 mile	1,851	10,614
1-3 miles	61,342	49,407
3-6 miles	62,184	27,174
6-10 miles	31,140	24,649
10-20 miles	59,525	69,549
20-30 miles	13,471	49,548
30-50 miles	45,708	50,021
50+ miles	48,700	68,988

<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/NEMT>

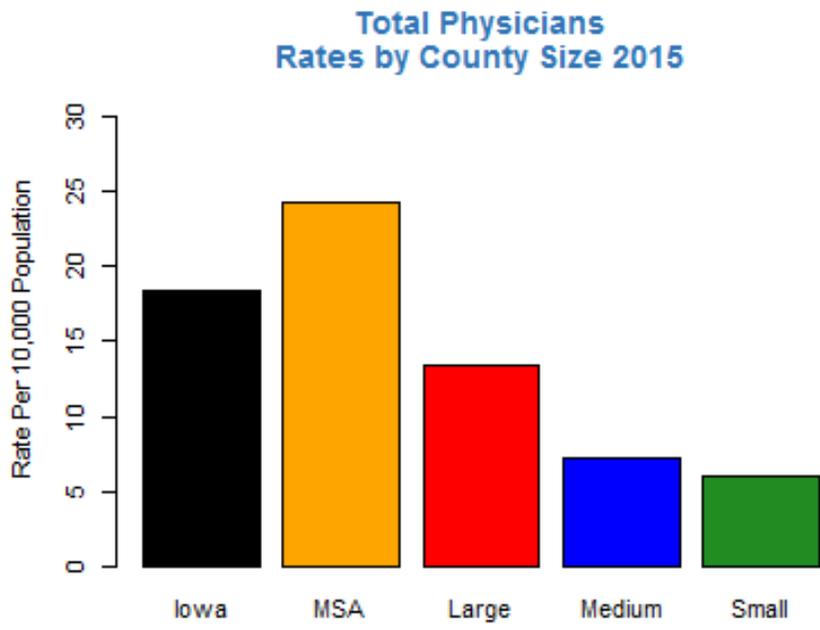
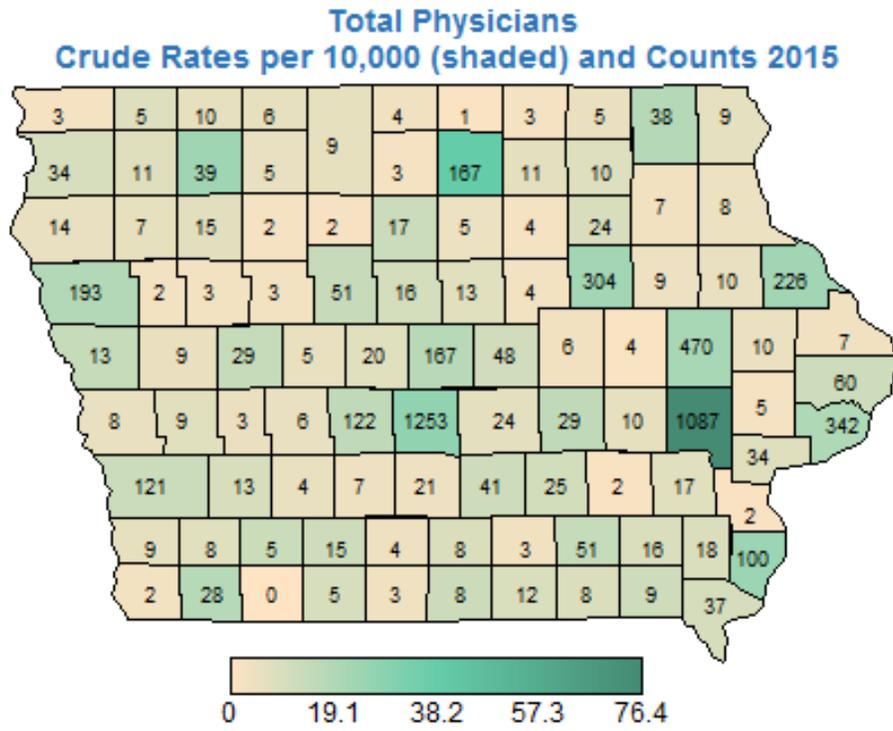
Availability and Quality of the Health Care Workforce

The Office of Statewide Clinical Education Programs (OSCEP) at the University of Iowa Carver College Of Medicine, the Iowa Department of Public Health, Board of Nursing, and the Bureau of Emergency Medical Services collect the presented health care provider data. The Iowa Health Professions Tracking Center staffed by OSCEP provides an up-to-date inventory of physicians, physician assistants, advanced registered nurse practitioners, pharmacists, and dentists, which facilitates tracking trends in Iowa health professionals and provides feedback to the health science colleges on the progress of their programs.

The Board of Nursing enforces and regulates nursing education, nursing practice, and continuing education for nurses. It sets standards, provides evaluation and licensing, and investigates complaints about licensed practical nurses, registered nurses, and advanced registered nurse practitioners. Its mission is “to protect the public health, safety, and welfare of Iowans by ensuring that nursing is practiced by competent licensed individuals within their practice field.” Data related to the nursing supply are housed within the Board of Nursing.

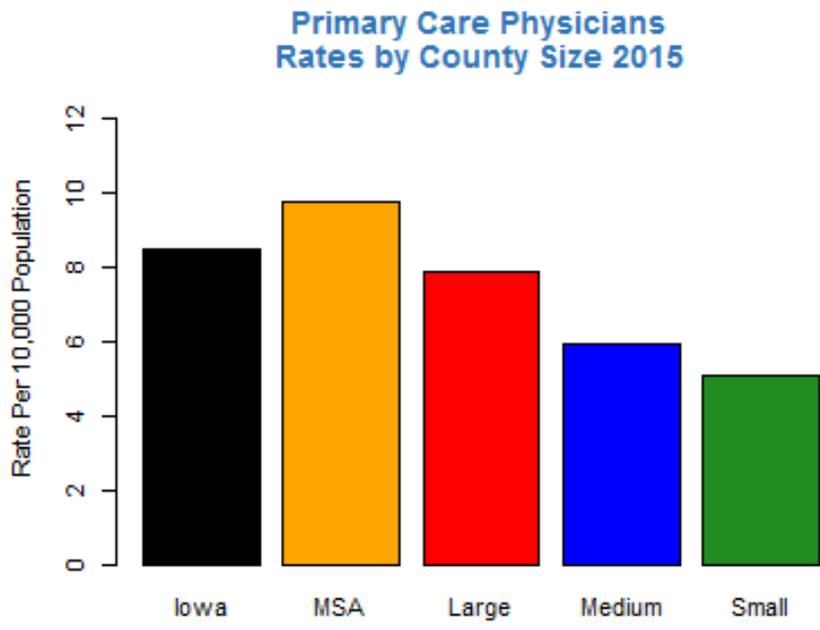
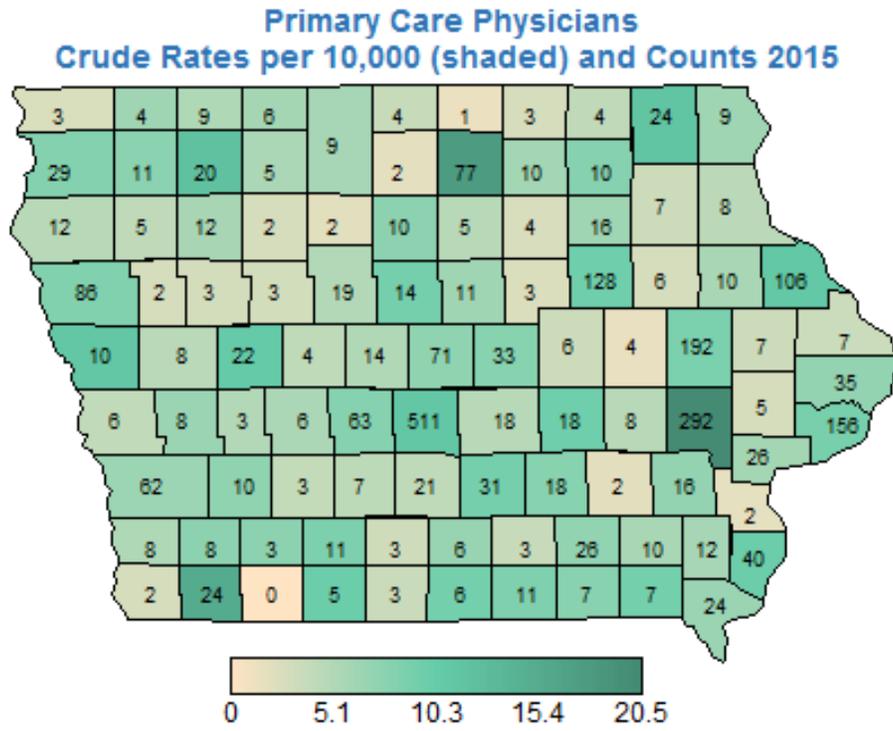
The Bureau of Emergency Medical Services (EMS) is a regulatory agency that establishes initial training, continuing education, and renewal requirements leading to certification of emergency medical care providers, including those presented here. The EMS Bureau is also responsible for the authorization and regulation of EMS service programs (levels Emergency Medical Responder through Paramedic), and a statewide trauma system. In addition, the Bureau has statewide programs dealing with system development initiatives, injury prevention, and emergency medical services for children.

Availability and Quality of the Health Care Workforce: Total Physicians



Source: Office of Statewide Clinical Education Programs, College of Medicine, University of Iowa

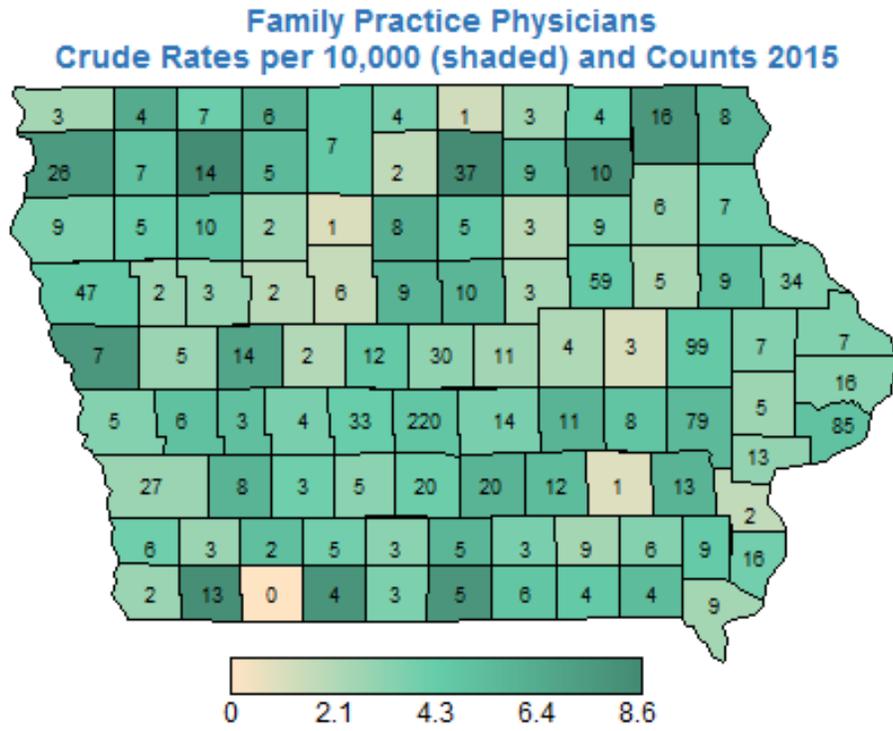
Availability and Quality of the Health Care Workforce: Primary Care Physicians



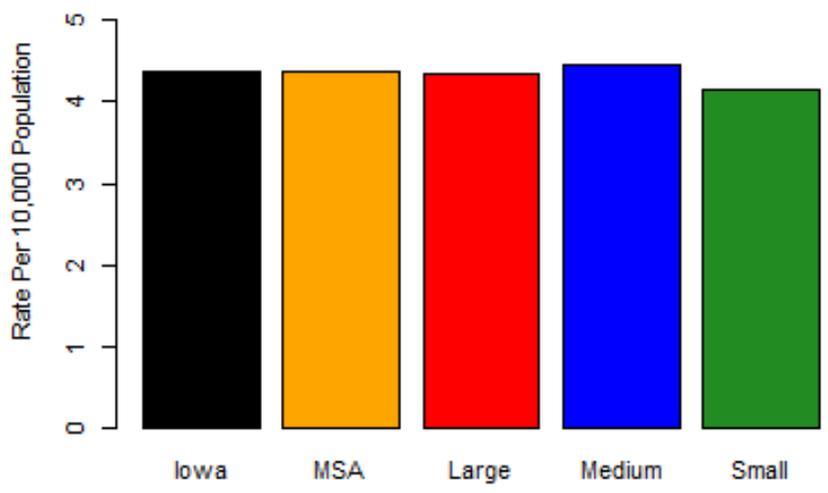
Includes Family Practice, Internal Medicine, Pediatric, and Obstetrics/Gynecology physicians

Source: Office of Statewide Clinical Education Programs, College of Medicine, University of Iowa

Availability and Quality of the Health Care Workforce: Family Practice Physicians

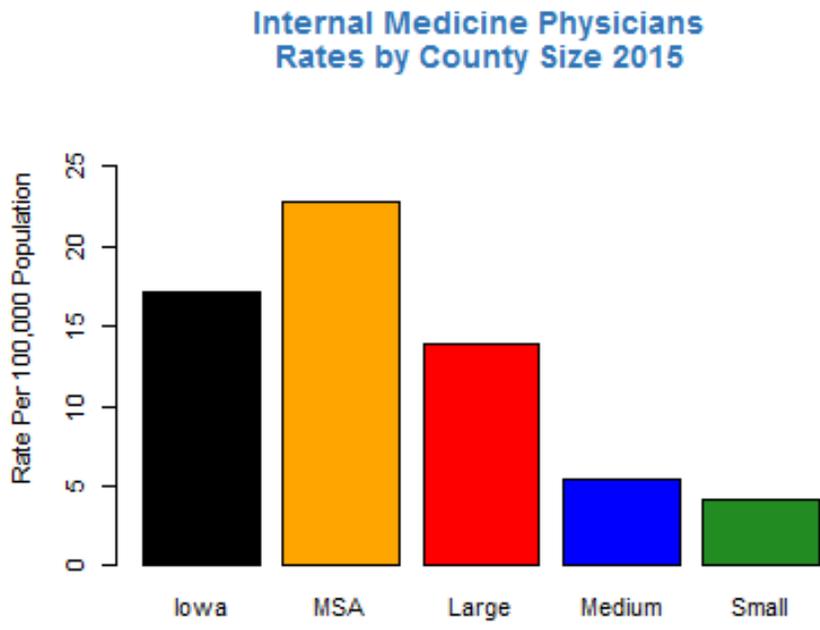
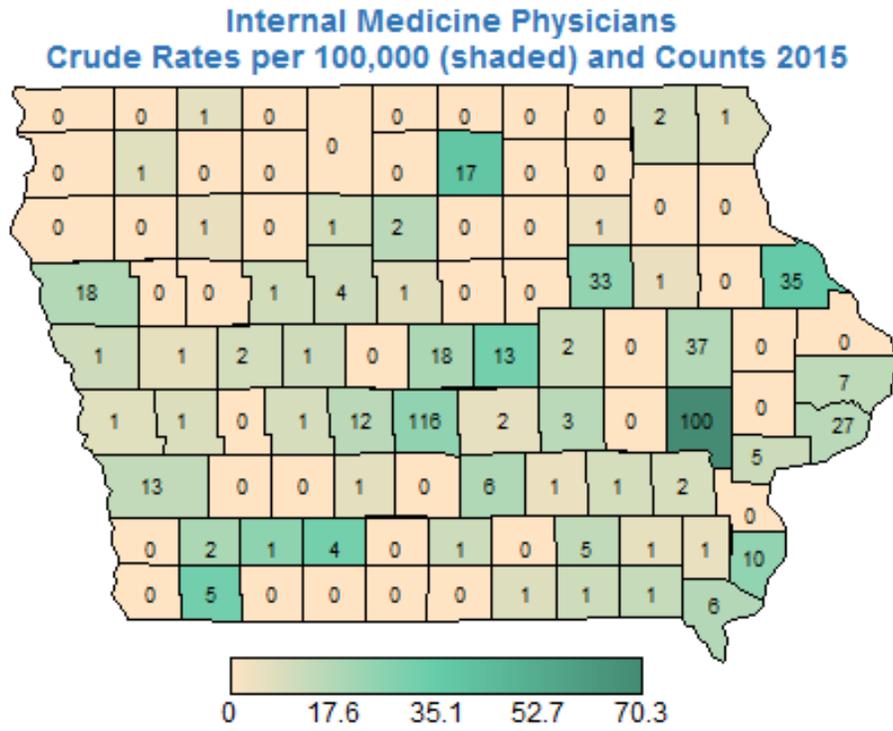


Family Practice Physicians Rates by County Size 2015



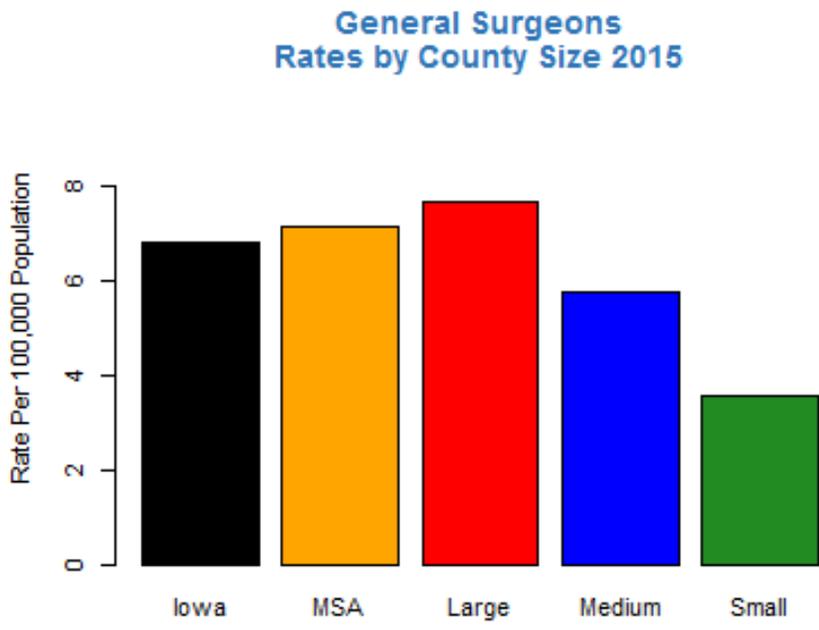
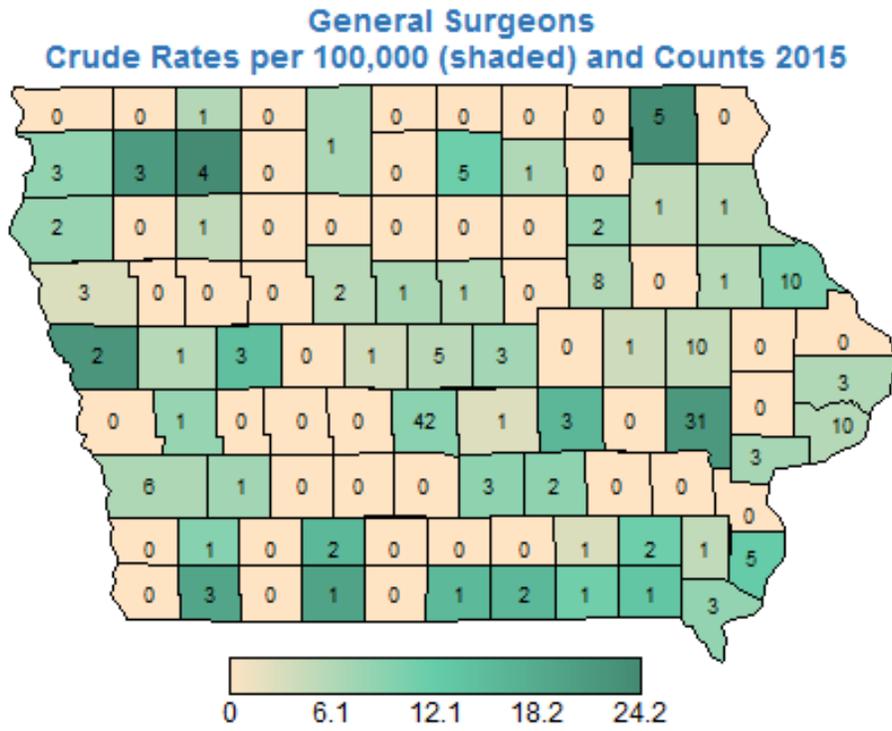
Source: Office of Statewide Clinical Education Programs, College of Medicine, University of Iowa

Availability and Quality of the Health Care Workforce: Internal Medicine Physicians



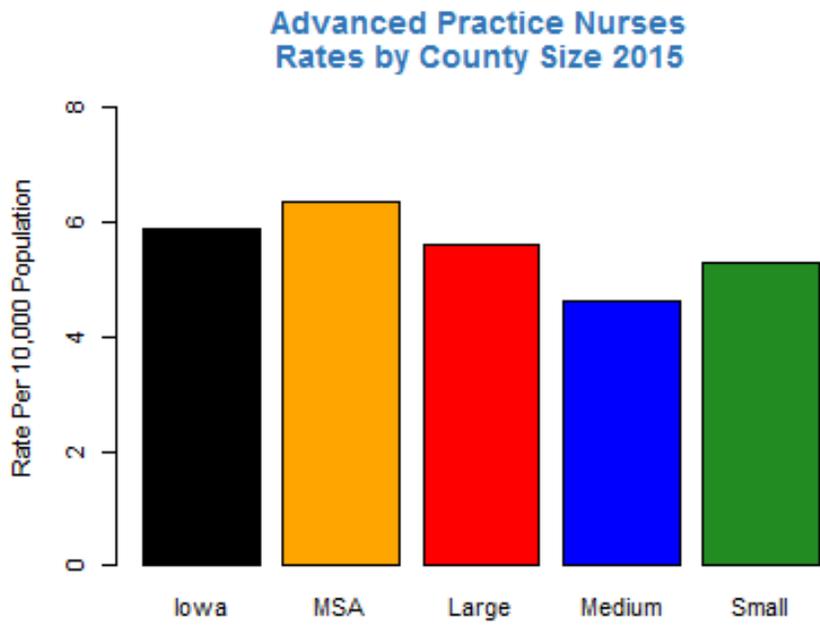
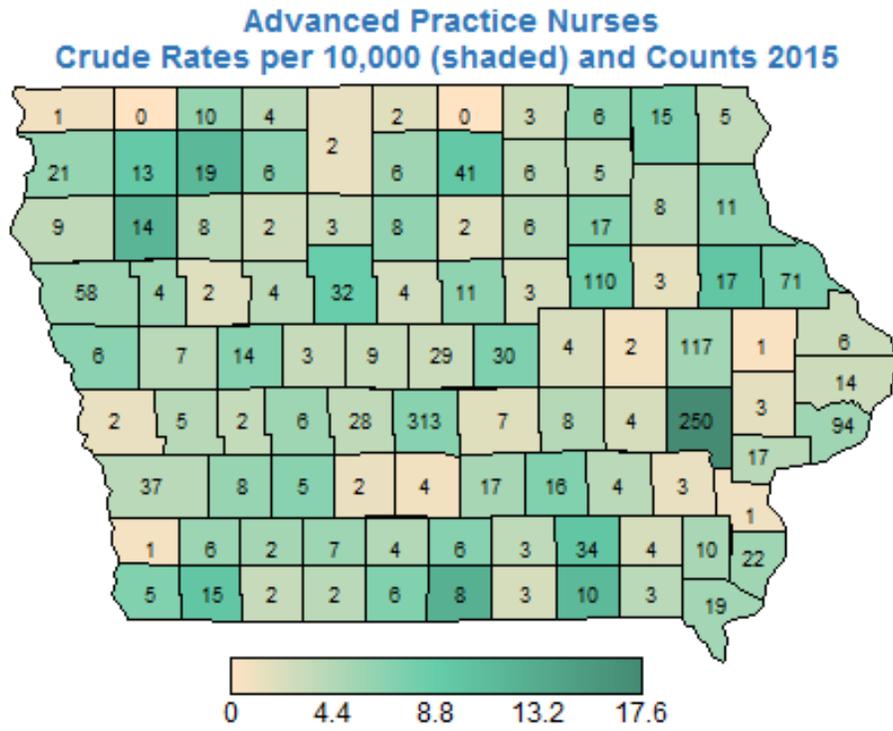
Source: Office of Statewide Clinical Education Programs, College of Medicine, University of Iowa

Availability and Quality of the Health Care Workforce: General Surgeons



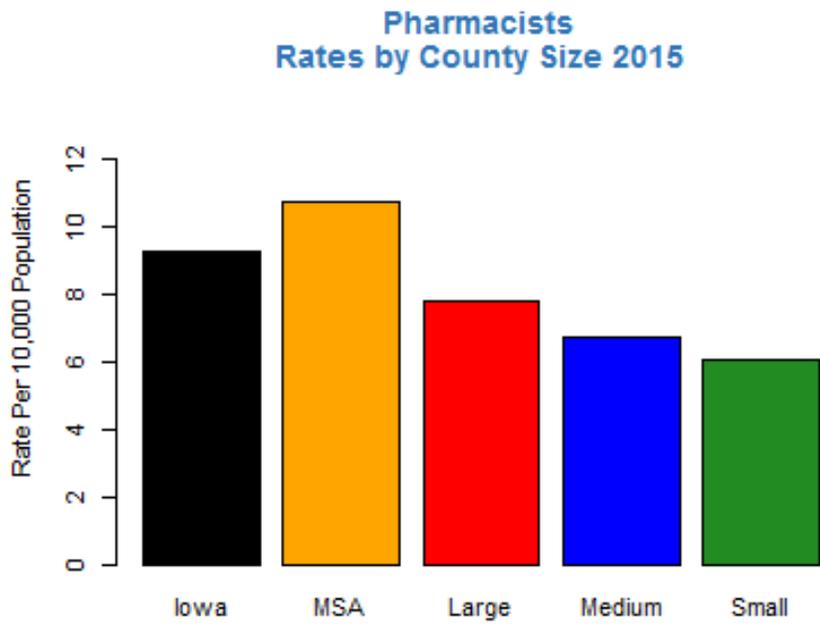
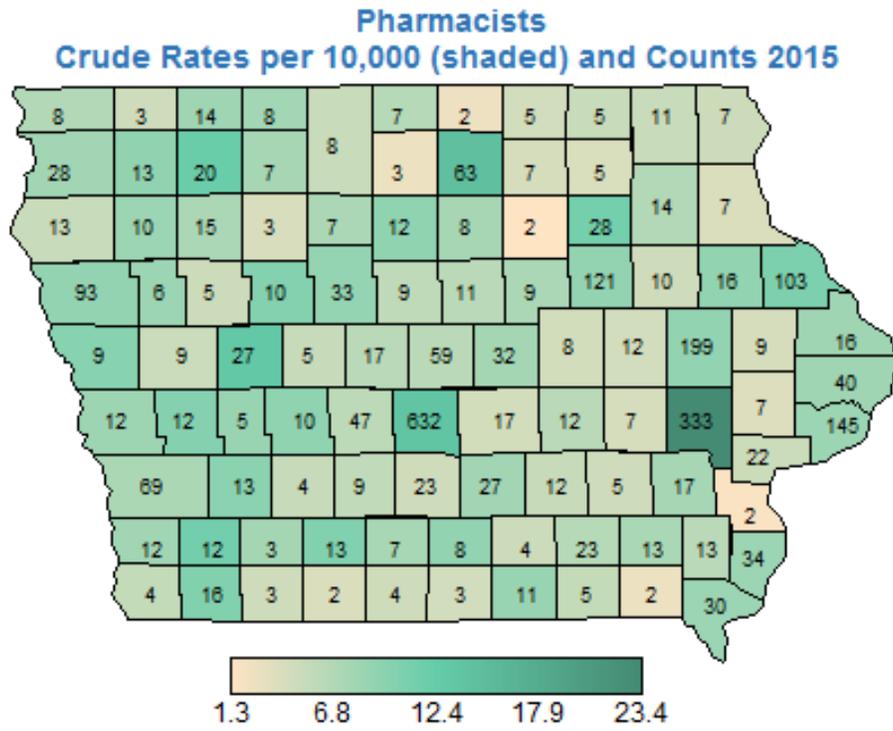
Source: Office of Statewide Clinical Education Programs, College of Medicine, University of Iowa

Availability and Quality of the Health Care Workforce: Advanced Practice Nurses



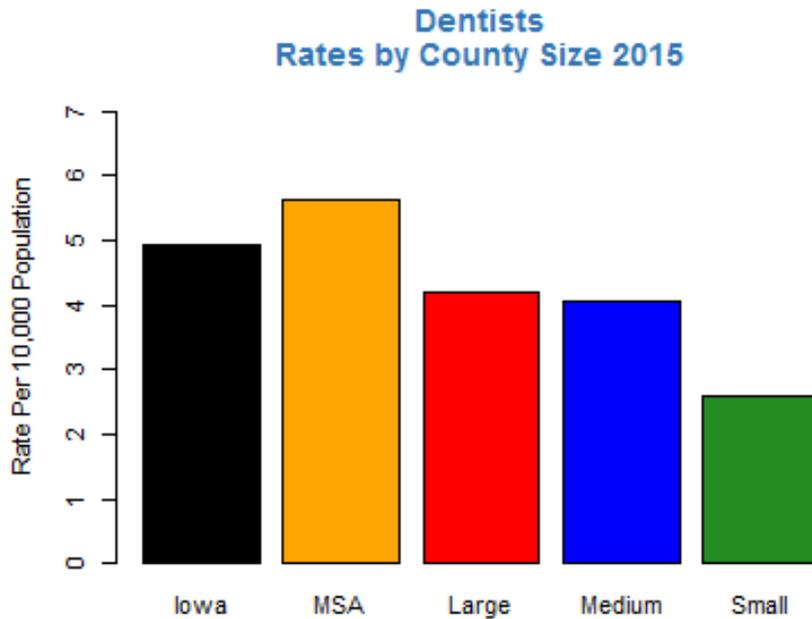
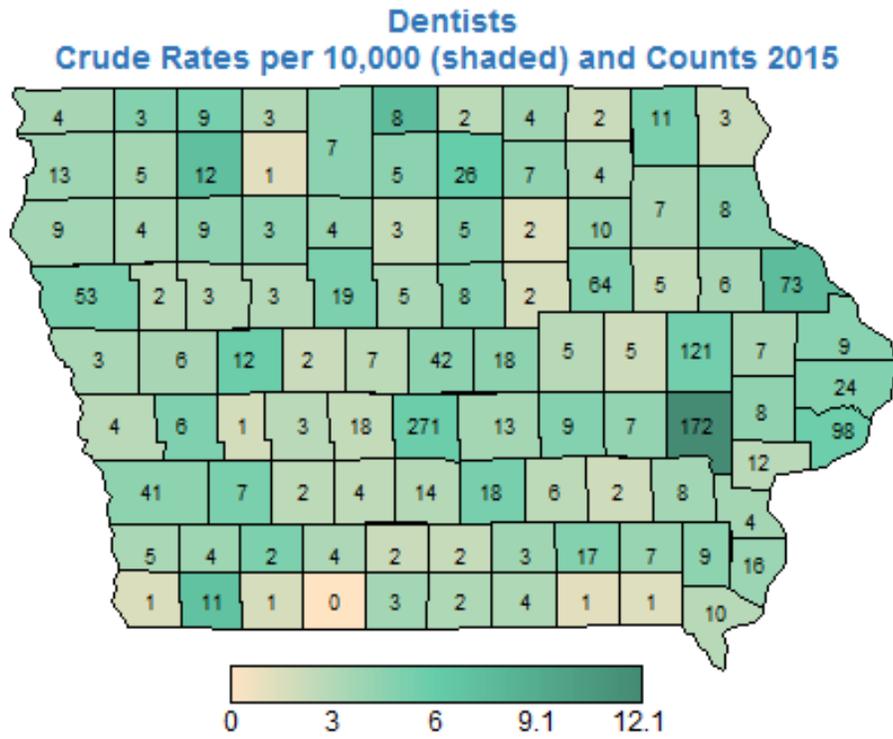
Source: Office of Statewide Clinical Education Programs, College of Medicine, University of Iowa

Availability and Quality of the Health Care Workforce: Pharmacists



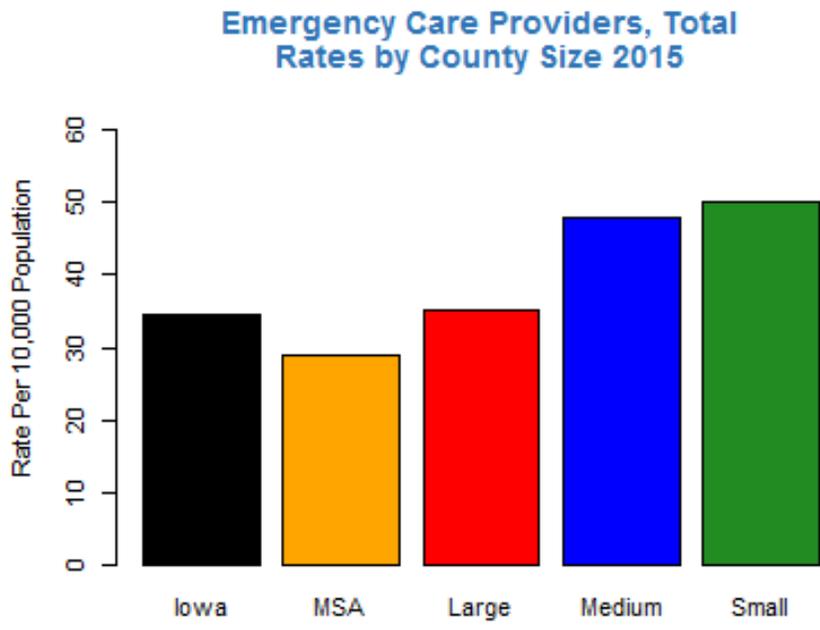
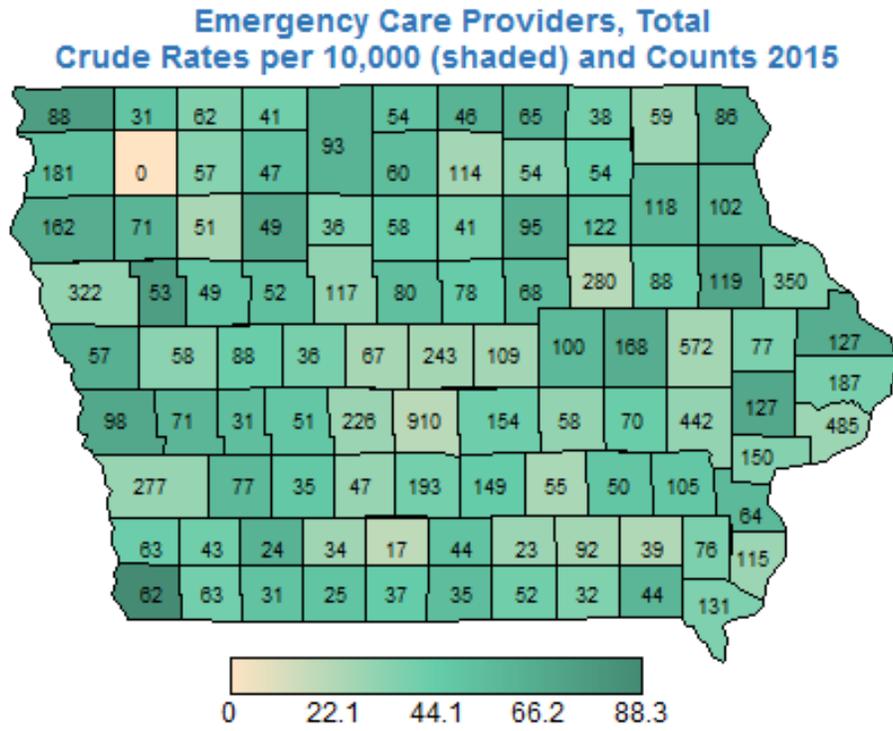
Source: Office of Statewide Clinical Education Programs, College of Medicine, University of Iowa

Availability and Quality of the Health Care Workforce: Dentists



Source: Office of Statewide Clinical Education Programs, College of Medicine, University of Iowa

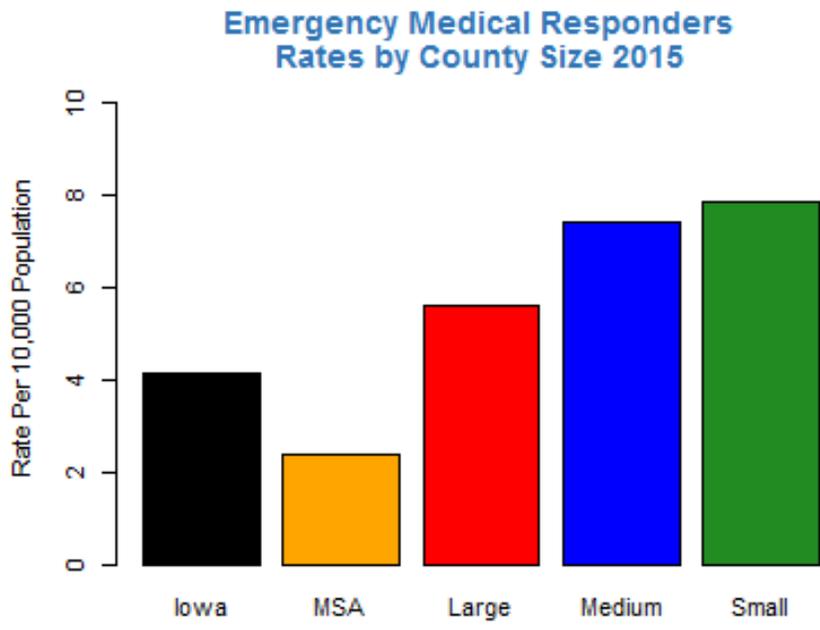
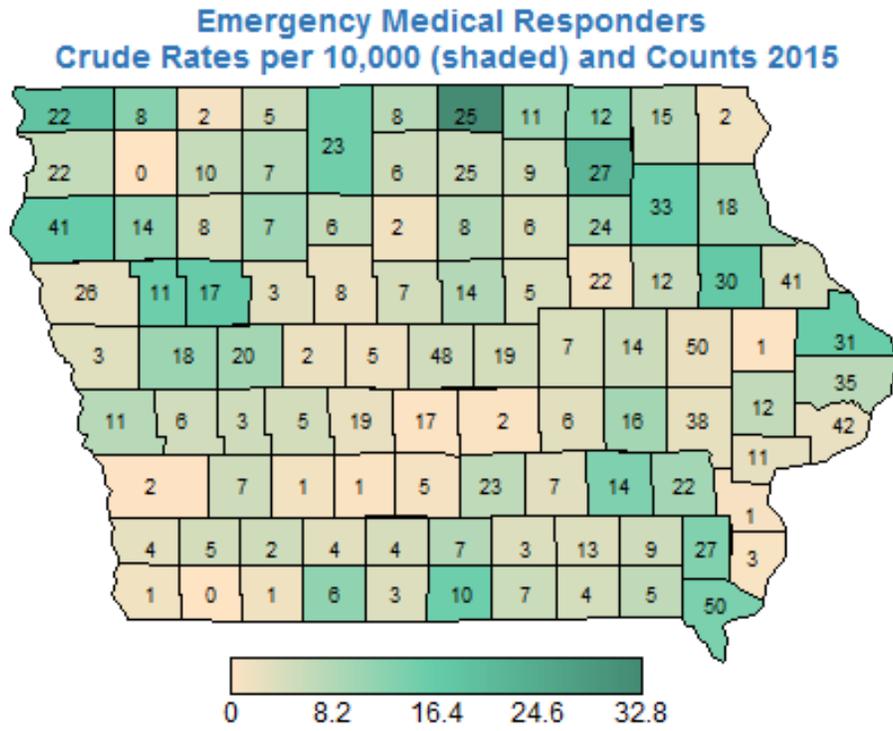
Availability and Quality of the Health Care Workforce: Emergency Care Providers – Total



Includes First Responder, Basic, Intermediate, Paramedic, and Paramedic Specialist

Source: Bureau of Emergency Medical Services, Iowa Department of Public Health

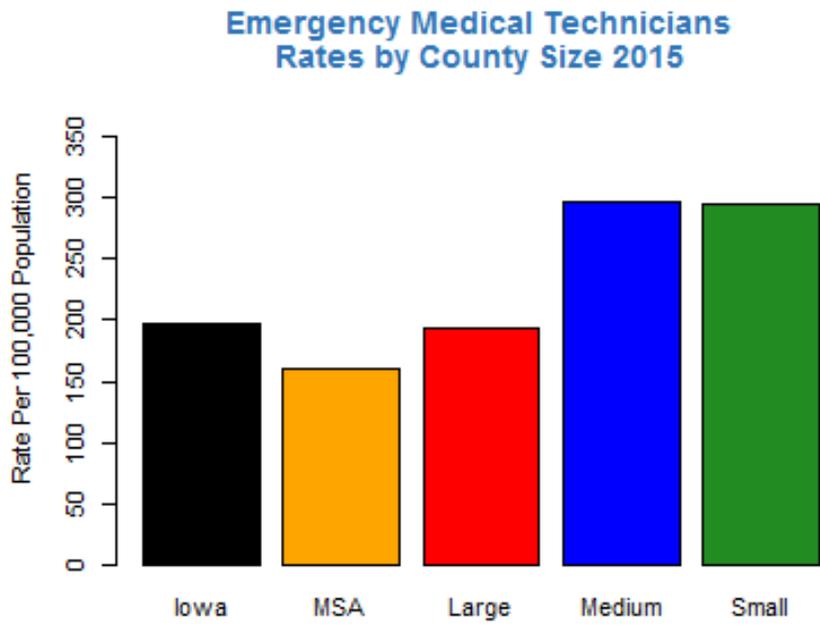
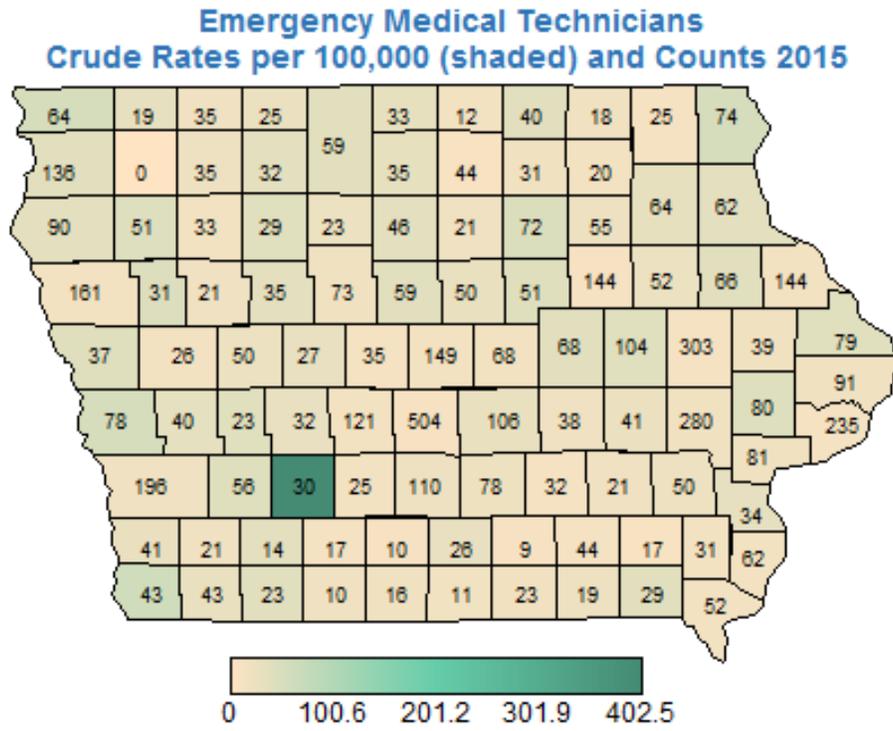
Availability and Quality of the Health Care Workforce: Emergency Medical Responders



Includes Emergency Medical Responders and First Responders

Source: Bureau of Emergency Medical Services, Iowa Department of Public Health

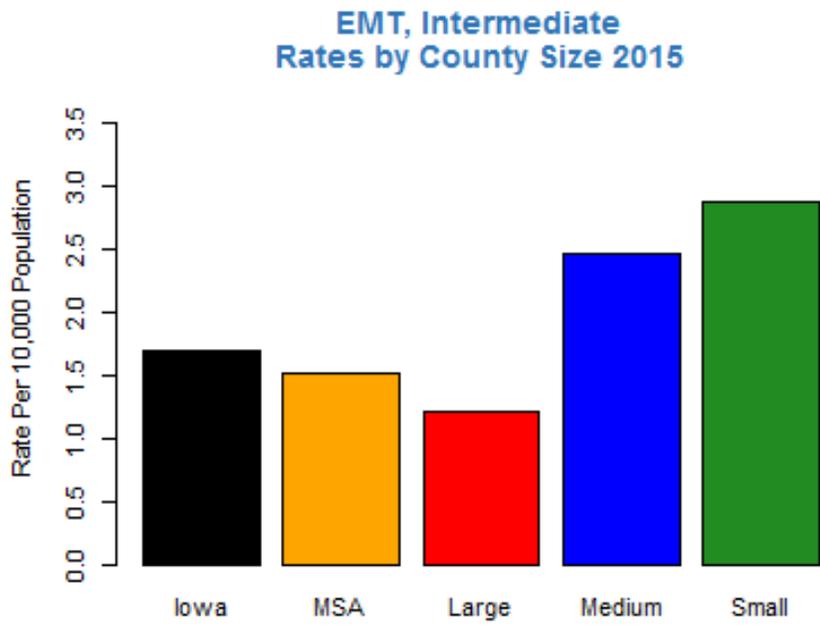
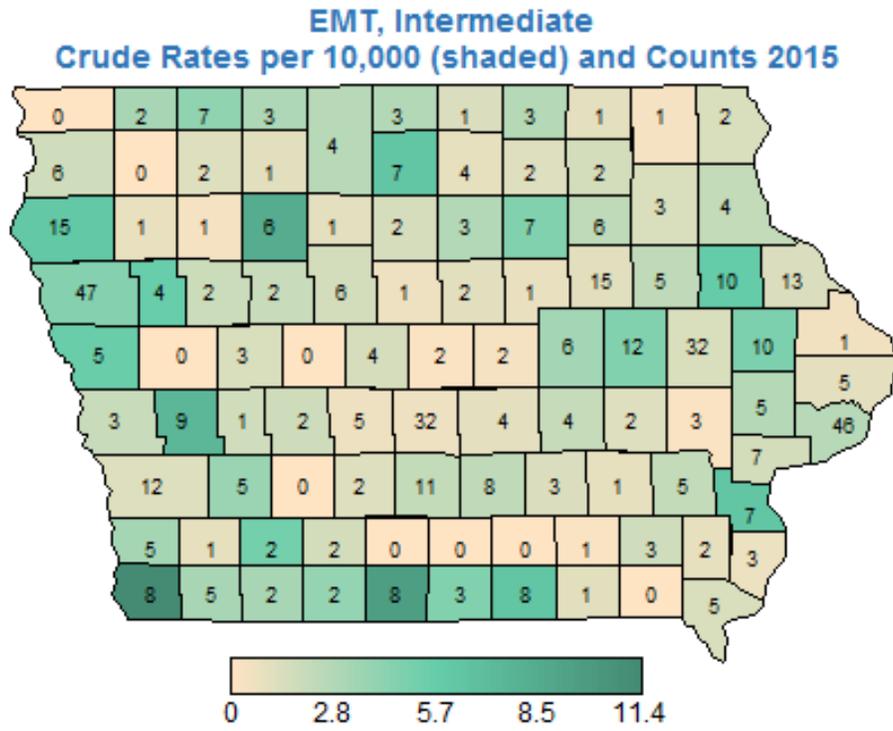
Availability and Quality of the Health Care Workforce: Emergency Medical Technicians



Includes Emergency Medical Technicians and Emergency Medical Technicians – Basic

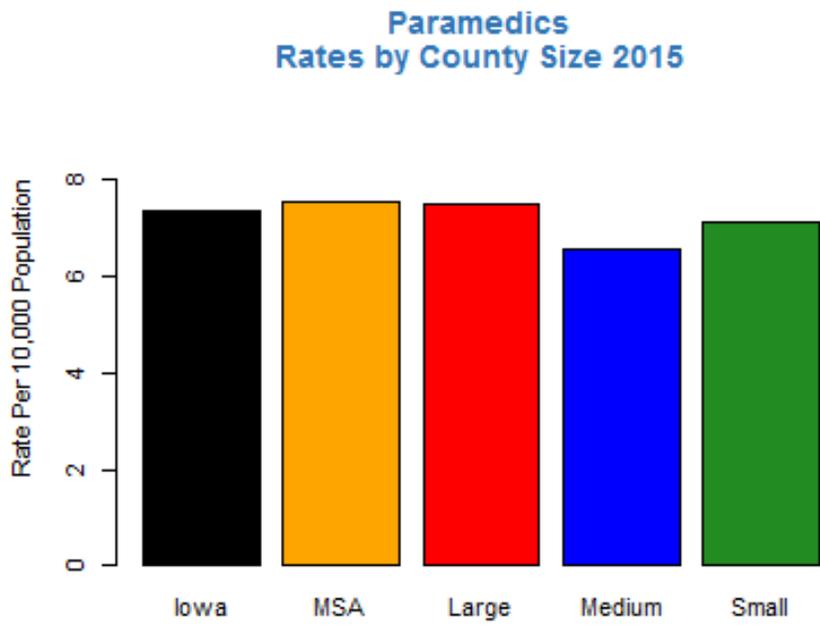
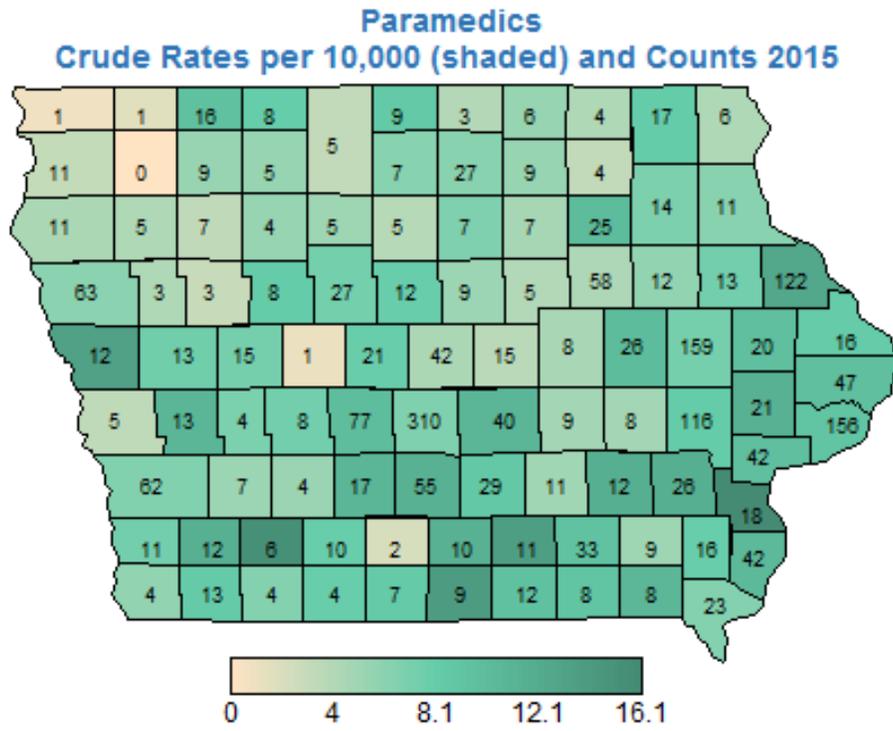
Source: Bureau of Emergency Medical Services, Iowa Department of Public Health

Availability and Quality of the Health Care Workforce: EMT – Intermediate



Source: Bureau of Emergency Medical Services, Iowa Department of Public Health

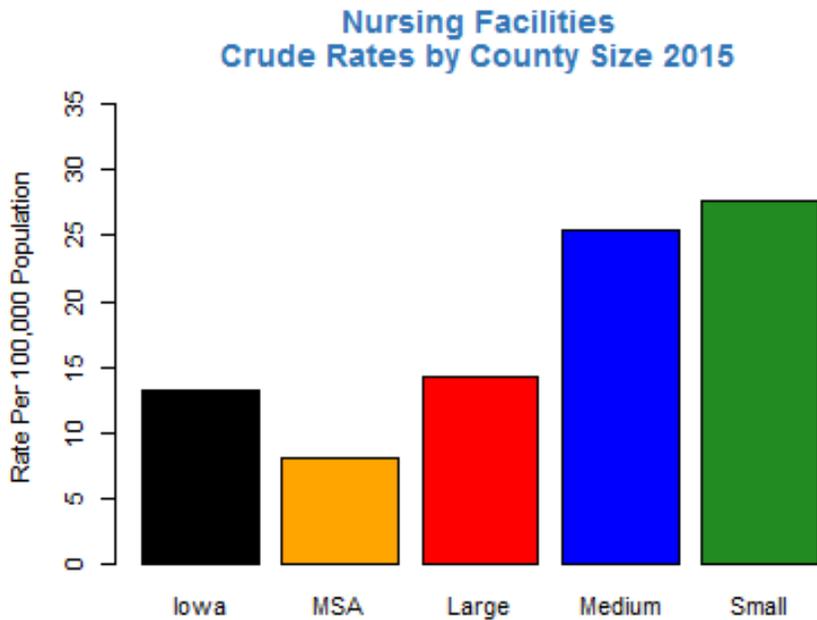
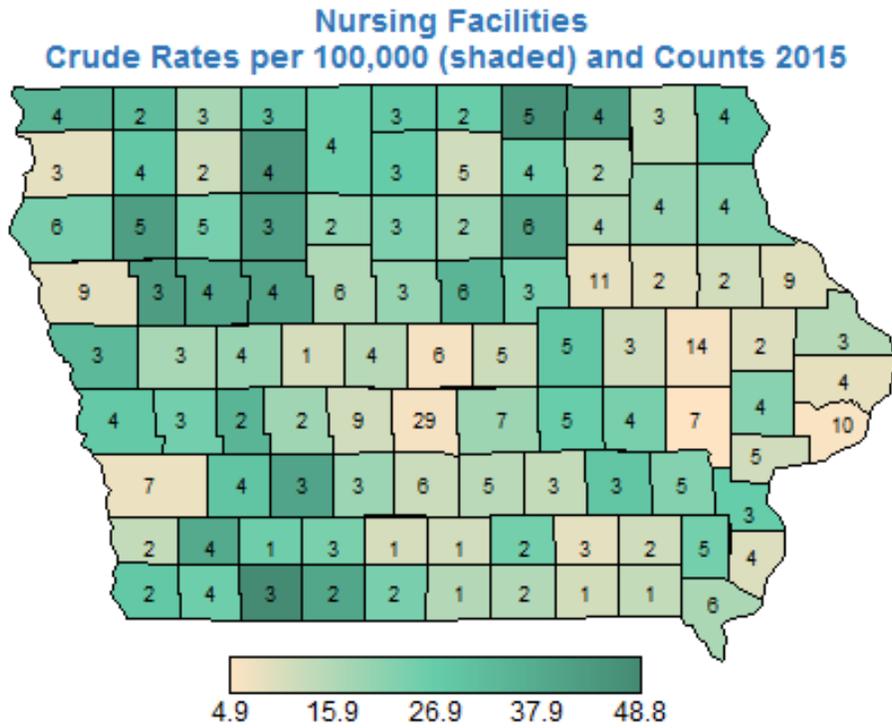
Availability and Quality of the Health Care Workforce: Paramedics



Includes Paramedic and Paramedic Specialist

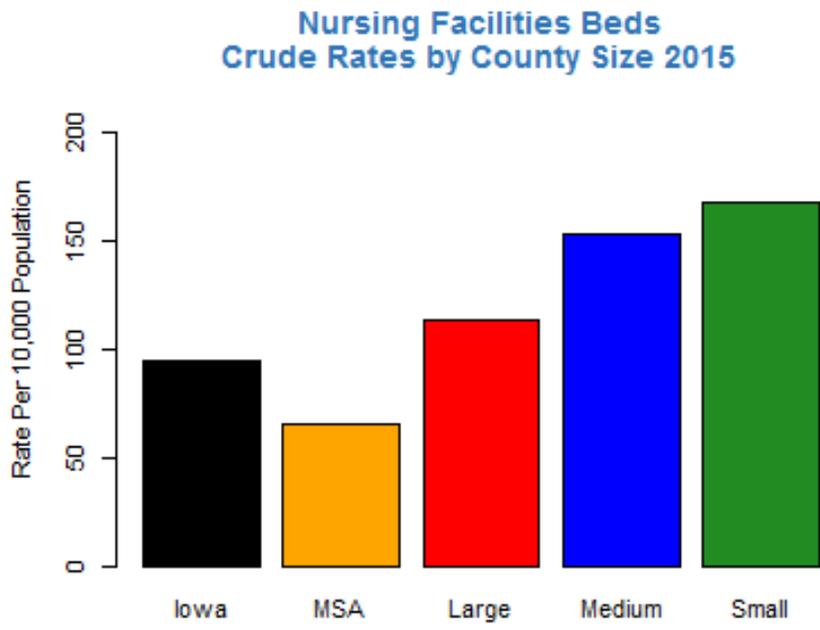
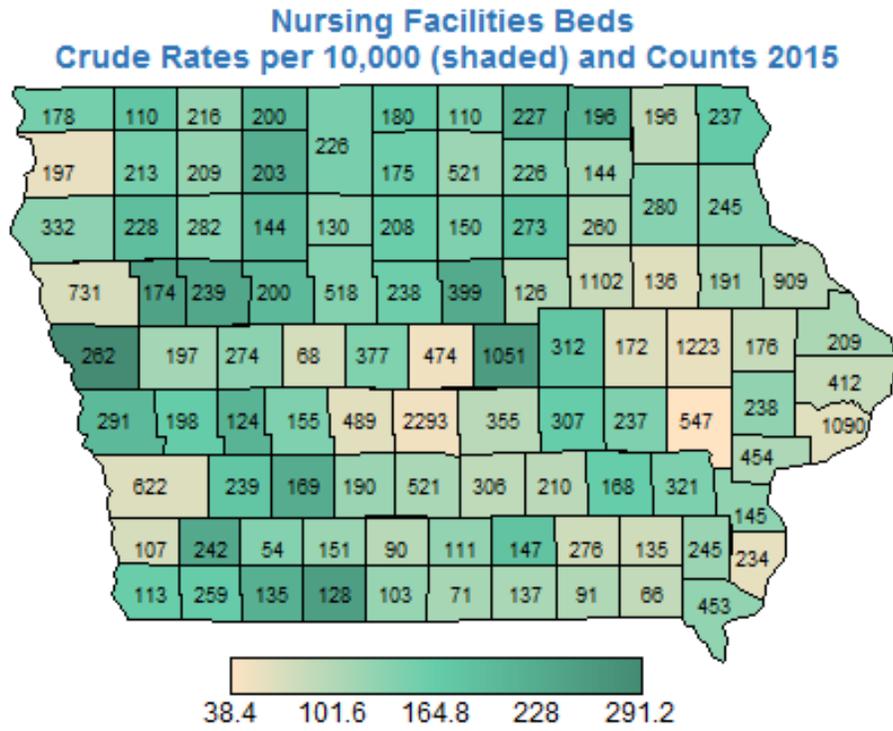
Source: Bureau of Emergency Medical Services, Iowa Department of Public Health

Availability and Quality of the Health Care Workforce: Nursing Facilities



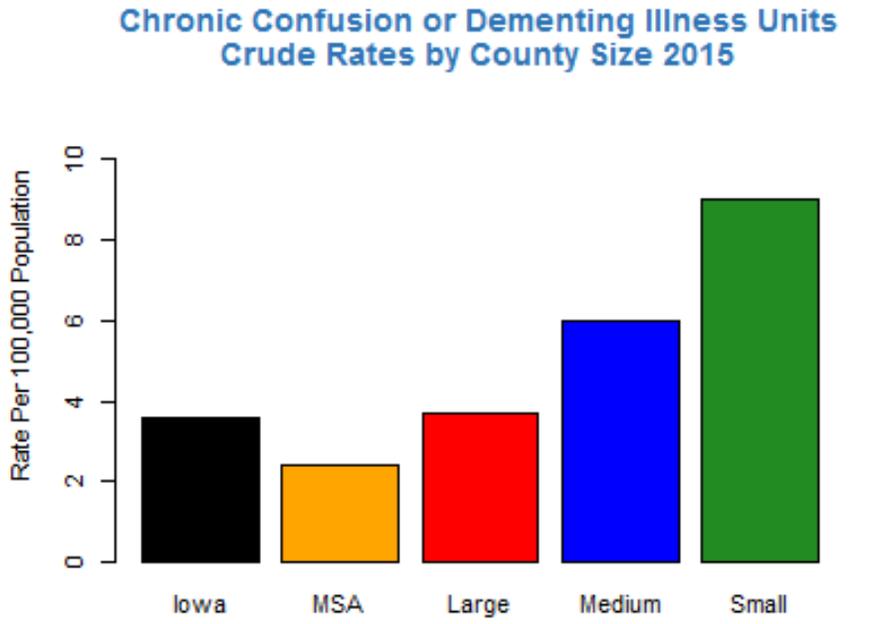
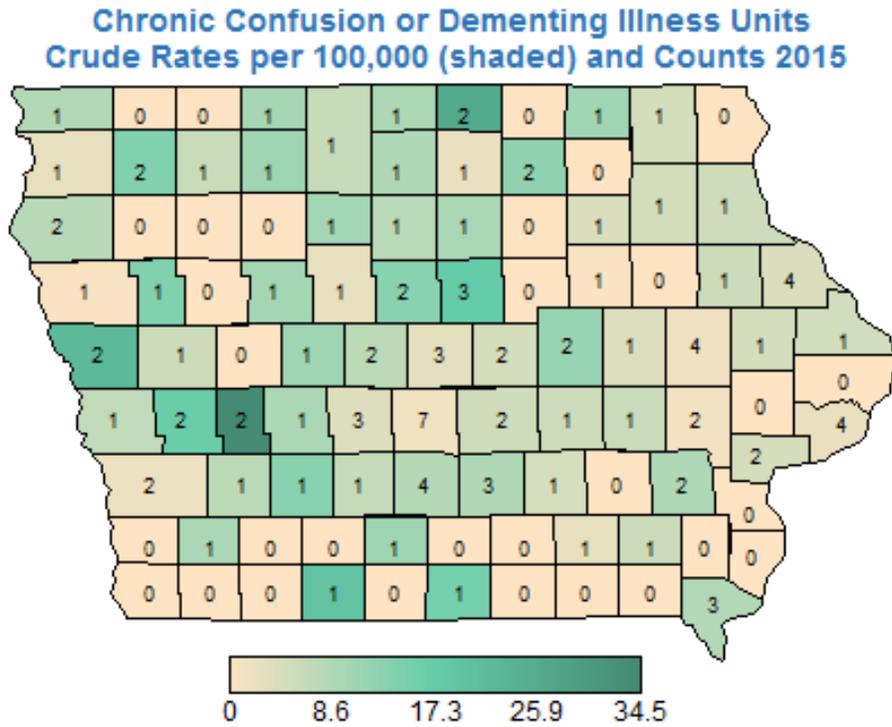
Source: Department of Inspections and Appeals, Iowa Department of Public Health

Availability and Quality of the Health Care Workforce: Nursing Facility Beds



Source: Department of Inspections and Appeals, Iowa Department of Public Health

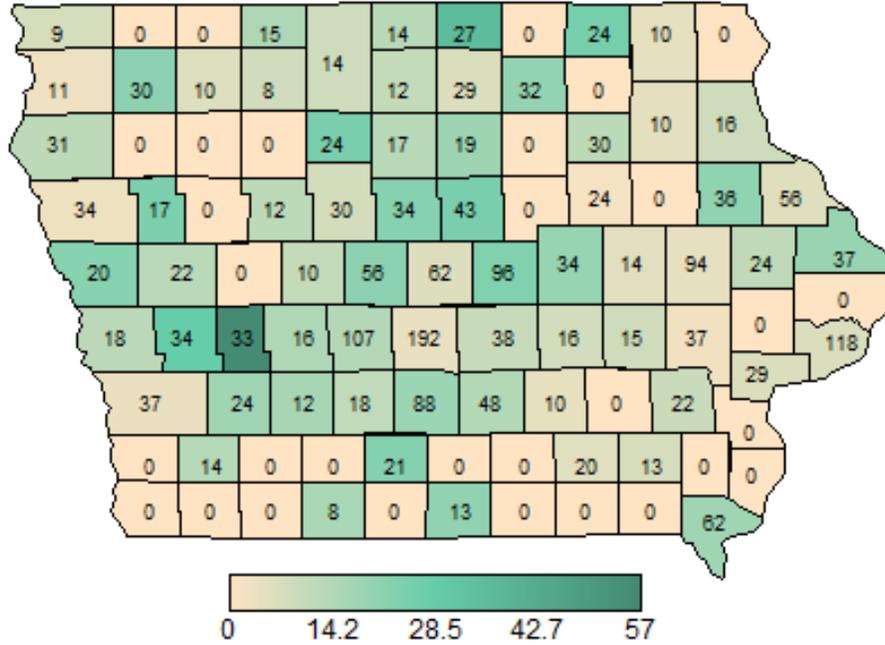
Availability and Quality of the Health Care Workforce: Chronic Confusion or Dementing Illness Units



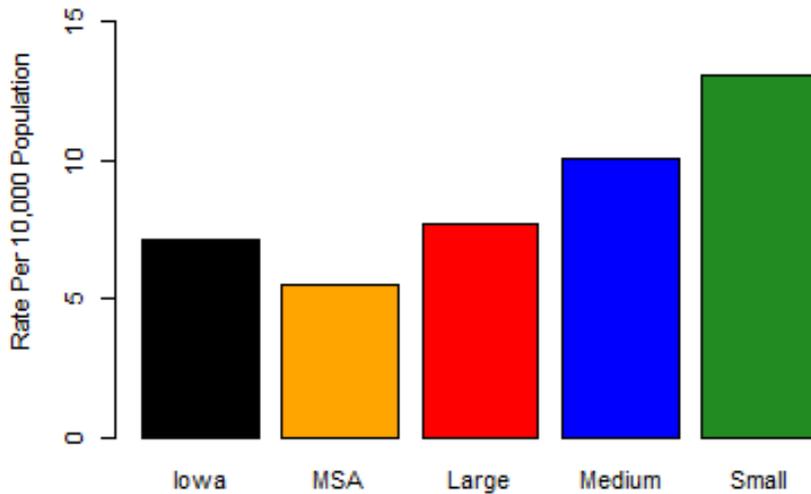
Source: Department of Inspections and Appeals, Iowa Department of Public Health

Availability and Quality of the Health Care Workforce: Beds in Chronic Confusion or Dementing Illness Units

**Beds in Chronic Confusion or Dementing Illness Units
Crude Rates per 10,000 (shaded) and Counts 2015**



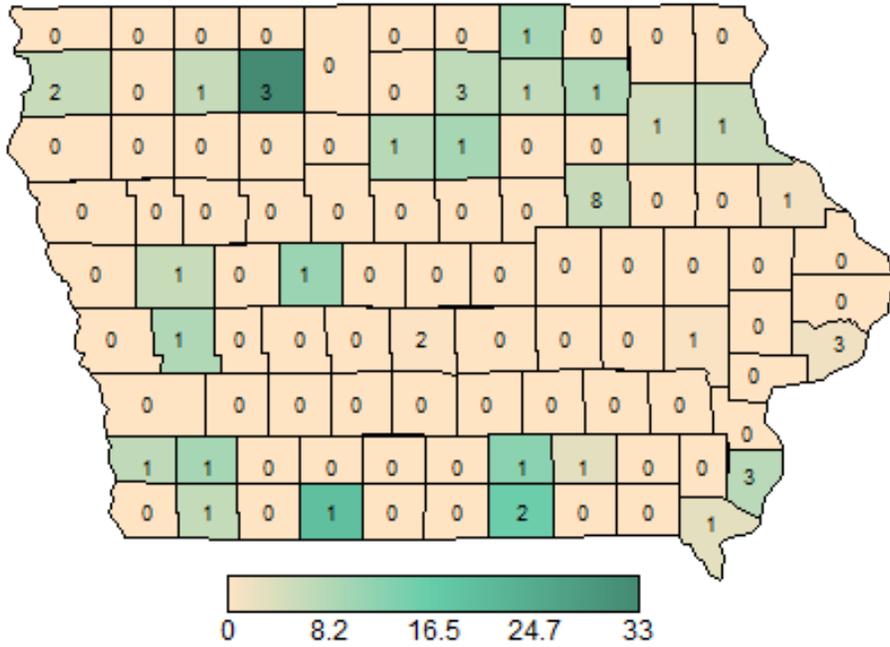
**Beds in Chronic Confusion or Dementing Illness Units
Crude Rates by County Size 2015**



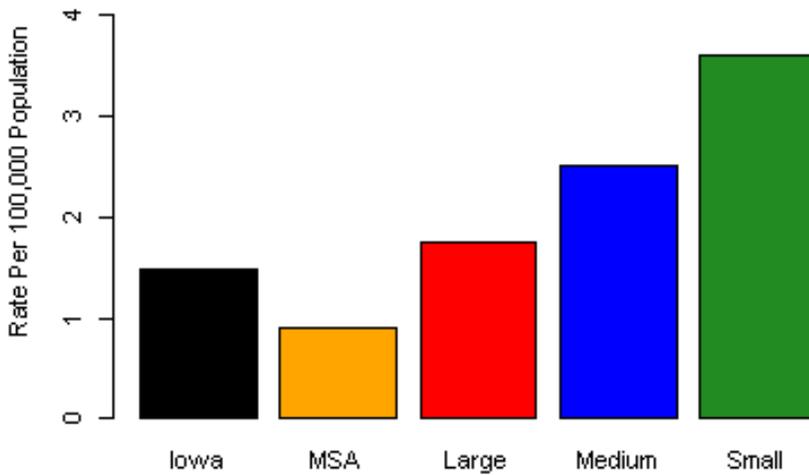
Source: Department of Inspections and Appeals, Iowa Department of Public Health

Availability and Quality of the Health Care Workforce: Residential Care Facilities for the Intellectually Disabled

**Residential Care Facilities for the Intellectually Disabled
Crude Rates per 100,000 (shaded) and Counts 2015**

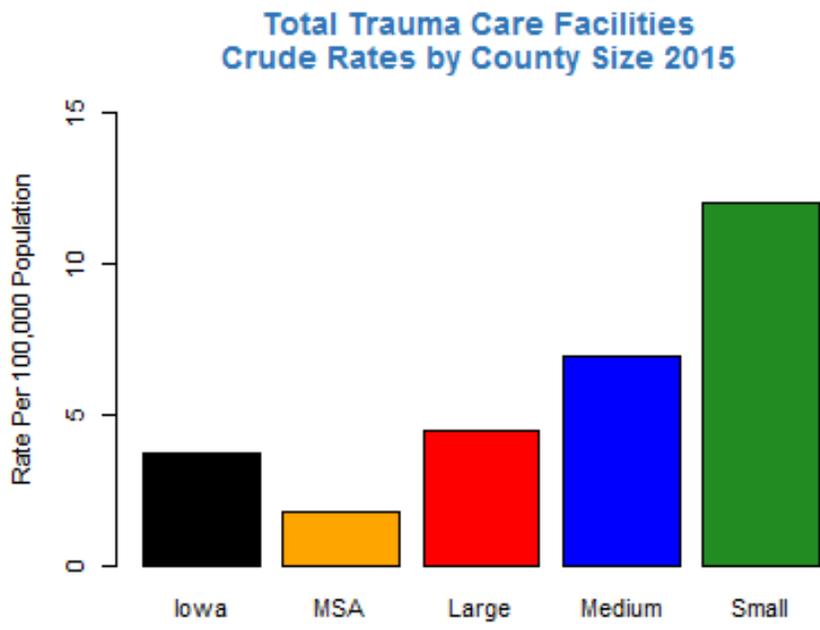
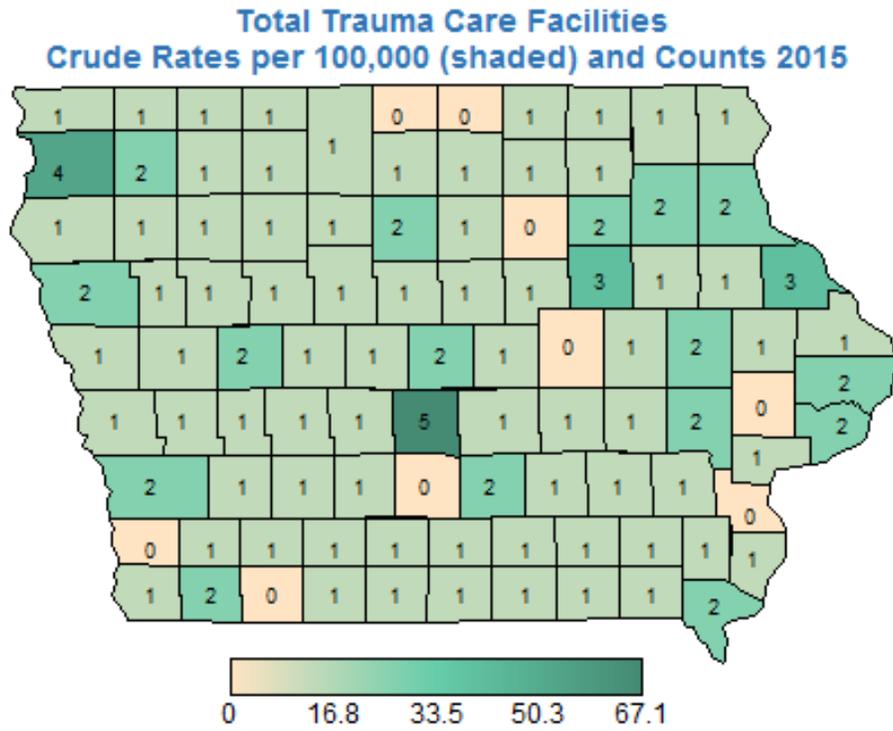


**Residential Care Facilities for the Intellectually Disabled
Crude Rates by County Size 2015**



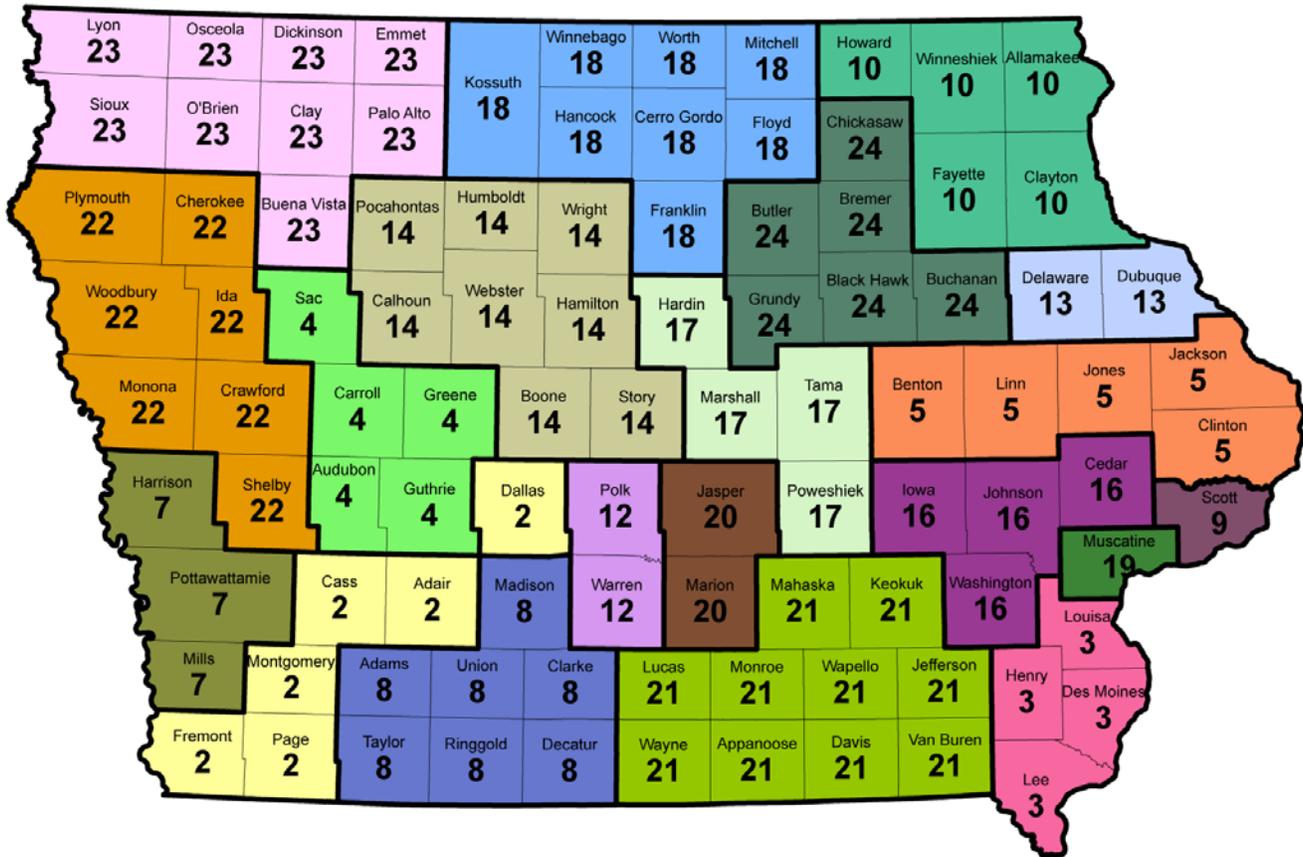
Source: Department of Inspections and Appeals, Iowa Department of Public Health

Availability and Quality of the Health Care Workforce: Total Trauma Care Facilities



Source: Department of Inspections and Appeals, Iowa Department of Public Health

Availability and Quality of the Health Care Workforce: Health Behaviors - Substance Abuse Treatment



Service Area	Provider	Service Area	Provider
2	Zion Recovery Services , Atlantic (1) Phone: 712-243-5091	13	Substance Abuse Services Center (SASC) , Dubuque (5) Phone: 563-927-5112
3	Alcohol and Drug Dependency Services (ADDS) , Burlington (1) Phone: 319-753-6567	14	Community and Family Resources (CFR) , Fort Dodge (1,4,5) Phone: 866-801-0085
4	New Opportunities , Carroll Phone: 712-792-1344	16	Prelude Behavioral Services , Iowa City (1,5) Phone: 319-351-4357
5	Area Substance Abuse Council (ASAC) , Cedar Rapids (1,2,3,5) Phone: 319-390-4611	17	Substance Abuse Treatment Unit of Central Iowa (SATUCI) , Marshalltown Phone: 641-752-5421
7	Heartland Family Service , Council Bluffs (1,5,6) Phone: 800-422-1407	18	Prairie Ridge Addiction Treatment Services , Mason City (1,5) Phone: 641-424-2392
8	Crossroads Behavioral Health Services, Creston (5) Phone: 641-782-4053	20	Trinity Muscatine-New Horizons , Muscatine Phone: 563-264-9409
9	Center for Alcohol & Drug Services (CADS) , Davenport (1,4,5,6) Phone: 563-326-1150		House of Mercy , Newton Phone: 515-643-6500
10	Northeast Iowa Behavioral Health , Decorah Phone: 563-382-3649	19	United Community Services (UCS) , Knoxville Phone: 641-842-2717
12	Broadlawn Medical Center, Des Moines Phone: 515-282-6610	21	Sieda Community Action , Ottumwa Phone: 641-683-6747
	Employee and Family Resources (EFR) , Des Moines Phone: 515-243-4200	22	Jackson Recovery Centers , Sioux City (1,2,3,4,5) Phone: 800-472-9018
	House of Mercy , Des Moines (5) Phone: 515-643-6500	23	Compass Pointe , Spencer Phone: 712-262-2952
	Prelude Behavioral Services , Des Moines (1,5) Phone: 515-262-0349	24	Pathways Behavioral Services , Waterloo (1) Phone: 319-235-6571
	United Community Services (UCS) , Des Moines (4,6) Phone: 515-280-3860		Youth and Shelter Services (YSS) , Ames (2) Phone: 515-233-2250
Additional Specialized Treatment Services			
1 – Adult Residential Services (statewide)		3 – Culturally Competent Program	
2 – Juvenile Residential Services (statewide)		4 – Jail-Based Treatment Program	
		5 – Women and Children Program	
		6 – Opioid Treatment Program	

For more information about each provider click on program name (link to the provider's website), or call phone number listed. To find a location by county, [click here](#).

For more information about substance abuse treatment and prevention in Iowa, [click here](#).

http://www.idph.state.ia.us/bh/substance_abuse_treatment.asp

Updated: January 2015

ACUTE DISEASE

Sixty specific infectious diseases are listed as reportable conditions in the Iowa Administrative Code 641, Chapter 1, although many other diseases are reportable as rare or unusual diseases. Disease surveillance, consulting, and outbreak management are provided by the Center for Acute Disease Epidemiology. The Bureau of Immunization & TB provided education programs and vaccine distribution services. Local public health nurses or disease prevention specialists, in conjunction with the staff epidemiologists at IDPH, interview persons with selected conditions or

diseases and conduct investigations of disease outbreaks. Disease prevention steps include promoting vaccinations, partner counseling/referral services for sexually transmitted diseases, and disease education initiatives.

The number of reported cases of disease in 2014 increased for some diseases and decreased for others.

HIGHLIGHTS...

- ✓ IDPH received 224 reports of cases of E. coli.
- ✓ IDPH received 54 reports of cases of Tuberculosis.
- ✓ IDPH followed-up on 527 reports of cases of Salmonella in 2014.
- ✓ The number of infectious syphilis cases (primary, secondary, and early latent stages) increased by 345 percent between 2011 and 2014.

- Vaccine-preventable disease cases decreased when compared to the previous three-year average (2009-2011).
- Pertussis cases have reduced back down to traditional levels. In 2012, there was a spike of 1,736 cases of pertussis reported to IDPH. That was a 344 percent increase over the previous three-year average of 391 cases, but the two years since 2012 have shown a 264.5 case per year average.
- Enteric diseases like salmonellosis, shigellosis, E. coli, and other shiga-toxin-producing bacterial infections increased when compared to the previous three-year average, while campylobacteriosis, giardiasis, and cryptosporidiosis decreased.

Selected Infectious Diseases

Selected Infectious Diseases State of Iowa 2006 – 2014

	Number of Cases Reported								
	2006	2007	2008	2009	2010	2011	2012	2013	2014
AIDS	79	68	66	91	73	73	72	82	61
Campylobacteriosis	449	527	583	559	751	747	534	611	572
Chlamydia	8393	8643	9247	9406	10542	10705	11377	11006	11632
Cryptosporidiosis	231	612	284	232	399	364	328	1506	264
E. coli	172	185	222	179	178	202	191	172	224
Giardiasis	302	302	322	299	284	271	251	274	206
Gonorrhea	1967	1928	1600	1658	1803	1920	2006	1471	1626
Hepatitis A	13	48	109	37	11	8	7	17	12
HIV	108	124	101	125	115	119	120	122	99
Measles	0	0	0	^	0	^	0	0	0
Mumps	1964	26	24	15	38	8	6	^	10
Pertussis	345	152	255	239	705	232	1736	308	221
Rubella	0	0	0	0	0	0	0	0	0
Salmonella	475	478	425	410	530	448	622	575	527
Shigellosis	141	109	210	58	57	18	91	343	208
Syphilis	68	64	75	65	68	70	138	226	242
Tuberculosis	36	43	49	42	48	40	46	47	54

Source: Bureau of HIV, STD, and Hepatitis and Center for Acute Disease Epidemiology, Iowa Department of Public Health

Vaccination for Influenza

- For adults 65 and older, a higher percentage of females tend to get flu vaccinations than males.
- The percentage of people getting flu shots increases with education level.

Vaccination for influenza: Adults age 65 years and older vaccinated for influenza in the past year.	STATE COMPARISON	2014	2011
		US	59.9
	Iowa	66.8 (7)	70.2 (1)
	Best State	70.7	70.2
	Worst State	51.6	51.8
	GENDER		
	Male	64.0	63.8
	Female	69.0	74.8
	AGE		
	65-74	62.3	66.2
	75+	72.0	74.4
	RACE/ETHNICITY		
	White	66.5	70.66
	Black	67.5	71.9
	Hispanic	79.0	77.3
	INCOME LEVEL		
	<\$15,000	57.5	65.5
	\$15 – 24,999	68.9	69.1
	\$25 – 34,999	61.9	68.6
	\$35 – 49,999	66.0	69.7
	\$50,000 +	69.1	72.7
	EDUCATION		
	< High School	58.6	61.0
	High School	67.1	71.1
	Some post-H.S.	65.9	70.4
	College Grad	73.0	76.3

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Vaccination for Pneumonia

- For adults 65 and older, a higher percentage of females have ever been vaccinated for pneumonia than males.
- Education level does not appear to impact pneumonia vaccinations as much as it does flu vaccinations.

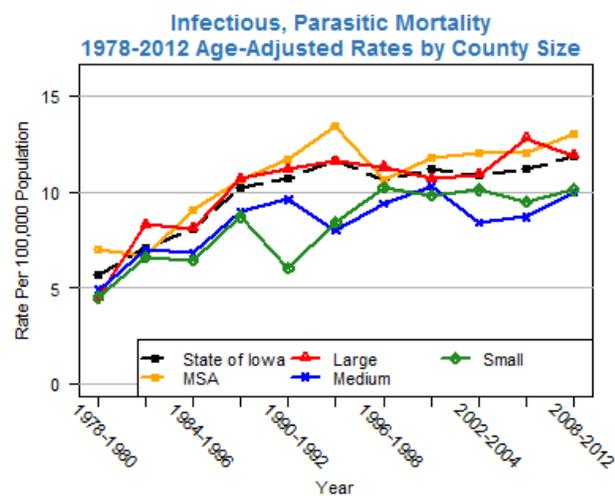
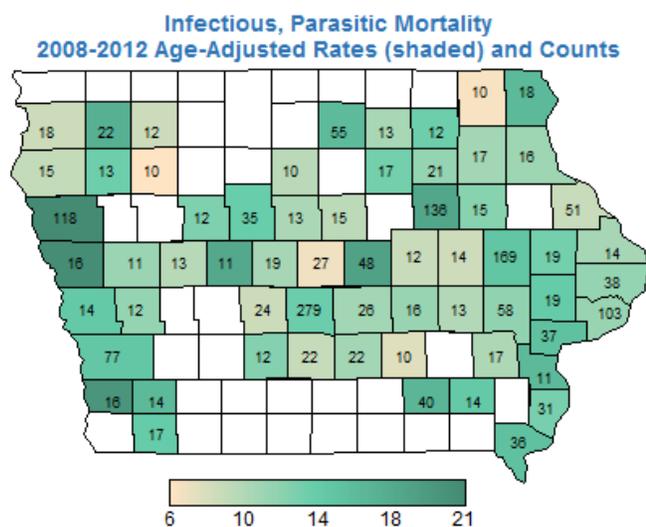
Vaccination for pneumonia: Adults age 65 years and older ever vaccinated for pneumonia.	STATE COMPARISON	2014	2011
		US	69.4
	Iowa	71.8 (14)	70.9 (17)
	Best State	76.1	76.0
	Worst State	60.5	62.5
	GENDER		
	Male	68.8	67.7
	Female	74.2	73.1
	AGE		
	65-74	65.7	62.8
	75+	78.8	79.2
	RACE/ETHNICITY		
	White	72.3	71.0
	Black	66.5	56.6
	Hispanic	73.9	91.0
	INCOME LEVEL		
	<\$15,000	68.0	74.5
	\$15 – 24,999	76.2	72.1
	\$25 – 34,999	73.8	73.8
	\$35 – 49,999	71.0	67.1
	\$50,000 +	67.8	68.3
	EDUCATION		
	< High School	63.7	76.6
	High School	72.3	69.4
	Some post-H.S.	74.6	72.5
	College Grad	71.5	66.7

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Infectious Disease and Parasitic Mortality

- Infectious and parasitic mortality has risen considerably over the last 30 years, but the rate in Iowa remains lower than the national average.
- Rates are higher in the larger counties than in the smaller counties.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



Age-Adjusted Rate per 100,000
2008-2012 2005-2007

STATE COMPARISON ^a	2008-2012	2005-2007
US	19.9	21.7
Iowa	11.9 (6)	11.2 (5)
Best State	9.8	8.4
Worst State	30.6	35.3
GENDER		
Male	14.1	13.4
Female	10.1	9.6
AGE ^b		
< 1	^	11.7
1-4	^	^
5-14	^	^
15-24	0.6	^
25-44	2.7	2.8
45-64	12.6	11.3
65-84	48.6	45.6
85+	175.4	161.9
RACE/ETHNICITY		
White	11.6	10.9
Black	23.4	33.6
American Indian	29.3	^
Asian or Pacific Islander	17.4	^
Hispanic	11.5	13.2
COUNTY POPULATION		
Small, <10K	10.1	9.5
Medium, 10-20K	10.0	8.7
Large, > 20K	11.9	12.8
MSA	13.0	12.0

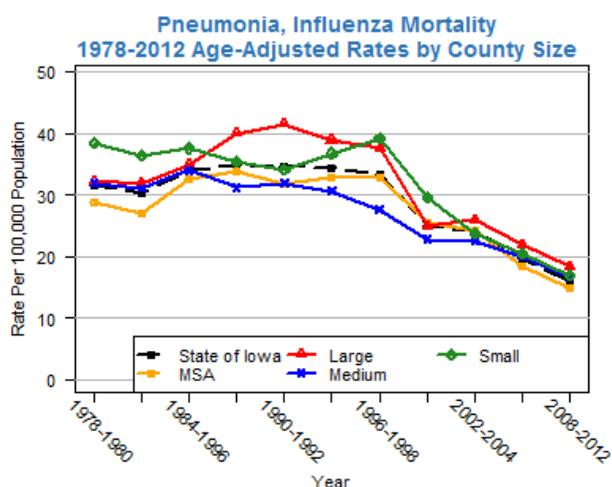
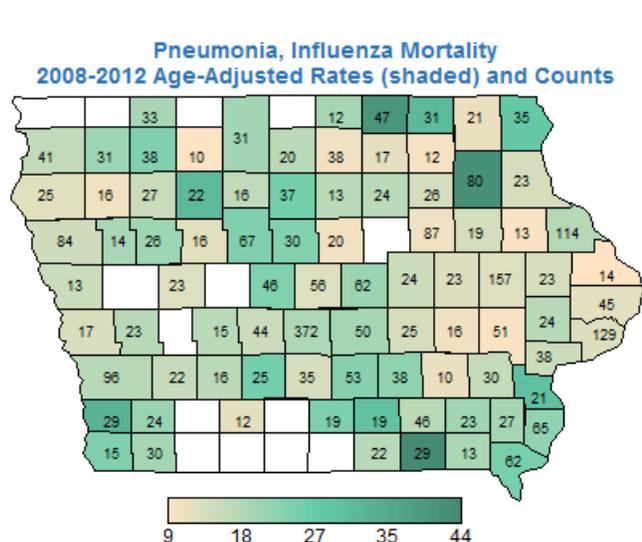
^a State comparisons from wonder.cdc.gov

^b Crude rate

Pneumonia and Influenza Mortality

- The smaller counties in Iowa exhibit a greater problem with mortality due to pneumonia/influenza based on crude mortality rates, but the difference disappears when examining age adjusted rates. This is primarily due to the smaller counties larger proportion of elderly.
- Mortality rates have been steadily decreasing over the last two decades.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



Age-Adjusted Rate per 100,000
2008-2012 2005-2007

STATE COMPARISON ^a	2008-2012	2005-2007
US	15.8	18.6
Iowa	16.2 (27)	19.8 (31)
Best State	8.7	10.6
Worst State	22.4	25.8
GENDER		
Male	19.0	23.2
Female	14.4	17.5
AGE ^b		
< 1	^	^
1-4	^	0.0
5-14	^	^
15-24	^	^
25-44	1.7	1.5
45-64	5.8	5.3
65-84	55.2	65.5
85+	522.1	694.3
RACE/ETHNICITY		
White	16.2	19.8
Black	15.3	17.0
American Indian	^	^
Asian or Pacific	9.7	^
Islander	^	^
Hispanic	11.8	^
COUNTY POPULATION		
Small, <10K	16.9	20.5
Medium, 10-20K	16.6	19.9
Large, > 20K	18.3	21.9
MSA	14.9	18.4

^a State comparisons from wonder.cdc.gov.

^b Crude rate

ADDICTIVE BEHAVIORS

Health behaviors are vitally important to understand because unlike personal genetic makeup, health behaviors are modifiable. Health behaviors impact us from the womb to the grave. If we want to impact the health of individuals or a population, we can create, maintain or increase healthy behaviors or reduce or cease unhealthy behaviors. The behaviors of our mothers during pregnancy impacts health outcomes for children. Behaviors important to our health include immunization, physical activity, healthy eating, stress management, preventive care and screening with providers, wearing seatbelts and helmets, family planning, and stress management. All of these impact the prevention of countless injuries and illnesses, delay the onset and/or severity of chronic diseases, extend life and quality of life, and reduce health care costs. One's own health behaviors can also negatively impact the health of others such as the use of tobacco, alcohol and other drugs or positively impact the health of others through social support.

The health of individuals and their communities is determined by a variety of factors including biologic, environmental, social, and behavioral influences. This section provides an overview of selected surveys and statistics collected in Iowa to track the effects of these various influences on the health of Iowans. Introductions are provided individually for each of the surveys with links to more detailed information on survey methodology and additional data where available.

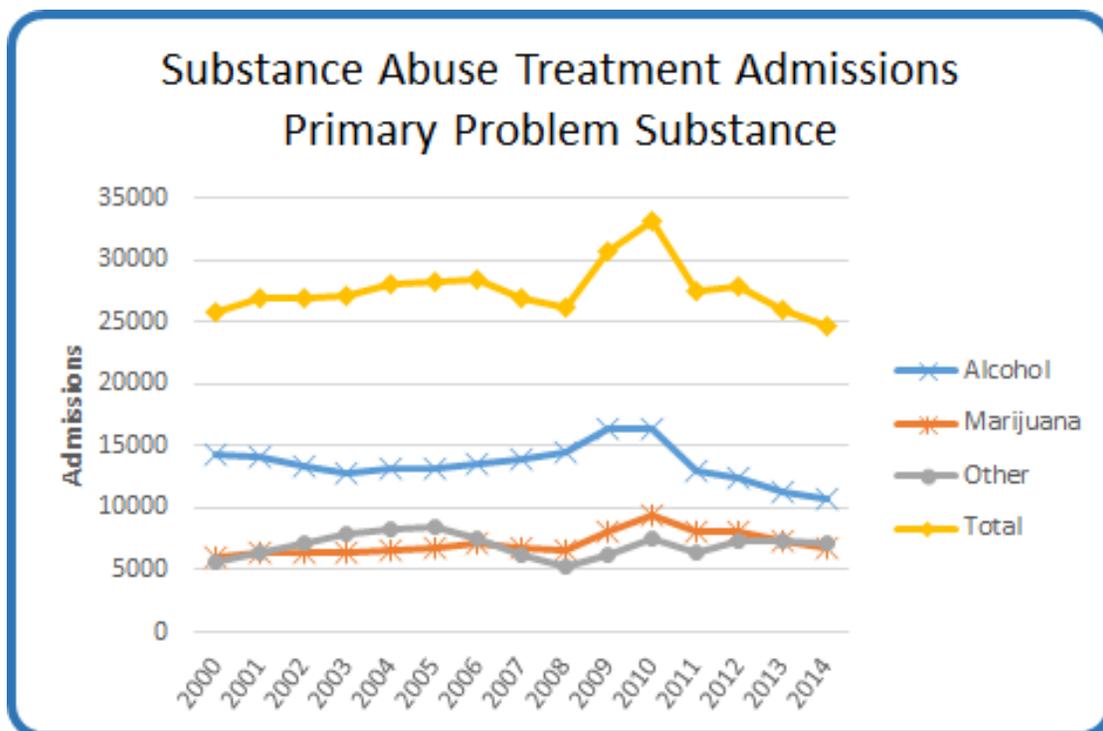
Most of the data in this section comes from the BRFSS survey and Iowa Youth Survey. As expected, addictive behaviors change the most drastically between 8th grade and 11th grade. Alcohol is the most widely available and used substance of choice, followed closely by cigarettes, and then followed by marijuana. Although other drugs like methamphetamines and cocaine are available in the neighborhood, a small percentage of the youth in the surveys reported using them.

Substance Abuse Treatment

The Iowa Department of Public Health (IDPH) licenses 121 substance abuse assessment and treatment programs in Iowa. These programs provide services to over 50,000 Iowans – men and women, adults and juveniles – every year. The majority of the programs accept Medicaid or commercial insurance as payment for services.

Each year, “IDPH funding” – a combination of State General Fund appropriations and the federal Substance Abuse Prevention and Treatment Block Grant – supports substance abuse treatment for more than 21,500 Iowans who don’t have insurance, Medicaid, or other resources to pay for treatment. IDPH-funded substance abuse treatment is part of the Iowa Plan for Behavioral Health, along with Medicaid funding for mental health and substance abuse services. The Iowa Plan is administered by Magellan Behavioral Care. In 2009, an Iowa Plan RFP competitively selected a limited panel of licensed programs to provide IDPH-funded substance abuse treatment from January 2010 - June 2014. Twenty-three programs – all local community-based organizations – were selected to assure outpatient treatment to residents of all 99 Iowa counties through 20 geographic service areas. Eleven of the 23 programs also provide statewide residential treatment for adults or juveniles, nine provide specialized Women and Children services, three provide opioid treatment, and there are three culturally competent programs.

The chart below shows Iowa substance abuse treatment admissions, sorted by primary drug of choice, for calendar years 2000-2014.



Alcohol / Drugs

- About 90% of 6th graders and 8th graders agreed/strongly agreed that “it is against my values to use alcohol and drugs as a teenager,” but drops to 60% of 11th graders.
- There is almost no difference between males and females.

		2014				2012			
		Strongly Agree	Agree	Disagree	Strongly Disagree	Strongly Agree	Agree	Disagree	Strongly Disagree
<i>It is against my values to use alcohol and drugs as a teenager.</i>	<i>Iowa</i>	63.9	19.1	11.3	5.7	63.1	19.2	12.0	5.7
	GENDER								
	<i>Male</i>	63.1	19.8	10.8	6.3	61.5	20.4	11.5	6.6
	<i>Female</i>	64.7	18.5	11.9	5.0	64.7	17.9	12.5	4.8
	GRADE								
	<i>6th</i>	82.4	8.7	2.9	5.9	82.4	9.0	3.0	5.6
	<i>8th</i>	71.5	18.7	6.5	3.2	70.0	19.4	7.2	3.4
	<i>11th</i>	36.8	30.2	25.0	8.0	35.4	29.5	26.7	8.4
	RACE								
	<i>White</i>	64.9	18.9	11.2	5.1	64.1	19.0	11.7	5.2
	<i>Black</i>	59.8	18.8	12.0	9.4	58.6	18.3	14.1	8.9
	<i>American Indian</i>	63.4	18.1	10.2	8.3	57.5	18.4	13.7	10.4
	<i>Asian or Pacific Islander</i>	67.0	16.9	8.2	8.0	63.8	18.5	10.4	7.2
<i>Hispanic</i>	56.1	23.0	12.8	8.1	53.5	23.5	14.8	8.2	
<i>Other</i>	60.8	19.3	12.9	7.0	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Alcohol / Drugs

- On average in 2012 and 2014, 13.2% of youth reported that someone at home has a serious alcohol or drug problem.
- The percent who Strongly Agree doesn't change with age, but more youth marked Agree in the older grades. The percentage of those answering strongly agree has increased between 2012 and 2014 in all categories except among Hispanic and Asian or Pacific Islander youth.
- Black and American Indian youth had the homes with the highest percentage of respondents strongly agreeing to having people with a serious alcohol or drug problem.

		2014				2012			
		<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>There are people living in my home who have a serious alcohol or drug problem.</i>	<i>Iowa</i>	6.8	6.4	19.6	67.2	6.4	6.8	19.5	67.3
	GENDER								
	<i>Male</i>	8.1	7.0	20.0	65.0	7.6	7.2	19.9	65.3
	<i>Female</i>	5.4	5.9	19.1	69.5	5.1	6.3	19.1	69.5
	GRADE								
	<i>6th</i>	6.9	5.2	16.5	71.4	6.7	5.9	16.9	70.5
	<i>8th</i>	6.7	6.4	19.6	67.3	6.6	6.8	19.5	67.2
	<i>11th</i>	6.7	7.8	22.6	62.9	5.8	7.7	22.2	64.3
	RACE								
	<i>White</i>	6.3	6.1	18.9	68.7	5.9	6.5	18.9	68.7
	<i>Black</i>	12.9	7.7	18.9	60.5	11.3	8.2	20.7	59.7
	<i>American Indian</i>	13.5	8.9	20.6	57.0	10.9	11.7	25.5	51.9
	<i>Asian or Pacific Islander</i>	6.9	7.0	19.1	67.0	7.1	6.9	19.4	66.6
<i>Hispanic</i>	7.2	7.4	25.8	59.6	7.3	8.5	24.8	59.4	
<i>Other</i>	8.0	8.2	21.9	61.9	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Alcohol / Drugs / Smoking

- The percent who Agree and Strongly Agree that substance abuse leads to restriction from extracurricular activities drops sharply from 6th grade to 11th grade.

		2014				2012			
		<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>In my school: Students caught drinking, smoking, or using an illegal drug are not allowed to participate in any extracurricular activity for some time period.</i>	<i>Iowa</i>	67.0	23.7	5.7	3.6	67.4	23.9	5.2	3.5
	<i>GENDER</i>								
	<i>Male</i>	67.9	22.9	5.2	4.0	68.0	23.2	4.9	3.9
	<i>Female</i>	66.2	24.4	6.2	3.3	66.8	24.6	5.5	3.1
	<i>GRADE</i>								
	<i>6th</i>	79.2	13.0	3.4	4.4	79.0	13.6	3.4	4.0
	<i>8th</i>	71.3	21.7	4.6	2.5	70.1	22.6	4.5	2.8
	<i>11th</i>	50.2	36.6	9.1	4.1	52.5	35.9	7.8	3.7
	<i>RACE</i>								
	<i>White</i>	68.0	23.4	5.4	3.2	68.6	23.5	4.9	3.0
	<i>Black</i>	63.2	21.8	8.0	7.0	63.7	22.6	6.5	7.2
	<i>American Indian</i>	64.0	23.6	7.2	5.2	63.7	24.2	5.9	6.1
	<i>Asian or Pacific Islander</i>	64.6	25.1	5.3	5.0	61.3	28.3	6.0	4.4
<i>Hispanic</i>	61.4	26.7	6.8	5.1	58.5	28.4	7.9	5.2	
<i>Other</i>	64.0	24.8	6.4	4.8	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Alcohol and Binge Drinking

- There is almost no difference by gender on alcohol use, but the response for both genders dropped 1% from 2012 to 2014.
- There is very little difference in alcohol use by race, with Asian or Pacific Islander youth having the smallest percent responding yes.

		2014		2012	
		Yes	No	Yes	No
<i>In the past 30 days, have you had at least one drink of alcohol (glass, bottle or can of beer, glass of wine, liquor, or mixed drink)?</i>	<i>Iowa</i>	10.4	89.6	11.4	88.6
	<i>GENDER</i>				
	<i>Male</i>	10.6	89.4	11.8	88.2
	<i>Female</i>	10.1	89.9	11.0	89.0
	<i>GRADE</i>				
	<i>6th</i>	2.5	97.5	1.9	98.1
	<i>8th</i>	6.3	93.7	7.2	92.8
	<i>11th</i>	23.2	76.8	26.4	73.6
	<i>RACE</i>				
	<i>White</i>	10.3	89.7	11.3	88.7
	<i>Black</i>	10.8	89.2	12.2	87.8
	<i>American Indian</i>	11.9	88.1	14.3	85.7
	<i>Asian or Pacific Islander</i>	6.4	93.6	8.4	91.6
<i>Hispanic</i>	10.6	89.4	13.1	86.9	
<i>Other</i>	11.8	88.2	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Alcohol and Binge Drinking

- Over 94% of youth reported not having had 5 or more drinks of alcohol within a couple hours.
- Only in 11th graders does the percent who reported having at least once had 5 or more drinks of alcohol within a couple of hours rise above 10%.

		2014							2012						
		Days							Days						
		0	1	2	3-5	6-9	10-19	20+	0	1	2	3-5	6-9	10-19	20+
<i>During the last 30 days, on how many days did you have 5 or more drinks of alcohol (glasses, bottles or cans of beer, glasses of wine, liquor, mixed drinks) in a row, that is within a couple of hours?</i>	<i>Iowa</i>	94.2	2.3	1.3	1.1	0.4	0.2	0.5	92.0	3.0	1.8	1.5	0.7	0.4	0.7
	GENDER														
	<i>Male</i>	93.8	2.3	1.4	1.2	0.5	0.3	0.6	91.4	3.1	1.7	1.6	0.8	0.4	0.9
	<i>Female</i>	94.6	2.3	1.3	0.9	0.4	0.2	0.3	92.6	2.9	1.9	1.3	0.6	0.3	0.4
	GRADE														
	<i>6th</i>	99.0	0.4	0.2	0.1	0.0	0.0	0.2	98.7	0.7	0.2	0.2	0.1	0.1	0.2
	<i>8th</i>	97.2	1.3	0.6	0.4	0.2	0.1	0.3	95.5	2.1	0.9	0.5	0.3	0.1	0.5
	<i>11th</i>	85.6	5.5	3.3	2.8	1.2	0.6	1.0	80.8	6.5	4.5	3.9	1.9	0.9	1.5
	RACE														
	<i>White</i>	94.3	2.3	1.3	1.1	0.4	0.2	0.3	92.3	3.0	1.8	1.4	0.7	0.3	0.5
	<i>Black</i>	93.1	1.8	1.4	1.2	0.5	0.3	1.7	90.1	3.0	1.7	1.7	1.0	0.5	2.0
	<i>American Indian</i>	92.4	2.9	1.4	1.1	0.7	0.4	1.0	88.8	3.4	1.9	1.7	0.6	0.8	2.7
<i>Asian or Pacific Islander</i>	96.2	1.0	0.6	0.5	0.2	0.2	1.3	93.1	1.9	1.1	0.9	0.4	0.7	1.8	
<i>Hispanic</i>	93.8	2.5	1.6	1.1	0.5	0.2	0.4	89.9	3.8	2.5	1.5	0.8	0.6	1.0	
<i>Other</i>	92.9	2.4	1.5	1.2	0.4	0.4	1.2	NA	NA	NA	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Alcohol and Binge Drinking

- In contrast with youth rates reported in the IYS, Iowa ranks as one of the states with the highest percentage of adults who report binge drinking.
- Binge drinking impacts all races and income levels.

<i>Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion)</i>	<i>STATE COMPARISON</i>	<i>2014</i>	<i>2011</i>
		<i>US</i>	<i>16.0</i>
	<i>Iowa</i>	<i>21.4 (48)</i>	<i>23.1 (48)</i>
	<i>Best State</i>	<i>9.6</i>	<i>10.0</i>
	<i>Worst State</i>	<i>24.9</i>	<i>25.0</i>
	<i>GENDER</i>		
	<i>Male</i>	<i>27.9</i>	<i>30.8</i>
	<i>Female</i>	<i>15.1</i>	<i>15.8</i>
	<i>AGE</i>		
	<i>18-24</i>	<i>37.2</i>	<i>38.8</i>
	<i>25-34</i>	<i>32.9</i>	<i>39.4</i>
	<i>35-44</i>	<i>27.0</i>	<i>26.0</i>
	<i>45-54</i>	<i>19.9</i>	<i>23.5</i>
	<i>55-64</i>	<i>14.1</i>	<i>13.6</i>
	<i>65+</i>	<i>5.2</i>	<i>4.0</i>
	<i>RACE/ETHNICITY</i>		
	<i>White</i>	<i>21.7</i>	<i>23.5</i>
	<i>Black</i>	<i>20.0</i>	<i>22.4</i>
	<i>Hispanic</i>	<i>17.8</i>	<i>21.7</i>
	<i>INCOME LEVEL</i>		
	<i><\$15,000</i>	<i>24.3</i>	<i>22.5</i>
	<i>\$15 – 24,999</i>	<i>17.8</i>	<i>21.1</i>
	<i>\$25 – 34,999</i>	<i>17.9</i>	<i>22.4</i>
	<i>\$35 – 49,999</i>	<i>21.9</i>	<i>21.6</i>
	<i>\$50,000 +</i>	<i>25.1</i>	<i>27.4</i>
	<i>EDUCATION</i>		
	<i>< High School</i>	<i>11.7</i>	<i>14.9</i>
	<i>High School</i>	<i>21.6</i>	<i>22.8</i>
	<i>Some post-H.S.</i>	<i>23.7</i>	<i>26.3</i>
	<i>College Grad</i>	<i>21.3</i>	<i>22.5</i>

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Alcohol and Binge Drinking

- The 18-24 year old group has the highest percentage of heavy drinkers.
- The highest percentage of heavy drinkers is in the lowest and highest income groups.

<i>Heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day)</i>	<i>STATE COMPARISON</i>	<i>2014</i>	<i>2011</i>
		<i>US</i>	<i>5.9</i>
	<i>Iowa</i>	<i>6.3 (30)</i>	<i>8.1 (47)</i>
	<i>Best State</i>	<i>3.3</i>	<i>3.4</i>
	<i>Worst State</i>	<i>9.1</i>	<i>9.8</i>
	<i>GENDER</i>		
	<i>Male</i>	<i>7.7</i>	<i>10.8</i>
	<i>Female</i>	<i>5.0</i>	<i>5.5</i>
	<i>AGE</i>		
	<i>18-24</i>	<i>10.2</i>	<i>14.4</i>
	<i>25-34</i>	<i>5.3</i>	<i>11.1</i>
	<i>35-44</i>	<i>7.2</i>	<i>7.4</i>
	<i>45-54</i>	<i>6.6</i>	<i>8.1</i>
	<i>55-64</i>	<i>6.4</i>	<i>6.4</i>
	<i>65+</i>	<i>3.9</i>	<i>3.3</i>
	<i>RACE/ETHNICITY</i>		
	<i>White</i>	<i>6.5</i>	<i>8.4</i>
	<i>Black</i>	<i>6.4</i>	<i>7.9</i>
	<i>Hispanic</i>	<i>4.0</i>	<i>7.0</i>
	<i>INCOME LEVEL</i>		
	<i><\$15,000</i>	<i>7.1</i>	<i>6.1</i>
	<i>\$15 – 24,999</i>	<i>6.4</i>	<i>8.9</i>
	<i>\$25 – 34,999</i>	<i>4.2</i>	<i>8.3</i>
	<i>\$35 – 49,999</i>	<i>5.7</i>	<i>8.5</i>
	<i>\$50,000 +</i>	<i>7.5</i>	<i>9.3</i>
	<i>EDUCATION</i>		
	<i>< High School</i>	<i>4.7</i>	<i>7.1</i>
	<i>High School</i>	<i>6.1</i>	<i>9</i>
	<i>Some post-H.S.</i>	<i>7.2</i>	<i>9</i>
	<i>College Grad</i>	<i>6.1</i>	<i>5.9</i>

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Alcohol and Binge Drinking

- A higher percentage of females than males consider it a Great Risk of harming themselves to drink heavily nearly every day.
- The highest percentage of those who consider heavy drinking a Great Risk of harming oneself is in 8th grade.

		2014					2012				
		<i>Great Risk</i>	<i>Moderate Risk</i>	<i>Slight Risk</i>	<i>No Risk</i>	<i>Don't Know</i>	<i>Great Risk</i>	<i>Moderate Risk</i>	<i>Slight Risk</i>	<i>No Risk</i>	<i>Don't Know</i>
<i>How much do you think you risk harming yourself (physically or otherwise) if you: Drink 3 or more drinks of alcohol (glasses, cans, bottles of beer; glasses of wine, liquor or mixed drinks) nearly every day?</i>	<i>Iowa</i>	55.0	17.8	7.3	15.0	5.0	57.7	16.8	7.3	14.0	4.2
	GENDER										
	<i>Male</i>	52.7	18.2	8.3	15.3	5.5	54.6	17.7	8.5	14.6	4.6
	<i>Female</i>	57.4	17.4	6.2	14.6	4.4	60.9	16.0	6.0	13.4	3.7
	GRADE										
	<i>6th</i>	54.2	13.2	4.2	21.0	7.5	58.1	11.7	3.7	20.3	6.2
	<i>8th</i>	59.1	17.3	6.4	13.1	4.1	61.9	16.8	6.3	11.4	3.7
	<i>11th</i>	51.5	23.0	11.4	10.7	3.4	52.7	22.4	12.1	10.2	2.6
	RACE										
	<i>White</i>	55.8	18.6	7.4	13.7	4.5	58.4	17.3	7.4	13.1	3.8
	<i>Black</i>	49.4	10.8	5.9	26.0	7.8	52.9	12.9	6.0	22.1	6.0
	<i>American Indian</i>	51.3	13.4	7.4	22.4	5.6	48.4	16.4	8.2	20.5	6.5
	<i>Asian or Pacific Islander</i>	60.5	12.1	3.8	16.7	6.9	63.8	13.0	3.7	14.4	5.0
<i>Hispanic</i>	50.1	16.1	7.7	19.0	7.1	52.1	16.2	8.1	17.1	6.4	
<i>Other</i>	52.3	16.5	7.4	18.1	5.7	NA	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Alcohol and Binge Drinking

- Over 90% of youth admitted their parents would feel it would be Wrong or Very Wrong for the kids to go to a party where minors are drinking alcohol.
- The percentage drops from 97% in 6th grade to 85% in 11th grade.

		2014					2012				
		Very Wrong	Wrong	A Little Wrong	Not Wrong at All	Don't Know	Very Wrong	Wrong	A Little Wrong	Not Wrong at All	Don't Know
<i>How wrong would your parents/guardians feel it would be for you to: Go to a party where kids under 21 were using alcohol?</i>	<i>Iowa</i>	81.9	10.6	4.5	1.7	1.3	81.0	11.0	4.9	1.9	1.2
	GENDER										
	<i>Male</i>	80.2	11.4	4.7	2.1	1.6	79.1	11.8	5.2	2.4	1.5
	<i>Female</i>	83.5	9.9	4.3	1.3	1.0	82.9	10.2	4.6	1.4	0.9
	GRADE										
	<i>6th</i>	93.2	4.2	0.9	0.6	1.1	92.7	4.6	1.1	0.7	1.0
	<i>8th</i>	86.7	8.4	2.6	1.1	1.1	85.6	9.0	3.1	1.3	1.0
	<i>11th</i>	65.1	19.5	10.3	3.3	1.8	63.8	19.9	10.7	3.7	1.7
	RACE										
	<i>White</i>	81.8	10.9	4.7	1.5	1.1	81.1	11.2	5.0	1.7	1.0
	<i>Black</i>	80.4	9.2	4.0	3.2	3.1	79.9	9.0	4.3	4.0	2.7
	<i>American Indian</i>	83.6	7.8	4.5	1.7	2.3	79.7	9.2	5.0	4.8	1.4
	<i>Asian or Pacific Islander</i>	86.1	7.7	2.1	2.6	1.4	82.8	9.8	4.0	2.0	1.5
<i>Hispanic</i>	82.0	10.9	3.6	1.9	1.6	79.7	11.4	4.1	2.6	2.3	
<i>Other</i>	80.8	10.2	4.6	2.6	1.9	NA	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Alcohol and Binge Drinking

- A large percentage of youth believe that drinking alcohol will Not Change Popularity in the school.
- A slightly higher percentage of females believe they will be More Popular if they drink alcohol.

		2014					2012				
		ALMP	MP	LP	ALLP	WCMP	ALMP	MP	LP	ALLP	WCMP
Would you be more or less popular (respected or cool) with the other students in your school if you: Drank alcoholic beverages?	Iowa	4.4	11.7	15.4	36.4	32.1	4.6	12.6	16.3	36.0	30.5
	GENDER										
	Male	3.9	10.2	15.9	36.0	34.1	4.2	11.4	16.6	35.3	32.6
	Female	4.8	13.4	15.0	36.8	30.0	5.0	13.9	16.0	36.7	28.5
	GRADE										
	6th	2.3	4.1	13.5	54.4	25.7	2.1	4.5	15.2	54.9	23.4
	8th	2.6	7.5	20.4	42.6	26.9	3.0	9.0	21.5	41.1	25.5
	11th	8.5	24.3	12.0	10.7	44.4	8.9	25.2	11.9	10.4	43.7
	RACE										
	White	4.1	12.2	15.8	37.4	30.5	4.3	12.8	16.7	36.6	29.6
	Black	7.4	9.0	12.9	31.1	39.6	7.3	10.8	12.3	34.4	35.2
	American Indian	5.3	9.1	14.6	35.1	35.8	6.0	10.5	13.7	34.6	35.2
	Asian or Pacific Islander	4.4	8.2	14.9	38.9	33.6	5.5	10.2	16.0	36.1	32.2
	Hispanic	4.9	11.2	13.8	28.9	41.2	5.8	12.6	15.4	28.8	37.5
Other	5.2	10.4	14.2	33.4	36.8	NA	NA	NA	NA	NA	

*ALMP = A Lot More Popular, MP = More Popular, LP = Less Popular, ALLP = A Lot Less Popular, WCMP = Wouldn't Change My Popularity

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Alcohol and Binge Drinking

- There aren't large differences in perceived availability of alcohol by gender or race.
- Alcohol is considered Easy/Very Easy to obtain for 11th graders.

		2014					2012				
		<i>Very Hard</i>	<i>Hard</i>	<i>Easy</i>	<i>Very Easy</i>	<i>Don't Know</i>	<i>Very Hard</i>	<i>Hard</i>	<i>Easy</i>	<i>Very Easy</i>	<i>Don't Know</i>
<i>In your neighborhood or community, how difficult do you think it would be for a kid your age to get each of the following: Alcoholic beverages (beer, wine, or liquor)?</i>	<i>Iowa</i>	31.7	19.3	23.3	14.4	11.3	29.9	19.4	24.0	15.5	11.2
	GENDER										
	<i>Male</i>	32.2	19.7	22.6	14.0	11.5	30.2	19.7	23.4	15.3	11.4
	<i>Female</i>	31.1	19.0	24.0	14.9	11.0	29.5	19.1	24.6	15.8	11.0
	GRADE										
	<i>6th</i>	52.6	19.4	10.2	4.0	13.9	51.3	20.2	10.6	4.5	13.4
	<i>8th</i>	31.6	24.4	22.5	10.4	11.2	28.6	23.8	24.2	11.6	11.8
	<i>11th</i>	10.6	13.9	37.3	29.4	8.8	9.4	13.9	37.5	30.9	8.3
	RACE										
	<i>White</i>	31.0	19.5	24.1	14.8	10.5	29.1	19.9	24.6	15.7	10.7
	<i>Black</i>	36.7	15.7	17.8	13.8	16.0	36.2	14.8	19.3	16.0	13.8
	<i>American Indian</i>	36.2	14.6	17.8	14.5	17.0	35.5	16.4	21.1	14.7	12.3
	<i>Asian or Pacific Islander</i>	37.2	19.5	17.7	10.6	15.0	30.9	20.9	22.3	13.4	12.5
<i>Hispanic</i>	35.1	20.1	20.4	10.6	13.8	32.3	17.6	21.8	14.3	14.0	
<i>Other</i>	31.2	19.0	22.1	15.2	12.5	NA	NA	NA	NA	NA	

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Drugs

- Less than 5% of youth reported using marijuana recently.
- Blacks are more likely to report using marijuana recently than the other races listed.

		<i>2014</i>		<i>2012</i>	
		<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>In the past 30 days, have you used marijuana (pot, grass, hash, bud, weed)?</i>	<i>Iowa</i>	4.4	95.6	4.6	95.4
	<i>GENDER</i>				
	<i>Male</i>	4.9	95.1	5.3	94.7
	<i>Female</i>	4.0	96.0	3.8	96.2
	<i>GRADE</i>				
	<i>6th</i>	0.4	99.6	0.4	99.6
	<i>8th</i>	2.3	97.7	2.6	97.4
	<i>11th</i>	11.0	89.0	11.2	88.8
	<i>RACE</i>				
	<i>White</i>	3.9	96.1	4.0	96.0
	<i>Black</i>	9.0	91.0	9.9	90.1
	<i>American Indian</i>	6.5	93.5	8.2	91.8
	<i>Asian or Pacific Islander</i>	3.1	96.9	4.9	95.1
	<i>Hispanic</i>	6.2	93.8	6.6	93.4
<i>Other</i>	7.2	92.8	NA	NA	

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Drugs

- The perceived availability of marijuana is approximately equal for males and females.
- Black youth are more likely to report that marijuana is easy to get.

		2014					2012				
		<i>Very Hard</i>	<i>Hard</i>	<i>Easy</i>	<i>Very Easy</i>	<i>Don't Know</i>	<i>Very Hard</i>	<i>Hard</i>	<i>Easy</i>	<i>Very Easy</i>	<i>Don't Know</i>
<i>In your neighborhood or community, how difficult do you think it would be for a kid your age to get each of the following: Marijuana (pot, weed, bud, hash)?</i>	<i>Iowa</i>	45.4	15.6	14.8	10.7	13.6	44.5	16.1	14.7	10.9	13.8
	GENDER										
	<i>Male</i>	46.1	15.3	14.1	10.9	13.5	44.9	15.8	14.1	11.8	13.5
	<i>Female</i>	44.5	15.8	15.5	10.5	13.6	44.1	16.5	15.3	10.1	14.1
	GRADE										
	<i>6th</i>	69.1	10.9	3.4	2.3	14.2	68.5	11.3	3.9	2.6	13.8
	<i>8th</i>	49.7	18.8	11.6	6.7	13.3	47.5	19.3	11.8	7.3	14.1
	<i>11th</i>	16.7	16.7	29.7	23.5	13.3	16.7	17.6	28.9	23.4	13.4
	RACE										
	<i>White</i>	45.8	15.9	14.9	10.2	13.2	44.9	16.5	14.6	10.5	13.5
	<i>Black</i>	40.6	12.5	14.1	15.8	16.9	41.6	12.4	15.2	16.4	14.3
	<i>American Indian</i>	43.2	13.2	10.6	15.3	17.7	45.8	12.6	14.8	13.4	13.3
	<i>Asian or Pacific Islander</i>	49.1	14.2	11.8	8.1	16.8	45.8	15.2	15.1	9.2	14.7
<i>Hispanic</i>	44.2	15.5	14.8	10.9	14.6	40.8	15.0	15.8	13.0	15.4	
<i>Other</i>	42.0	14.4	15.4	14.3	14.0	NA	NA	NA	NA	NA	

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Drugs

- 70% would find it Hard or Very Hard to obtain an illegal drug like cocaine. Another 17% don't know. Only 13% think it would be Easy or Very Easy to obtain illegal drugs.
- Black youth are more likely to report that it would be Easy/Very Easy to obtain illegal drugs than the other races listed.

		2014					2012				
		Very Hard	Hard	Easy	Very Easy	Don't Know	Very Hard	Hard	Easy	Very Easy	Don't Know
<i>In your neighborhood or community, how difficult do you think it would be for a kid your age to get each of the following: Any other illegal drug (cocaine, etc.)?</i>	<i>Iowa</i>	52.8	18.2	7.8	4.3	16.7	51.7	18.4	8.1	4.7	17.0
	GENDER										
	<i>Male</i>	54.8	17.4	7.0	4.5	16.3	53.7	17.5	7.2	5.1	16.5
	<i>Female</i>	50.8	19.1	8.7	4.1	17.2	49.7	19.4	8.9	4.4	17.6
	GRADE										
	<i>6th</i>	70.0	10.7	3.0	2.0	14.3	69.1	11.3	3.2	2.3	14.1
	<i>8th</i>	56.0	18.3	7.2	3.6	14.9	53.5	18.8	7.6	4.4	15.7
	<i>11th</i>	32.1	25.8	13.5	7.5	21.1	32.0	25.4	13.4	7.6	21.5
	RACE										
	<i>White</i>	53.4	18.8	7.7	3.9	16.3	52.3	18.8	7.8	4.3	16.8
	<i>Black</i>	47.8	13.7	9.4	8.5	20.5	48.6	14.8	9.4	8.8	18.3
	<i>American Indian</i>	51.7	14.9	7.4	6.8	19.2	51.9	16.4	9.0	6.8	15.8
<i>Asian or Pacific Islander</i>	55.2	14.8	6.9	4.2	18.9	51.1	18.5	8.3	4.7	17.4	
<i>Hispanic</i>	50.7	17.3	9.0	4.9	18.1	47.3	17.3	10.1	6.3	19.0	
<i>Other</i>	50.3	16.5	8.9	6.7	17.7	NA	NA	NA	NA	NA	

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Drugs

- Very few youth reported having sniffed glue recently.

		2014							2012						
		Days							Days						
		0	1-2	3-5	6-9	10-19	20-29	30	0	1-2	3-5	6-9	10-19	20-29	30
<i>In the past 30 days, on how many days have you: Sniffed glue, breathed the contents of gases or sprays in order to get high?</i>	<i>Iowa</i>	98.1	1.2	0.2	0.1	0.1	0.0	0.3	97.6	1.4	0.3	0.1	0.1	0.0	0.4
	GENDER														
	<i>Male</i>	97.9	1.2	0.2	0.1	0.1	0.0	0.5	97.4	1.4	0.3	0.1	0.1	0.1	0.6
	<i>Female</i>	98.3	1.2	0.2	0.1	0.0	0.0	0.2	97.9	1.4	0.3	0.1	0.1	0.0	0.2
	GRADE														
	<i>6th</i>	97.9	1.5	0.3	0.1	0.0	0.0	0.2	97.3	2.0	0.3	0.1	0.1	0.0	0.2
	<i>8th</i>	97.9	1.4	0.3	0.1	0.1	0.0	0.2	97.5	1.6	0.4	0.1	0.1	0.1	0.3
	<i>11th</i>	98.5	0.6	0.1	0.1	0.0	0.0	0.6	98.2	0.6	0.2	0.1	0.1	0.0	0.8
	RACE														
	<i>White</i>	98.4	1.0	0.2	0.1	0.0	0.0	0.2	98.1	1.3	0.2	0.1	0.0	0.0	0.3
	<i>Black</i>	95.9	2.0	0.4	0.2	0.2	0.1	1.3	95.3	2.0	0.5	0.2	0.1	0.1	1.7
	<i>American Indian</i>	95.8	2.8	0.4	0.6	0.0	0.0	0.4	92.9	2.9	0.8	0.1	0.4	0.1	2.7
	<i>Asian or Pacific Islander</i>	97.1	1.1	0.2	0.2	0.0	0.1	1.3	96.6	1.3	0.2	0.2	0.1	0.1	1.6
	<i>Hispanic</i>	97.6	1.6	0.2	0.1	0.0	0.0	0.4	95.8	2.4	0.7	0.2	0.2	0.1	0.6
<i>Other</i>	96.7	1.6	0.5	0.1	0.2	0.1	0.9	NA	NA	NA	NA	NA	NA	NA	

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Drugs

- 96.6% of youth reported not using prescription drugs not prescribed for them in the last month.
- 5% of 11th graders reported using prescription drugs prescribed to someone else at least once in the last month.

		2014							2012						
		Days							Days						
		0	1-2	3-5	6-9	10-19	20-29	30	0	1-2	3-5	6-9	10-19	20-29	30
<i>In the past 30 days, on how many days have you: Used prescription medications that were not prescribed for you by your doctor?</i>	<i>Iowa</i>	96.6	2.0	0.5	0.2	0.1	0.1	0.4	96.4	2.1	0.5	0.3	0.2	0.1	0.5
	GENDER														
	<i>Male</i>	96.9	1.7	0.5	0.2	0.1	0.1	0.5	96.4	1.9	0.5	0.3	0.2	0.1	0.7
	<i>Female</i>	96.4	2.3	0.6	0.3	0.1	0.1	0.3	96.4	2.3	0.5	0.3	0.1	0.1	0.3
	GRADE														
	<i>6th</i>	97.7	1.5	0.3	0.1	0.1	0.0	0.3	97.6	1.6	0.2	0.1	0.1	0.0	0.3
	<i>8th</i>	97.3	1.8	0.4	0.1	0.1	0.0	0.3	97.3	1.7	0.3	0.2	0.1	0.1	0.3
	<i>11th</i>	94.8	2.8	1.0	0.5	0.3	0.1	0.6	94.2	3.1	0.9	0.5	0.3	0.1	0.9
	RACE														
	<i>White</i>	97.1	1.8	0.5	0.2	0.1	0.1	0.3	96.8	2.0	0.4	0.2	0.1	0.1	0.4
	<i>Black</i>	94.4	2.7	0.9	0.5	0.3	0.0	1.2	93.3	2.9	1.0	0.4	0.4	0.3	1.8
	<i>American Indian</i>	94.0	3.1	1.5	0.6	0.3	0.1	0.4	91.6	3.1	1.0	0.9	0.8	0.4	2.3
	<i>Asian or Pacific Islander</i>	95.4	2.2	0.6	0.2	0.2	0.1	1.3	95.1	2.3	0.4	0.4	0.0	0.1	1.7
<i>Hispanic</i>	95.8	3.0	0.5	0.1	0.1	0.1	0.4	95.4	2.7	0.6	0.4	0.2	0.1	0.7	
<i>Other</i>	94.4	3.0	0.9	0.3	0.2	0.3	0.8	NA	NA	NA	NA	NA	NA	NA	

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Drugs

- Very few youth reported using steroids in the last month.

		2014							2012						
		Days							Days						
		0	1-2	3-5	6-9	10-19	20-29	30	0	1-2	3-5	6-9	10-19	20-29	30
<i>In the past 30 days, on how many days have you: Taken steroid pills or shots without a doctor's prescription?</i>	<i>Iowa</i>	99.0	0.4	0.1	0.1	0.0	0.0	0.3	98.9	0.4	0.1	0.1	0.0	0.0	0.4
	GENDER														
	<i>Male</i>	98.7	0.5	0.2	0.1	0.1	0.0	0.5	98.5	0.4	0.1	0.1	0.1	0.1	0.7
	<i>Female</i>	99.3	0.3	0.1	0.0	0.0	0.0	0.2	99.3	0.3	0.1	0.1	0.0	0.0	0.2
	GRADE														
	<i>6th</i>	99.0	0.6	0.1	0.0	0.0	0.0	0.2	99.1	0.4	0.1	0.1	0.0	0.0	0.2
	<i>8th</i>	99.2	0.4	0.1	0.0	0.0	0.0	0.2	99.1	0.4	0.1	0.1	0.0	0.0	0.3
	<i>11th</i>	98.9	0.2	0.2	0.1	0.1	0.0	0.5	98.4	0.3	0.1	0.1	0.1	0.1	0.9
	RACE														
	<i>White</i>	99.3	0.3	0.1	0.0	0.0	0.0	0.2	99.2	0.3	0.1	0.1	0.0	0.0	0.3
	<i>Black</i>	97.1	0.8	0.7	0.2	0.2	0.0	1.0	96.5	0.9	0.2	0.3	0.1	0.1	1.8
	<i>American Indian</i>	98.4	0.7	0.3	0.1	0.0	0.1	0.3	96.1	1.0	0.3	0.4	0.0	0.0	2.2
	<i>Asian or Pacific Islander</i>	97.6	0.7	0.1	0.1	0.1	0.2	1.3	97.0	0.7	0.2	0.4	0.1	0.1	1.6
	<i>Hispanic</i>	98.6	0.7	0.1	0.0	0.1	0.0	0.4	97.9	0.9	0.3	0.2	0.0	0.1	0.6
<i>Other</i>	98.0	0.6	0.2	0.2	0.1	0.1	0.7	NA	NA	NA	NA	NA	NA	NA	

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Drugs

- Very few youth reported using cocaine in the past month.

		2014							2012						
		Days							Days						
		0	1-2	3-5	6-9	10-19	20-29	30	0	1-2	3-5	6-9	10-19	20-29	30
<i>In the past 30 days, on how many days have you: Used cocaine (crack, rock, coke [not Coca Cola])?</i>	<i>Iowa</i>	99.1	0.4	0.1	0.1	0.0	0.0	0.3	98.8	0.4	0.1	0.1	0.1	0.0	0.5
	GENDER														
	<i>Male</i>	98.8	0.5	0.1	0.1	0.0	0.1	0.5	98.4	0.5	0.1	0.1	0.1	0.1	0.7
	<i>Female</i>	99.4	0.3	0.1	0.0	0.0	0.0	0.2	99.3	0.3	0.1	0.1	0.0	0.0	0.2
	GRADE														
	<i>6th</i>	99.3	0.4	0.1	0.0	0.0	0.0	0.2	99.2	0.5	0.1	0.0	0.0	0.0	0.2
	<i>8th</i>	99.3	0.3	0.1	0.0	0.0	0.0	0.2	99.1	0.3	0.1	0.1	0.1	0.0	0.3
	<i>11th</i>	98.6	0.5	0.1	0.1	0.0	0.1	0.6	98.2	0.4	0.2	0.1	0.1	0.0	1.0
	RACE														
	<i>White</i>	99.4	0.3	0.1	0.0	0.0	0.0	0.2	99.2	0.3	0.1	0.0	0.0	0.0	0.3
	<i>Black</i>	97.1	1.0	0.4	0.3	0.1	0.2	1.1	96.5	0.6	0.2	0.2	0.2	0.1	2.1
	<i>American Indian</i>	97.2	1.6	0.1	0.3	0.3	0.0	0.4	95.5	1.0	0.7	0.2	0.1	0.0	2.5
	<i>Asian or Pacific Islander</i>	97.5	0.7	0.1	0.1	0.1	0.1	1.4	96.6	0.7	0.3	0.2	0.2	0.1	1.9
	<i>Hispanic</i>	98.6	0.5	0.2	0.1	0.0	0.0	0.5	97.7	1.0	0.3	0.1	0.1	0.0	0.7
<i>Other</i>	97.8	0.7	0.3	0.1	0.1	0.2	0.8	NA	NA	NA	NA	NA	NA	NA	

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Drugs

- Very few youth reported using methamphetamines in the past month.

		2014							2012						
		Days							Days						
		0	1-2	3-5	6-9	10-19	20-29	30	0	1-2	3-5	6-9	10-19	20-29	30
<i>In the past 30 days, on how many days have you: Used methamphetamines (crank)?</i>	<i>Iowa</i>	99.3	0.2	0.1	0.0	0.0	0.0	0.3	99.1	0.2	0.1	0.0	0.0	0.0	0.4
	GENDER														
	<i>Male</i>	99.1	0.2	0.1	0.1	0.1	0.0	0.4	98.8	0.3	0.1	0.1	0.1	0.1	0.7
	<i>Female</i>	99.5	0.1	0.1	0.0	0.0	0.0	0.2	99.5	0.2	0.1	0.0	0.0	0.0	0.2
	GRADE														
	<i>6th</i>	99.6	0.2	0.1	0.0	0.0	0.0	0.1	99.5	0.2	0.1	0.0	0.0	0.0	0.2
	<i>8th</i>	99.4	0.2	0.1	0.0	0.0	0.0	0.2	99.3	0.2	0.1	0.1	0.0	0.0	0.3
	<i>11th</i>	98.9	0.2	0.1	0.1	0.1	0.0	0.5	98.6	0.3	0.1	0.1	0.1	0.1	0.9
	RACE														
	<i>White</i>	99.6	0.1	0.0	0.0	0.0	0.0	0.2	99.4	0.2	0.1	0.0	0.0	0.0	0.3
	<i>Black</i>	97.6	0.6	0.3	0.3	0.1	0.0	1.1	97.0	0.5	0.1	0.2	0.1	0.2	1.8
	<i>American Indian</i>	98.0	0.9	0.1	0.6	0.0	0.0	0.4	96.5	0.8	0.2	0.0	0.2	0.0	2.3
	<i>Asian or Pacific Islander</i>	98.1	0.4	0.1	0.0	0.1	0.1	1.2	97.6	0.2	0.1	0.2	0.1	0.1	1.7
<i>Hispanic</i>	99.2	0.2	0.1	0.0	0.1	0.0	0.3	98.5	0.5	0.2	0.1	0.1	0.0	0.6	
<i>Other</i>	98.2	0.5	0.2	0.1	0.1	0.1	0.8	NA	NA	NA	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Drugs

- Alcohol was considered the easiest drug to obtain. Methamphetamines are considered about as easy to obtain as marijuana according to this survey.
- Approximately 70% of youth find Methamphetamines Hard or Very Hard to get. About 10% of youth find it Easy or Very Easy to get.

		2014					2012				
		<i>Very Hard</i>	<i>Hard</i>	<i>Easy</i>	<i>Very Easy</i>	<i>Don't Know</i>	<i>Very Hard</i>	<i>Hard</i>	<i>Easy</i>	<i>Very Easy</i>	<i>Don't Know</i>
<i>In your neighborhood or community, how difficult do you think it would be for a kid your age to get each of the following: Methamphetamines (crank)?</i>	<i>Iowa</i>	52.9	18.6	6.4	3.9	18.2	51.9	18.9	6.6	4.1	18.6
	<i>GENDER</i>										
	<i>Male</i>	54.8	17.6	6.0	4.2	17.5	53.7	17.9	6.1	4.6	17.8
	<i>Female</i>	50.9	19.6	6.9	3.6	19.0	50.0	19.9	7.0	3.7	19.4
	<i>GRADE</i>										
	<i>6th</i>	69.6	10.0	2.4	1.9	16.2	68.8	10.4	2.6	2.1	16.1
	<i>8th</i>	56.4	18.4	5.7	3.2	16.3	54.2	19.0	6.1	3.8	16.9
	<i>11th</i>	32.4	27.5	11.2	6.6	22.3	32.1	27.5	11.0	6.5	22.9
	<i>RACE</i>										
	<i>White</i>	53.5	19.1	6.2	3.4	17.8	52.4	19.2	6.3	3.8	18.3
	<i>Black</i>	47.7	15.0	8.5	7.8	21.0	48.7	15.8	8.1	7.5	19.9
	<i>American Indian</i>	51.9	14.7	6.4	6.9	20.1	51.1	17.6	6.4	6.8	18.1
<i>Asian or Pacific Islander</i>	54.0	16.2	5.3	3.8	20.7	51.8	18.5	6.6	4.2	18.8	
<i>Hispanic</i>	50.6	17.9	7.2	4.2	20.1	47.3	18.7	8.4	5.2	20.3	
<i>Other</i>	50.7	17.3	7.5	6.1	18.5	NA	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Drugs

- Very few youth reported using amphetamines in the past month.

		2014							2012						
		Days							Days						
		0	1-2	3-5	6-9	10-19	20-29	30	0	1-2	3-5	6-9	10-19	20-29	30
<i>In the past 30 days, on how many days have you: Used amphetamines other than methamphetamines (like stimulants, uppers, speed)?</i>	<i>Iowa</i>	99.0	0.4	0.1	0.1	0.0	0.0	0.3	98.6	0.5	0.2	0.1	0.1	0.0	0.5
	GENDER														
	<i>Male</i>	98.8	0.4	0.2	0.1	0.1	0.1	0.4	98.1	0.6	0.2	0.1	0.1	0.1	0.8
	<i>Female</i>	99.2	0.4	0.1	0.1	0.0	0.0	0.2	99.0	0.5	0.1	0.1	0.1	0.0	0.3
	GRADE														
	<i>6th</i>	99.4	0.3	0.1	0.0	0.0	0.0	0.1	99.1	0.5	0.1	0.0	0.0	0.0	0.2
	<i>8th</i>	99.3	0.3	0.1	0.1	0.0	0.0	0.2	99.1	0.3	0.1	0.1	0.1	0.0	0.4
	<i>11th</i>	98.1	0.7	0.3	0.2	0.1	0.1	0.6	97.5	0.9	0.3	0.1	0.1	0.1	1.0
	RACE														
	<i>White</i>	99.2	0.3	0.1	0.1	0.0	0.0	0.2	98.8	0.5	0.1	0.1	0.1	0.0	0.4
	<i>Black</i>	97.2	0.8	0.4	0.3	0.1	0.1	1.1	96.3	1.1	0.2	0.2	0.1	0.1	1.9
	<i>American Indian</i>	97.2	1.5	0.7	0.1	0.0	0.1	0.3	95.7	1.7	0.4	0.0	0.0	0.0	2.2
	<i>Asian or Pacific Islander</i>	98.0	0.5	0.1	0.1	0.1	0.1	1.2	97.2	0.7	0.1	0.0	0.2	0.1	1.7
	<i>Hispanic</i>	98.8	0.6	0.1	0.0	0.0	0.1	0.4	97.9	0.9	0.3	0.2	0.1	0.0	0.6
<i>Other</i>	97.8	0.7	0.2	0.2	0.1	0.1	0.8	NA	NA	NA	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Drugs

- The percentages for the perceived ease in getting amphetamines are almost identical to the responses for methamphetamines.

		2014					2012				
		<i>Very Hard</i>	<i>Hard</i>	<i>Easy</i>	<i>Very Easy</i>	<i>Don't Know</i>	<i>Very Hard</i>	<i>Hard</i>	<i>Easy</i>	<i>Very Easy</i>	<i>Don't Know</i>
<i>In your neighborhood or community, how difficult do you think it would be for a kid your age to get each of the following: Amphetamines other than methamphetamines (like stimulants, uppers, speed)?</i>	<i>Iowa</i>	52.5	18.3	6.8	4.1	18.3	51.2	18.6	7.1	4.3	18.7
	GENDER										
	<i>Male</i>	54.4	17.4	6.3	4.3	17.6	53.0	17.6	6.6	4.8	17.9
	<i>Female</i>	50.5	19.3	7.3	3.8	19.1	49.3	19.7	7.6	3.8	19.5
	GRADE										
	<i>6th</i>	68.7	10.5	2.4	1.9	16.6	67.5	11.1	2.9	2.1	16.3
	<i>8th</i>	56.0	18.4	6.0	3.3	16.4	53.7	18.9	6.4	3.8	17.1
	<i>11th</i>	32.3	26.2	12.1	7.1	22.3	31.9	26.0	12.1	7.0	23.0
	RACE										
	<i>White</i>	53.0	18.9	6.6	3.6	17.9	51.7	19.0	6.8	4.0	18.5
	<i>Black</i>	47.8	14.1	8.4	7.9	21.7	48.6	15.0	8.6	7.9	19.9
	<i>American Indian</i>	51.3	14.6	6.8	7.1	20.2	51.2	16.8	7.5	7.2	17.3
	<i>Asian or Pacific Islander</i>	53.6	15.6	5.7	4.2	20.9	50.8	18.3	7.9	4.3	18.7
<i>Hispanic</i>	50.4	17.6	7.5	4.2	20.3	46.9	17.9	9.0	5.4	20.8	
<i>Other</i>	50.3	16.8	7.7	6.4	18.7	NA	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Tobacco

- 96% of youth responded that they have not smoked within the past month.
- American Indian youth had the highest percentage reporting that they have smoked at least once in the past month.
- The percentages are almost identical for males and females.

		2014							2012						
		Days							Days						
		0	1-2	3-5	6-9	10-19	20-29	30	0	1-2	3-5	6-9	10-19	20-29	30
<i>In the past 30 days, on how many days have you: Smoked cigarettes?</i>	<i>Iowa</i>	96.1	1.5	0.5	0.3	0.3	0.4	1.0	95.1	1.6	0.6	0.4	0.5	0.5	1.4
	GENDER														
	<i>Male</i>	96.1	1.4	0.5	0.3	0.3	0.3	1.1	94.8	1.6	0.6	0.4	0.5	0.5	1.6
	<i>Female</i>	96.1	1.5	0.5	0.3	0.3	0.4	0.9	95.4	1.6	0.5	0.4	0.4	0.5	1.1
	GRADE														
	<i>6th</i>	99.4	0.4	0.0	0.0	0.0	0.0	0.1	99.3	0.3	0.1	0.1	0.1	0.0	0.2
	<i>8th</i>	97.5	1.2	0.4	0.2	0.2	0.1	0.4	96.9	1.4	0.5	0.3	0.2	0.2	0.5
	<i>11th</i>	91.1	2.9	1.0	0.7	0.7	1.0	2.5	88.6	3.3	1.2	0.8	1.2	1.3	3.6
	RACE														
	<i>White</i>	96.3	1.3	0.5	0.3	0.3	0.4	0.9	95.2	1.6	0.6	0.4	0.5	0.5	1.3
	<i>Black</i>	95.1	2.0	0.5	0.4	0.5	0.2	1.3	93.5	2.3	0.7	0.4	0.2	0.4	2.5
<i>American Indian</i>	93.7	2.6	0.9	0.3	0.6	0.4	1.6	92.9	1.8	0.9	0.6	0.4	0.5	2.8	
<i>Asian or Pacific Islander</i>	97.5	0.8	0.1	0.2	0.0	0.1	1.3	96.2	1.2	0.5	0.2	0.1	0.4	1.5	
<i>Hispanic</i>	96.3	1.9	0.6	0.2	0.2	0.1	0.6	94.9	2.1	0.7	0.5	0.4	0.4	1.0	
<i>Other</i>	94.4	2.1	0.6	0.6	0.3	0.5	1.5	NA	NA	NA	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Tobacco

- 2.1% of youth reported smoking cigars within the past month.

		2014							2012						
		Days							Days						
		0	1-2	3-5	6-9	10-19	20-29	30	0	1-2	3-5	6-9	10-19	20-29	30
<i>In the past 30 days, on how many days have you: Smoked cigars?</i>	<i>Iowa</i>	97.9	1.2	0.3	0.1	0.1	0.1	0.3	97.2	1.5	0.5	0.2	0.1	0.1	0.4
	GENDER														
	<i>Male</i>	97.0	1.7	0.5	0.2	0.2	0.1	0.4	96.0	2.1	0.7	0.3	0.2	0.1	0.6
	<i>Female</i>	98.9	0.7	0.1	0.1	0.0	0.0	0.2	98.5	0.9	0.2	0.1	0.0	0.0	0.2
	GRADE														
	<i>6th</i>	99.7	0.1	0.0	0.0	0.0	0.0	0.1	99.7	0.2	0.1	0.0	0.0	0.0	0.1
	<i>8th</i>	99.1	0.5	0.1	0.1	0.0	0.0	0.2	98.6	0.8	0.2	0.1	0.1	0.0	0.2
	<i>11th</i>	94.8	3.0	0.9	0.4	0.3	0.2	0.5	93.0	3.8	1.2	0.5	0.4	0.2	0.8
	RACE														
	<i>White</i>	98.1	1.2	0.3	0.1	0.1	0.1	0.2	97.4	1.5	0.5	0.2	0.1	0.1	0.2
	<i>Black</i>	96.8	1.2	0.4	0.3	0.2	0.0	1.1	95.7	1.5	0.7	0.3	0.3	0.1	1.5
	<i>American Indian</i>	96.4	1.6	0.6	0.3	0.3	0.0	0.9	94.8	2.2	0.7	0.7	0.4	0.0	1.3
	<i>Asian or Pacific Islander</i>	98.5	0.3	0.1	0.1	0.0	0.1	1.0	97.0	1.1	0.3	0.2	0.1	0.1	1.2
	<i>Hispanic</i>	98.1	1.1	0.4	0.1	0.1	0.0	0.3	97.1	1.6	0.4	0.2	0.1	0.1	0.5
<i>Other</i>	97.0	1.4	0.4	0.1	0.2	0.1	0.7	NA	NA	NA	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Tobacco

- 2.4% of youth reported using smokeless tobacco within the past month.
- Of all the tobacco products, we see the biggest difference between males and females for smokeless tobacco.

		2014							2012						
		Days							Days						
		0	1-2	3-5	6-9	10-19	20-29	30	0	1-2	3-5	6-9	10-19	20-29	30
<i>In the past 30 days, on how many days have you: Used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco, snus, Orbs)?</i>	<i>Iowa</i>	97.6	0.8	0.3	0.2	0.2	0.2	0.7	97.2	0.9	0.4	0.2	0.3	0.2	0.8
	GENDER														
	<i>Male</i>	96.2	1.2	0.5	0.3	0.3	0.4	1.2	95.4	1.4	0.6	0.4	0.5	0.4	1.3
	<i>Female</i>	99.1	0.4	0.2	0.1	0.0	0.0	0.2	99.1	0.4	0.1	0.1	0.1	0.0	0.2
	GRADE														
	<i>6th</i>	99.7	0.1	0.0	0.0	0.0	0.0	0.1	99.6	0.1	0.0	0.0	0.0	0.0	0.1
	<i>8th</i>	98.8	0.6	0.2	0.1	0.1	0.1	0.2	98.5	0.7	0.2	0.1	0.1	0.1	0.3
	<i>11th</i>	94.2	1.8	0.8	0.4	0.5	0.6	1.8	93.2	2.0	1.0	0.5	0.7	0.6	2.0
	RACE														
	<i>White</i>	97.6	0.8	0.3	0.2	0.2	0.2	0.6	97.2	0.9	0.4	0.2	0.3	0.3	0.7
	<i>Black</i>	97.1	0.8	0.4	0.3	0.2	0.2	1.0	96.5	1.0	0.4	0.2	0.2	0.1	1.7
	<i>American Indian</i>	96.6	0.9	0.9	0.0	0.1	0.0	1.6	96.1	1.1	0.4	0.3	0.1	0.2	1.7
	<i>Asian or Pacific Islander</i>	98.3	0.6	0.1	0.1	0.1	0.0	0.8	97.9	0.4	0.3	0.1	0.2	0.1	1.1
	<i>Hispanic</i>	98.9	0.6	0.2	0.0	0.0	0.1	0.3	97.7	0.8	0.3	0.2	0.1	0.1	0.7
<i>Other</i>	97.5	0.7	0.4	0.2	0.1	0.2	0.9	NA	NA	NA	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Tobacco

- Cigarettes appear to be readily available at all grade levels.
- Cigarette availability does not appear to vary by gender or race.

		2014					2012				
		<i>Very Hard</i>	<i>Hard</i>	<i>Easy</i>	<i>Very Easy</i>	<i>Don't Know</i>	<i>Very Hard</i>	<i>Hard</i>	<i>Easy</i>	<i>Very Easy</i>	<i>Don't Know</i>
<i>In your neighborhood or community, how difficult do you think it would be for a kid your age to get each of the following: Cigarettes?</i>	<i>Iowa</i>	33.9	20.9	20.7	12.1	12.4	32.2	20.7	21.4	13.2	12.5
	GENDER										
	<i>Male</i>	34.5	20.9	19.7	12.5	12.5	32.7	20.5	20.7	13.7	12.5
	<i>Female</i>	33.2	20.9	21.7	11.8	12.4	31.7	21.0	22.1	12.7	12.5
	GRADE										
	<i>6th</i>	54.4	19.5	8.1	3.4	14.6	52.8	20.2	8.7	3.8	14.5
	<i>8th</i>	34.3	26.4	19.1	8.3	11.9	31.9	25.8	20.3	9.3	12.7
	<i>11th</i>	12.7	16.4	35.0	25.1	10.8	11.4	15.9	35.5	27.0	10.1
	RACE										
	<i>White</i>	33.6	21.3	21.1	12.2	11.8	31.9	21.3	21.7	13.1	12.0
	<i>Black</i>	36.7	15.9	17.6	13.2	16.6	35.2	14.6	19.5	15.7	15.1
	<i>American Indian</i>	35.9	13.3	19.3	14.4	17.0	34.5	17.7	19.1	15.6	13.1
	<i>Asian or Pacific Islander</i>	39.0	21.3	15.3	8.5	15.9	33.5	22.4	18.6	11.2	14.3
<i>Hispanic</i>	35.5	20.6	18.8	10.3	14.9	32.8	18.4	21.0	12.8	15.0	
<i>Other</i>	31.9	19.5	21.2	14.1	13.4	NA	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Tobacco

- The percentage of Iowans who smoke is near the US average.
- A slightly higher percentage of males smoke than females.
- The percentage of smokers decreases as income level increases.

Adults who are current smokers.	STATE COMPARISON	2014	2011
	US	17.4	20.2
Iowa	18.5 (27)	20.4 (30)	
Best State	9.7	11.8	
Worst State	26.7	29.0	
GENDER			
Male	19.9	22.2	
Female	17.2	18.6	
AGE			
18-24	17.8	27.1	
25-34	25.0	27.2	
35-44	22.7	24.0	
45-54	22.0	22.5	
55-64	17.5	18.0	
65+	9.1	7.1	
RACE/ETHNICITY			
White	18.1	19.9	
Black	25.3	32.9	
Hispanic	17.6	18.9	
INCOME LEVEL			
<\$15,000	33.6	39.1	
\$15 – 24,999	30.1	27.4	
\$25 – 34,999	21.3	25.7	
\$35 – 49,999	17.2	23.4	
\$50,000 +	12.5	12.0	
EDUCATION			
< High School	29.7	34.3	
High School	22.4	23.8	
Some post-H.S.	19.2	20.5	
College Grad	7.7	8.8	

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

CHRONIC DISEASE

With the population aging, chronic disease has become a major determinant of the health of Iowans and the need for health care services in the state.

Heart disease, still the number one cause of death in Iowa from 2008-2012, accounted for 228.6 deaths per 100,000 persons (crude rate). Using age-adjusted rates for heart disease, the four county groupings (based on county size) do not vary much, and we do see a consistent decline over time. In the 1978 to 1980 period, the state age-adjusted mortality rate was 374 per 100,000, whereas it has dropped steadily to 172.6 per 100,000 by the 2008-2012 period. This represents a 54% decline.

MOST COMMON CANCERS IN IOWA	
<i>Females</i>	<i>Males</i>
Breast	Prostate
Lung	Lung
Colorectum	Colorectum
<i>Children (0-19)</i>	
Leukemia	

The age-adjusted mortality rates for chronic obstructive pulmonary disease, the third leading cause of death in Iowa, have been increasing across time with the higher population density county groupings experiencing the highest rates in 2008-2012. Stroke is currently the fifth leading cause of death in Iowa, with a crude mortality rate of 37.9 per 100,000 between 2008 and 2012. From 1978 through 2012, Iowa experienced a decline in age-adjusted stroke mortality similar to what was observed for heart disease with a 61% decline when comparing the 1978-1980 time period with the most recent time period. Death from Alzheimer’s disease, the sixth leading cause of death, has shown increasing crude and age-adjusted mortality rates statewide since the 1978-1980 period. The smaller population counties in Iowa are exhibiting a greater problem with mortality due to diabetes and pneumonia/influenza, based upon crude mortality rates, which when compared to the age-adjusted rates, indicate this is primarily due to their larger proportion of elderly. However, since 2002, even age-adjusted rates for diabetes are highest in these counties. In the 1980s and 1990s, diabetes mortality rates were increasing across Iowa, but more recently, these rates have been leveling off.

From 2008 through 2012, cancer was the second leading cause of death in Iowa with 31,950 Iowans dying from cancer, which accounted for 23% of all deaths. During this period, 84,676 Iowans were newly diagnosed with some type of invasive cancer. Although cancer occurs in people of all ages, 80 percent of these new cancers were diagnosed in those 55

MOST COMMON CANCER DEATHS IN IOWA
Lung
Colorectum
Female Breast
Pancreas
Prostate

years of age and older.

For all cancer mortality, the age-adjusted rates by time period increased slightly as the average population increased across the five time periods spanning 1976 through 1992. For the 1993-2012 periods, however, these rates have been decreasing, with the largest decrease seen in 2008-2012. Between 2008 and 2012, the age-adjusted mortality rates were higher in the more densely populated county groups, however, the crude rates were higher in counties with average populations < 10,000. This reflects a larger proportion of older people in the smaller, more rural counties (see tables and graph in Demographics).

Since the 1990s, the U.S. and Iowa have experienced a decline in age-adjusted cancer mortality rates led by reductions in prostate, female breast, and colorectal cancer mortality rates. Today, less than half of Iowans newly diagnosed with a cancer will die from it. Survival rates, however, vary considerably by cancer site.

For all cancer incidence, the age-adjusted rates by time periods increased from 1976 through 2001, but has leveled off since. Over time, these rates vary by cancer site and show the steepest increases for non-Hodgkin lymphoma, skin melanoma, pancreas, and oral cavity. Between 2008 and 2012, the age-adjusted rates for all cancer incidence showed slightly higher incidence rates with county groupings of increasing population density, however, the crude rates showed the opposite trend, again reflecting the larger proportion of older people residing in smaller, rural counties, as cancer occurs most frequently in older people.

Tobacco use is the leading modifiable risk factor for cancer, and is associated with cancers of the lung, oral cavity (excluding lip) and pharynx, larynx, esophagus, stomach, colorectum, pancreas, liver and intrahepatic bile duct, uterine cervix, urinary bladder, kidney and renal pelvis, and acute myelogenous leukemia. Alcohol consumption is also a known risk factor, particularly for cancers of the liver and upper aerodigestive tract including oral cavity (excluding lip) and pharynx, esophagus, and larynx. Ongoing research indicates that dietary factors may play an important role in the occurrence of cancers of the prostate and colorectum. Other important risk factors include obesity for cancers of the uterine corpus and kidney, excessive sunlight exposure for skin melanoma, human papillomavirus for cancers of the uterine cervix, vagina, vulva, anus, penis, and oropharynx, and genetic predisposition (or positive family history) for colorectal, prostate, and breast cancers.

Screening and early detection are one way Iowans can survive cancer, particularly for colorectal, female breast and cervical cancers. Vaccines can also prevent some types of cancer, most notably liver, anogenital, and likely oropharyngeal cancers.

Arthritis, Osteoporosis and Chronic Back Conditions

- Iowa is near the national average in adults having been told they have arthritis. The numbers have increased slightly since 2011 and it impacts females more frequently than males.
- Whites and blacks have considerably higher percentages with arthritis than Hispanics.

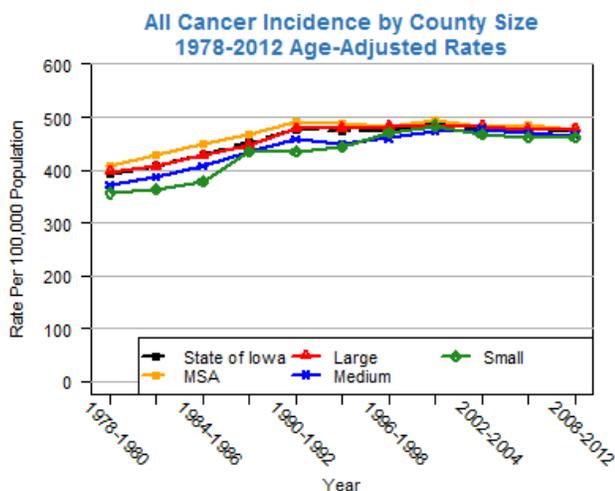
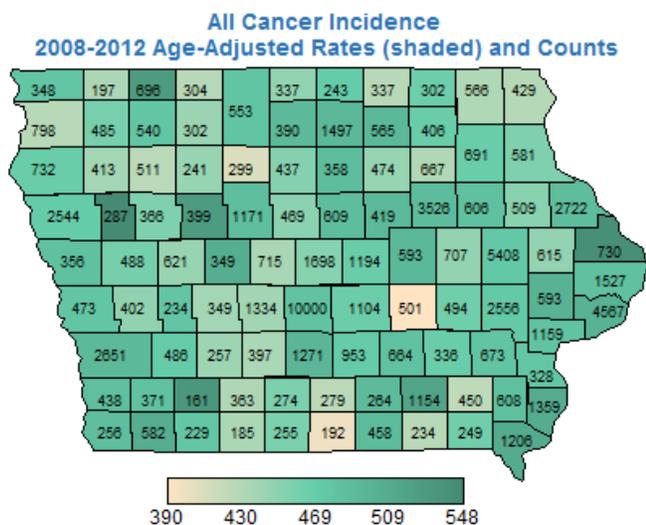
Adults who have been told they have arthritis.	STATE COMPARISON	2014	2011
		US	25.6
	Iowa	25.9 (25)	24.4 (25)
	Best State	19.2	18.2
	Worst State	40.0	35.9
	GENDER		
	Male	21.3	20.3
	Female	30.5	28.2
	AGE		
	18-24	4.8	2.6
	25-34	7.6	7.6
	35-44	14.5	14.0
	45-54	23.7	24.0
	55-64	38.6	35.6
	65+	53.7	52.2
	RACE/ETHNICITY		
	White	26.9	25.0
	Black	25.9	22.1
	Hispanic	10.4	7.0
	INCOME LEVEL		
	<\$15,000	30.8	39.9
	\$15 – 24,999	34.5	32.3
	\$25 – 34,999	31.1	27.8
	\$35 – 49,999	29.9	22.3
	\$50,000 +	19.0	17.9
	EDUCATION		
	< High School	29.2	33.8
	High School	30.8	29.0
	Some post-H.S.	26.7	22.5
	College Grad	17.2	16.0

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

All Cancer Incidence

- The age-adjusted rates by time periods increased from 1976 through 2001, but have leveled off since. Over time, these rates vary by cancer site and show the steepest increases for non-Hodgkin lymphoma and skin melanoma.
- Between 2006 and 2010, the age-adjusted rates showed increasing incidence rates with county groupings of increasing population density, however, the crude rates showed the opposite trend, again reflecting the larger proportion of older people residing in smaller, rural counties, as cancer occurs most frequently in older people.

SEER*Stat Database: Incidence - SEER 13 Regs Research Data, Nov 2014 Sub (1992-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



Age-Adjusted Rate per 100,000
2008-2012 2005-2007

STATE COMPARISON ^a	2008-2012	2005-2007
US	461.8	480.6
Iowa	482.9 (39)	488.3 (33)
Best State	392.9	411.8
Worst State	520.4	535.2
GENDER		
Male	533.6	556.8
Female	431.5	425.2
AGE ^b		
< 1	23.0	31.0
1-4	25.3	23.2
5-14	13.4	10.6
15-24	31.4	28.1
25-44	143.3	137.4
45-64	688.1	689.2
65-84	2118.7	2174.6
85+	2246.2	2350.0
RACE/ETHNICITY		
White	471.1	475.4
Black	491.5	549.4
American Indian	437.1	484.5
Asian or Pacific Islander	292.5	300.0
Hispanic	286.1	276.4
COUNTY POPULATION		
Small, <10K	460.5	461.3
Medium, 10-20K	465.3	469.7
Large, > 20K	477.8	476.9
MSA	477.1	486.6

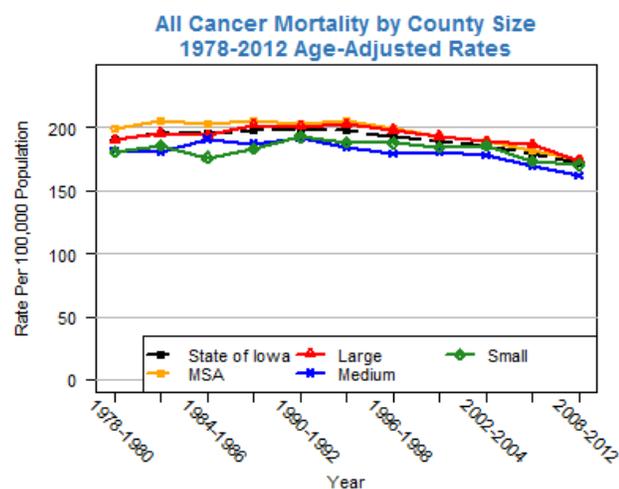
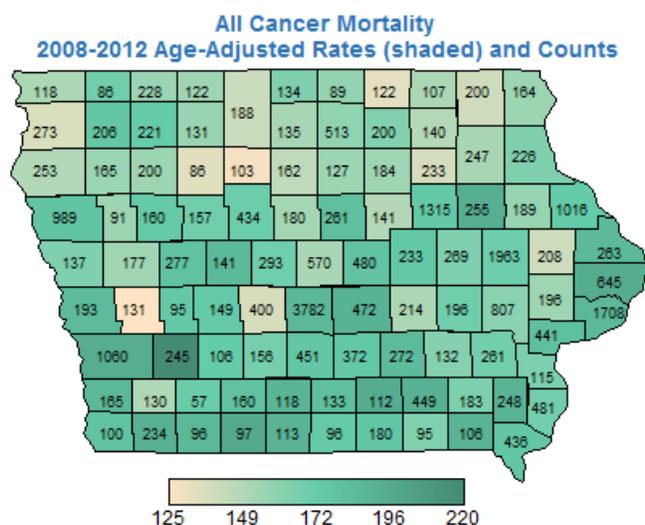
^a State comparisons from wonder.cdc.gov.

^b Crude rate

All Cancer Mortality

- The age-adjusted mortality rates when combining all cancers together remained stable from 1978 until the 1990s, but has been showing a steady decline over the past two decades.
- The most common cancers are lung, colorectum, female breast, and prostate.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



Age-Adjusted Rate per 100,000
2008-2012 2005-2007

STATE COMPARISON ^a	2008-2012	2005-2007
US	171.5	182.0
Iowa	172.2 (23)	179.8 (21)
Best State	127.6	137.9
Worst State	204.6	215.2
GENDER		
Male	209.1	221.4
Female	145.3	151.5
AGE ^b		
< 1	^	^
1-4	2.1	2.8
5-14	1.8	3.1
15-24	3.4	3.5
25-44	20.3	20.4
45-64	181.3	189.5
65-84	885.1	929.6
85+	1676.1	1740.2
RACE/ETHNICITY		
White	171.1	179.2
Black	226.3	247.3
American Indian	176.7	147.0
Asian or Pacific Islander	120.9	109.9
Hispanic	86.1	79.6
COUNTY POPULATION		
Small, <10K	170.0	172.8
Medium, 10-20K	162.0	169.9
Large, > 20K	173.6	186.5
MSA	174.8	181.6

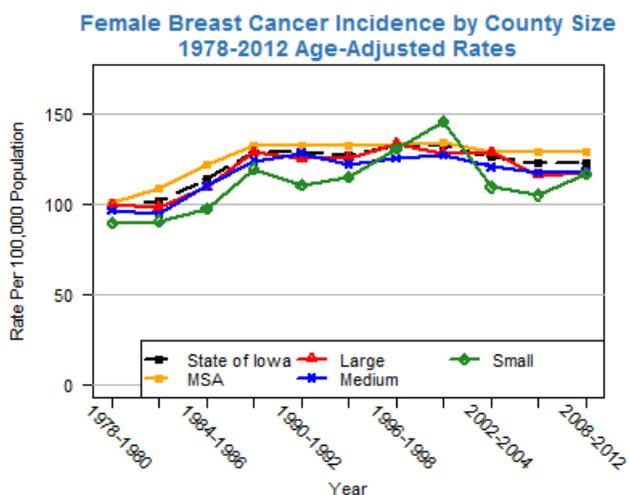
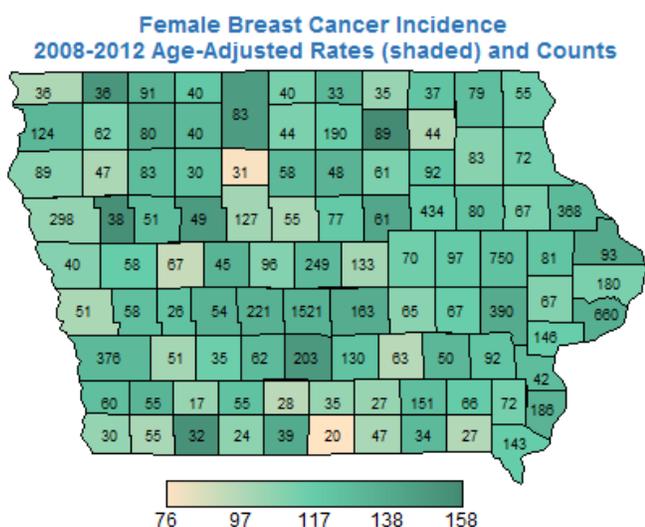
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Female Breast Cancer Incidence

- Breast cancer remains the most common newly diagnosed cancer in females in Iowa, and is twice as frequent as the second most common cancer.
- Age adjusted rates have seen very little change over the last 25 years.
- Whites see the highest levels of breast cancer incidence.

SEER*Stat Database: Incidence - SEER 13 Regs Research Data, Nov 2014 Sub (1992-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



	Age-Adjusted Rate per 100,000	
	2008-2012	2005-2007
STATE COMPARISON^a		
US	123.0	121.8
Iowa	123.0 (23)	122.4 (25)
Best State	107.9	106.3
Worst State	137.1	135.7
AGE^b		
< 1	0.0	0.0
1-4	^	0.0
5-14	0.0	0.0
15-24	^	^
25-44	56.7	60.6
45-64	231.2	239.7
65-84	443.2	407.6
85+	357.0	378.5
RACE/ETHNICITY		
White	123.7	123.1
Black	109.7	112.3
American Indian	84.6	^
Asian or Pacific Islander	66.8	38.3
Hispanic	71.4	63.0
COUNTY POPULATION		
Small, <10K	116.3	104.7
Medium, 10-20K	117.9	117.5
Large, > 20K	117.0	115.9
MSA	128.3	128.8

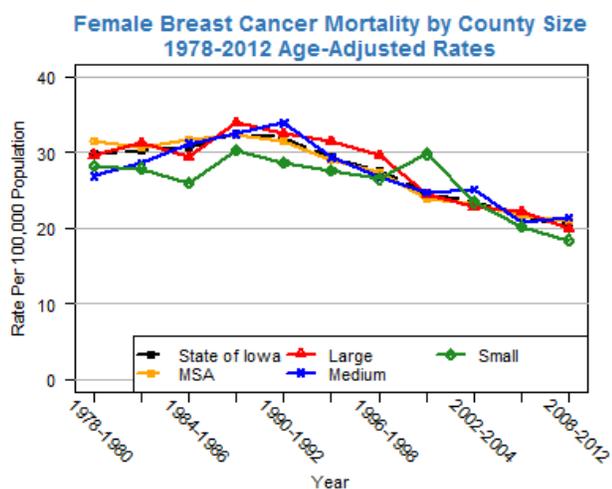
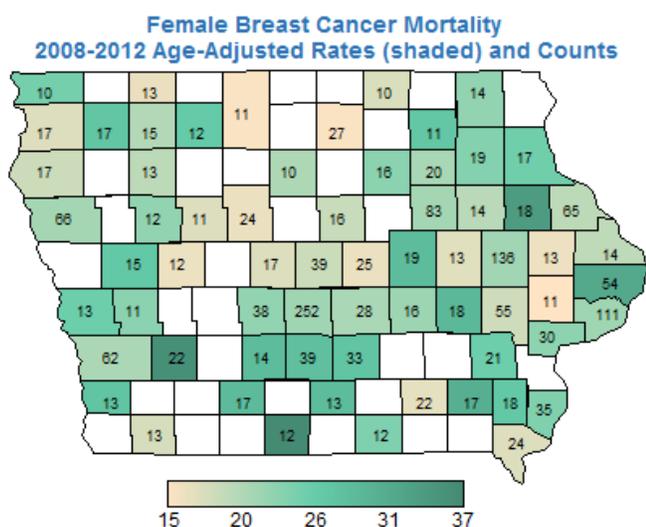
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Female Breast Cancer Mortality

- Breast cancer is the second most common death due to cancer in Iowa.
- Age adjusted breast cancer mortality rates have steadily decreased over the last 25 years.
- Although whites have a higher breast cancer incidence rate than blacks, blacks have a higher breast cancer mortality rate.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



Age-Adjusted Rate per 100,000
2008-2012 2005-2007

STATE COMPARISON ^a	2008-2012	2005-2007
US	22.0	23.6
Iowa	20.7 (18)	21.5 (19)
Best State	15.1	18.3
Worst State	25.2	26.7
AGE ^b		
< 1	0.0	0.0
1-4	0.0	0.0
5-14	0.0	0.0
15-24	^	0.0
25-44	6.3	4.9
45-64	29.9	34.6
65-84	84.0	81.8
85+	182.6	206.0
RACE/ETHNICITY		
White	20.7	21.5
Black	25.1	28.1
American Indian	^	^
Asian or Pacific Islander	^	^
Hispanic	7.0	^
COUNTY POPULATION		
Small, <10K	18.4	20.2
Medium, 10-20K	21.4	20.8
Large, > 20K	19.9	22.2
MSA	21.0	21.6

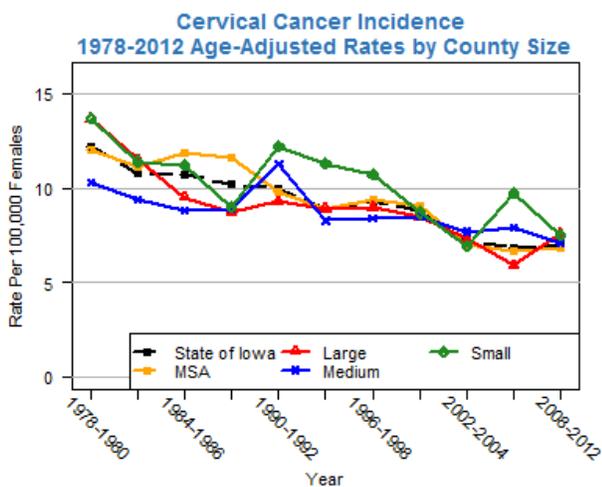
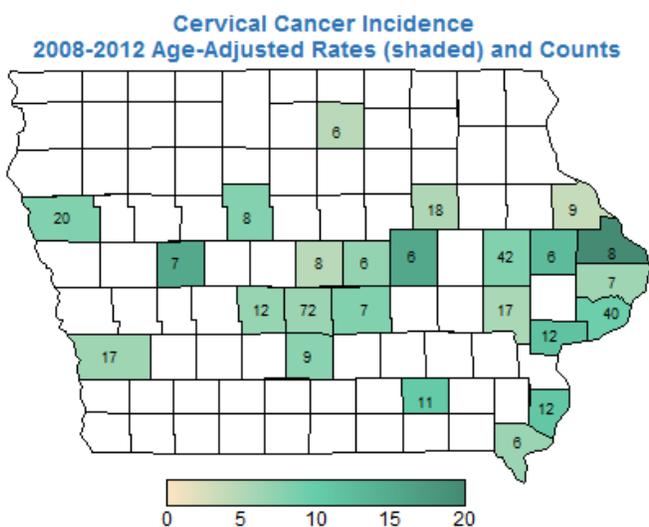
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Cervical Cancer Incidence

- The number of new cases of cervical cancer was 6.7 per 100,000 women per year.
- The median age at diagnosis is 49.
- The number of new cases per 100,000 women has been steadily decreasing over the last 30 years.

SEER*Stat Database: Incidence - SEER 13 Regs Research Data, Nov 2014 Sub (1992-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



Age-Adjusted Rate per 100,000
2008-2012 2005-2007

STATE COMPARISON ^a	2008-2012	2005-2007
US	7.7	8.2
Iowa	7.0 (22)	6.8 (12)
Best State	4.4	4.7
Worst State	10.3	9.8
AGE ^b		
< 1	0.0	0.0
1-4	0.0	0.0
5-14	0.0	0.0
15-24	0.9	^
25-44	11.1	11.0
45-64	11.5	10.4
65-84	8.5	9.3
85+	4.3	8.1
RACE/ETHNICITY		
White	6.9	6.6
Black	10.3	^
American Indian	^	^
Asian or Pacific Islander	^	^
Hispanic	12.4	^
COUNTY POPULATION		
Small, <10K	7.5	9.7
Medium, 10-20K	7.1	7.9
Large, > 20K	7.6	5.9
MSA	6.8	6.7

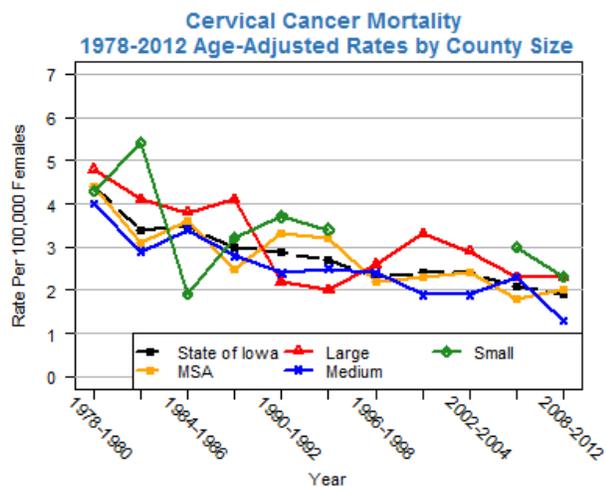
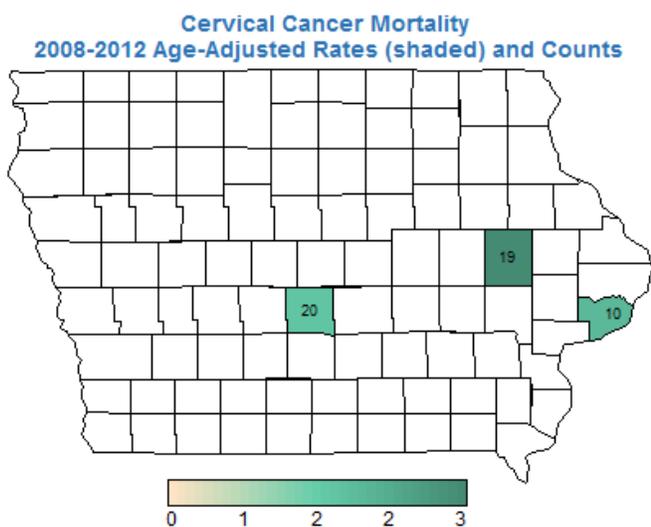
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Cervical Cancer Mortality

- The number of deaths was 1.9 per 100,000 women.
- Cervical cancer has predominately impacted whites.

Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



	Age-Adjusted Rate per 100,000	
	2008-2012	2005-2007
STATE COMPARISON^a		
US	2.3	2.4
Iowa	1.9 (18)	2.1 (21)
Best State	1.1	1.0
Worst State	3.4	4.2
AGE^b		
< 1	0.0	0.0
1-4	0.0	0.0
5-14	0.0	0.0
15-24	^	0.0
25-44	1.7	2.0
45-64	4.0	3.5
65-84	4.3	5.6
85+	^	8.7
RACE/ETHNICITY		
White	1.9	2.1
Black	^	^
American Indian	0.0	0.0
Asian or Pacific Islander	^	^
Hispanic	^	^
COUNTY POPULATION		
Small, <10K	2.3	3.0
Medium, 10-20K	1.3	2.3
Large, > 20K	2.3	2.3
MSA	2.0	1.8

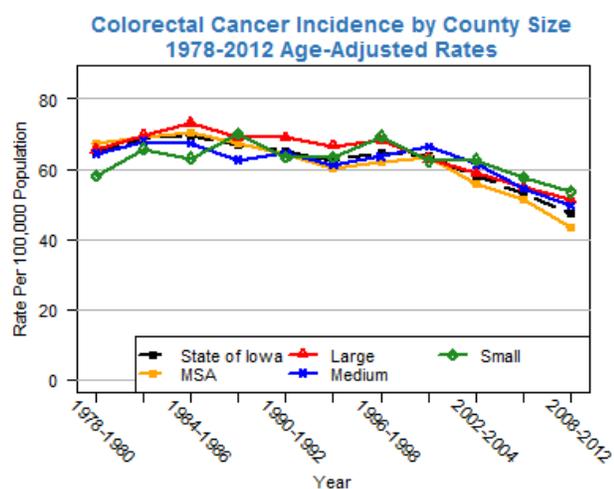
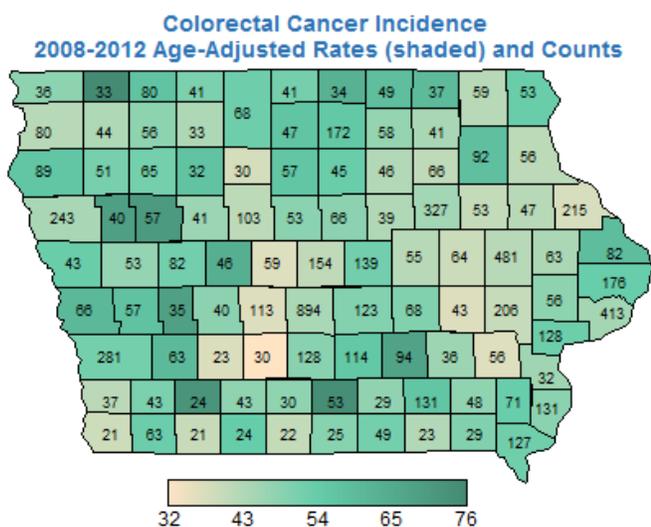
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Colorectal Cancer Incidence

- Colon and Rectum cancer has the 3rd highest incidence rate for both males and females in Iowa. Iowa has a high incidence rate compared to the rest of the country
- The risk is slightly lower in women than in men. Blacks have the highest incidence rate.

SEER*Stat Database: Incidence - SEER 13 Regs Research Data, Nov 2014 Sub (1992-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



Age-Adjusted Rate per 100,000
2008-2012 2005-2007

STATE COMPARISON ^a	2008-2012	2005-2007
US	41.8	48.1
Iowa	47.2 (44)	53.3 (43)
Best State	32.8	37.7
Worst State	51.4	56.8
GENDER		
Male	54.2	60.1
Female	41.1	47.6
AGE^b		
< 1	0.0	0.0
1-4	0.0	0.0
5-14	0.0	0.0
15-24	0.9	^
25-44	10.1	8.7
45-64	57.0	60.8
65-84	229.9	277.1
85+	379.2	416.3
RACE/ETHNICITY		
White	47.1	53.1
Black	53.8	67.3
American Indian	43.9	^
Asian or Pacific Islander	25.2	32.8
Hispanic	31.2	30.0
COUNTY POPULATION		
Small, <10K	53.4	57.7
Medium, 10-20K	49.6	54.4
Large, > 20K	51.2	54.9
MSA	43.5	51.5

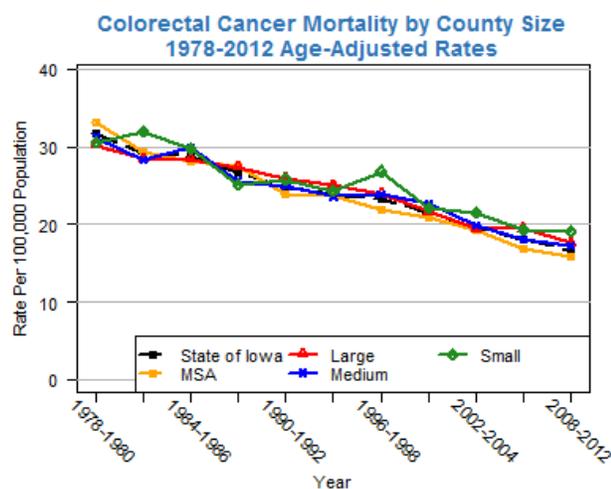
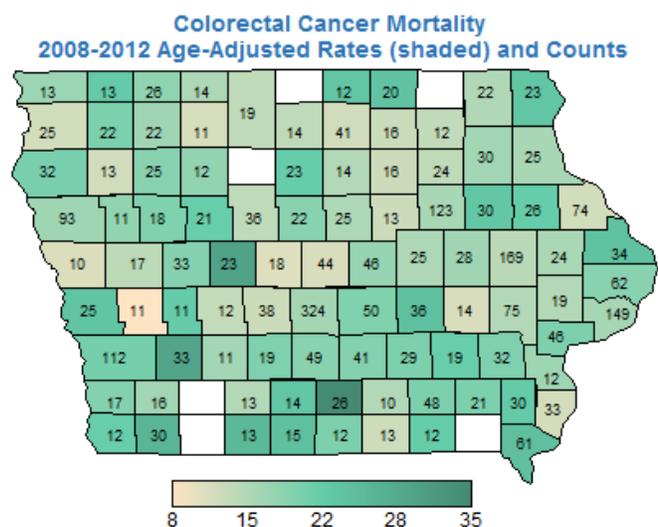
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Colorectal Cancer Mortality

- Colon and Rectum cancer has the 3rd highest mortality rate for both males and females in Iowa and is the second leading cause when considering both sexes.
- The death rate has been dropping in both men and women for the past 20 years.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



Age-Adjusted Rate per 100,000
2008-2012 2005-2007

STATE COMPARISON ^a	2008-2012	2005-2007
US	15.5	17.2
Iowa	16.7 (38)	18.0 (33)
Best State	11.5	12.9
Worst State	19.6	20.4
GENDER		
Male	19.8	20.7
Female	14.3	15.8
AGE ^b		
< 1	0.0	0.0
1-4	0.0	0.0
5-14	0.0	0.0
15-24	^	^
25-44	2.4	1.6
45-64	16.0	15.9
65-84	79.0	91.0
85+	236.1	248.7
RACE/ETHNICITY		
White	16.6	17.9
Black	25.0	30.9
American Indian	^	^
Asian or Pacific Islander	8.8	^
Hispanic	11.2	^
COUNTY POPULATION		
Small, <10K	19.1	19.3
Medium, 10-20K	17.3	18.1
Large, > 20K	17.6	19.5
MSA	15.8	16.9

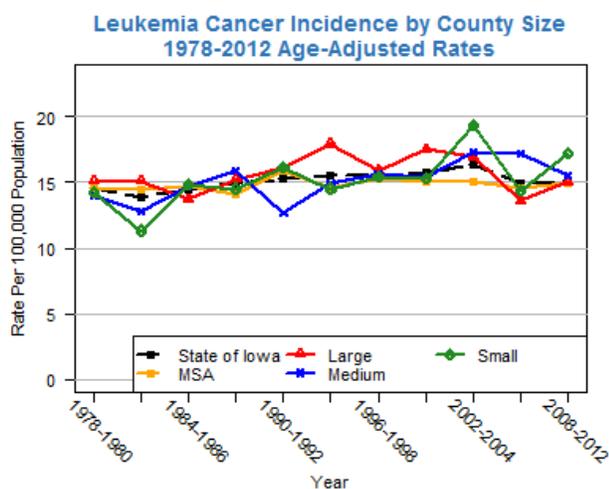
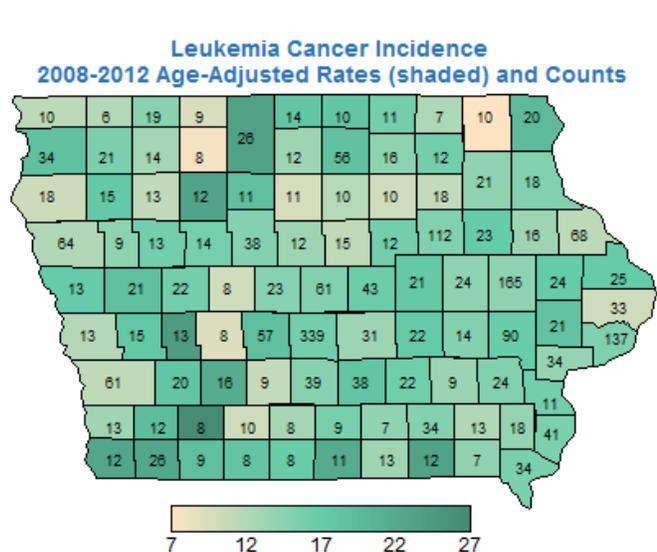
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Leukemia Incidence

- Leukemia is the 8th most common cancer in both males and females in Iowa. It is slightly more common in males than it is in females.
- Age adjusted incidence rates have been relatively stable historically.

SEER*Stat Database: Incidence - SEER 13 Regs Research Data, Nov 2014 Sub (1992-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



Age-Adjusted Rate per 100,000
2008-2012 2005-2007

STATE COMPARISON ^a	2008-2012	2005-2007
US	13.3	13.2
Iowa	15.4 (45)	14.9 (40)
Best State	10.8	9.8
Worst State	16.7	16.4
GENDER		
Male	19.0	19.6
Female	12.1	11.5
AGE ^b		
< 1	^	^
1-4	10.3	8.9
5-14	2.8	2.6
15-24	2.3	2.1
25-44	4.0	3.9
45-64	17.2	14.4
65-84	65.8	68.1
85+	100.5	114.7
RACE/ETHNICITY		
White	15.1	15.0
Black	12.6	^
American Indian	^	^
Asian or Pacific Islander	^	^
Hispanic	11.1	7.0
COUNTY POPULATION		
Small, <10K	17.2	14.3
Medium, 10-20K	15.5	17.2
Large, > 20K	15.0	13.6
MSA	14.9	14.6

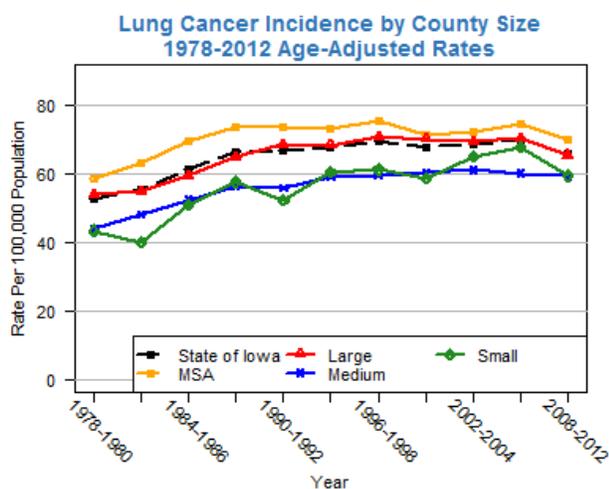
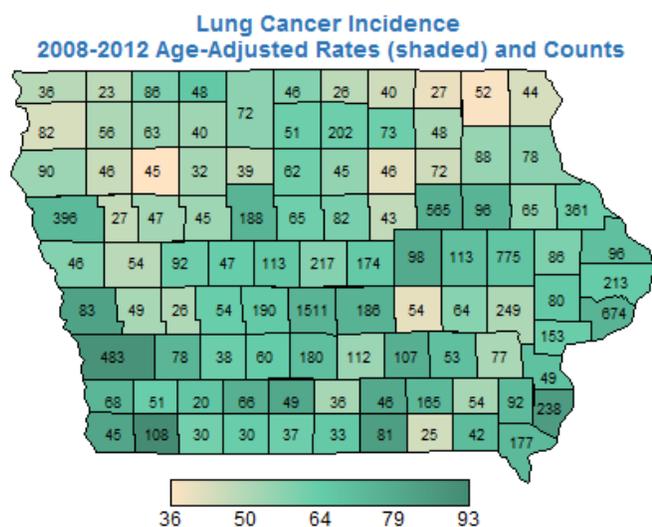
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Lung Cancer Incidence

- Lung cancer is the second most common new cancer in females (behind breast cancer) and in males (behind prostate cancer).
- American Indians have the highest lung cancer incidence rate followed by blacks.
- Males have a much larger incidence rate than females.

SEER*Stat Database: Incidence - SEER 13 Regs Research Data, Nov 2014 Sub (1992-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



	Age-Adjusted Rate per 100,000 2008-2012	2005-2007
STATE COMPARISON ^a		
US	63.7	68.8
Iowa	65.7 (26)	69.6 (24)
Best State	28.6	29.9
Worst State	97.5	100.9
GENDER		
Male	81.7	88.2
Female	53.6	56.0
AGE ^b		
< 1	0.0	^
1-4	0.0	^
5-14	0.0	0.0
15-24	^	^
25-44	4.0	4.7
45-64	77.7	86.9
65-84	383.1	397.2
85+	303.8	309.1
RACE/ETHNICITY		
White	65.5	69.2
Black	90.9	111.4
American Indian	107.2	89.2
Asian or Pacific Islander	44.3	32.2
Hispanic	30.8	24.0
COUNTY POPULATION		
Small, <10K	59.2	67.4
Medium, 10-20K	59.2	60.0
Large, > 20K	65.3	70.1
MSA	69.9	74.2

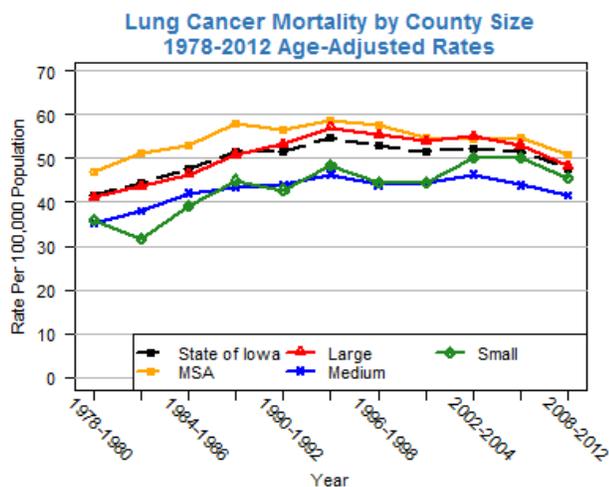
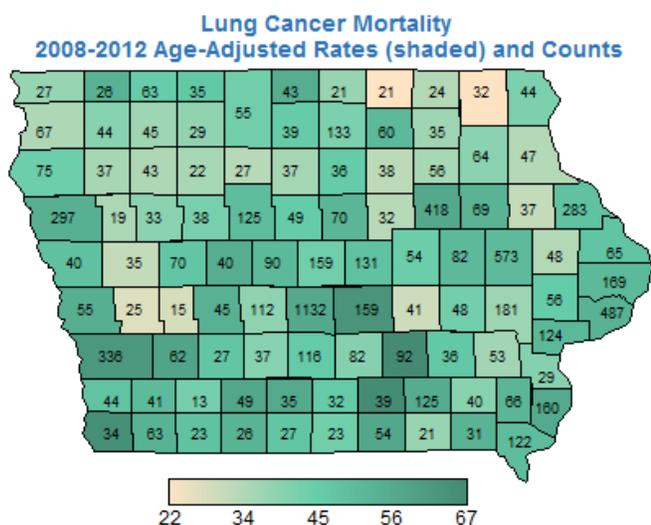
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Lung Cancer Mortality

- Lung cancer is the most common cause of cancer death for both males and females and accounts for 1 out of every 4 cancer deaths.
- Blacks had the second highest incidence rate of lung cancer, but the highest mortality rate.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



	Age-Adjusted Rate per 100,000	
	2008-2012	2005-2007
STATE COMPARISON^a		
US	47.2	51.6
Iowa	47.7 (24)	51.5 (23)
Best State	20.4	23.6
Worst State	70.9	75.1
GENDER		
Male	61.4	68.8
Female	37.5	38.8
AGE^b		
< 1	0.0	0.0
1-4	0.0	0.0
5-14	0.0	0.0
15-24	^	0.0
25-44	2.2	3.1
45-64	53.0	59.3
65-84	279.2	296.2
85+	281.4	296.9
RACE/ETHNICITY		
White	47.8	51.5
Black	59.9	76.9
American Indian	49.9	^
Asian or Pacific Islander	28.8	21.0
Hispanic	17.1	22.9
COUNTY POPULATION		
Small, <10K	45.4	50.2
Medium, 10-20K	41.6	43.9
Large, > 20K	48.3	53.0
MSA	50.8	54.8

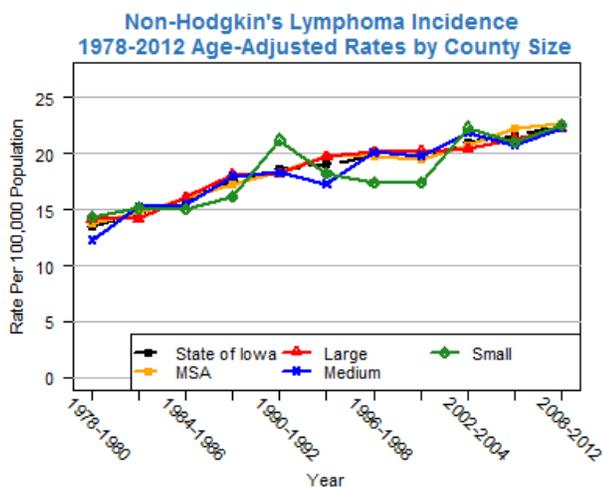
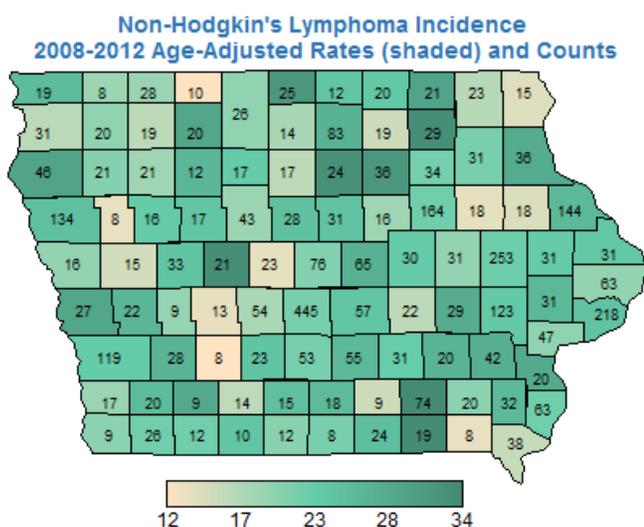
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Non-Hodgkin Lymphoma Incidence

- Non-Hodgkin’s lymphoma accounts for about 4% of all cancers nationally.
- It is the 6th most common cancer in both males and females in Iowa.
- The average American’s risk is about 1 in 50 and is one of the few cancers that continues to increase in incidence.

SEER*Stat Database: Incidence - SEER 13 Regs Research Data, Nov 2014 Sub (1992-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



	Age-Adjusted Rate per 100,000 2008-2012	2005-2007
STATE COMPARISON^a		
US	19.2	19.7
Iowa	22.5 (50)	21.6 (45)
Best State	15.6	15.6
Worst State	23.0	22.0
GENDER		
Male	27.3	25.9
Female	18.6	18.3
AGE^b		
< 1	0.0	0.0
1-4	^	^
5-14	1.5	0.9
15-24	1.8	2.2
25-44	6.7	7.0
45-64	27.8	26.7
65-84	106.3	101.8
85+	129.3	121.8
RACE/ETHNICITY		
White	22.5	21.5
Black	15.5	20.1
American Indian	^	^
Asian or Pacific Islander	16.4	26.3
Hispanic	12.2	14.2
COUNTY POPULATION		
Small, <10K	22.5	21.0
Medium, 10-20K	22.3	20.7
Large, > 20K	22.2	21.3
MSA	22.6	22.2

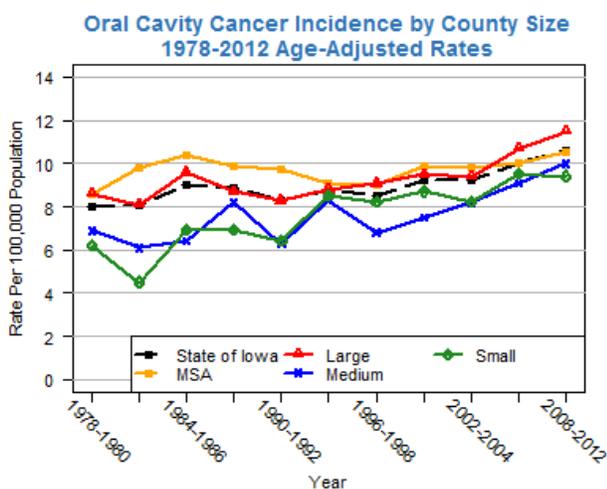
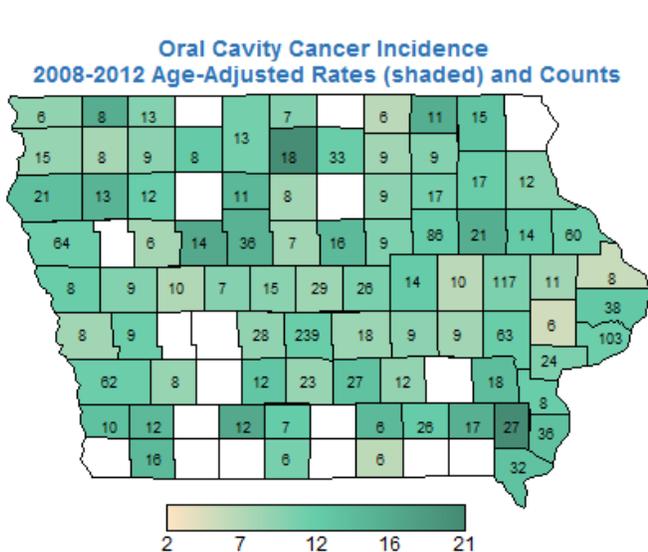
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Oral Cavity (Excluding Lip) Cancer Incidence

- Oral cancer is the 9th most common cancer for men. It is one of the few cancers that is still increasing in rate of incidence over time.
- The median age of diagnosis is 62.
- Whites have the highest oral cavity cancer incidence rate. Males have an incidence rate that is more than twice as high as females.

SEER*Stat Database: Incidence - SEER 13 Regs Research Data, Nov 2014 Sub (1992-2012) <Katrina/Rita Population Adjustment> - Linked To



	Age-Adjusted Rate per 100,000	
	2008-2012	2005-2007
STATE COMPARISON^a		
US	10.7	10.2
Iowa	10.6 (22)	10.0 (21)
Best State	7.5	6.8
Worst State	12.5	14.2
GENDER		
Male	15.7	14.5
Female	6.0	6.0
AGE^b		
< 1	0.0	0.0
1-4	0.0	0.0
5-14	^	^
15-24	0.8	0.8
25-44	2.9	3.0
45-64	22.6	21.5
65-84	36.3	33.7
85+	35.4	32.6
RACE/ETHNICITY		
White	10.5	9.9
Black	8.6	14.6
American Indian	^	^
Asian or Pacific Islander	4.5	^
Hispanic	2.7	^
COUNTY POPULATION		
Small, <10K	9.4	9.5
Medium, 10-20K	10.0	9.1
Large, > 20K	11.5	10.7
MSA	10.5	10.0

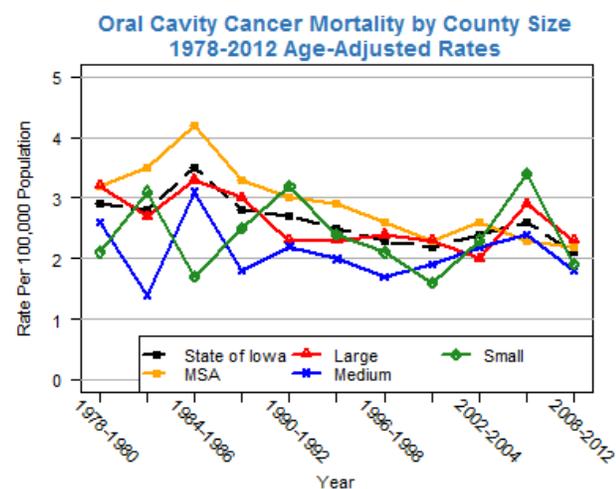
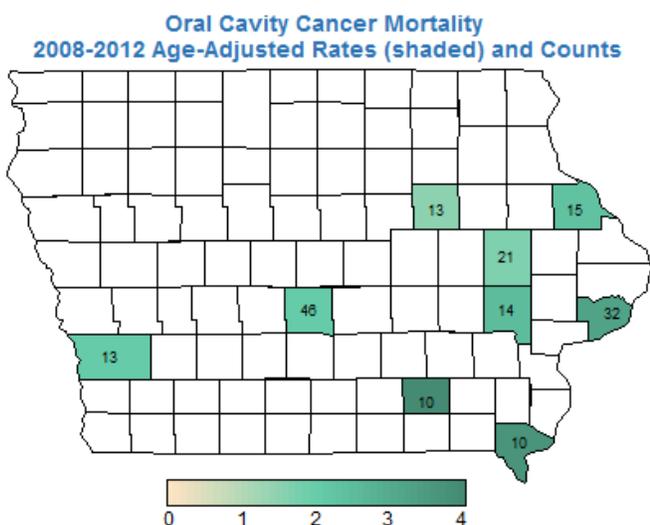
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Oral Cavity (Excluding Lip) Cancer Mortality

- The oral cancer death rate is higher among males, particularly those of African American descent. It is the 9th most common cancer for men, and is more common in men than women.
- The death rate has been slowly decreasing over the last 30 years.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



	Age-Adjusted Rate per 100,000 2008-2012	2005-2007
STATE COMPARISON^a		
US	2.4	2.5
Iowa	2.1 (11)	2.6 (30)
Best State	1.5	1.5
Worst State	3.6	3.8
GENDER		
Male	3.4	3.8
Female	1.1	1.6
AGE^b		
< 1	0.0	0.0
1-4	0.0	0.0
5-14	0.0	0.0
15-24	0.0	0.0
25-44	0.3	^
45-64	3.3	4.0
65-84	9.2	12.1
85+	20.0	17.5
RACE/ETHNICITY		
White	2.1	2.6
Black	4.7	^
American Indian	0.0	0.0
Asian or Pacific Islander	^	0.0
Hispanic	^	0.0
COUNTY POPULATION		
Small, <10K	1.9	3.4
Medium, 10-20K	1.8	2.4
Large, > 20K	2.3	2.9
MSA	2.2	2.3

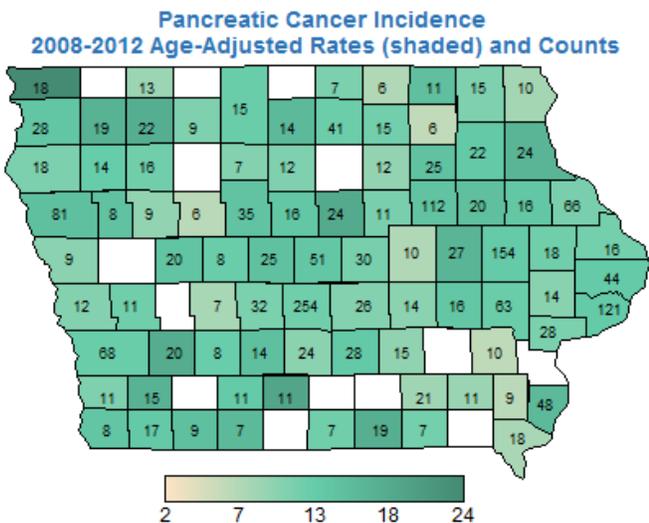
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Pancreatic Cancer Incidence

- Pancreatic cancer is the 10th most common cancer incidence for both males and females.
- Smoking is an important modifiable risk factor for pancreatic cancer. Being overweight is another risk factor.
- African Americans are more likely to develop pancreatic cancer than whites.

SEER*Stat Database: Incidence - SEER 13 Regs Research Data, Nov 2014 Sub (1992-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.

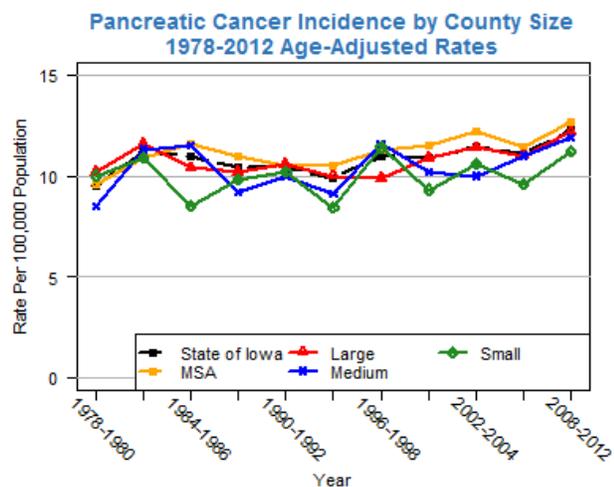


Age-Adjusted Rate per 100,000
2008-2012 2005-2007

STATE COMPARISON ^a	2008-2012	2005-2007
US	12.3	11.9
Iowa	12.3 (30)	11.1 (12)
Best State	9.1	9.9
Worst State	13.8	13.7
GENDER		
Male	14.3	13.0
Female	10.6	9.5
AGE ^b		
< 1	0.0	0.0
1-4	0.0	0.0
5-14	0.0	0.0
15-24	^	0.0
25-44	1.5	1.8
45-64	15.3	12.7
65-84	62.6	56.9
85+	97.3	92.0
RACE/ETHNICITY		
White	12.2	11.0
Black	21.5	19.1
American Indian	^	0.0
Asian or Pacific Islander	10.7	^
Hispanic	7.7	^
COUNTY POPULATION		
Small, <10K	11.2	9.6
Medium, 10-20K	11.9	11.0
Large, > 20K	12.2	11.0
MSA	12.7	11.4

^a State comparisons from wonder.cdc.gov.

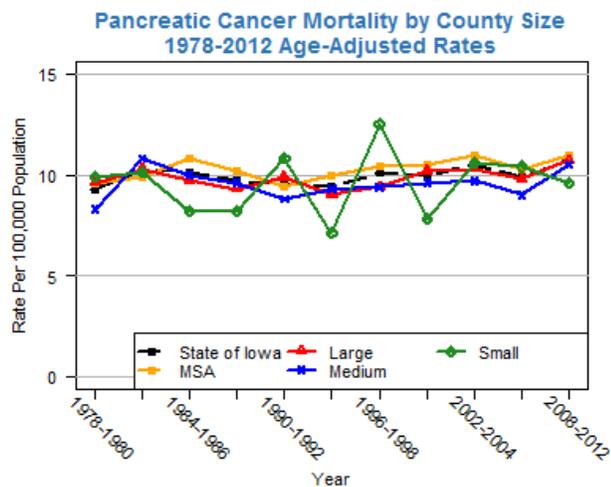
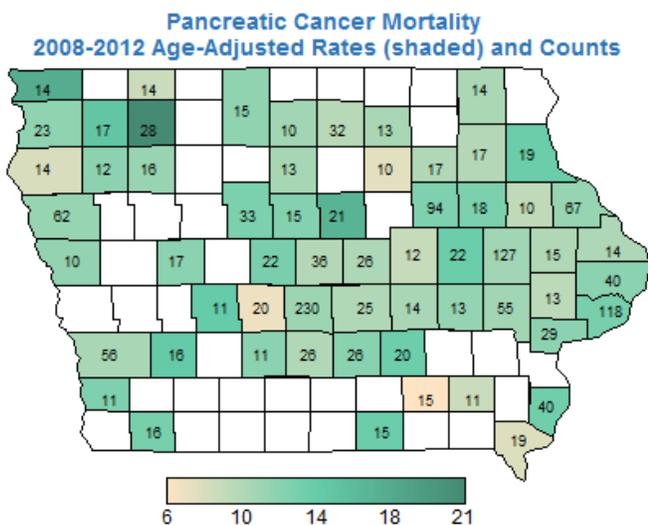
^b Crude rate



Pancreatic Cancer Mortality

- Pancreatic cancer has the 4th highest mortality rate among all cancers.
- Rates have been fairly stable for several years.
- Blacks and males have the highest mortality rates from pancreatic cancer among races and gender, respectively.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



	Age-Adjusted Rate per 100,000	
	2008-2012	2005-2007
STATE COMPARISON^a		
US	10.9	10.8
Iowa	10.7 (19)	9.9 (5)
Best State	9.4	8.7
Worst State	13.0	12.2
GENDER		
Male	12.4	11.7
Female	9.2	8.4
AGE^b		
< 1	0.0	0.0
1-4	0.0	0.0
5-14	0.0	0.0
15-24	0.0	^
25-44	0.7	1.1
45-64	12.3	10.2
65-84	55.9	52.7
85+	100.2	93.5
RACE/ETHNICITY		
White	10.7	9.8
Black	15.0	21.4
American Indian	^	0.0
Asian or Pacific Islander	^	^
Hispanic	7.9	^
COUNTY POPULATION		
Small, <10K	9.6	10.4
Medium, 10-20K	10.5	9.0
Large, > 20K	10.7	9.8
MSA	11.0	10.3

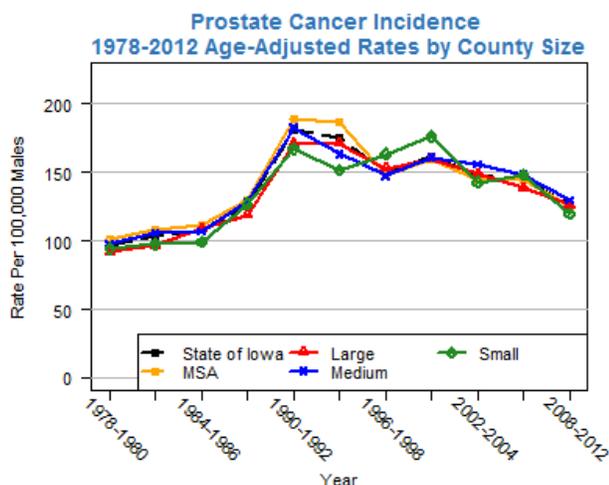
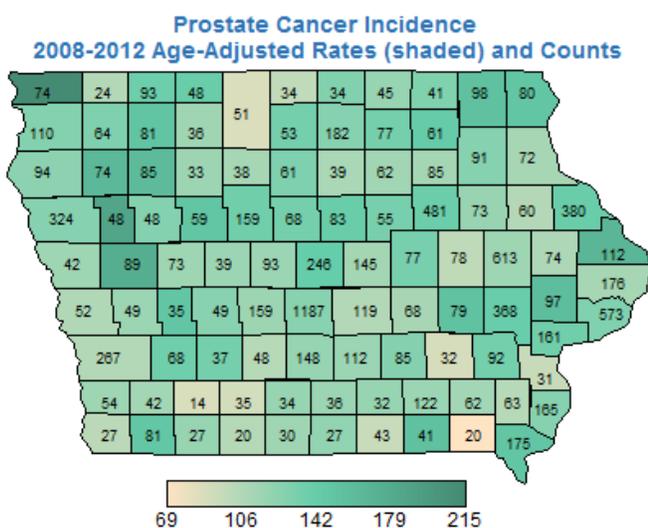
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Prostate Cancer Incidence

- Prostate cancer is the most common cancer among men in Iowa.
- Since 1990, incidence rates have been steadily decreasing across all county sizes.
- It is most common among blacks, followed by whites. The rate for blacks dropped considerably from 2005-2007 to 2008-2012.

SEER*Stat Database: Incidence - SEER 13 Regs Research Data, Nov 2014 Sub (1992-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



	Age-Adjusted Rate per 100,000	
	2008-2012	2005-2007
STATE COMPARISON^a		
US	131.8	157.6
Iowa	126.2 (15)	144.6 (8)
Best State	89.8	131.7
Worst State	161.1	188.0
AGE^b		
< 1	0.0	0.0
1-4	0.0	0.0
5-14	0.0	0.0
15-24	0.0	0.0
25-44	2.3	2.3
45-64	192.8	205.7
65-84	676.4	798.7
85+	494.8	626.7
RACE/ETHNICITY		
White	122.8	140.9
Black	161.9	213.3
American Indian	94.1	^
Asian or Pacific Islander	70.3	105.8
Hispanic	71.3	84.0
COUNTY POPULATION		
Small, <10K	119.4	147.7
Medium, 10-20K	129.7	148.4
Large, > 20K	126.4	138.8
MSA	125.3	144.7

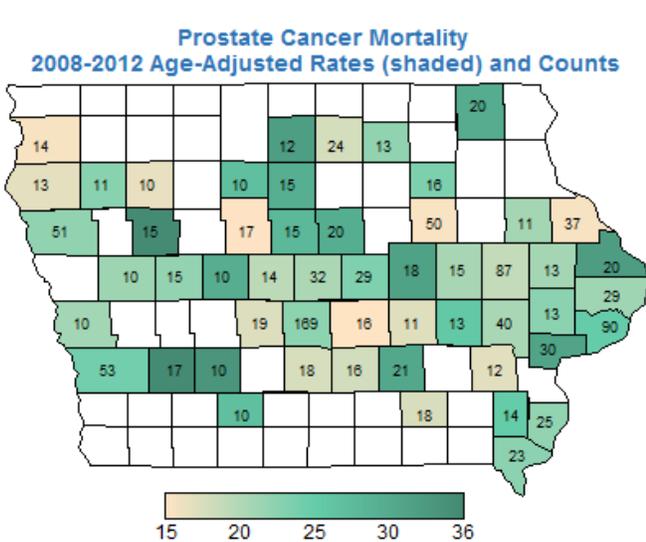
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Prostate Cancer Mortality

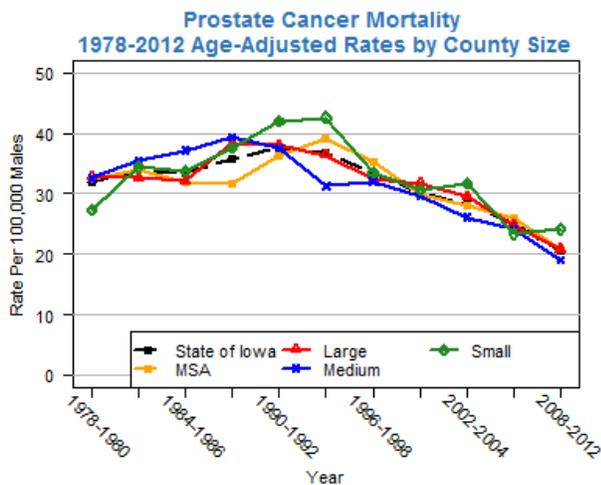
- Prostate cancer is the second leading cause of cancer death in males in Iowa.
- Mortality rates have been steadily decreasing since the 1980s.
- Mortality rates are more than twice as high for blacks as they are for whites.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



Age-Adjusted Rate per 100,000
2008-2012 2005-2007

STATE COMPARISON ^a	2008-2012	2005-2007
US	21.4	24.5
Iowa	20.7 (14)	25.1 (27)
Best State	14.9	16.7
Worst State	28.4	34.1
AGE ^b		
< 1	0.0	0.0
1-4	0.0	0.0
5-14	0.0	0.0
15-24	0.0	0.0
25-44	0.0	0.0
45-64	5.8	6.8
65-84	100.0	126.9
85+	538.9	615.6
RACE/ETHNICITY		
White	20.5	24.8
Black	47.8	72.9
American Indian	^	0.0
Asian or Pacific Islander	^	^
Hispanic	^	^
COUNTY POPULATION		
Small, <10K	24.1	23.3
Medium, 10-20K	19.0	24.2
Large, > 20K	20.9	24.8
MSA	20.9	26.0



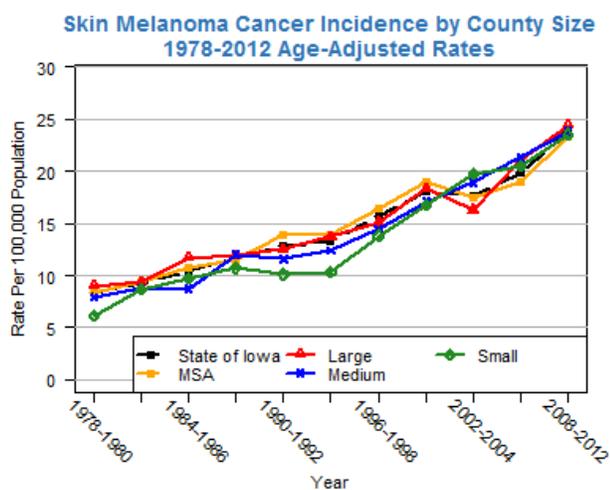
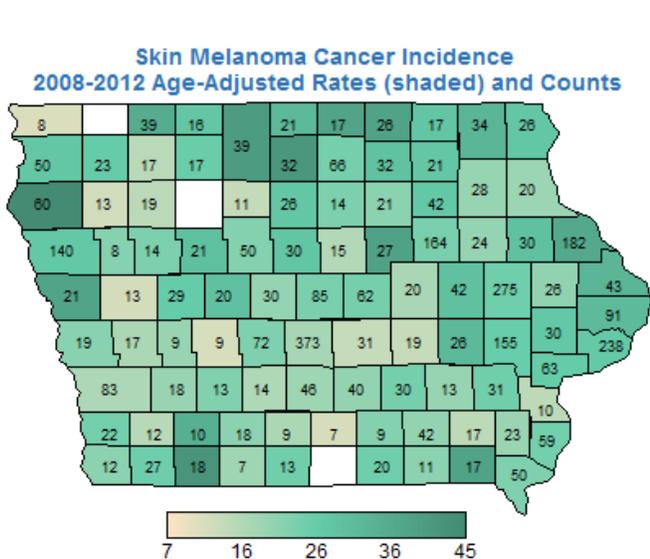
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Skin Melanoma Incidence

- Skin melanoma is the 5th most commonly diagnosed cancer in both males and females in Iowa.
- There has been a steep increase in skin melanoma over time.
- Up to 90% of melanoma is estimated to be caused by UV exposure.

SEER*Stat Database: Incidence - SEER 13 Regs Research Data, Nov 2014 Sub (1992-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



	Age-Adjusted Rate per 100,000	
	2008-2012	2005-2007
STATE COMPARISON^a		
US	19.9	19.3
Iowa	23.7 (40)	19.8 (24)
Best State	12.5	9.4
Worst State	32.8	29.9
GENDER		
Male	27.6	23.6
Female	21.4	17.6
AGE^b		
< 1	0.0	0.0
1-4	0.0	0.0
5-14	^	^
15-24	4.3	3.8
25-44	19.4	15.4
45-64	35.6	32.6
65-84	72.5	56.9
85+	84.0	70.3
RACE/ETHNICITY		
White	23.8	19.6
Black	^	^
American Indian	^	^
Asian or Pacific Islander	^	^
Hispanic	3.5	^
COUNTY POPULATION		
Small, <10K	23.5	20.5
Medium, 10-20K	23.8	21.3
Large, > 20K	24.4	21.0
MSA	23.3	19.0

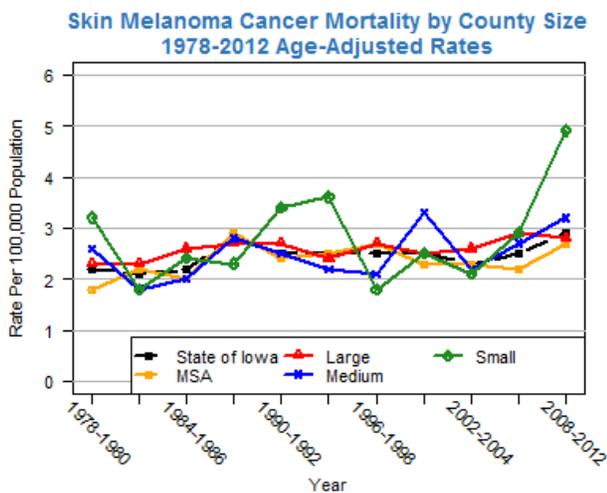
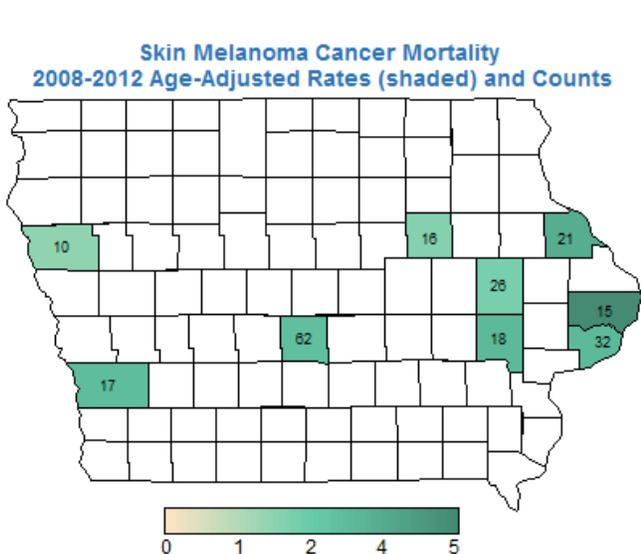
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Skin Melanoma Mortality

- Mortality rates for skin melanoma has not varied much over time.
- Iowa's national ranking dropped considerably between 2005-2007 and 2008-2012. This is partially driven by the sudden spike in mortality rates for the smallest counties.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



	Age-Adjusted Rate per 100,000	
	2008-2012	2005-2007
STATE COMPARISON^a		
US	2.7	2.7
Iowa	2.9 (26)	2.5 (9)
Best State	1.1	1.5
Worst State	3.6	3.6
GENDER		
Male	4.4	3.3
Female	1.8	1.8
AGE^b		
< 1	0.0	0.0
1-4	0.0	0.0
5-14	0.0	0.0
15-24	^	^
25-44	1.2	0.8
45-64	4.0	4.4
65-84	12.3	8.4
85+	21.3	19.8
RACE/ETHNICITY		
White	3.0	2.5
Black	^	0.0
American Indian	0.0	0.0
Asian or Pacific Islander	0.0	0.0
Hispanic	^	0.0
COUNTY POPULATION		
Small, <10K	4.9	2.9
Medium, 10-20K	3.2	2.7
Large, > 20K	2.8	2.9
MSA	2.7	2.2

^a State comparisons from wonder.cdc.gov.

^b Crude rate

Cancer

- The percent of women who have had a mammogram within the past two years increases with income level and education level.
- The percents changed very little from 2012 to 2014.

Women aged 40+ who have had a mammogram within the past two years.	STATE COMPARISON	2014	2012
	US	73.7	74.3
	Iowa	76.0 (11)	75.9 (18)
	Best State	82.1	84.6
	Worst State	62.5	61.9
	AGE		
	40-49	68.0	68.7
	50-59	79.4	79.6
	60-64	84.5	78.1
	65+	75.5	77.2
	RACE/ETHNICITY		
	White	76.1	76.2
	Black	94.8	73.8
	Hispanic	77.4	77.2
	INCOME LEVEL		
	<\$15,000	61.1	60.3
	\$15 – 24,999	63.4	69.2
	\$25 – 34,999	74.6	72.1
	\$35 – 49,999	75.3	77.2
	\$50,000 +	82.9	81.4
	EDUCATION		
	< High School	60.5	63.5
	High School	74.8	74.6
	Some post-H.S.	77.3	76.2
	College Grad	81.2	81.4

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Cancer

- The percent of women who have had a pap test within the past three years increases with income level and with education level.
- Beginning at age 25 with 91.5% of women having a pap test within the past three years, the percentage then steadily decreases with age.

Women aged 18+ who have had a pap test within the past three years.	STATE COMPARISON	2014	2012
		US	74.9
	Iowa	75.8 (20)	78.0 (26)
	Best State	80.3	82.2
	Worst State	67.3	68.5
	AGE		
	18-24	53.0	55.4
	25-34	91.5	93.2
	35-44	88.1	89.9
	45-54	85.7	85.7
	55-64	81.9	83.2
	65+	52.3	57.5
	RACE/ETHNICITY		
	White	76.2	78.4
	Black	66.2	73.3
	Hispanic	80.9	81.3
	INCOME LEVEL		
	<\$15,000	57.9	65.5
	\$15 – 24,999	66.1	69.3
	\$25 – 34,999	73.3	74.3
	\$35 – 49,999	79.3	77.8
	\$50,000 +	85.6	89.2
	EDUCATION		
	< High School	66.8	59.6
	High School	69.3	72.2
	Some post-H.S.	73.8	77.6
	College Grad	88.5	90.9

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Cancer

- The percentage of people having a sigmoidoscopy or colonoscopy increases with increased age, income, and education attained.
- The percentage is highest for whites, and the difference between whites and the other races has increased from 2012 to 2014.

<i>Adults aged 50+ who have ever had a sigmoidoscopy or colonoscopy.</i>	<i>STATE COMPARISON</i>	<i>2014</i>	<i>2012</i>
	<i>US</i>		69.1
<i>Iowa</i>		71.1 (15)	69.3 (33)
<i>Best State</i>		78.1	77.6
<i>Worst State</i>		61.8	60.3
	<i>GENDER</i>		
<i>Male</i>		69.7	66.8
<i>Female</i>		72.4	71.6
	<i>AGE</i>		
<i>50-59</i>		60.4	57.8
<i>60-64</i>		75.3	74.6
<i>65+</i>		78.8	77.8
	<i>RACE/ETHNICITY</i>		
<i>White</i>		72.2	69.8
<i>Black</i>		62.7	64.8
<i>Hispanic</i>		40.5	62.4
	<i>INCOME LEVEL</i>		
<i><\$15,000</i>		54.6	61.0
<i>\$15 – 24,999</i>		65.7	65.4
<i>\$25 – 34,999</i>		67.9	70.4
<i>\$35 – 49,999</i>		71.0	68.7
<i>\$50,000 +</i>		76.1	71.9
	<i>EDUCATION</i>		
<i>< High School</i>		52.8	58.9
<i>High School</i>		68.6	67.2
<i>Some post-H.S.</i>		74.4	71.3
<i>College Grad</i>		78.2	74.7

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Chronic Infectious Diseases: HIV and Hepatitis

- The percent of blacks tested for HIV is markedly higher than whites or Hispanics.
- By income, the less than \$15,000 cohort has the highest rate of HIV testing.

<i>Adults who have ever been tested for HIV.</i>	<i>STATE COMPARISON</i>	<i>2014</i>	<i>2011</i>
	<i>US</i>	<i>36.4</i>	<i>37.3</i>
	<i>Iowa</i>	<i>24.7 (48)</i>	<i>26.5 (46)</i>
	<i>Best State</i>	<i>69.3</i>	<i>67.9</i>
	<i>Worst State</i>	<i>21.6</i>	<i>24.5</i>
	<i>GENDER</i>		
	<i>Male</i>	<i>23.3</i>	<i>23.5</i>
	<i>Female</i>	<i>26.1</i>	<i>28.4</i>
	<i>AGE</i>		
	<i>18-24</i>	<i>22.7</i>	<i>26.7</i>
	<i>25-34</i>	<i>40.1</i>	<i>46.8</i>
	<i>35-44</i>	<i>40.2</i>	<i>43.6</i>
	<i>45-54</i>	<i>27.7</i>	<i>25.8</i>
	<i>55-64</i>	<i>16.5</i>	<i>14.6</i>
	<i>65+</i>	<i>7.4</i>	<i>5.3</i>
	<i>RACE/ETHNICITY</i>		
	<i>White</i>	<i>22.9</i>	<i>24.8</i>
	<i>Black</i>	<i>52.8</i>	<i>65.9</i>
	<i>Hispanic</i>	<i>36.2</i>	<i>38.8</i>
	<i>INCOME LEVEL</i>		
	<i><\$15,000</i>	<i>32.3</i>	<i>39.3</i>
	<i>\$15 – 24,999</i>	<i>29.6</i>	<i>29.9</i>
	<i>\$25 – 34,999</i>	<i>23.3</i>	<i>23.8</i>
	<i>\$35 – 49,999</i>	<i>21.6</i>	<i>26.2</i>
	<i>\$50,000 +</i>	<i>24.1</i>	<i>27.0</i>
	<i>EDUCATION</i>		
	<i>< High School</i>	<i>27.3</i>	<i>27.4</i>
	<i>High School</i>	<i>21.4</i>	<i>20.9</i>
	<i>Some post-H.S.</i>	<i>26.4</i>	<i>29.8</i>
	<i>College Grad</i>	<i>25.8</i>	<i>29.3</i>

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Diabetes

- The gender difference for diabetes increased from 2011 to 2014.
- The percentage of diabetes sufferers decreases with increased income and education levels.

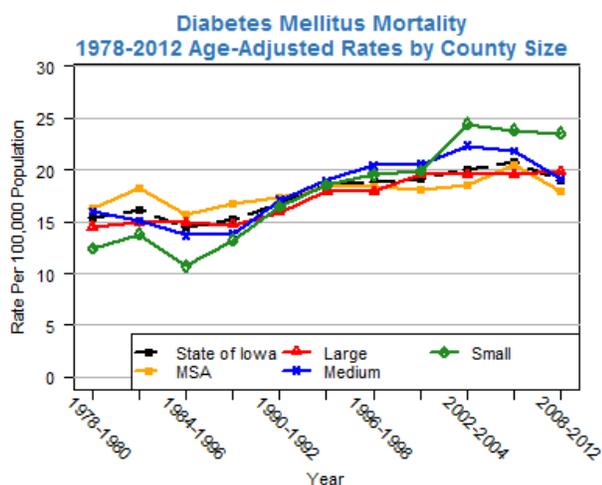
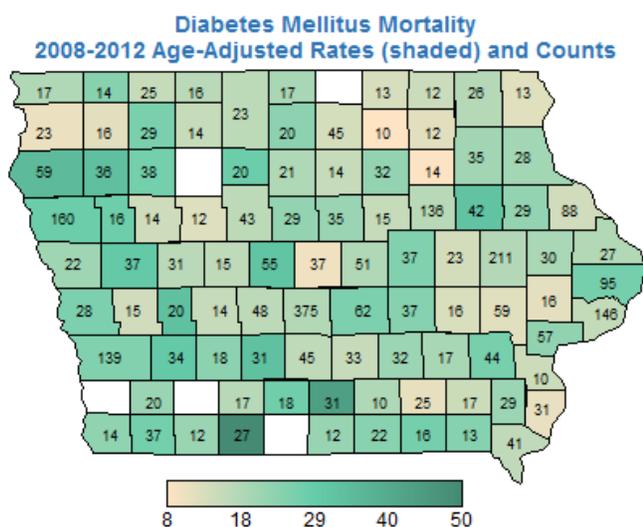
<i>Adults who have ever been told by a doctor they have diabetes.</i>	<i>STATE COMPARISON</i>	<i>2014</i>	<i>2011</i>
	<i>US</i>		10.5
<i>Iowa</i>		9.5 (19)	8.2 (8)
<i>Best State</i>		7.1	6.7
<i>Worst State</i>		14.1	12.4
	<i>GENDER</i>		
	<i>Male</i>	10.2	8.4
	<i>Female</i>	8.8	8.0
	<i>AGE</i>		
	<i>18-24</i>	0.2	0.3
	<i>25-34</i>	1.6	0.7
	<i>35-44</i>	5.9	3.1
	<i>45-54</i>	8.0	8.2
	<i>55-64</i>	15.1	14.9
	<i>65+</i>	20.7	18.2
	<i>RACE/ETHNICITY</i>		
	<i>White</i>	9.4	8.2
	<i>Black</i>	15.0	8.2
	<i>Hispanic</i>	3.6	6.2
	<i>INCOME LEVEL</i>		
	<i><\$15,000</i>	13.5	14.2
	<i>\$15 – 24,999</i>	13.7	11.1
	<i>\$25 – 34,999</i>	11.2	9.7
	<i>\$35 – 49,999</i>	10.0	7.4
	<i>\$50,000 +</i>	6.6	5.8
	<i>EDUCATION</i>		
	<i>< High School</i>	13.3	10.6
	<i>High School</i>	11.0	10.4
	<i>Some post-H.S.</i>	8.9	6.8
	<i>College Grad</i>	6.7	5.9

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Diabetes

- Diabetes is the 7th major cause of death in Iowa.
- The smaller population counties in Iowa are exhibiting a greater problem with mortality due to diabetes and pneumonia/influenza, based upon crude mortality rates, which when compared to the age-adjusted rates indicate this is primarily due to their larger proportion of elderly.
- However, since 2002, even age-adjusted rates for diabetes are highest in the smallest counties.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



Age-Adjusted Rate per 100,000

	2008-2012	2005-2007
STATE COMPARISON^a		
US	21.3	23.7
Iowa	19.0 (12)	20.8 (10)
Best State	13.8	13.8
Worst State	32.1	36.7
GENDER		
Male	22.6	23.8
Female	16.3	18.5
AGE^b		
< 1	0.0	0.0
1-4	^	0.0
5-14	^	0.0
15-24	^	^
25-44	2.7	2.7
45-64	16.0	17.0
65-84	90.5	100.0
85+	298.2	323.3
RACE/ETHNICITY		
White	18.8	20.3
Black	37.6	54.5
American Indian	32.2	^
Asian or Pacific	19.4	^
Islander		
Hispanic	22.7	12.5
COUNTY POPULATION		
Small, <10K	23.5	23.8
Medium, 10-20K	19.1	21.8
Large, > 20K	19.8	19.5
MSA	17.9	20.4

^a State comparisons from wonder.cdc.gov.

^b Crude rate

Heart Disease and Stroke

- Having blood cholesterol checked increases markedly with age, income and education level.
- A higher percentage of whites have had their blood cholesterol checked than blacks or Hispanics.

Adults who have ever had their blood cholesterol checked.	STATE COMPARISON	2013	2011
	US	80.6	79.4
	Iowa	79.3 (24)	78.2 (24)
	Best State	86.1	86.1
	Worst State	73.1	70.9
	GENDER		
	Male	74.6	74.8
	Female	83.8	81.5
	AGE		
	18-24	36.7	30.8
	25-34	63.7	61.2
	35-44	80.5	78.2
	45-54	90.1	91.1
	55-64	94.3	94.3
	65+	96.1	96.8
	RACE/ETHNICITY		
	White	80.4	80.4
	Black	71.6	68.7
	Hispanic	64.9	39.6
	INCOME LEVEL		
	<\$15,000	64.7	66.8
	\$15 – 24,999	74.8	73.1
	\$25 – 34,999	76.6	73.1
	\$35 – 49,999	80.3	80.9
	\$50,000 +	85.7	85.5
	EDUCATION		
	< High School	69.9	60.6
	High School	78.3	79.3
	Some post-H.S.	77.5	76.6
College Grad	87.1	87.0	

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Heart Disease and Stroke

- The percent of adults who have been told they have high blood cholesterol has increased, and the Iowa ranking has decreased.
- Whites have a higher percentage with high cholesterol measurements than blacks or Hispanics.

<i>Adults who have had their blood cholesterol checked and have been told it was high.</i>	<i>STATE COMPARISON^a</i>	<i>2013</i>	<i>2011</i>
	<i>US</i>	<i>38.6</i>	<i>38.5</i>
	<i>Iowa</i>	<i>41.1 (44)</i>	<i>38.1 (24)</i>
	<i>Best State</i>	<i>33.4</i>	<i>33.5 (24)</i>
	<i>Worst State</i>	<i>44.4</i>	<i>42.3</i>
	<i>GENDER</i>		
	<i>Male</i>	<i>42.5</i>	<i>39.2</i>
	<i>Female</i>	<i>39.8</i>	<i>37.1</i>
	<i>AGE</i>		
	<i>25-34</i>	<i>19.1</i>	<i>16.6</i>
	<i>35-44</i>	<i>27.1</i>	<i>26.6</i>
	<i>45-54</i>	<i>42.9</i>	<i>37.1</i>
	<i>55-64</i>	<i>52.1</i>	<i>48.6</i>
	<i>65+</i>	<i>58.4</i>	<i>54.6</i>
	<i>RACE/ETHNICITY</i>		
	<i>White</i>	<i>41.8</i>	<i>38.3</i>
	<i>Black</i>	<i>37.1</i>	<i>24.7</i>
	<i>Hispanic</i>	<i>36.7</i>	<i>23.9</i>
	<i>INCOME LEVEL</i>		
	<i><\$15,000</i>	<i>54.3</i>	<i>50.3</i>
	<i>\$15 – 24,999</i>	<i>41.9</i>	<i>40.9</i>
	<i>\$25 – 34,999</i>	<i>47.5</i>	<i>43.7</i>
	<i>\$35 – 49,999</i>	<i>42.8</i>	<i>35.3</i>
	<i>\$50,000 +</i>	<i>35.9</i>	<i>34.9</i>
	<i>EDUCATION</i>		
	<i>< High School</i>	<i>51.4</i>	<i>45.6</i>
	<i>High School</i>	<i>46.4</i>	<i>41.0</i>
	<i>Some post-H.S.</i>	<i>37.6</i>	<i>37.0</i>
	<i>College Grad</i>	<i>35.6</i>	<i>33.3</i>

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Heart Disease and Stroke

- The percent of adults who have been told they have high blood pressure has increased, and the Iowa ranking has decreased.
- Males have a higher percentage with high blood pressure.

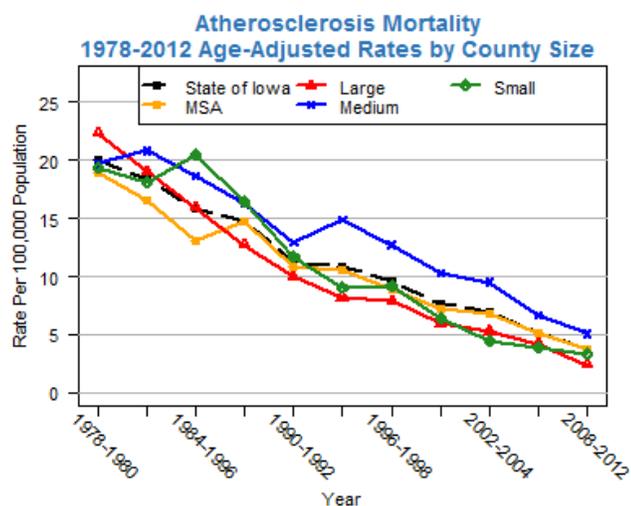
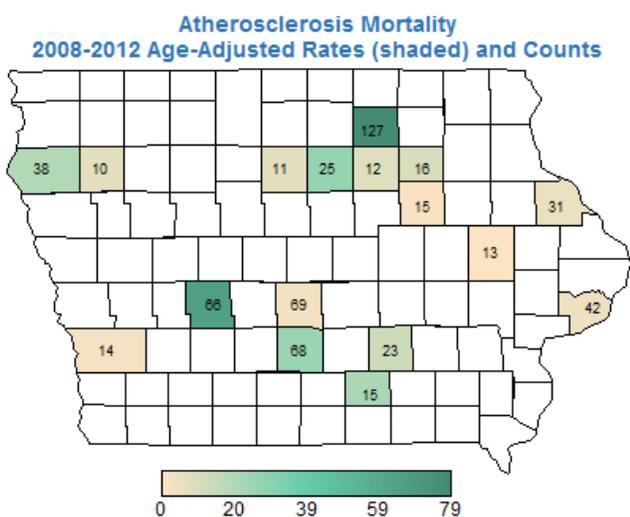
Adults who have been told they have high blood pressure.	STATE COMPARISON	2013	2011
	US	32.4	31.5
	Iowa	31.4 (26)	29.9 (17)
	Best State	24.2	22.9
	Worst State	41.0	40.1
	GENDER		
	Male	33.4	30.2
	Female	29.4	29.6
	AGE		
	18-24	6.7	7.5
	25-34	12.9	11.7
	35-44	18.8	17.7
	45-54	31.9	27.1
	55-64	43.9	44.7
	65+	60.8	60.3
	RACE/ETHNICITY		
	White	32.0	30.3
	Black	31.5	38.9
	Hispanic	24.6	17.6
	INCOME LEVEL		
	<\$15,000	37.9	35.7
	\$15 – 24,999	37.6	38.0
	\$25 – 34,999	38.2	31.8
	\$35 – 49,999	31.3	32.2
	\$50,000 +	25.4	24.0
	EDUCATION		
	< High School	37.0	35.2
High School	38.6	35.5	
Some post-H.S.	27.1	27.0	
College Grad	25.2	23.3	

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Atherosclerosis Mortality

- Crude and age-adjusted mortality rates for atherosclerosis have been decreasing since the early 1980s.
- There is very little difference between county groupings, but the Medium sized counties have routinely shown the highest mortality rates.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



Age-Adjusted Rate per 100,000
2008-2012 2005-2007

STATE COMPARISON ^a	2008-2012	2005-2007
US	2.1	3.1
Iowa	3.7 (48)	5.1 (47)
Best State	0.4	0.6
Worst State	10.8	10.5
GENDER		
Male	4.4	5.5
Female	3.3	4.8
AGE ^b		
< 1	0.0	0.0
1-4	0.0	0.0
5-14	0.0	0.0
15-24	0.0	0.0
25-44	^	^
45-64	1.5	1.3
65-84	13.8	18.7
85+	117.5	174.6
RACE/ETHNICITY		
White	3.7	5.1
Black	6.1	^
American Indian	0.0	0.0
Asian or Pacific	^	^
Islander	^	^
Hispanic	^	^
COUNTY POPULATION		
Small, <10K	3.3	3.9
Medium, 10-20K	5.1	6.7
Large, > 20K	2.4	4.2
MSA	3.8	5.1

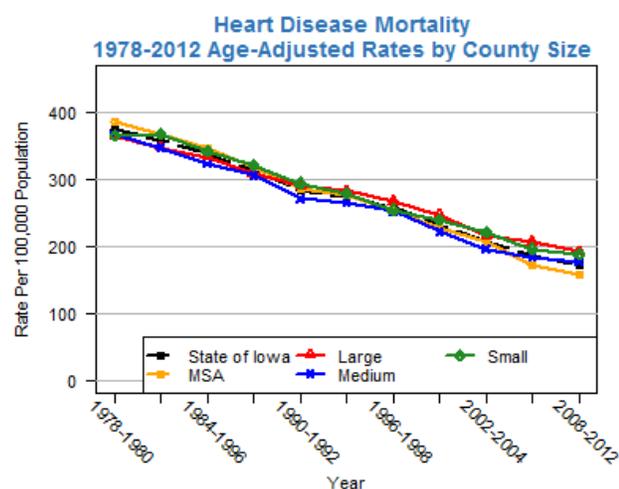
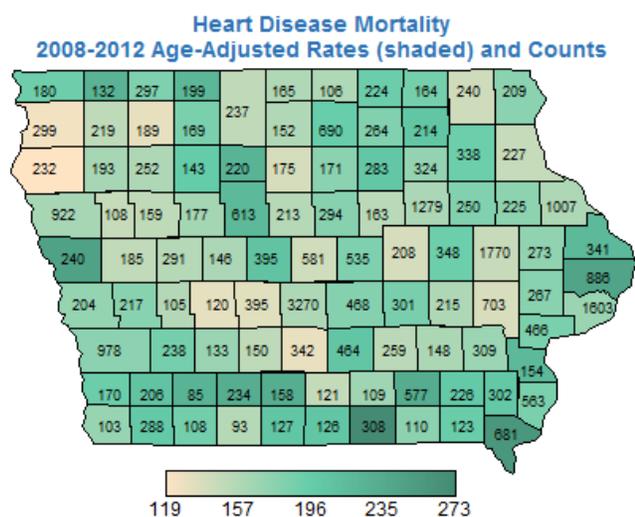
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Heart Disease Mortality

- Heart disease, still the number one cause of death in Iowa from 2008-2012, accounted for 228.6 deaths per 100,000 persons (crude rate).
- Using age-adjusted rates for heart disease, the four county groupings (based on county size) do not vary much, and we do see a consistent decline over time.
- In the 1978 to 1980 period, the state age-adjusted mortality rate was 374 per 100,000, whereas it has dropped steadily to 172.6 per 100,000 by the 2008-2012 period. This represents a 54% decline.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



	Age-Adjusted Rate per 100,000 2008-2012	2005-2007
STATE COMPARISON ^a		
US	178.4	205.2
Iowa	172.6 (27)	185.4 (22)
Best State	119.9	136.1
Worst State	248.4	291.0
GENDER		
Male	218.8	238.9
Female	136.5	145.9
AGE ^b		
< 1	7.1	^
1-4	^	^
5-14	^	^
15-24	1.6	1.6
25-44	16.9	17.5
45-64	114.8	118.6
65-84	676.2	751.2
85+	4302.3	4520.6
RACE/ETHNICITY		
White	172.2	184.9
Black	220.4	224.5
American Indian	145.3	150.9
Asian or Pacific Islander	91.5	74.5
Hispanic	89.0	95.1
COUNTY POPULATION		
Small, <10K	187.5	196.1
Medium, 10-20K	176.4	184.0
Large, > 20K	192.5	206.9
MSA	158.1	172.5

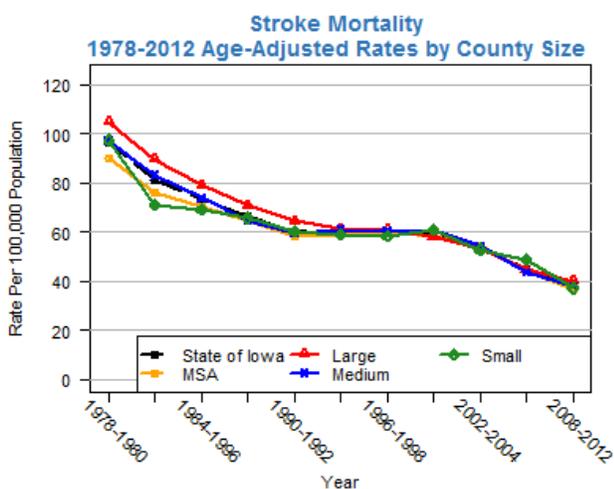
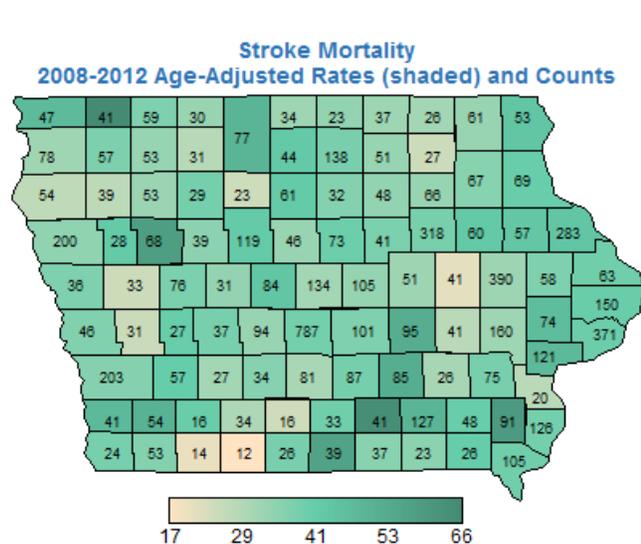
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Stroke Mortality

- Stroke is currently the fifth leading cause of death in Iowa, with a crude mortality rate of 37.9 per 100,000 between 2008 and 2012.
- Iowa experienced a decline in age-adjusted stroke mortality similar to what was observed for heart disease with a 61% decline when comparing the 1978-1980 time period with the most recent time period.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



	Age-Adjusted Rate per 100,000 2008-2012	2005-2007
STATE COMPARISON^a		
US	38.8	45.2
Iowa	37.9 (19)	44.7 (24)
Best State	27.2	30.1
Worst State	52.2	60.6
GENDER		
Male	38.4	46.1
Female	36.8	43.0
AGE^b		
< 1	^	^
1-4	^	0.0
5-14	^	^
15-24	^	^
25-44	2.5	2.4
45-64	13.7	17.1
65-84	158.0	184.1
85+	1065.5	1266.8
RACE/ETHNICITY		
White	37.7	44.4
Black	46.1	67.3
American Indian	43.2	^
Asian or Pacific Islander	38.0	31.1
Hispanic	20.1	32.1
COUNTY POPULATION		
Small, <10K	37.1	48.8
Medium, 10-20K	37.9	43.7
Large, > 20K	40.2	45.1
MSA	36.9	44.3

^a State comparisons from wonder.cdc.gov.

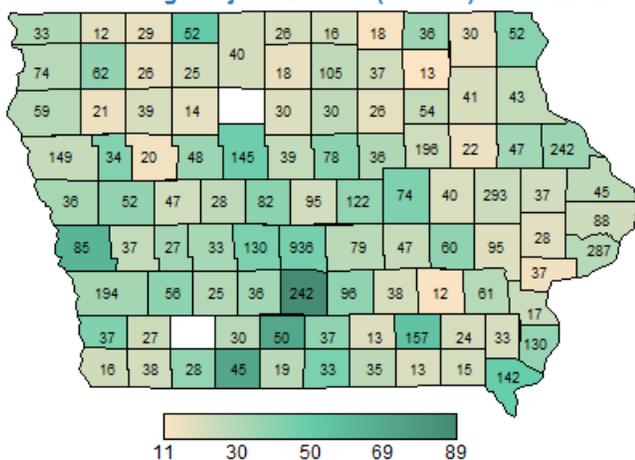
^b Crude rate

Alzheimer's Disease Mortality

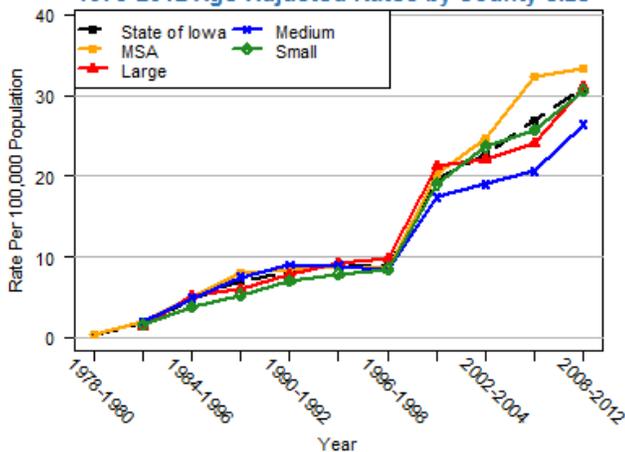
- Alzheimer's disease is the sixth leading cause of death.
- We see increasing crude and age-adjusted mortality rates statewide since the 1978-1980 period.
- Blacks have seen a sharper increase in Alzheimer's mortality than whites.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.

Alzheimer's Disease Mortality
2008-2012 Age-Adjusted Rates (shaded) and Counts



Alzheimer's Disease Mortality
1978-2012 Age-Adjusted Rates by County Size



Age-Adjusted Rate per 100,000
2008-2012 2005-2007

	2008-2012	2005-2007
STATE COMPARISON^a		
US	24.5	23.6
Iowa	30.9 (41)	27.0 (30)
Best State	10.6	9.3
Worst State	44.1	39.3
GENDER		
Male	25.8	22.2
Female	33.6	29.3
AGE^b		
< 1	0.0	0.0
1-4	0.0	0.0
5-14	0.0	0.0
15-24	0.0	0.0
25-44	0.0	^
45-64	1.5	1.3
65-84	103.3	91.0
85+	1235.3	1072.3
RACE/ETHNICITY		
White	30.9	27.1
Black	44.5	28.7
American Indian	^	^
Asian or Pacific Islander	12.8	^
Hispanic	15.9	^
COUNTY POPULATION		
Small, <10K	30.6	25.7
Medium, 10-20K	26.4	20.6
Large, > 20K	31.0	24.1
MSA	33.4	32.4

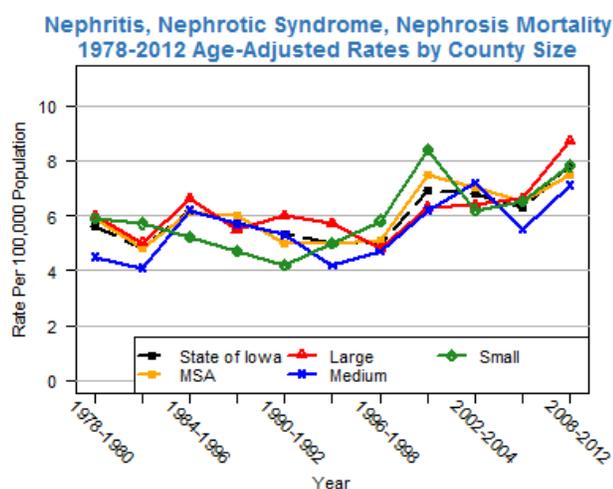
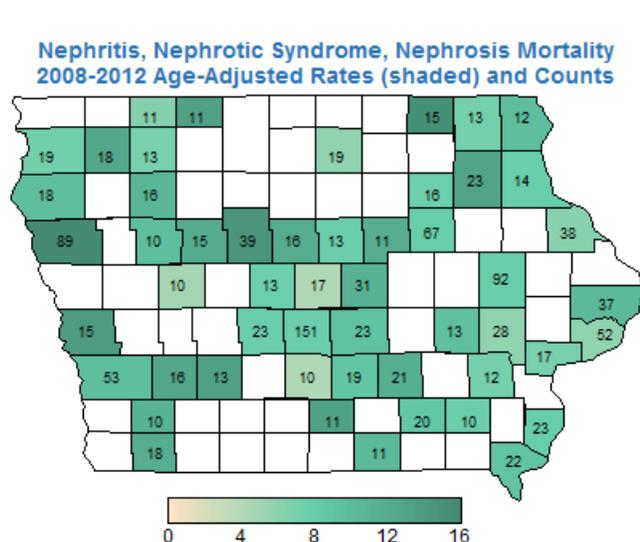
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Nephritis, Nephrotic Syndrome and Nephrosis Mortality

- Crude rate mortality for nephritis is highest among the smallest populated counties in Iowa, but that difference disappears after adjusting for age.
- In 2005-2007, Iowa had the lowest age-adjusted rate in the country, and 5th in 2008-2012.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



	Age-Adjusted Rate per 100,000	
	2008-2012	2005-2007
STATE COMPARISON^a		
US	14.3	14.7
Iowa	7.8 (5)	6.3 (1)
Best State	5.3	6.3
Worst State	26.2	27.4
GENDER		
Male	10.1	8.5
Female	6.3	5.1
AGE^b		
< 1	^	0.0
1-4	^	0.0
5-14	0.0	0.0
15-24	^	^
25-44	0.5	^
45-64	3.6	2.8
65-84	34.3	26.0
85+	191.9	173.7
RACE/ETHNICITY		
White	7.6	6.2
Black	18.8	15.5
American Indian	^	^
Asian or Pacific Islander	15.7	^
Hispanic	7.7	^
COUNTY POPULATION		
Small, <10K	7.8	6.5
Medium, 10-20K	7.1	5.5
Large, > 20K	8.7	6.6
MSA	7.5	6.5

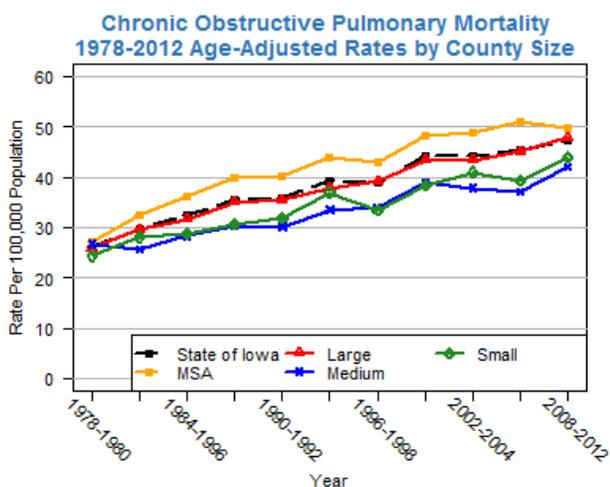
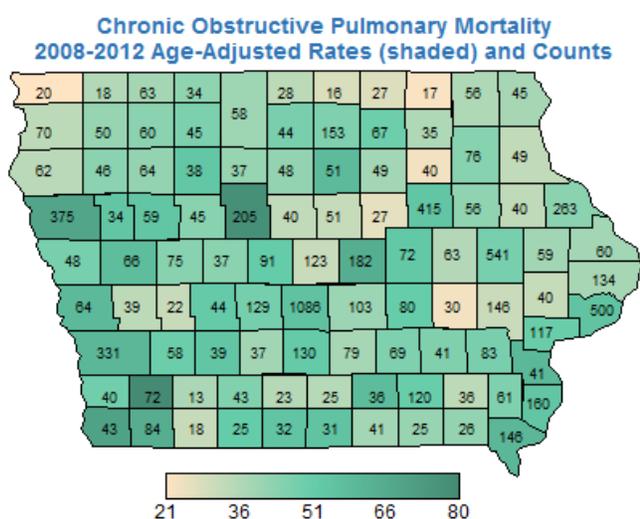
^a State comparisons from wonder.cdc.gov.

^b Crude rate

Respiratory Conditions: Chronic Obstructive Pulmonary Disease Mortality

- Chronic Obstructive Pulmonary Disease (COPD) is the third leading cause of death in Iowa and has been increasing across time with the higher population density county groupings experiencing the highest rates.
- According to the 2011 BRFSS, the prevalence of COPD among Iowans was higher among:
 - women (5.6% of Women and 4.5 % of Men)
 - those who smoke (9.7% of current smokers, 8.1% of former smokers, and 2% of those who have never smoked)

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



	Age-Adjusted Rate per 100,000	
	2008-2012	2005-2007
STATE COMPARISON^a		
US	42.6	42.1
Iowa	47.2 (31)	45.4 (25)
Best State	18.5	19.8
Worst State	65.4	61.1
GENDER		
Male	58.9	59.1
Female	40.1	37.3
AGE^b		
< 1	^	0.0
1-4	^	^
5-14	^	^
15-24	0.5	^
25-44	1.5	1.9
45-64	23.1	23.0
65-84	273.8	264.8
85+	716.1	657.5
RACE/ETHNICITY		
White	47.3	45.5
Black	50.7	34.1
American Indian	36.2	^
Asian or Pacific Islander	14.8	^
Hispanic	15.8	11.6
COUNTY POPULATION		
Small, <10K	43.9	39.2
Medium, 10-20K	42.0	37.1
Large, > 20K	47.8	45.0
MSA	49.9	50.9

^a State comparisons from wonder.cdc.gov.

^b Crude rate

Respiratory Conditions: Asthma

- Females have a higher rate of asthma than males.
- The 25-34 age group shows the highest rate of asthma.
- More than double the percent of blacks have asthma compared to whites.

<i>Adults who have been told they currently have asthma.</i>	<i>STATE COMPARISON</i>	<i>2014</i>	<i>2011</i>
	<i>US</i>	<i>8.9</i>	<i>8.8</i>
<i>Iowa</i>	<i>8.5 (17)</i>	<i>8.3 (16)</i>	
<i>Best State</i>	<i>6.7</i>	<i>6.4</i>	
<i>Worst State</i>	<i>12.0</i>	<i>12.0</i>	
<i>GENDER</i>			
<i>Male</i>	<i>6.9</i>	<i>6.5</i>	
<i>Female</i>	<i>10.0</i>	<i>10.0</i>	
<i>AGE</i>			
<i>18-24</i>	<i>9.8</i>	<i>9.2</i>	
<i>25-34</i>	<i>11.6</i>	<i>7.4</i>	
<i>35-44</i>	<i>6.2</i>	<i>11.5</i>	
<i>45-54</i>	<i>8.7</i>	<i>7.7</i>	
<i>55-64</i>	<i>8.7</i>	<i>7.8</i>	
<i>65+</i>	<i>6.6</i>	<i>6.8</i>	
<i>RACE/ETHNICITY</i>			
<i>White</i>	<i>8.3</i>	<i>8.2</i>	
<i>Black</i>	<i>19.3</i>	<i>16.5</i>	
<i>Hispanic</i>	<i>4.8</i>	<i>2.5</i>	
<i>INCOME LEVEL</i>			
<i><\$15,000</i>	<i>18.4</i>	<i>17.1</i>	
<i>\$15 – 24,999</i>	<i>9.3</i>	<i>9.2</i>	
<i>\$25 – 34,999</i>	<i>11.2</i>	<i>9.3</i>	
<i>\$35 – 49,999</i>	<i>6.1</i>	<i>7.7</i>	
<i>\$50,000 +</i>	<i>6.7</i>	<i>5.6</i>	
<i>EDUCATION</i>			
<i>< High School</i>	<i>14.0</i>	<i>11.4</i>	
<i>High School</i>	<i>7.8</i>	<i>8.1</i>	
<i>Some post-H.S.</i>	<i>9.0</i>	<i>9.3</i>	
<i>College Grad</i>	<i>6.5</i>	<i>5.8</i>	

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

ENVIRONMENTAL HEALTH

Whether one considers climate change or water quality, it is clear that the environment affects individuals both directly and indirectly. While some environmental health issues have existed throughout history and prehistory, most have become evident in the last few centuries. These problems have emerged as a result of a growing and changing population. The industrial revolution created air and water pollution problems as well as overcrowding and sanitation issues. It was estimated that the world exceeded 7 billion people on March 12, 2012.

The environment plays a role in many of the health issues discussed previously in this health profile, including birth defects, cancer, respiratory diseases, and many infectious diseases. Other concerns include allergies, fertility, and exposure to animal and insect vectors for disease spread. In Iowa, public health officials are particularly concerned with the quality of their drinking water, recreational waters, indoor and outdoor air quality, lead poisoning, safe housing, and hazardous and solid waste.

As the global community attempts to provide food, water, and shelter for the world's population, it is important to remain aware of how our actions affect local and global environmental systems. At the same time, public health workers must continue to monitor and attempt to prevent adverse health conditions caused and exacerbated by interactions with the environment.

ISSUES IN IOWA...

- ✓ Drinking water quality
- ✓ Recreational water quality
- ✓ Indoor and outdoor air quality
- ✓ Lead poisoning
- ✓ Safe housing
- ✓ Hazardous and solid waste

Childhood Blood Lead Poisoning

Childhood lead poisoning has significant effects on the health of children and on community health. Lead has adverse effects on nearly all organ systems in the body. It is especially harmful to the developing brains and nervous systems of children under the age of six years, especially children between 1–3 years old. As no safe blood lead level in children has been identified, the Centers for Disease Control and Prevention (CDC) adopted a reference range of 5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) for blood lead based on the distribution of lead in children 1-5 years old. Studies have found that with blood lead levels as low as $5\mu\text{g}/\text{dL}$, a child's intelligence, hearing, and growth can be affected. In a community, the presence of lead-poisoned children can be associated with an increase in the number of children with developmental deficits and learning disorders. This places an unnecessary and expensive burden on the educational system. The presence of lead-poisoned children also requires substantial community public health resources for medical and environmental case management services.

In Iowa, most cases of childhood lead poisoning are caused by lead-based paint, which is commonly found in homes built before 1960. Young children who live in or visit pre-1960 homes become lead-poisoned when they put paint chips or exterior soil in their mouths or when they get house dust and soil on their hands and put their hands in their mouths.

There is no safe blood lead level in children. Even low levels of lead affect IQ, ability to pay attention, and academic achievement.

Most cases of childhood lead poisoning in Iowa are caused by deteriorated lead-based paint found in homes built before 1960.

Although lead poisoning can cause serious health problems – including death – most lead-poisoned children demonstrate no visible symptoms. This makes it much more important to have an effective program to prevent childhood lead poisoning.

Since 1992, the Iowa Department of Public Health (IDPH) has recommended that all children in Iowa under the age of six years be tested for lead poisoning. In addition, state and federal laws require all children under the age of six and covered by Medicaid be tested for lead poisoning. Finally, all Iowa children must now receive at least one blood lead test before the age of mandatory school attendance.

In Iowa, blood lead testing is conducted by the Title V Child's Health Program, local health departments, and by many private physicians. The IDPH childhood blood lead level surveillance system tracks all testing in the state. Thus, blood lead testing results collected as required by Medicaid, as well as those collected from voluntary testing of non-Medicaid children are reported to IDPH.

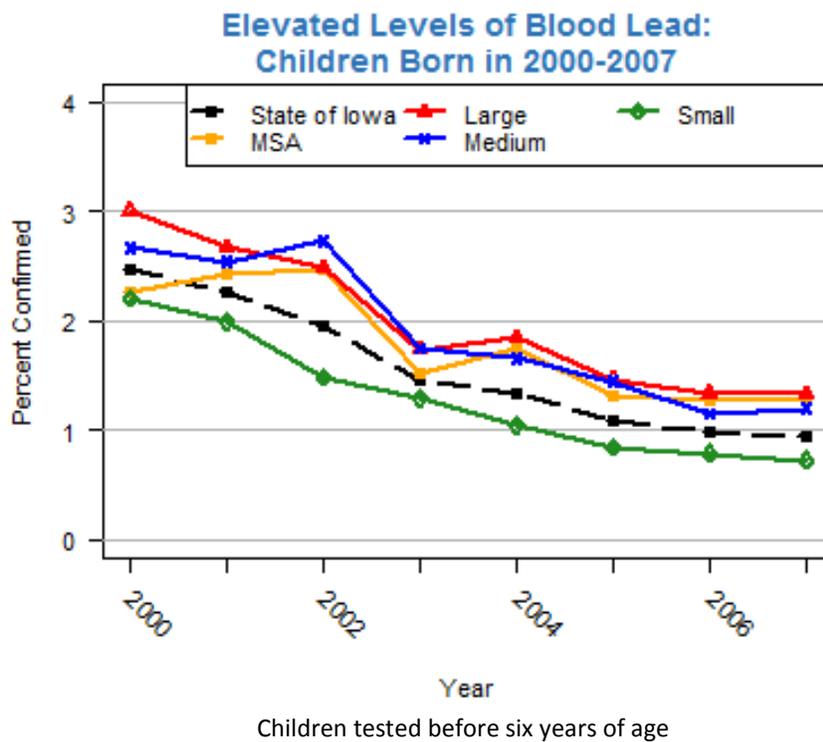
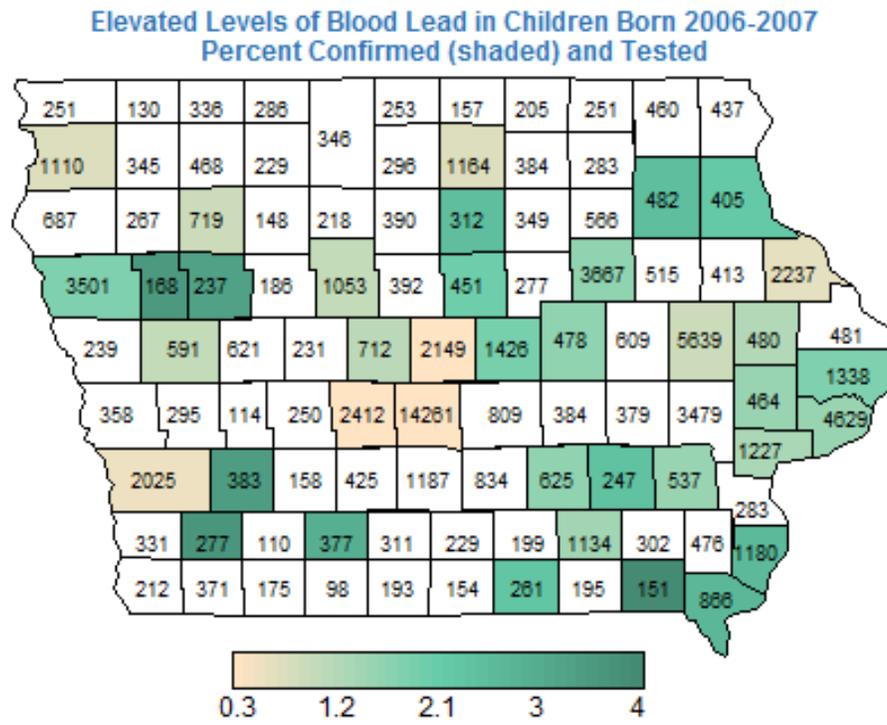
In the following graphs, data are presented for children who were born in calendar year 2006 and 2007 and who received at least one blood lead test before their sixth birthday. Children followed for blood lead poisoning may be tested multiple times. The test results that are presented in the following graphs reflect the highest blood lead level for any particular child.

For Iowa children born in 2006-2007, 98.9 percent were tested for lead poisoning, and 3.0 percent of these children had blood lead levels greater than or equal to 10 µg/dL.

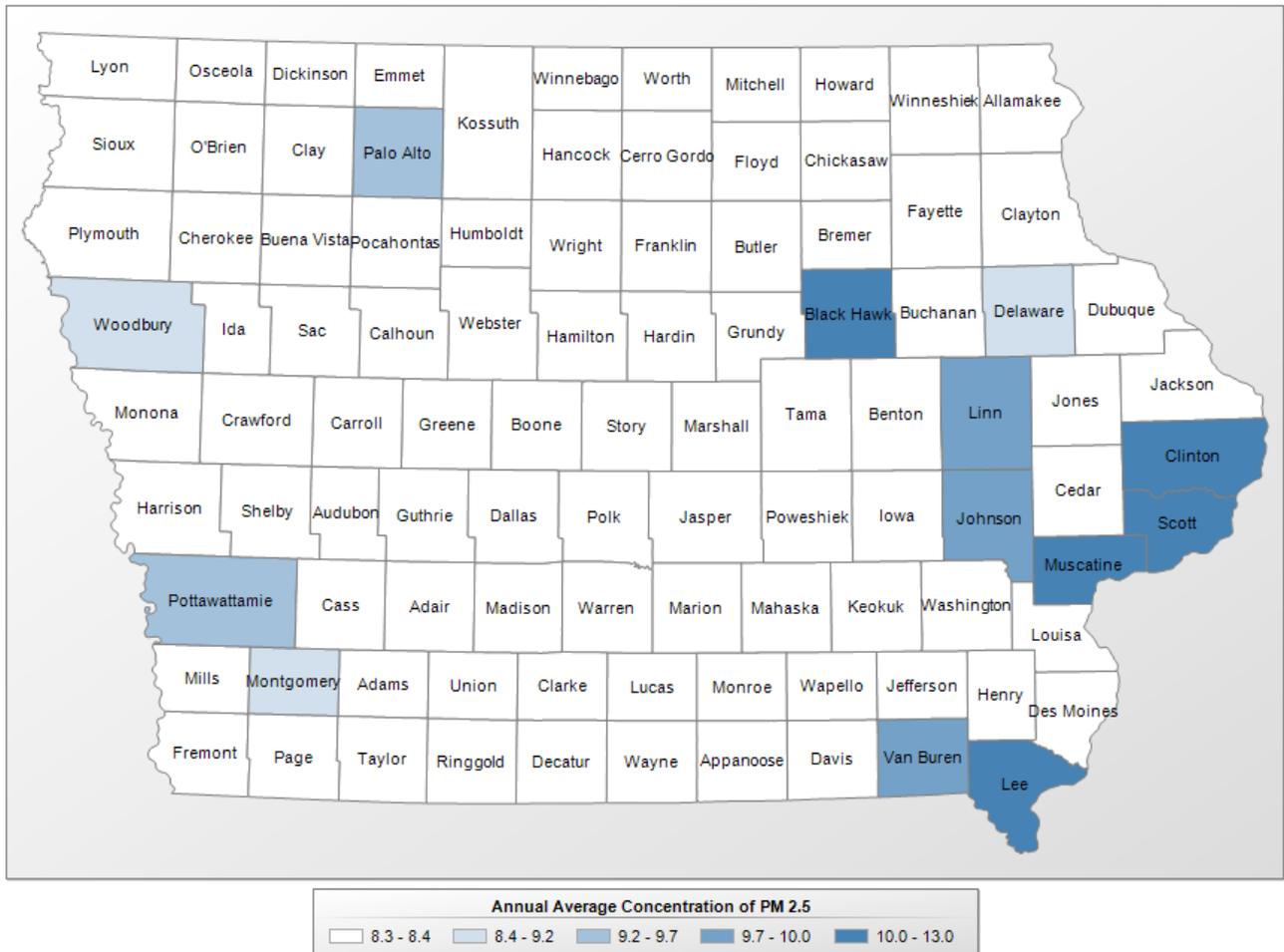
Additionally, for each county, the number of children who were identified with blood levels greater than or equal to 10 micrograms per deciliter (µg/dL) is presented. A blood level of 10 µg/dL has been identified by the IDPH as the threshold for providing case management services to lead poisoned children and is categorized as "high" for the graphs.

Lead Poisoning and Screening

- Almost all children are now screen for lead poisoning as seen in the line graph. The lowest percent confirmed elevated levels are in the Des Moines metro area.



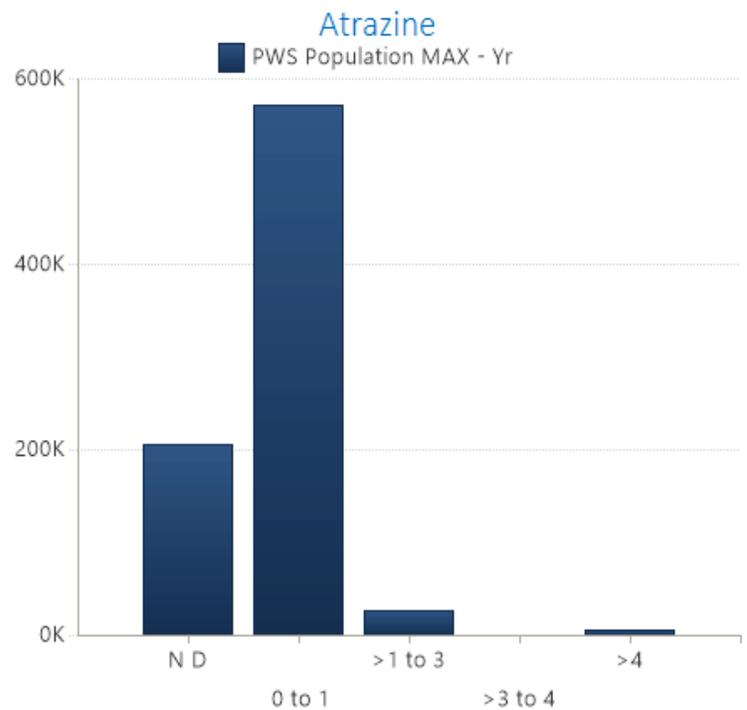
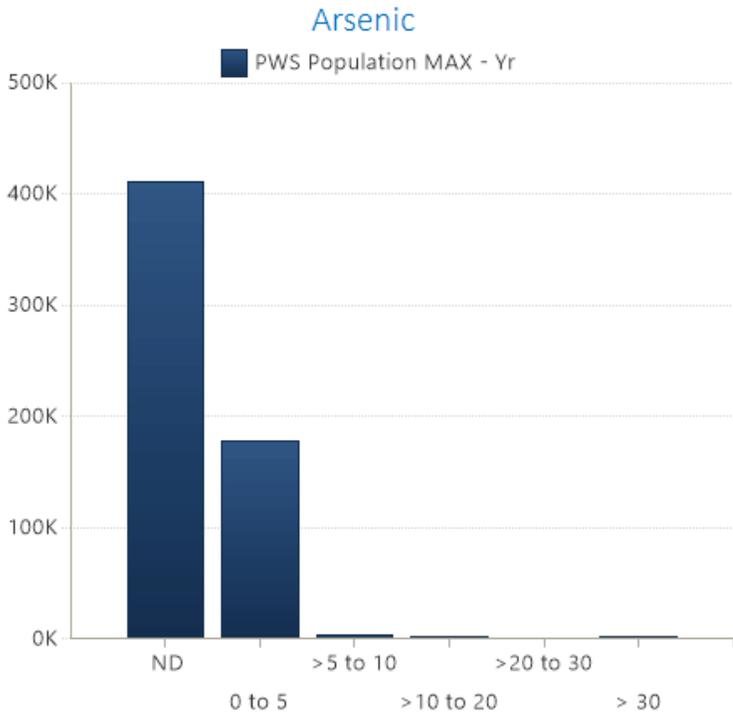
Air Quality



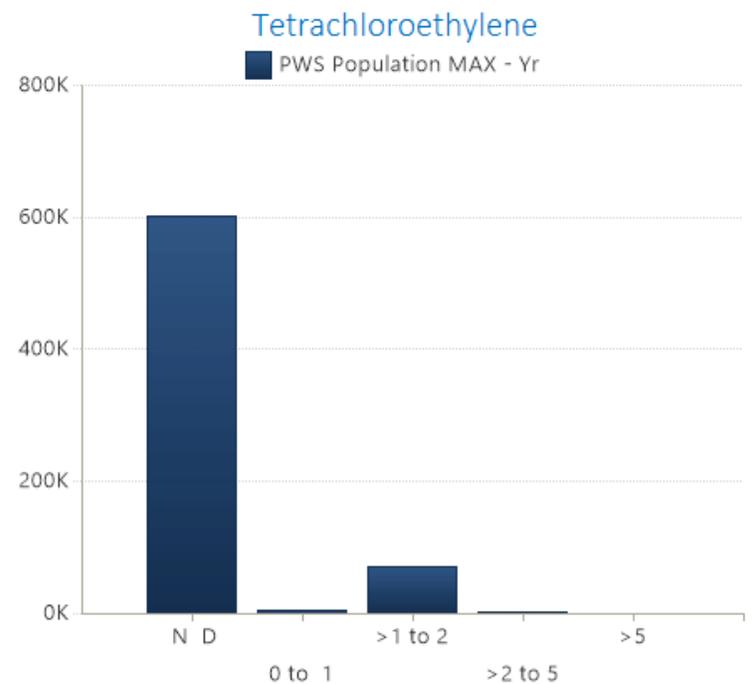
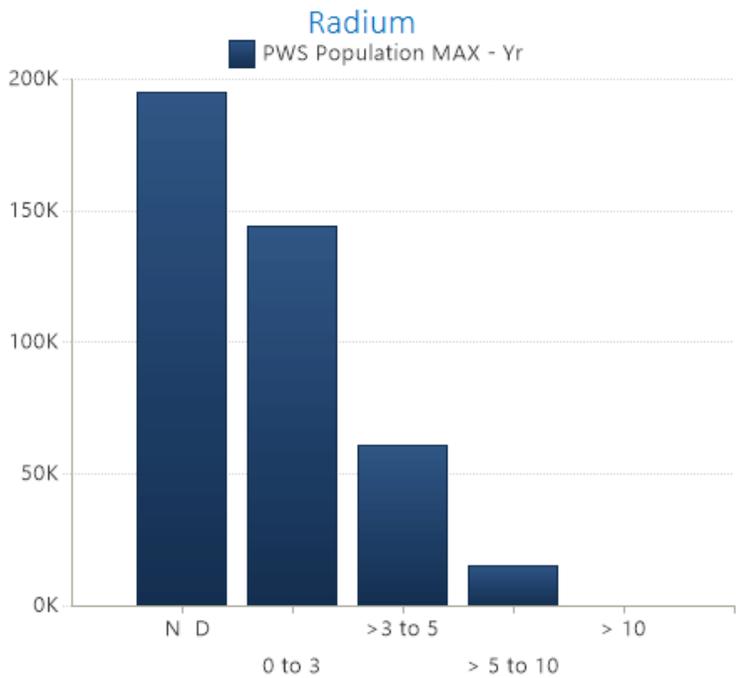
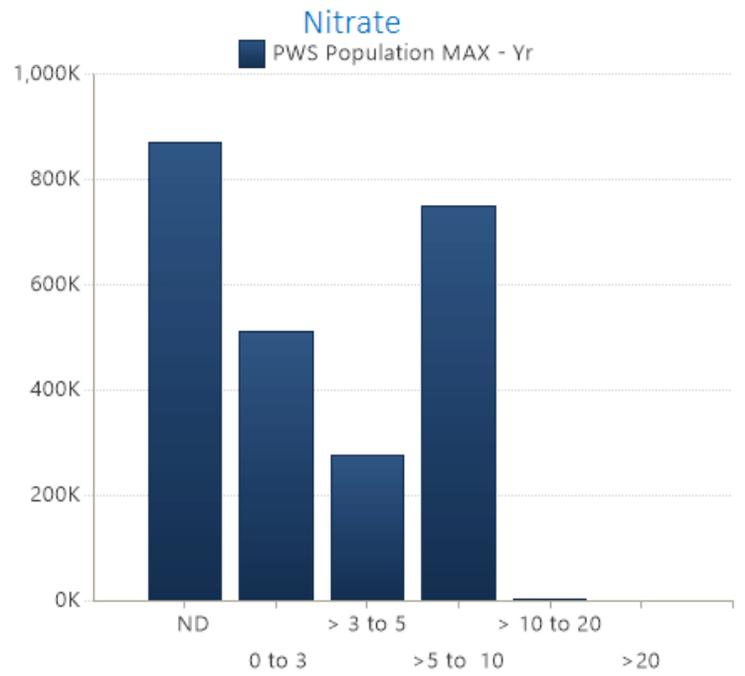
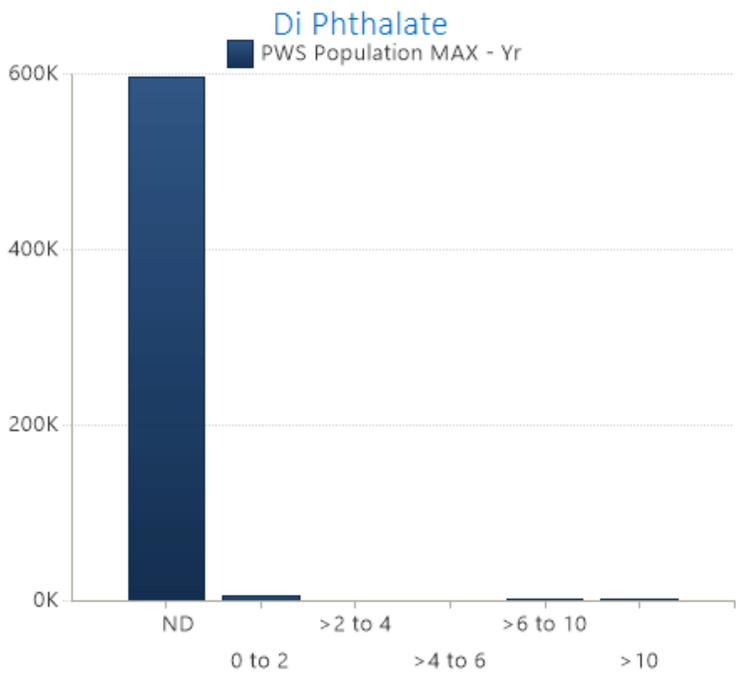
IDPH tracks air quality in the state of Iowa and displays results on their tracking portal <https://pht.idph.state.ia.us/Pages/default.aspx>. As they state, national air quality has improved since the 1990's, and more continues to be learned about public health effects of exposure to poor air quality. Under the Clean Air Act of 1970, EPA established limits for six air pollutants: (1) Carbon monoxide, (2) Lead, (3) Nitrogen dioxide, (4) Sulfur dioxide, (5) Ozone, and (6) Particulate matter (PM). In the map above, is the average annual average concentration of PM 2.5. Particulate Matter consists of particles in the air that may be breathed in. Small particles that cannot be seen that are between 0.1 micrometers and 2.5 micrometers are referred to as PM 2.5. These particles have been shown to be likely contributors to breathing problems, asthma, adverse birth outcomes, decreased lung growth in children, lung cancer, and early deaths. In the map above, are shown the average concentration of all PM 2.5 monitors. Air monitoring data is not available in all of Iowa's counties. Values in all Iowa counties can be predicted through air quality models and those results can be found on the IDPH tracking portal website.

Water Quality

The US Environmental Protection Agency (EPA) sets regulations for treating and monitoring water delivered to community water systems. The IDPH tracking portal shows data for several contaminants most frequently found in drinking water that may be of public health significance. The following figures show statewide population served by public water systems and the 2014 maximum concentrations of Arsenic, Atrazine, Di (2-ethylhexyl) Phthalate (DEHP), Disinfection By-products (DBP), Nitrate, Radium, Tetrachloroethene, Trichloroethene, and Uranium.

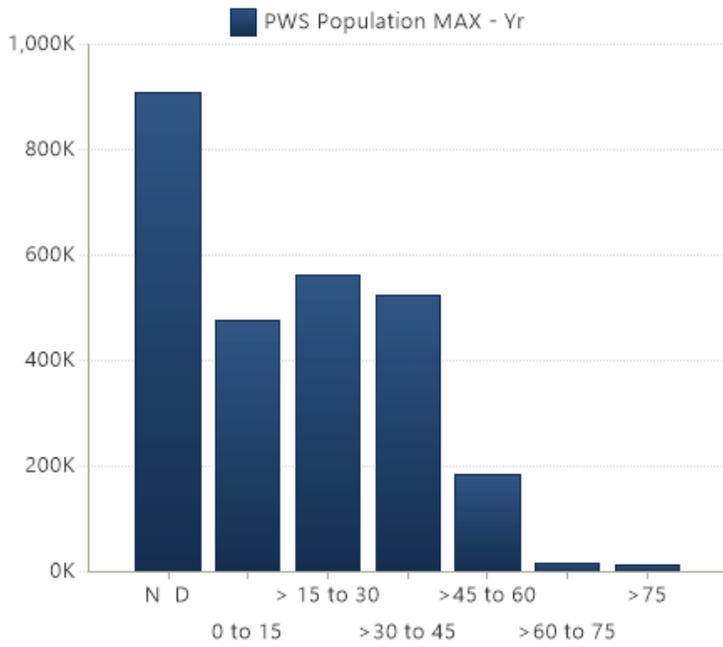


Water Quality

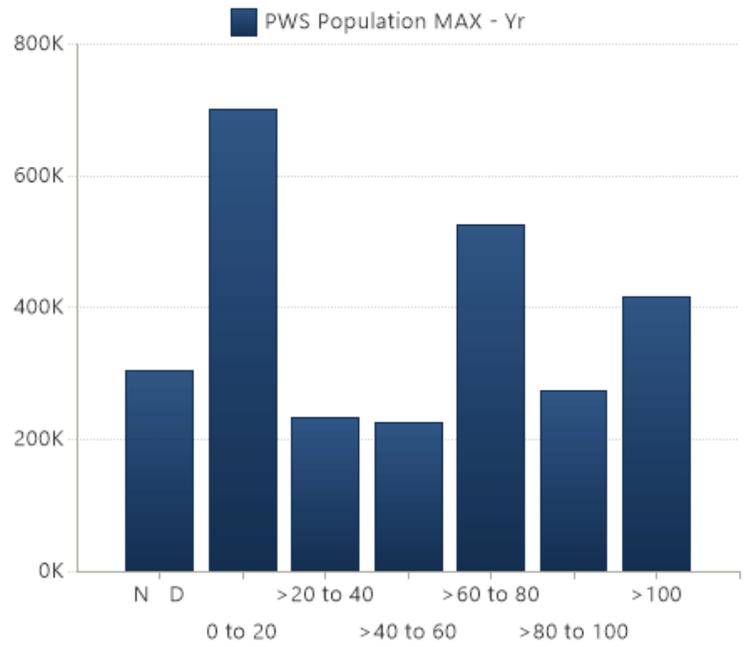


Water Quality

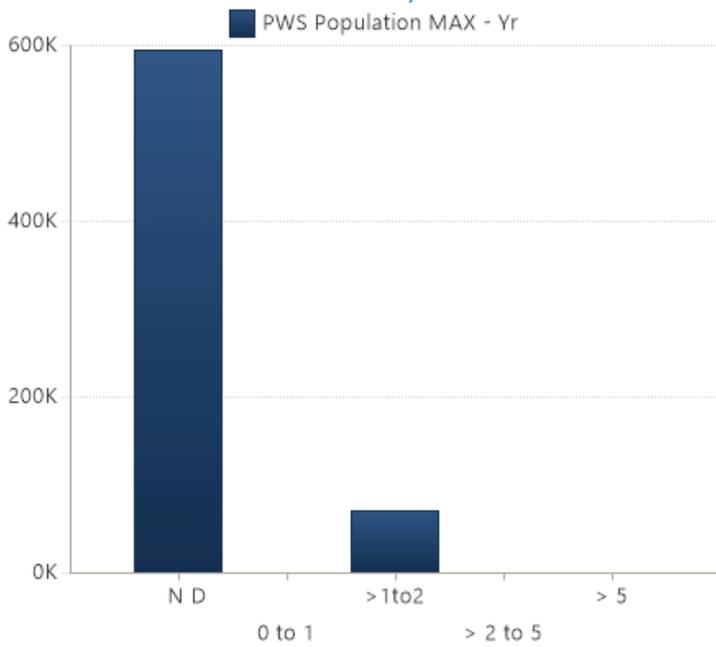
Total Haloacetic Acids



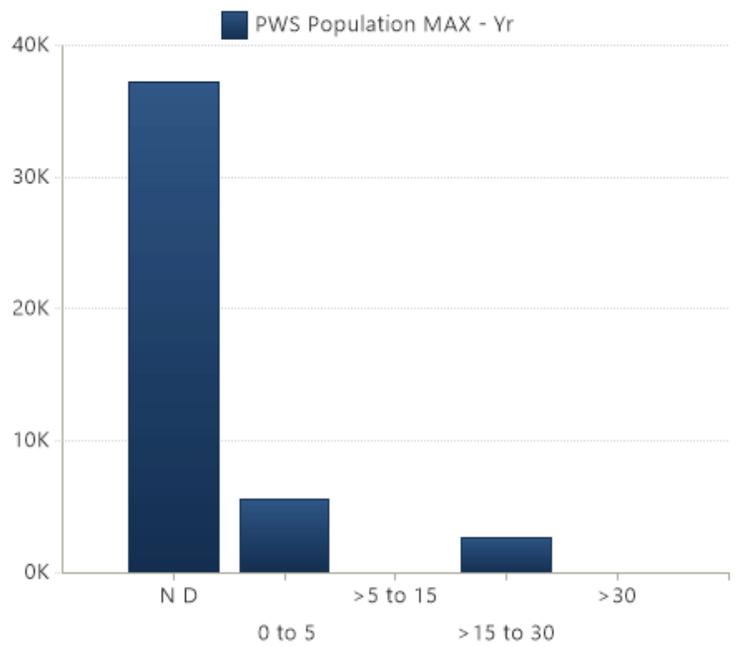
Total Trihalomethanes



Trichloroethylene



Uranium



HEALTHY LIVING

There has been a push recently towards more healthy living in Iowa. From the Healthiest State Initiative (<http://www.iowahealthieststate.com/>) to Live Healthy Iowa (<http://www.livehealthyiowa.org/>) to the Blue Zones Project (<https://www.bluezones.com/>), Iowa is focusing on healthy living. The data in this section present various aspects of healthy living such as newborn statistics, maternal health, congenital diseases, sexually transmitted diseases, nutrition, oral health, physical activity, and overweight statistics. The number of people classified as overweight or obese continues to rise in Iowa. Although the amount of physical activity being reported appears to be increasing, the nutrition of Iowa residents is among the worst in the United States, which are all areas targeted by the Healthiest State Initiative.

Each year families across the United States bring home a healthy baby who has all the potential for a full and productive life. However, some families will suffer the loss of their child soon after birth. Risk factors for and causes of infant death include birth defects (inherited and congenital disorders), preterm birth (birth before 37 weeks gestation) and low birth weight, Sudden Infant Death Syndrome (SIDS), maternal complications of pregnancy, and injuries.

Certain factors have proven to increase the likelihood of delivering a low birth weight or preterm infant, such as (1) multiple births; (2) cigarette smoking during pregnancy; (3) substance abuse immediately prior to conception and during pregnancy (including alcohol abuse); (4) maternal age extremes; and (5) short inter-pregnancy interval.

Inherited and congenital disorders rank as the leading cause of mortality in full-term newborn babies in the United States. Approximately 1 in 33 newborns is affected by a major birth defect. The state of Iowa has taken a leadership role in surveillance for these disorders and serves as a model to other states. Among other factors, adequate folic acid intake by women of reproductive years has been demonstrated to decrease the risk of neural tube defects in children. The Iowa Department of Public Health supports and sponsors a number of programs regarding folic acid intake and other factors influencing prenatal and infant health.

IN IOWA IN 2013

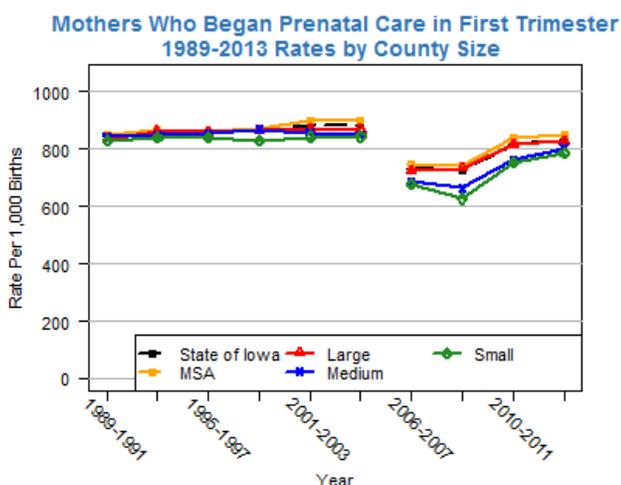
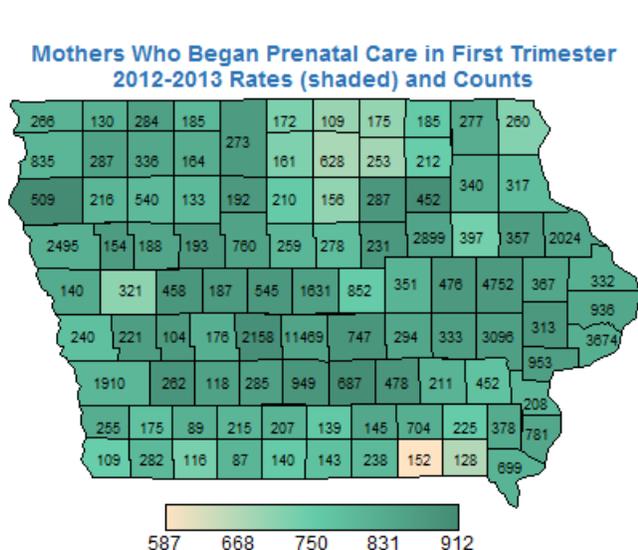
- ✓ 76.7% received early prenatal care
- ✓ 15.6% of women (15 – 44 years) were uninsured
- ✓ 3.4% of all live births were multiple births.
- ✓ 30.8% of all live births were cesarean deliveries
- ✓ About 3.9% of live births were born to a woman receiving late or no prenatal care.
- ✓ 7.8% were born with low or very low birthweight

¹Source: March of Dimes perinatal statistics: www.marchofdimes.com/peristats

Mothers Who Began Prenatal Care in First Trimester

- A higher percentage of whites begin prenatal care in the first trimester.
- The percentage increases with increases county population size groupings.

United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2013, on CDC WONDER Online



Prenatal care statistics prior to 2005 cannot be directly compared to those after 2006 due to changes in the format of birth certificates from which these data are collected. This is indicated by a break in the line graph below.

	Rate Per 1,000	
	2013	2010
STATE COMPARISON		
US	724.7	710.3
Iowa	764.8 (35) ^a	754.4 (30) ^b
Lowest State	561.2	463.9
Highest State	841.5	822.7
MOTHER'S AGE (All Births)		
Under 15	^	^
15-19	639.0	599.6
20-24	705.5	696.7
25-29	786.1	793.1
30-34	810.4	802.2
35-39	795.2	788.0
40-44	752.4	728.3
45-49	^	^
RACE/ETHNICITY		
White	779.7	766.9
Black	610.7	588.5
American Indian	607.1	552.1
Asian or Pacific	681.0	724.2
Hispanic	^	^
COUNTY POPULATION		
Small, <10K	784.8	757.2
Medium, 10-20K	803.3	752.6
Large, > 20K	827.2	811.6
MSA	849.3	838.0

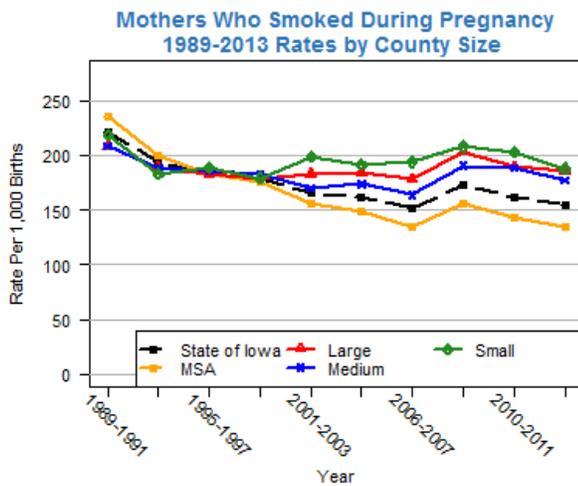
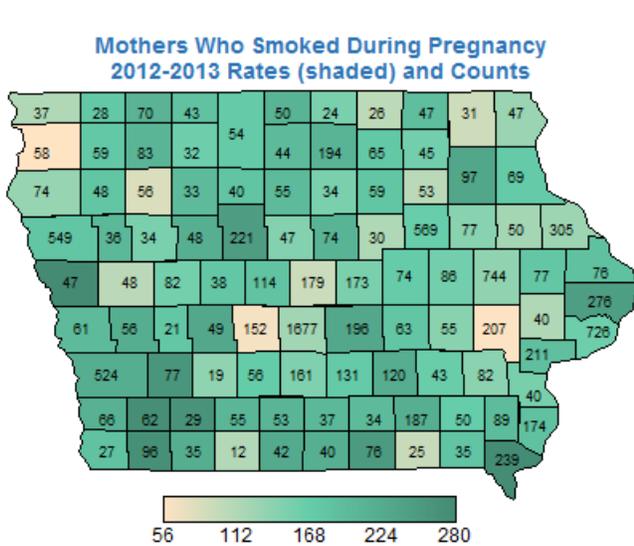
^a 42 States reporting

^b 34 States reporting

Mothers Who Smoked During Pregnancy

- Mothers age 15-24 have the highest rate of smoking during pregnancy.
- American Indian and Asian are considerably more likely to smoke during pregnancy than whites or blacks.

United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2013, on CDC WONDER Online Database, January 2015. Accessed at <http://wonder.cdc.gov/natality-current.html>.



	Rate Per 1,000	
	2013	2010
STATE COMPARISON		
US	83.0	991.1
Iowa	153.2 (32) ^a	162.4 (22) ^b
Lowest State	19.7	23.6
Highest State	214.1	223.9
MOTHER'S AGE		
Under 15 years	^	^
15-19 years	231.2	262.2
20-24 years	255.6	254.9
25-29 years	137.6	137.8
30-34 years	94.6	103.6
35-39 years	90.3	92.2
40-44 years	92.8	89.7
45-49 years	^	^
MOTHER'S RACE/ETHNICITY		
White	155.3	164.5
Black	182.1	183.6
American Indian	242.5	227.1
Asian or Pacific Islander	335.5	46.6
Hispanic	61.0	74.4
COUNTY POPULATION		
Small, <10K	187.6	195.2
Medium, 10-20K	177.1	190.6
Large, > 20K	185.2	190.4
MSA	134.9	147.5

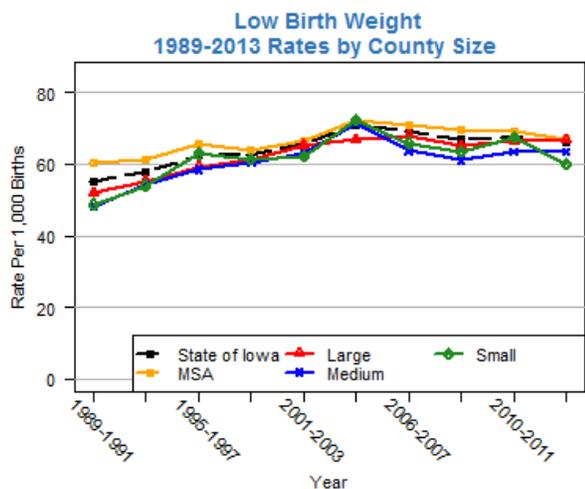
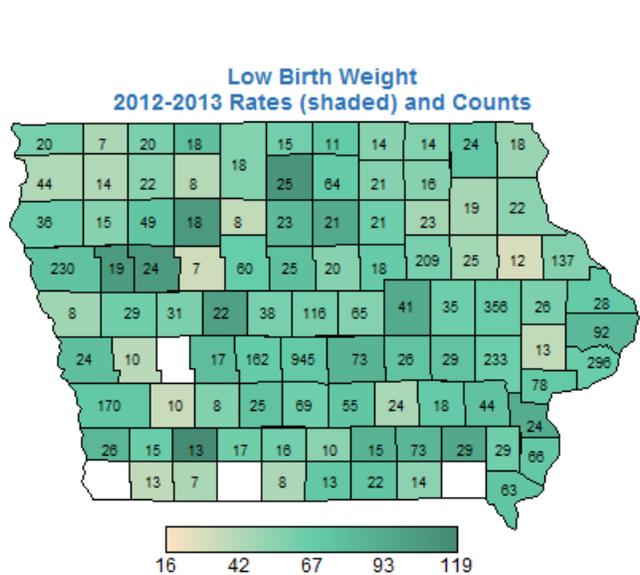
^a 41 States reporting

^b 31 States reporting

Low Birth Weight (<2500 Grams)

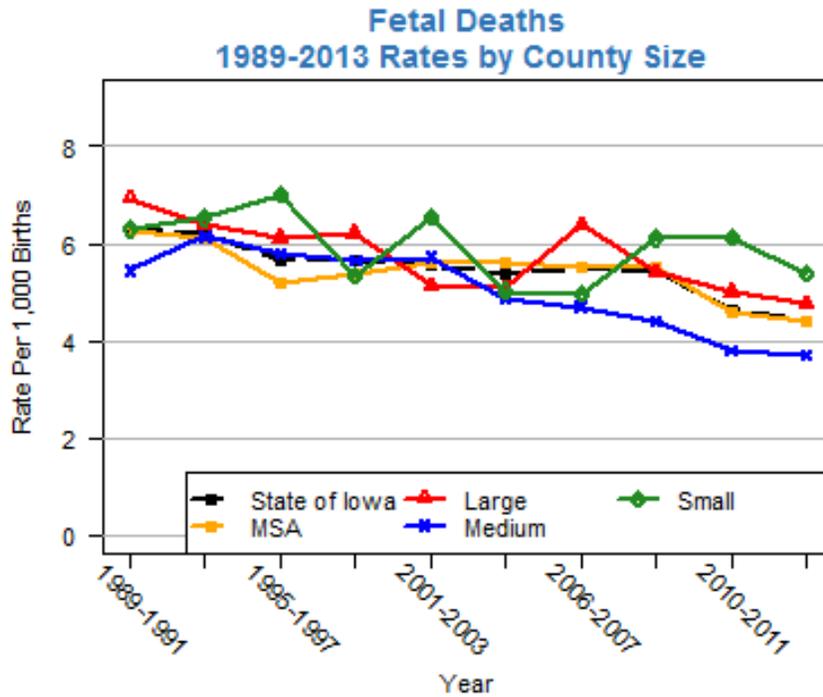
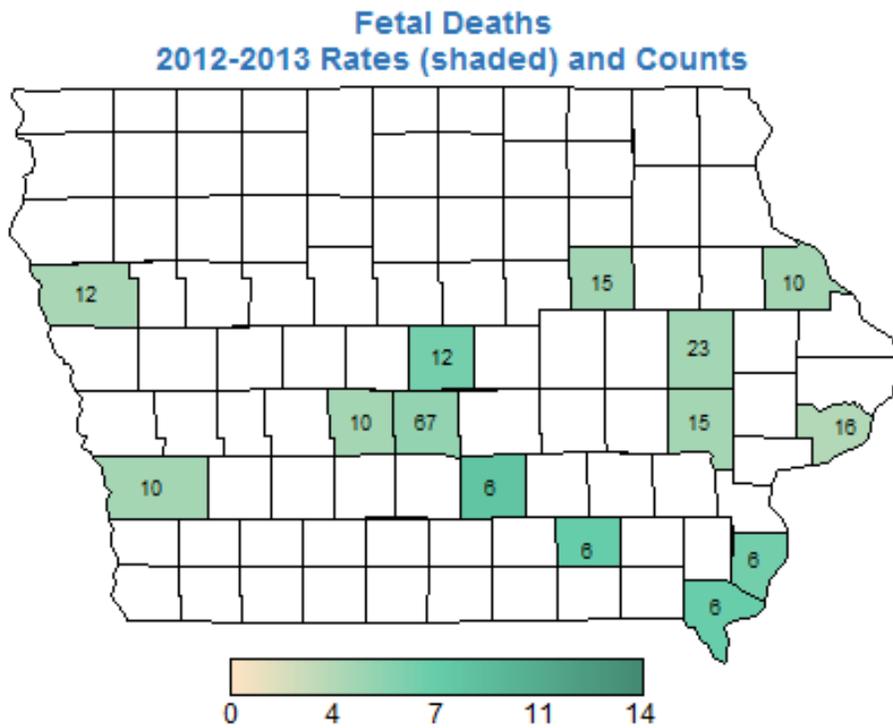
- Low birth weights impacts blacks at a higher rate than the other races listed.
- There is little difference due to county population size, but the rate dropped the most in the small counties from 7.4% to 6.3%.

United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2013, on CDC WONDER Online Database, January 2015. Accessed at <http://wonder.cdc.gov/natality-current.html>.



	Rate Per 1,000	
	2013	2010
STATE COMPARISON		
US	80.1	81.4
Iowa	65.5 (8)	69.7 (12)
Lowest State	57.5	56.4
Highest State	115.4	121.1
MOTHER'S AGE		
Under 15	^	^
15-19	90.7	89.8
20-24	63.9	73.4
25-29	60.6	61.2
30-34	60.2	64.8
35-39	79.2	78.3
40-44	^	^
45-49	^	^
RACE/ETHNICITY		
White	62.3	66.5
Black	104.8	111.8
American Indian	37.0	58.4
Asian or Pacific	^	^
Hispanic	^	^
COUNTY POPULATION		
Small, <10K	60.1	73.9
Medium, 10-20K	63.4	68.6
Large, > 20K	66.7	66.6
MSA	67.1	70.8

Fetal Deaths

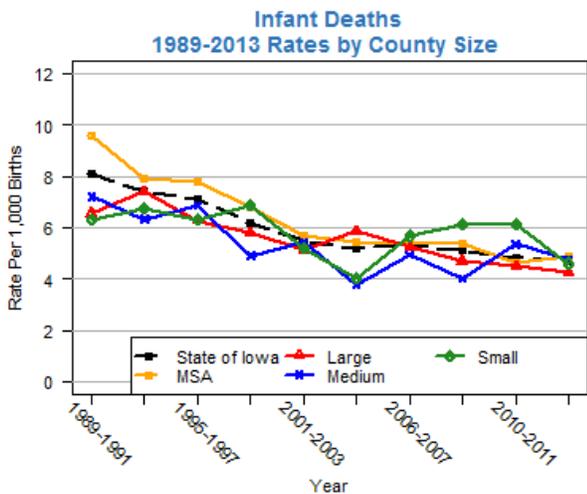
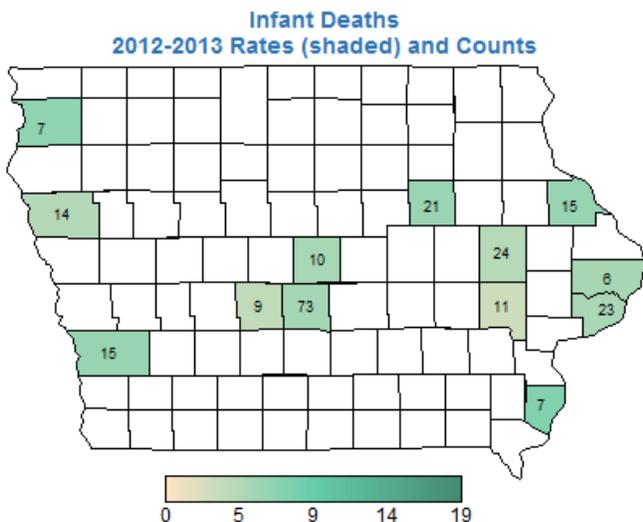


Source: Iowa Department of Public Health, Vital Statistics, Death Certificates

Infant Deaths

- Iowa has one of the lowest infant death rates in the United States.
- Blacks have a much higher infant death rate than whites.

United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2013, on CDC WONDER Online Database, January 2015. Accessed at <http://wonder.cdc.gov/natality-current.html>.

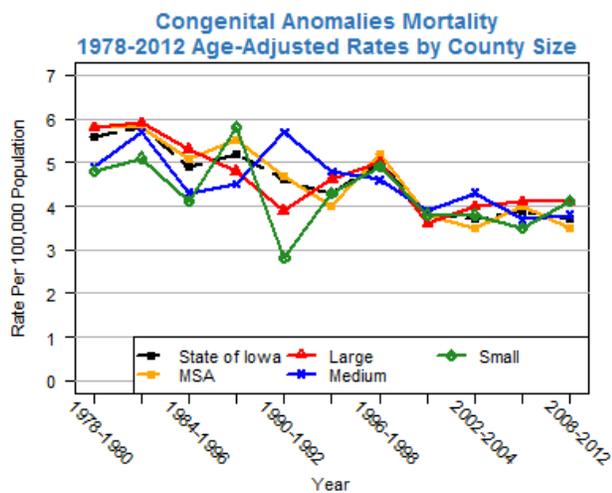
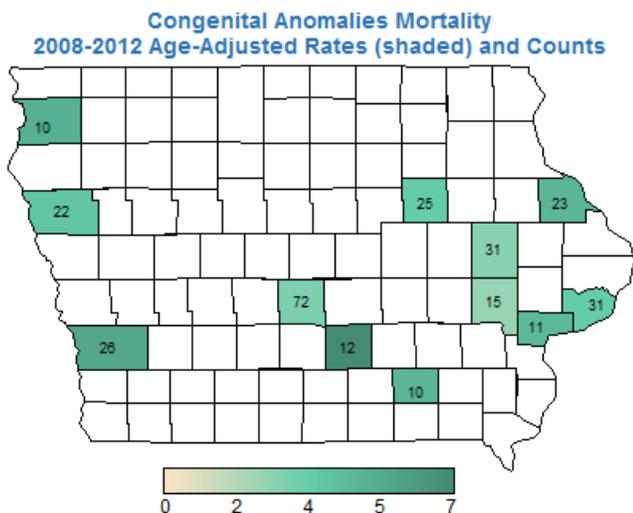


	Rate Per 1,000 Births Per Cent of All Births	
	2013	2010
STATE COMPARISON		
US	6.0	6.1
Iowa	4.3 (2)	4.9 (10)
Lowest State	4.2	3.6
Highest State	9.6	9.6
GENDER		
Male	4.6	5.7
Female	3.9	4.0
INFANT'S AGE		
Under 1 Hour	0.6	0.7
1-23 Hours	1.0	0.9
1-6 Days	0.6	0.5
7-27 Days	^	0.6
28-364 Days	1.6	2.25
MOTHER'S RACE/ETHNICITY		
White	3.8	4.5
Black	9.7	11.2
Hispanic	^	4.4
COUNTY POPULATION		
Small, <10K	4.6	6.2
Medium, 10-20K	4.7	6.3
Large, > 20K	4.2	4.1
MSA	4.9	4.7

Congenital Anomalies Mortality

- Inherited and congenital disorders rank as the leading cause of mortality in full-term newborn babies in the United States.
- Approximately 1 in 33 newborns is affected by a major birth defect.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



	Age-Adjusted Rate per 100,000	
	2008-2012	2005-2007
STATE COMPARISON^a		
US	3.2	3.5
Iowa	3.7 (36)	3.9 (34)
Best State	2.3	2.4
Worst State	5.0	5.6
GENDER		
Male	4.0	4.1
Female	3.4	3.7
AGE		
< 1 ^b	127.5	145.6
1-4	3.9	2.6
5-14	0.6	1.0
15-24	0.8	1.3
25-44	1.3	1.2
45-64	2.8	2.4
65-84	3.2	3.7
85+	7.7	9.0
RACE/ETHNICITY		
White	3.6	4.0
Black	4.4	2.3
American Indian	^	^
Asian or Pacific Islander	^	^
Hispanic	3.5	3.1
COUNTY POPULATION		
Small, <10K	4.1	3.5
Medium, 10-20K	3.8	3.7
Large, > 20K	4.1	4.1
MSA	3.5	4.0

^a State comparisons from wonder.cdc.gov.

^b Crude rate

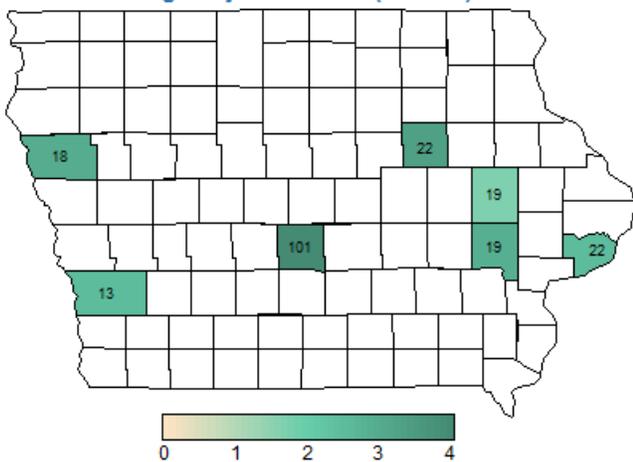
Conditions Originating in Perinatal Period Mortality

In Iowa in 2013

- 76.7% received early prenatal care
- 15.6% of women (15 – 44 years) were uninsured
- 3.4% of all live births were multiple births
- 30.8% of all live births were cesarean deliveries
- About 3.9% of live births were born to a woman receiving late or no prenatal care
- 7.8% were born with low or very low birthweight

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.

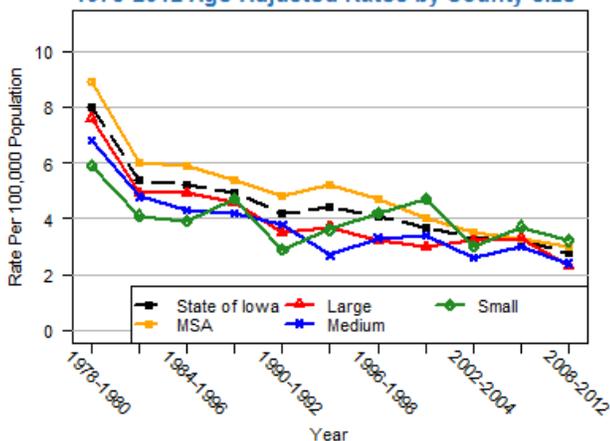
Conditions Originating In Perinatal Period Mortality 2008-2012 Age-Adjusted Rates (shaded) and Counts



Age-Adjusted Rate per 100,000 2008-2012 2005-2007

STATE COMPARISON ^a	2008-2012	2005-2007
US	4.4	4.9
Iowa	2.8 (2)	3.2 (4)
Best State	1.9	2.9
Worst State	6.5	7.3
GENDER		
Male	3.0	3.8
Female	2.5	2.7
AGE^b		
< 1	198.9	229.3
1-4	^	^
5-14	^	0.0
15-24	0.0	^
25-44	0.0	^
45-64	0.0	0.0
65-84	0.0	0.0
85+	0.0	0.0
RACE/ETHNICITY		
White	2.6	3.1
Black	6.2	5.1
American Indian	0.0	^
Asian or Pacific Islander	^	^
Hispanic	3.0	4.2
COUNTY POPULATION		
Small, <10K	3.2	3.7
Medium, 10-20K	2.4	3.0
Large, > 20K	2.3	3.3
MSA	3.0	3.3

Conditions Originating In Perinatal Period Mortality 1978-2012 Age-Adjusted Rates by County Size



^a State comparisons from wonder.cdc.gov.
^b Crude rate

Reproductive and Sexual Health

- Females are much more likely to Strongly Agree that it is against my values to have sex as a teenager than males are.
- The highest percentage to Strongly Agree by race is for Asians, followed closely by whites.

		2014				2012			
		<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>It is against my values to have sex as a teenager.</i>	<i>Iowa</i>	48.4	22.1	18.8	10.7	47.9	21.7	19.0	11.4
	<i>GENDER</i>								
	<i>Male</i>	42.3	23.8	20.4	13.4	40.7	23.6	20.9	14.8
	<i>Female</i>	54.5	20.4	17.2	8.0	55.3	19.8	17.1	7.8
	<i>GRADE</i>								
	<i>6th</i>	69.1	16.2	7.1	7.6	69.1	15.8	7.3	7.8
	<i>8th</i>	54.9	25.8	13.5	5.8	53.1	25.6	14.0	7.3
	<i>11th</i>	20.6	24.0	36.2	19.2	20.5	23.6	36.4	19.5
	<i>RACE</i>								
	<i>White</i>	49.4	21.8	18.6	10.2	48.8	21.6	18.9	10.7
	<i>Black</i>	42.0	20.9	21.3	15.7	41.0	20.3	20.9	17.7
	<i>American Indian</i>	46.6	22.5	18.9	12.0	42.5	18.5	21.7	17.3
	<i>Asian or Pacific Islander</i>	52.7	22.3	14.3	10.6	50.2	23.1	15.2	11.4
	<i>Hispanic</i>	42.7	25.3	20.3	11.7	41.5	24.3	20.4	13.7
<i>Other</i>	42.9	23.8	20.1	13.2	NA	NA	NA	NA	

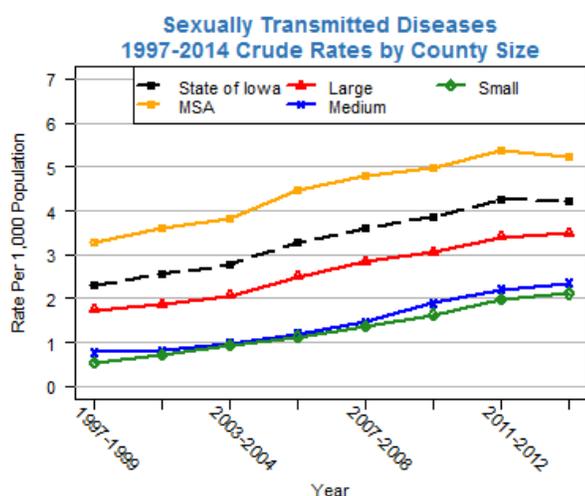
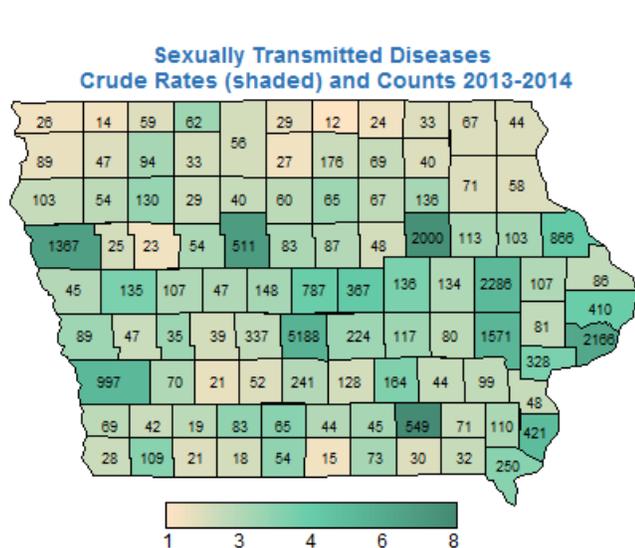
Iowa Department of Public Health, Bureau of Substance Abuse

/

Reproductive and Sexual Health: Sexually Transmitted Diseases

- The number and rate of sexually transmitted diseases is on the rise in Iowa and across the country. The rise is seen in gonorrhea, chlamydia, and syphilis.
- In Iowa, the rates are higher among:
 - females
 - 15-24 year olds
 - Blacks
 - larger counties

US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention (NCHSTP), Division of STD/HIV Prevention, Sexually Transmitted Disease Morbidity 1984-2013, CDC WONDER Online Database. Accessed at <http://wonder.cdc.gov/std-v2013.html>.

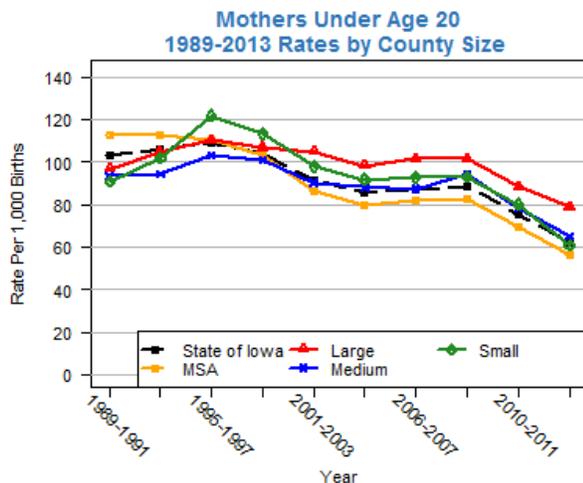
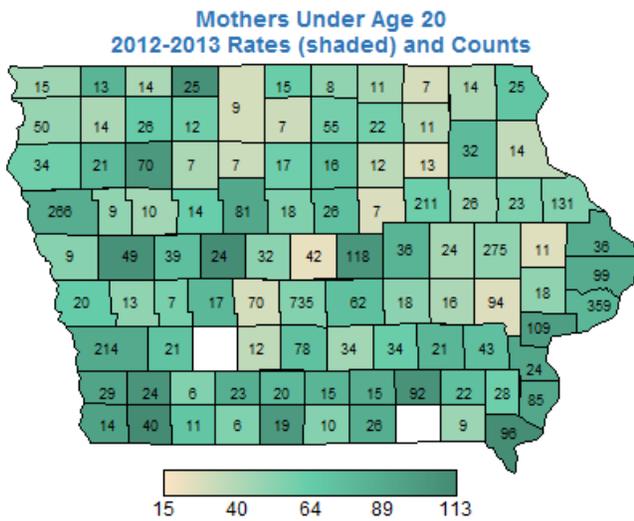


	Rate per 1,000	
	2009-2013	2004-2008
STATE COMPARISON		
US	5.4	4.7
Iowa	4.1 (14)	3.3 (15)
Lowest State	2.2	1.6
Highest State	9.3	9.6
GENDER		
Male	2.4	2.0
Female	5.7	4.6
AGE		
0-14	0.2	0.2
15-19	17.9	15.2
20-24	22.5	17.3
25-29	10.2	7.9
30-34	4.4	3.4
35-39	2.0	1.5
40+	0.2	0.2
RACE/ETHNICITY		
White	2.7	2.0
Black	25.7	28.5
American Indian	6.6	6.4
Asian or Pacific	2.2	1.9
Hispanic	4.9	4.9
COUNTY POPULATION		
Small, <10K	1.9	1.0
Medium, 10-20K	2.1	1.3
Large, > 20K	3.4	2.5
MSA	5.2	4.4

Reproductive and Sexual Health: Mothers under Age 20

- Nationally, mothers of newborns are older, on average, than they were 20 years ago.
- The percent of teenage mothers has decreased in Iowa in every race/ethnicity category between 2010 and 2013

United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2013, on CDC WONDER Online Database, January 2015. Accessed at <http://wonder.cdc.gov/natality-current.html>.

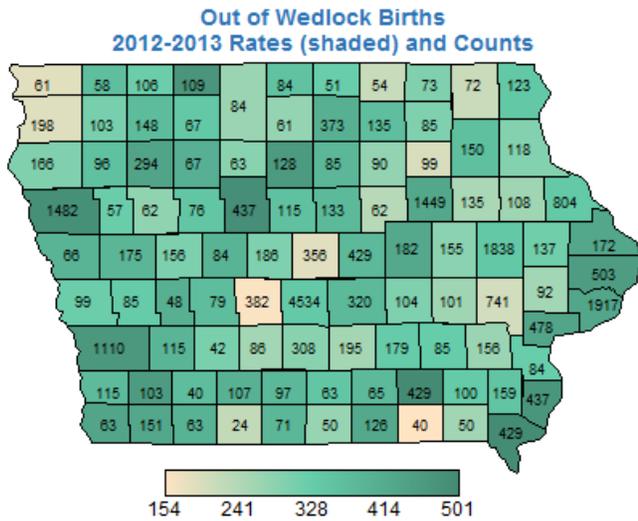


	Rate Per 1,000 Births	
	2013	2010
STATE COMPARISON		
US	70.2	93.1
Iowa	58.9 (17)	78.8 (18)
Lowest State	38.5	54.2
Highest State	114.4	154.6
MOTHER'S AGE (% of All Births)		
Under 15	0.0	0.1
15-19	5.9	7.8
20-24	22.9	24.1
25-29	33.5	33.4
30-34	26.7	24.0
35-39	9.3	8.7
40-44	1.7	1.9
45-49	0.1	0.1
RACE/ETHNICITY		
White	54.8	73.5
Black	133.6	177.0
American Indian	136.4	188.9
Asian or Pacific	26.0	42.2
Hispanic	118.5	163.1
COUNTY POPULATION		
Small, <10K	60.6	82.1
Medium, 10-20K	64.9	83.9
Large, > 20K	78.7	92.4
MSA	56.3	73.7

Reproductive and Sexual Health: Out of Wedlock Births

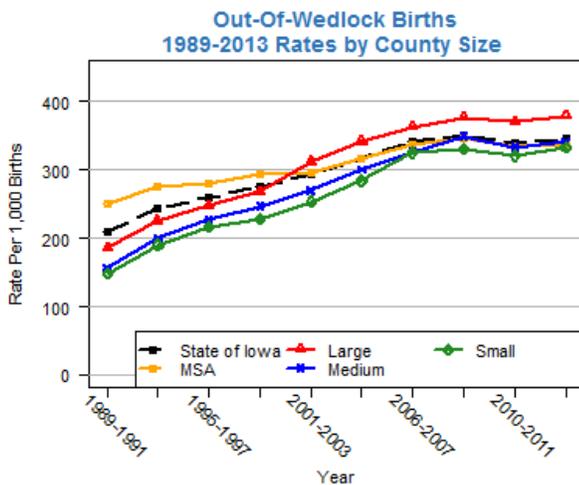
- The number and rate of babies born to unmarried mothers is on the rise in Iowa and across the country.
- The out of wedlock births is highest among black and American Indian in Iowa.

United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2013, on CDC WONDER Online Database, January 2015. Accessed at <http://wonder.cdc.gov/natality-current.html>.



Rate Per 1,000 Births
2013 2010

STATE COMPARISON	2013	2010
US	405.8	408.4
Iowa	344.3 (11)	342.0 (10)
Lowest State	189.5	19.2
Highest State	544.6	54.8
MOTHER'S AGE		
Under 15	1000.0	1000.0
15-19	913.9	899.9
20-24	621.6	595.9
25-29	259.7	227.0
30-34	157.9	150.1
35-39	169.8	151.3
40-44	186.9	152.1
45-49	0.0	0.0
RACE/ETHNICITY		
White	32.3	32.1
Black	71.1	75.0
American Indian	71.0	68.2
Asian or Pacific	21.7	20.5
Hispanic	48.9	50.0
COUNTY POPULATION		
Small, <10K	332.7	318.7
Medium, 10-20K	340.6	335.7
Large, > 20K	378.7	371.4
MSA	337.9	336.6



Nutrition and Food

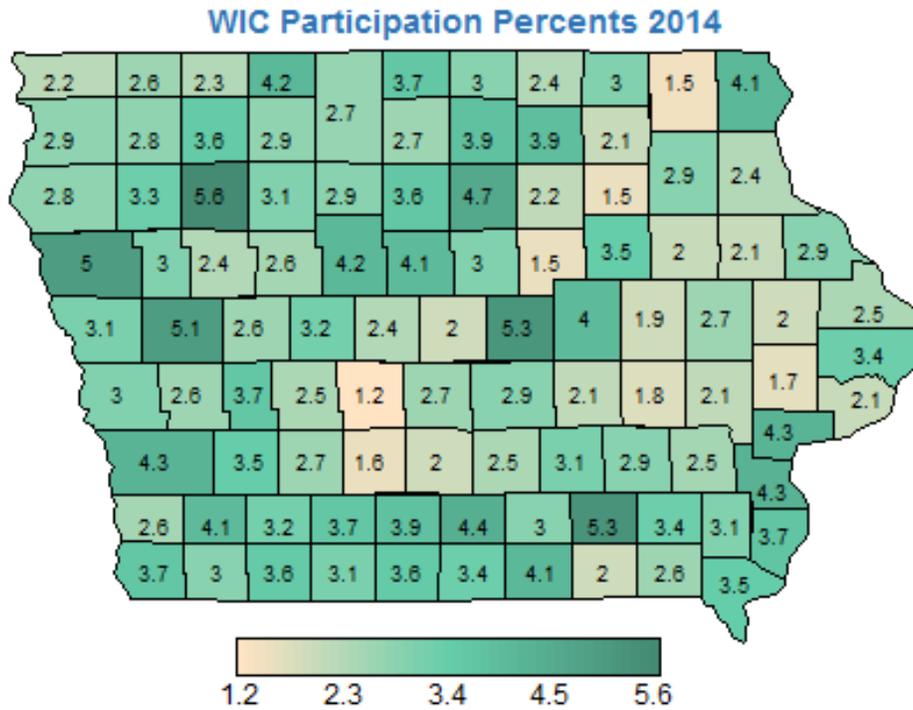
- The percentage of adults who consume fruits or vegetables does not fluctuate very much with age.
- The percentage of females that consume fruits or vegetables five or more times per day is twice as high as the percentage of males.
- Those with higher incomes tend to consume fruits or vegetables more regularly.

<i>Adults who have consumed fruits or vegetables five or more times per day.</i>	<i>STATE COMPARISON</i>	<i>2013</i>	<i>2011</i>
	<i>US</i>	<i>16.5</i>	<i>17.1</i>
	<i>Iowa</i>	<i>12.3 (41)</i>	<i>13.3 (39)</i>
	<i>Best State</i>	<i>25.1</i>	<i>25.2</i>
	<i>Worst State</i>	<i>9.1</i>	<i>7.8</i>
	<i>GENDER</i>		
	<i>Male</i>	<i>8.2</i>	<i>8.9</i>
	<i>Female</i>	<i>16.2</i>	<i>17.5</i>
	<i>AGE</i>		
	<i>18-24</i>	<i>11.6</i>	<i>10.8</i>
	<i>25-34</i>	<i>11.9</i>	<i>12.0</i>
	<i>35-44</i>	<i>11.5</i>	<i>13.7</i>
	<i>45-54</i>	<i>12.6</i>	<i>12.3</i>
	<i>55-64</i>	<i>13.1</i>	<i>14.5</i>
	<i>65+</i>	<i>12.9</i>	<i>15.8</i>
	<i>RACE/ETHNICITY</i>		
	<i>White</i>	<i>12.3</i>	<i>12.9</i>
	<i>Black</i>	<i>8.5</i>	<i>9.6</i>
	<i>Hispanic</i>	<i>12.6</i>	<i>19.7</i>
	<i>INCOME LEVEL</i>		
	<i><\$15,000</i>	<i>9.5</i>	<i>10.7</i>
	<i>\$15 – 24,999</i>	<i>11.3</i>	<i>12.9</i>
	<i>\$25 – 34,999</i>	<i>10.7</i>	<i>11.6</i>
	<i>\$35 – 49,999</i>	<i>12.2</i>	<i>13.9</i>
	<i>\$50,000 +</i>	<i>14.0</i>	<i>14.1</i>
	<i>EDUCATION</i>		
	<i>< High School</i>	<i>6.8</i>	<i>10.2</i>
	<i>High School</i>	<i>9.6</i>	<i>9.6</i>
	<i>Some post-H.S.</i>	<i>12.8</i>	<i>14.3</i>
	<i>College Grad</i>	<i>17.4</i>	<i>18.4</i>

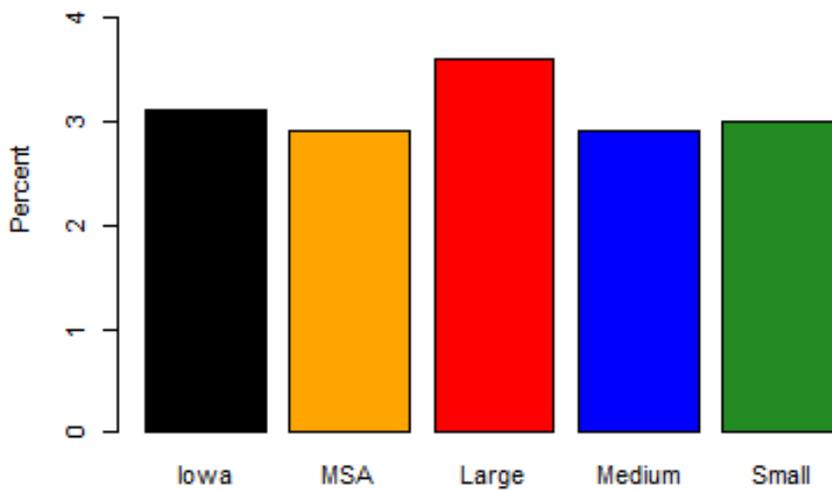
Centers for Disease Control, Behavioral Risk Factor Surveillance System.

WIC Participation

- Women Infants, & Children (WIC) is a supplemental nutrition program for babies, children under the age of 5, pregnant women, breastfeeding women, and women who have had a baby in the last 6 months.
- The graphs below give percentages of county or county size population participating in WIC.



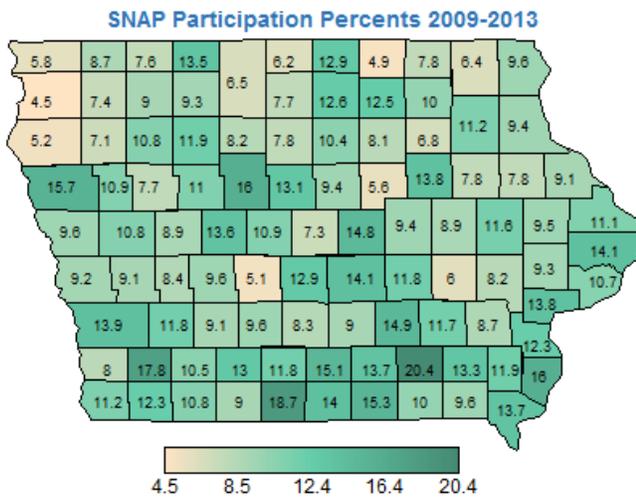
WIC Participation Percents by County Size 2014



SNAP Participation

- The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to eligible, low-income individuals and families.
- 46.1% of households participating in SNAP in 2013 were below poverty level with a median household income of \$21,580.
- Blacks have the highest percentage participating in SNAP compared to the other races.

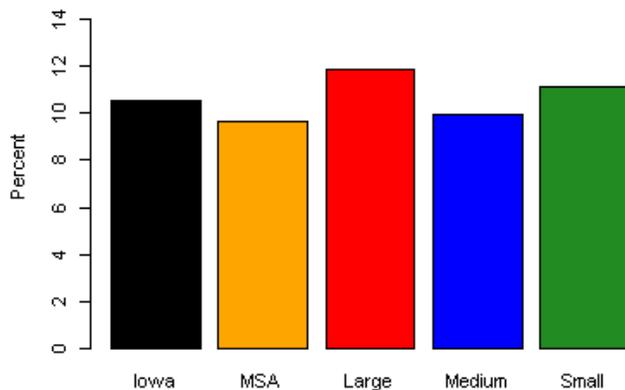
U.S. Census Bureau; American Community Survey, 2010 & 2013 American Community Survey



Percent of Iowa Households Participating in SNAP
2013 2008

STATE COMPARISON	2013	2008
US	13.5	8.6
Iowa	12.1 (16)	8.9 (30)
Best State	5.9	4.1
Worst State	19.8	16.1
HOUSEHOLDS WITH:		
Children < 18 years	21.3	15.6
1 or more person 60 years or over	6.6	4.8
HOUSEHOLDER RACE/ETHNICITY		
White	10.9	8.0
Black	43.6	34.5
American Indian	24.3	26.7
Asian	8.3	8.9
Pacific Islander		
Hispanic	25.7	18.1
INCOME		
Below Poverty Level	46.1	42.7
COUNTY POPULATION ^a		
Small, <10K	11.1	^
Medium, 10-20K	9.9	9.8
Large, > 20K	12.2	9.3
MSA	9.4	6.8

Average SNAP Participation Levels by County Size 2009-2013



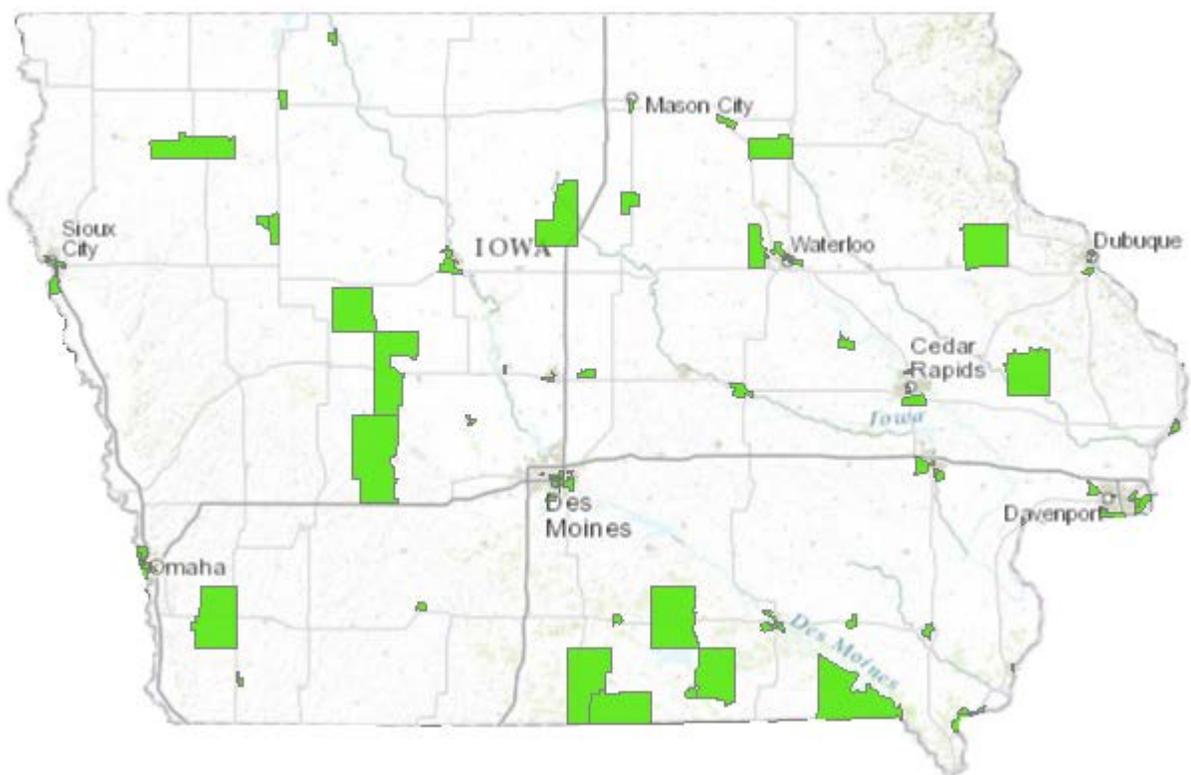
^a County participation is from 2009-13 and 2006-08.

Location of Food Deserts

Census tracts qualify as food deserts if they meet low-income and low-access thresholds:

1. They qualify as "**low-income communities**," based on having:
 - a. a poverty rate of 20 percent or greater, OR
 - b. a median family income at or below 80 percent of the area median family income
2. They qualify as "**low-access communities**," based on the determination that at least 500 persons and/or at least 33% of the census tract's population live more than 1 mile from a supermarket or large grocery store (10 miles, in the case of non-metropolitan census tracts).

United States Department of Agriculture, Economic Research Service



Oral Health

- The percentage of Iowans that visited a dentist within the past year dropped slightly from 2012 to 2014, but the state ranking dropped considerably.
- Females and whites tend to be more likely to visit the dentist.

<i>Visited the dentist or dental clinic within the past year for any reason.</i>	<i>STATE COMPARISON</i>	<i>2014</i>	<i>2012</i>
		<i>US</i>	64.4
	<i>Iowa</i>	69.4 (12)	71.1 (8)
	<i>Best State</i>	74.9	76.2
	<i>Worst State</i>	54.2	54.9
	<i>GENDER</i>		
	<i>Male</i>	65.2	66.9
	<i>Female</i>	73.5	75.2
	<i>AGE</i>		
	<i>18-24</i>	71.1	69.2
	<i>25-34</i>	62.9	68.0
	<i>35-44</i>	69.6	72.4
	<i>45-54</i>	69.5	74.2
	<i>55-64</i>	72.9	74.3
	<i>65+</i>	70.1	68.6
	<i>RACE/ETHNICITY</i>		
	<i>White</i>	70.7	72.5
	<i>Black</i>	58.3	52.1
	<i>Hispanic</i>	60.9	62.7
	<i>INCOME LEVEL</i>		
	<i><\$15,000</i>	52.5	49.1
	<i>\$15 – 24,999</i>	53.7	52.5
	<i>\$25 – 34,999</i>	60.5	64.4
	<i>\$35 – 49,999</i>	67.5	70.8
	<i>\$50,000 +</i>	80.6	83.8
	<i>EDUCATION</i>		
	<i>< High School</i>	50.6	49.4
	<i>High School</i>	64.7	65.1
	<i>Some post-H.S.</i>	70.1	74.0
	<i>College Grad</i>	82.6	84.9

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Physical Activity

- The percentage of respondents that participated in enough Aerobic and Muscle Strengthening exercises to meet guidelines decreased for males and increased for females from 2011 to 2013.
- The percentages dropped sharply for blacks and Hispanics.

<i>Engaged in 150 minutes per week of moderate aerobic physical activity, 75 minutes per week of vigorous aerobic physical activity, or some combination.</i>	STATE COMPARISON	2013	2011
	US	20.22	20.66
	Iowa	17.9 (37)	17.2 (41)
	Best State	26.7	27.3
	Worst State	12.2	12.7
	GENDER		
	Male	17.3	19.2
	Female	18.6	15.4
	AGE		
	18-24	27.2	26.3
	25-34	18.1	15.7
	35-44	17.7	21.4
	45-54	18.3	16.5
	55-64	13.9	13.8
	65+	14.9	12.4
	RACE/ETHNICITY		
	White	18.0	17.1
	Black	10.6	24.2
	Hispanic	15.2	23.9
	INCOME LEVEL		
	<\$15,000	11.6	15.2
	\$15 – 24,999	15.6	15.2
	\$25 – 34,999	18.2	11.5
	\$35 – 49,999	20.1	14.3
	\$50,000 +	20.6	21.9
	EDUCATION		
	< High School	9.6	13.2
	High School	13.8	13.7
	Some post-H.S.	19.6	16.6
	College Grad	24.2	25.0

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Overweight or Obese

- Males have a higher percentage of overweight than females.
- The percent of adults overweight or obese has increased from 2011 to 2014 in nearly every category.

<i>Adults who have a body mass index greater than 25 (Overweight or Obese).</i>	<i>STATE COMPARISON</i>	2014	2011
		<i>US</i>	64.1
	<i>Iowa</i>	66.9 (39)	64.8 (33)
	<i>Best State</i>	54.9	52.9
	<i>Worst State</i>	70.7	68.9
	<i>GENDER</i>		
	<i>Male</i>	73.5	71.3
	<i>Female</i>	60.1	58.0
	<i>AGE</i>		
	<i>18-24</i>	42.3	40.0
	<i>25-34</i>	63.0	58.5
	<i>35-44</i>	70.7	69.6
	<i>45-54</i>	75.2	72.3
	<i>55-64</i>	76.7	75.1
	<i>65-74</i>	74.9	72.4
	<i>75+</i>	62.6	62.9
	<i>RACE/ETHNICITY</i>		
	<i>White</i>	67.7	65.2
	<i>Black</i>	70.2	64.9
	<i>Hispanic</i>	64.5	72.1
	<i>INCOME LEVEL</i>		
	<i><\$15,000</i>	62.6	58.6
	<i>\$15 – 24,999</i>	68.7	66.0
	<i>\$25 – 34,999</i>	70.7	70.3
	<i>\$35 – 49,999</i>	69.2	69.9
	<i>\$50,000 +</i>	68.0	66.9
	<i>EDUCATION</i>		
	<i>< High School</i>	69.4	61.9
	<i>High School</i>	69.8	68.4
	<i>Some post-H.S.</i>	67.2	64.7
	<i>College Grad</i>	61.7	60.7

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Obesity

- Although males have a higher percentage than females for obese, the percentages are much closer than they were for overweight.
- Once the age gets to 35, there is very little change in percent obese until age gets to 75.

<i>Adults who have a body mass index greater than or equal to 30 (Obese).</i>	<i>STATE COMPARISON</i>	2014	2011
		<i>US</i>	28.9
	<i>Iowa</i>	30.9 (36)	29.0 (34)
	<i>Best State</i>	21.3	20.7
	<i>Worst State</i>	35.9	34.9
	<i>GENDER</i>		
	<i>Male</i>	32.0	30.4
	<i>Female</i>	29.8	27.4
	<i>AGE</i>		
	<i>18-24</i>	15.0	14.4
	<i>25-34</i>	27.1	22.8
	<i>35-44</i>	35.5	32.9
	<i>45-54</i>	36.5	35.6
	<i>55-64</i>	38.2	35.9
	<i>65-74</i>	36.7	35.5
	<i>75+</i>	24.5	22.7
	<i>RACE/ETHNICITY</i>		
	<i>White</i>	31.4	29.2
	<i>Black</i>	31.4	27.8
	<i>Hispanic</i>	27.9	33.2
	<i>INCOME LEVEL</i>		
	<i><\$15,000</i>	32.8	28.5
	<i>\$15 – 24,999</i>	35.2	33.8
	<i>\$25 – 34,999</i>	34.7	32.1
	<i>\$35 – 49,999</i>	31.0	32.7
	<i>\$50,000 +</i>	29.6	28.2
	<i>EDUCATION</i>		
	<i>< High School</i>	37.4	28.2
	<i>High School</i>	32.5	33.1
	<i>Some post-H.S.</i>	31.9	29.0
	<i>College Grad</i>	25.0	23.2

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

INJURY AND VIOLENCE

Transportation-related mortality accounted for 1,921 deaths in Iowa from 2008-2012, 89% of which were motor vehicle fatalities. For the time periods between 1979 and 2012, the rates for these fatalities are highest in the rural counties and lowest in the most urban counties. Rates for firearm mortality are also highest in the most rural counties and all county groupings showed increases in 2012-2013 compared to 2007-2011. The mortality rates for suicide show a general increase in suicide rates since 2002. The crude rates for mortality from falls tend to be highest in the more rural county groups, because of the greater numbers of elderly. This difference goes away when the rates are age-adjusted. The statewide homicide rate has been relatively stable since 1979. Poisoning mortality rates have shown variation in earlier years for each county group, but in the most recent decade, the rates are significantly increasing across all county groups, with the highest rates seen in the MSA counties. The state's mortality rate from burns decreased from 1979-2012. In general, drowning deaths have decreased across the state since the 1979-1983 period, but the pattern has been erratic, indicating that the rates are unstable due to the small number of events. Deaths from all other unintentional injuries show a slight decline statewide over time but can be difficult to compare for 1999-2012 versus preceding years due to changes in the mortality classification systems (discussed below).

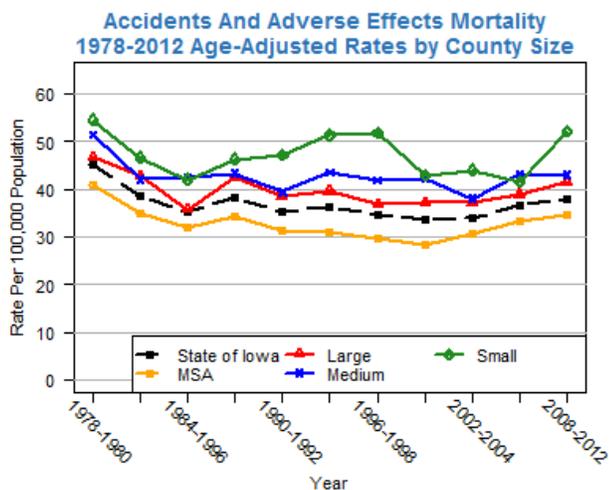
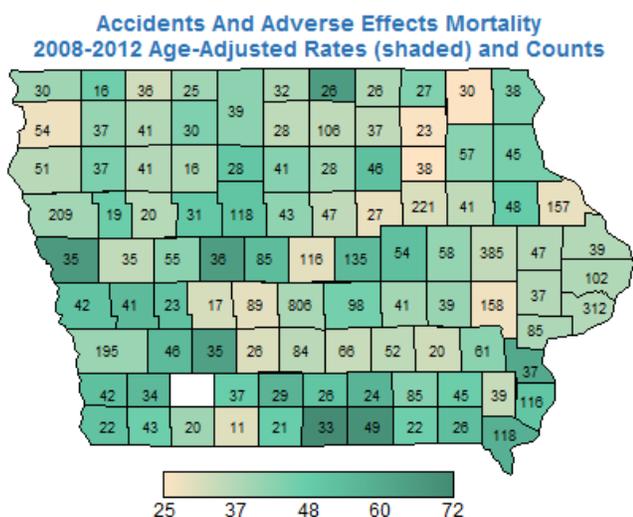
HIGHLIGHTS...

- ✓ Injuries are the leading cause of death in persons 5-9 and 15-44 years of age.
- ✓ Motor vehicle deaths account for 89% of all transportation deaths in Iowa during 2008-2012.
- ✓ Crude mortality rates from motor vehicle accidents, firearms, and falls are highest in rural counties, whereas homicides are highest in MSA counties.

Accidents and Adverse Effects Mortality

- Accidents and adverse effects include motor vehicle collisions and all other types of unintentional injuries.
- Motor vehicle deaths account for 89% of all transportation deaths in Iowa during 2008-2012.

SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties.



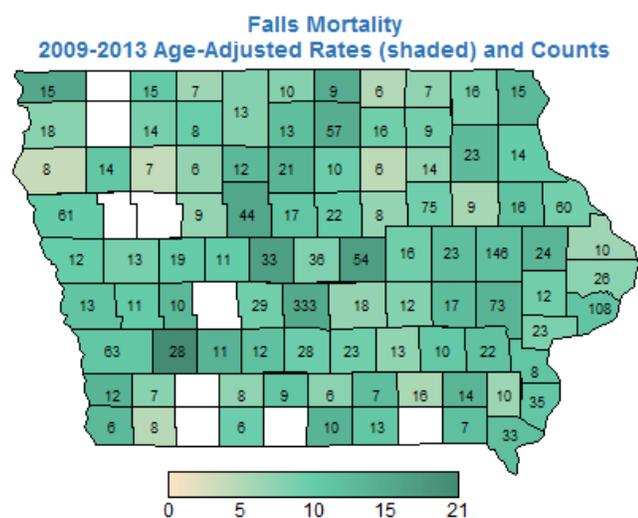
	Age-Adjusted Rate per 100,000	
	2008-2012	2005-2007
STATE COMPARISON		
US	38.5	39.9
Iowa	38.0 (14)	36.5 (15)
Best State	25.2	25.0
Worst State	64.5	67.3
GENDER		
Male	51.6	49.8
Female	25.6	24.4
AGE^a		
< 1	27.5	13.4
1-4	9.2	10.4
5-14	5.1	5.3
15-24	25.1	31.9
25-44	32.1	29.3
45-64	37.3	34.6
65-84	79.2	76.4
85+	405.9	362.0
RACE/ETHNICITY		
White	38.3	36.8
Black	37.1	27.2
American Indian	51.0	35.1
Asian or Pacific Islander	23.7	18.0
Hispanic	34.3	30.7
COUNTY POPULATION		
Small, <10K	52.0	41.5
Medium, 10-20K	43.0	43.1
Large, > 20K	41.5	38.9
MSA	34.5	33.2

^a Crude rate.

Falls Mortality

- Unintentional falls are the leading cause of non-fatal injuries and the 3rd leading cause of unintentional injury-related death across in the US.
- Iowa’s age-adjusted falls mortality rate is above the national average.
- After adjusting for age, the rates have been increasing over the past 20 years, but the rates do not differ by county size.

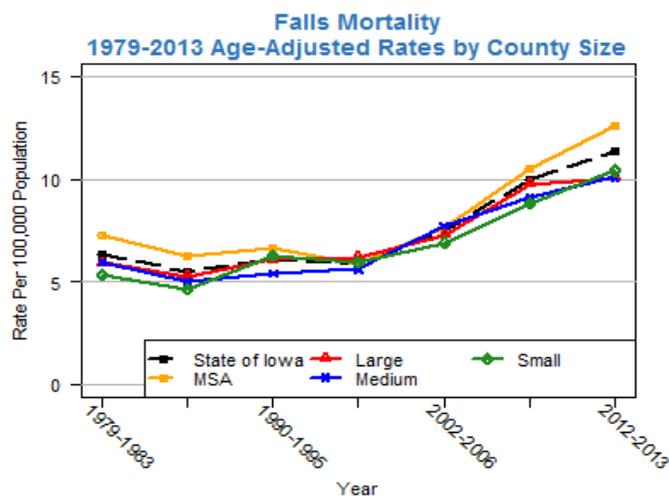
Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2013 on CDC WONDER Online Database, released October 2014.



Age-Adjusted Rate per 100,000
2009-2013 2004-2008

STATE COMPARISON	2009-2013	2004-2008
US	8.1	6.9
Iowa	11.1 (39)	8.8 (36)
Best State	4.1	3.7
Worst State	16.7	16.0
GENDER		
Male	14.1	11.3
Female	8.9	7.0
AGE ^a		
25-34	0.9	
35-44	1.5	^
45-54	3.8	2.8
55-64	7.4	5.1
65-74	17.1	16.1
75-84	82.9	61.2
85+	303.9	241.7
RACE/ETHNICITY		
White	11.2	8.8
Black	9.3	5.1
American Indian	^	^
Asian or Pacific Islander	10.4	^
Hispanic	9.9	8.2
COUNTY POPULATION		
Small, <10K	10.0	7.4
Medium, 10-20K	9.8	8.7
Large, > 20K	10.3	8.5
MSA	11.9	8.7

^a Crude rate.



Safety & Violence: Youth Perceptions

- Males and whites are the most likely to mark they Strongly Agree that they feel safe at home.
- The percents that mark Strongly Agree and Agree flip from 6th grade to 11th grade. They are less confident that they feel safe at school.

		2014				2012			
		<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>I feel safe at school.</i>	<i>Iowa</i>	45.8	43.6	7.5	3.1	46.5	43.6	6.8	3.0
	<i>GENDER</i>								
	<i>Male</i>	47.8	42.2	6.8	3.3	47.8	42.2	6.5	3.5
	<i>Female</i>	43.8	45.0	8.3	2.9	45.1	45.2	7.2	2.5
	<i>GRADE</i>								
	<i>6th</i>	58.9	33.1	5.7	2.3	58.7	32.9	6.0	2.4
	<i>8th</i>	45.6	42.5	8.3	3.6	45.0	43.4	7.9	3.7
	<i>11th</i>	32.4	55.6	8.6	3.3	35.3	55.2	6.6	2.9
	<i>RACE</i>								
	<i>White</i>	46.8	43.4	7.1	2.7	47.1	43.4	6.8	2.7
	<i>Black</i>	45.0	40.4	8.7	6.0	44.9	42.2	7.0	6.0
	<i>American Indian</i>	42.3	41.1	11.2	5.3	39.6	42.7	10.0	7.6
	<i>Asian or Pacific Islander</i>	44.7	44.7	7.8	2.8	46.0	44.5	5.6	3.9
	<i>Hispanic</i>	40.9	47.2	8.3	3.6	41.1	47.3	7.8	3.7
<i>Other</i>	39.4	44.6	10.5	5.6	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse
<http://www.iowayouthsurvey.iowa.gov/>

Safety & Violence: Youth Perceptions

- There is very little difference by gender on the question of difficulty in getting a handgun.
- Blacks and American Indians are the most likely to say it is easy to obtain a handgun.

		2014					2012				
		Very Hard	Hard	Easy	Very Easy	Don't Know	Very Hard	Hard	Easy	Very Easy	Don't Know
<i>In your neighborhood or community, how difficult do you think it would be for a kid your age to get each of the following: A handgun?</i>	<i>Iowa</i>	43.0	23.2	12.3	6.1	15.3	42.5	23.3	12.2	6.3	15.7
	GENDER										
	<i>Male</i>	43.6	22.9	11.7	7.0	14.8	43.5	22.3	12.0	7.4	14.7
	<i>Female</i>	42.3	23.6	13.0	5.2	15.8	41.4	24.4	12.3	5.2	16.6
	GRADE										
	<i>6th</i>	57.3	17.4	7.2	3.8	14.3	56.3	18.1	7.2	4.1	14.2
	<i>8th</i>	43.1	25.1	12.6	5.8	13.4	42.2	24.6	12.7	6.1	14.3
	<i>11th</i>	28.4	27.2	17.2	8.9	18.4	28.7	27.2	16.6	8.9	18.6
	RACE										
	<i>White</i>	42.5	24.1	12.9	6.0	14.6	42.0	24.0	12.5	6.2	15.3
	<i>Black</i>	45.1	15.6	9.9	9.1	20.2	46.1	17.2	10.3	9.1	17.3
	<i>American Indian</i>	43.6	17.6	11.5	9.1	18.2	42.2	22.7	11.1	7.8	16.1
	<i>Asian or Pacific Islander</i>	47.9	20.7	7.8	4.6	18.9	42.9	23.2	10.6	6.6	16.8
<i>Hispanic</i>	46.3	20.9	9.7	5.3	17.8	45.2	20.0	10.0	6.1	18.8	
<i>Other</i>	42.9	21.7	11.6	7.4	16.4	NA	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Safety & Violence: Youth Perceptions

- A slightly higher percentage of males than females feel that their neighborhood is safe.

		2014				2012			
		<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>My neighborhood is a safe place to live.</i>	<i>Iowa</i>	57.7	35.6	4.9	1.8	55.8	37.0	5.2	2.0
	<i>GENDER</i>								
	<i>Male</i>	59.7	33.6	4.7	2.0	57.6	35.1	5.2	2.2
	<i>Female</i>	55.6	37.6	5.2	1.7	54.0	39.1	5.2	1.7
	<i>GRADE</i>								
	<i>6th</i>	63.5	30.1	4.4	1.9	61.4	31.7	5.0	1.9
	<i>8th</i>	57.8	35.0	5.4	1.8	55.6	36.7	5.5	2.1
	<i>11th</i>	51.6	41.7	5.0	1.7	50.3	42.9	5.1	1.8
	<i>RACE</i>								
	<i>White</i>	59.6	34.7	4.3	1.4	57.2	36.5	4.7	1.6
	<i>Black</i>	51.6	35.4	8.5	4.6	50.3	36.3	8.7	4.7
	<i>American Indian</i>	49.3	38.4	8.9	3.5	47.4	39.1	9.4	4.1
	<i>Asian or Pacific Islander</i>	55.8	38.2	3.7	2.3	53.1	38.6	5.5	2.9
<i>Hispanic</i>	47.1	42.3	8.0	2.7	45.1	43.5	8.4	3.1	
<i>Other</i>	49.5	38.6	8.3	3.6	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Safety & Violence: Youth Perceptions

- Almost 20% more females than males consider violence to be the worst way to solve problems.
- Blacks are the least likely to say that violence is the worst way to solve problems.

		2014				2012			
		<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>Violence is the worst way to solve problems.</i>	<i>Iowa</i>	44.0	34.8	14.8	6.4	43.1	34.8	15.1	6.9
	GENDER								
	<i>Male</i>	35.0	37.0	20.3	7.7	33.0	37.2	21.0	8.8
	<i>Female</i>	53.2	32.5	9.3	5.0	53.6	32.4	9.0	5.0
	GRADE								
	<i>6th</i>	58.2	26.7	8.2	6.8	58.0	26.7	8.4	6.9
	<i>8th</i>	40.9	36.7	15.9	6.5	39.2	36.7	16.9	7.2
	<i>11th</i>	32.2	41.2	20.7	5.9	31.6	41.5	20.3	6.6
	RACE								
	<i>White</i>	44.6	35.0	14.4	6.1	43.7	35.0	14.8	6.4
	<i>Black</i>	39.8	31.3	18.5	10.3	37.6	32.6	18.7	11.1
	<i>American Indian</i>	43.9	31.3	14.4	10.3	38.7	27.5	21.0	12.8
	<i>Asian or Pacific Islander</i>	47.4	35.7	11.4	5.5	44.1	37.6	11.9	6.4
<i>Hispanic</i>	43.6	34.1	15.6	6.7	40.1	35.1	16.1	8.8	
<i>Other</i>	38.5	35.4	18.5	7.6	NA	NA	NA	NA	

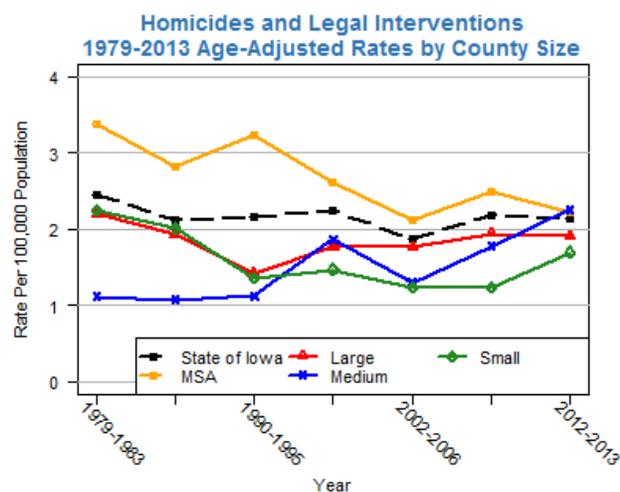
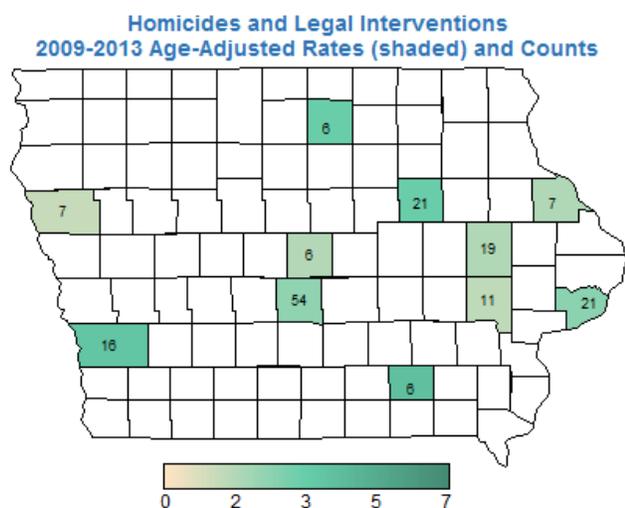
Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Homicides and Legal Intervention Mortality

- The statewide homicide rate has been relatively stable since 1979, but generally highest in MSA counties.
- The homicide rate in Iowa is among the lowest in the country.

Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2013 on CDC WONDER Online Database, released October 2014.



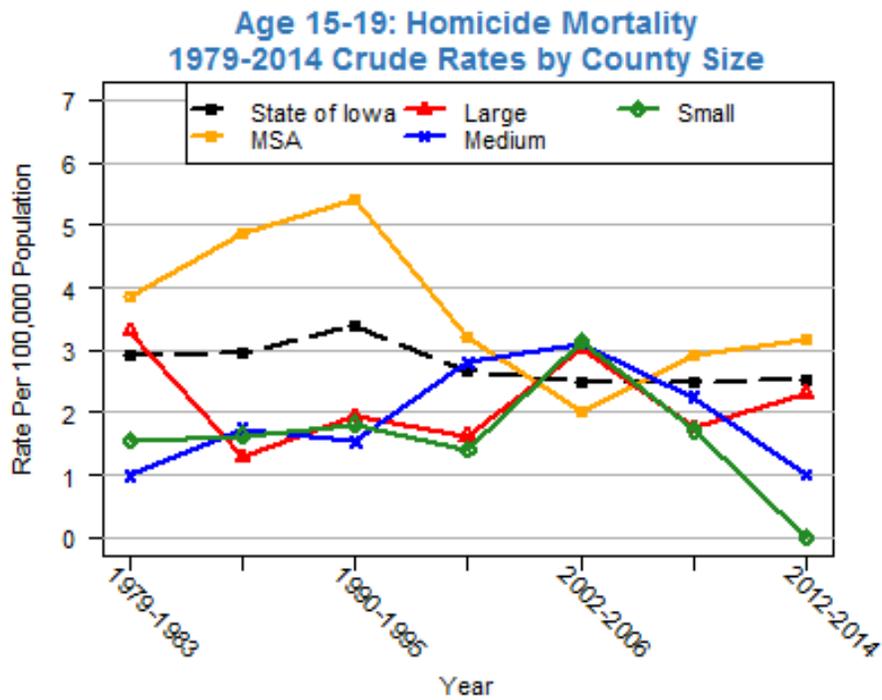
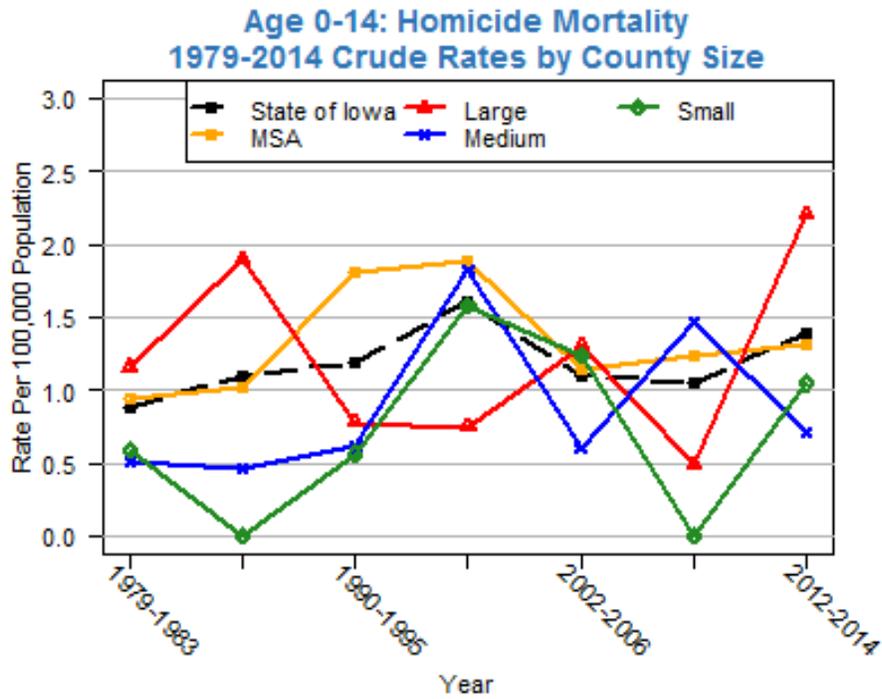
	Age-Adjusted Rate per 100,000	
	2009-2013	2004-2008
STATE COMPARISON		
US	5.3	6.1
Iowa	1.9 (5)	2.2 (4)
Best State	1.4	1.5
Worst State	15.1	25.7
GENDER		
Male	2.4	
Female	1.4	1.5
AGE^a		
< 1	5.7	5.0
1-4	1.9	1.7
5-14	^	^
15-24	2.5	3.3
25-44	2.9	3.2
45-54	2.2	2.0
55-64	1.1	1.3
65-74	1.0	^
75+	^	^
RACE/ETHNICITY		
White	1.6	1.8
Black	9.5	12.4
American Indian	^	^
Asian or Pacific Islander	^	^
Hispanic	1.4	5.0
COUNTY POPULATION		
Small, <10K	1.6	1.4
Medium, 10-20K	2.2	1.2
Large, > 20K	1.9	1.8
MSA	2.0	2.8

^a Crude Rate

Youth Homicide Mortality

- County specific counts are all too low to show.
- Due to the relatively small number of youth homicides, the rates appear very sporadic.

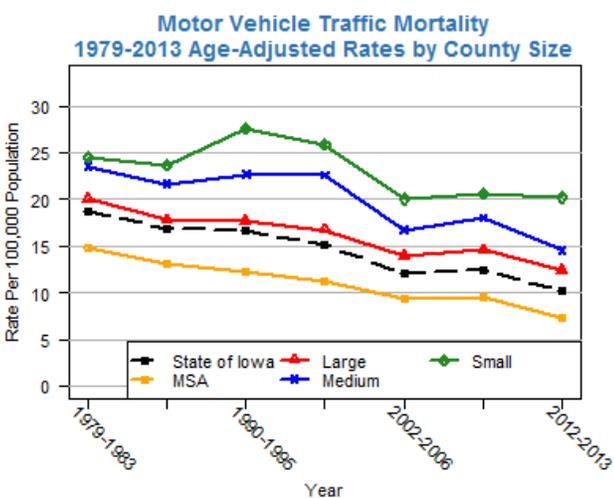
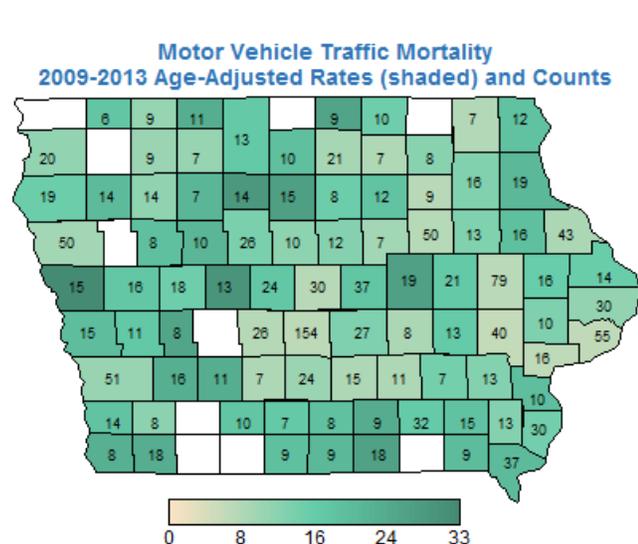
University of Iowa College of Public Health, Injury Prevention Research Center



Motor Vehicle Mortality

- Motor vehicle deaths account for 89% of all transportation deaths in Iowa during 2008-2012.
- The highest rates of motor vehicle mortality occur in the smallest Iowa counties.
- Males have a markedly higher mortality rate than females.

Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2013 on CDC WONDER Online Database, released October 2014.



Age-Adjusted Rate per 100,000
2009-2013 2004-2008

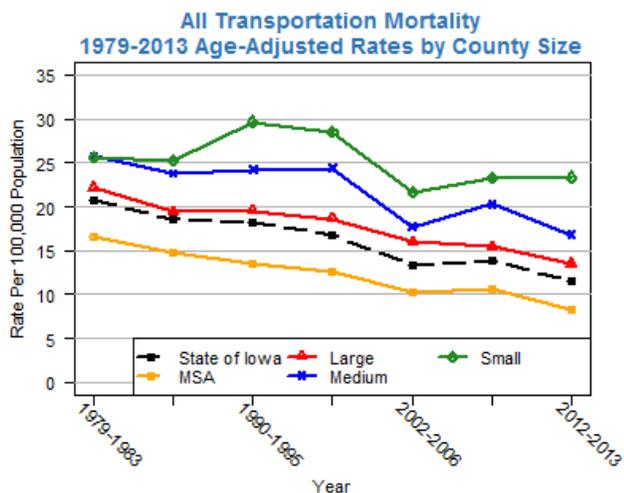
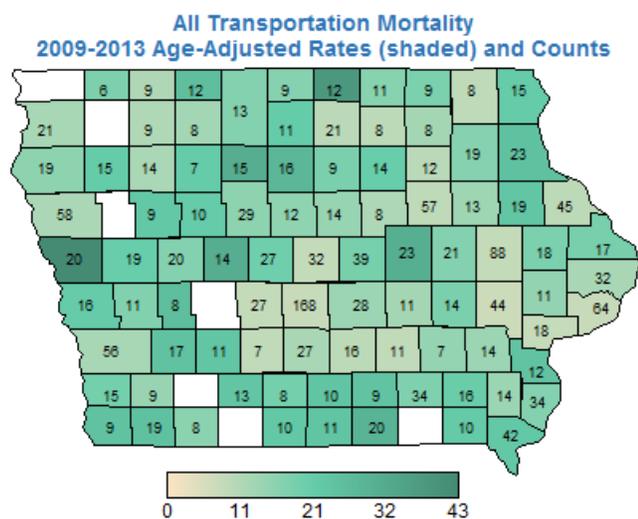
STATE COMPARISON	2009-2013	2004-2008
US	10.8	14.0
Iowa	11.4 (26)	13.7 (24)
Best State	5.3	6.6
Worst State	22.7	29.9
GENDER		
Male	16.2	18.8
Female	6.7	9.0
AGE ^a		
1-4	2.1	2.3
5-9	1.9	2.9
10-14	2.9	4.3
15-19	14.0	21.9
20-24	17.2	22.6
25-34	13.6	13.8
35-44	13.1	14.5
45-54	12.2	15.2
55-64	11.9	13.2
65-74	12.4	14.2
75-84	21.3	26.0
85+	18.9	28.1
RACE/ETHNICITY		
White	11.6	13.9
Black	9.1	10.4
Asian	5.5	8.7
Hispanic	12.6	12.4
COUNTY POPULATION		
Small, <10K	20.2	21.6
Medium, 10-20K	16.5	18.2
Large, > 20K	13.2	15.3
MSA	8.1	10.5

^a Crude rate.

All Transportation Mortality

- Similar to Motor Vehicle Mortality, the highest rates of motor vehicle mortality occur in the smallest Iowa counties.
- Males have a markedly higher mortality rate than females.

Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2013 on CDC WONDER Online Database, released October 2014.



Age-Adjusted Rate per 100,000
2009-2013 2004-2008

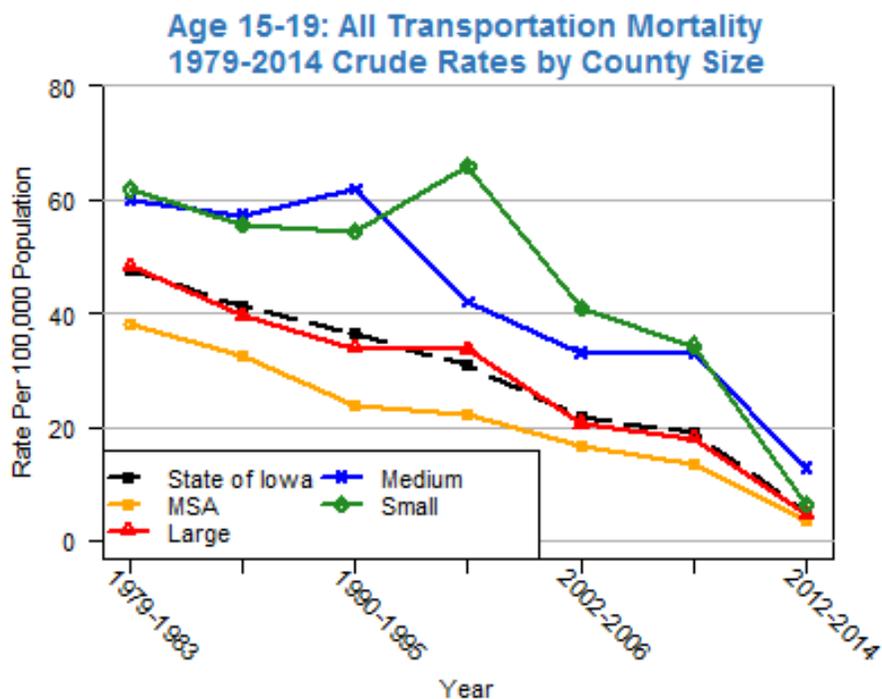
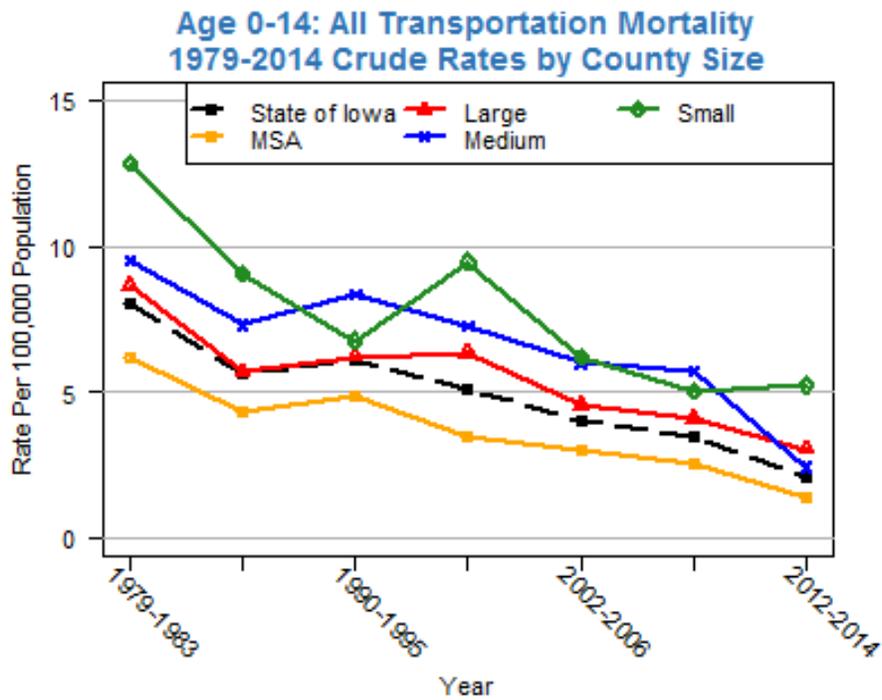
STATE COMPARISON	2009-2013	2004-2008
US	11.9	15.3
Iowa	12.9 (26)	15.2 (23)
Best State	5.9	7.4
Worst State	24.6	32.3
GENDER		
Male	18.1	21.3
Female	7.2	9.5
AGE ^a		
1-4	2.7	4.0
5-9	2.2	3.7
10-14	3.4	4.8
15-19	14.9	22.6
20-24	18.7	24.4
25-34	14.3	15.4
35-44	13.9	15.8
45-54	14.0	16.9
55-64	13.1	15.0
65-74	14.2	16.8
75-84	24.8	28.3
85+	21.8	30.6
RACE/ETHNICITY		
White	12.8	15.4
Black	10.1	11.6
Asian	5.5	9.2
Hispanic	13.7	14.1
COUNTY POPULATION		
Small, <10K	23.2	24.0
Medium, 10-20K	14.1	20.2
Large, > 20K	18.5	17.1
MSA	9.0	11.9

^a Crude rate.

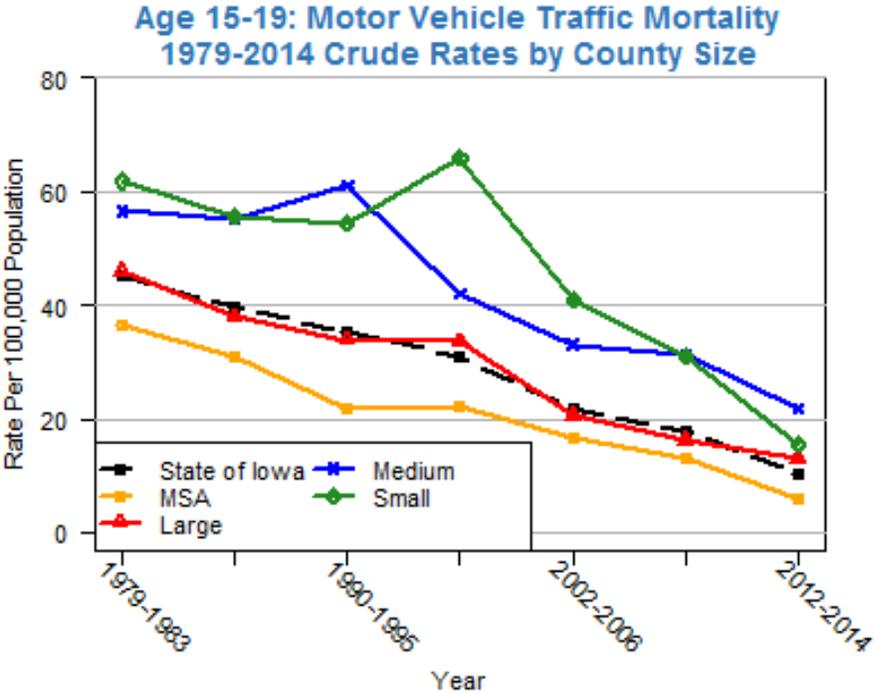
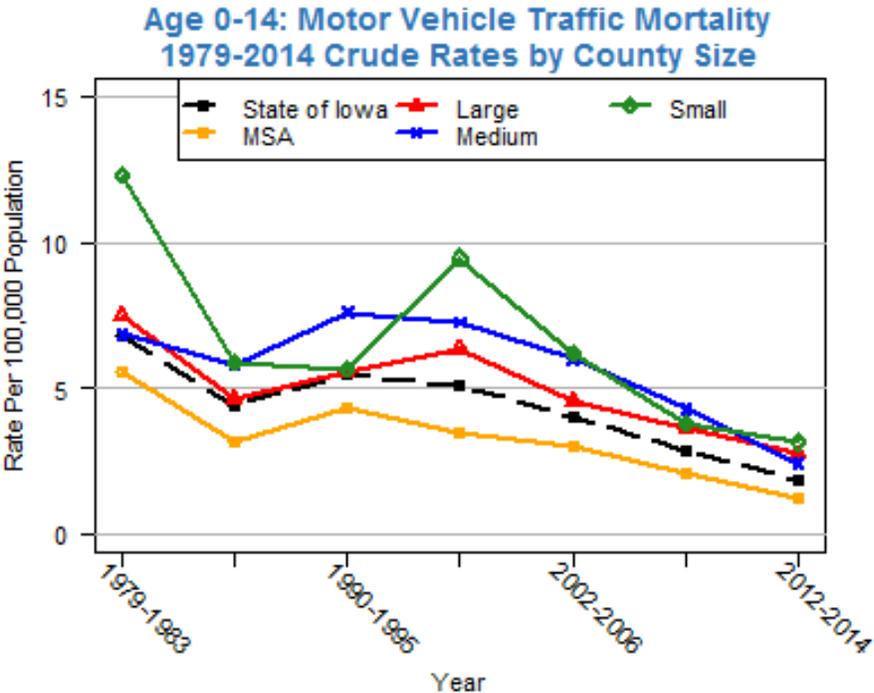
Youth All Transportation Mortality

- County specific counts are all too low to show.
- Transportation mortality has decreased sharply over time.

University of Iowa College of Public Health, Injury Prevention Research Center



Youth Motor Vehicle Traffic Mortality



Fatal Occupational Injuries

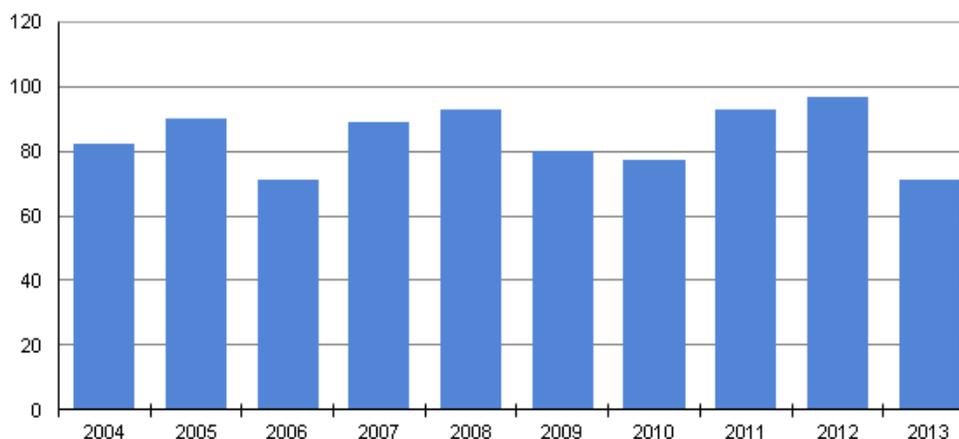
- Transportation accidents have the highest number of fatal occupational injuries.

U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries (CFOI).

Number of Deaths

	2013	2010
US	4,585	4,690
Iowa	72	77
Gender		
Male	71	72
Female	1	5
Age		
Under 16 years		
16 to 17 years	1	
18 to 19 years		
20 to 24 years		4
25 to 34 years	10	11
35 to 44 years	11	6
45 to 54 years	20	14
55 to 64 years	16	20
65 years and over	12	19
Race/Ethnicity		
White	71	71
Black	1	0
Hispanic	0	5
Event		
Transportation Incident	29	45
Fires and Explosions	1	0
Falls, Slips Trips	13	7
Exposure to Harmful Substance or Environment	8	4
Contact with Objects and Equipment	16	15

Chart 1. Total fatal occupational injuries, Iowa, 2004—2013

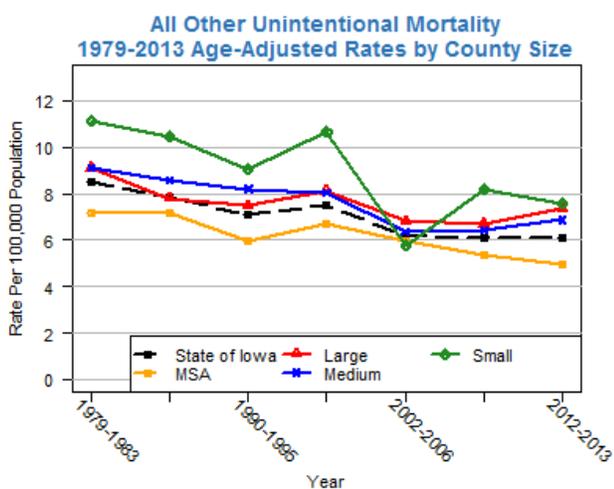
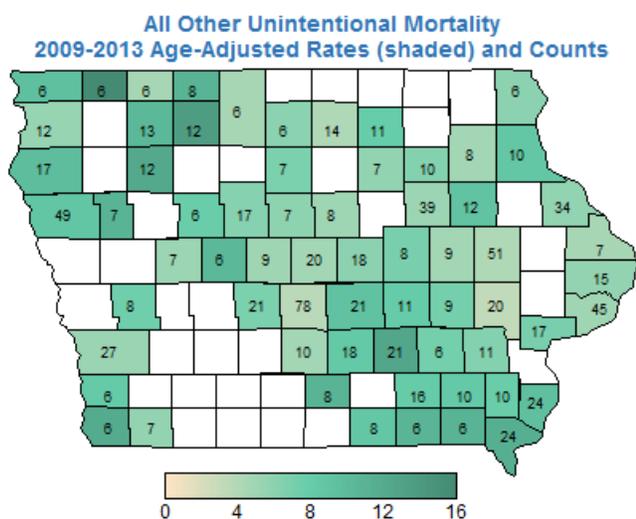


NOTE: Data for 2013 are preliminary.
SOURCE: U.S. Bureau of Labor Statistics.

All Other Unintentional Mortalities

- These represent mortality due to mortality that isn't already specifically referenced in this document.
- The highest rates occur among males and the elderly.

Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2013 on CDC WONDER Online Database, released October 2014.



**Age-Adjusted Rate per 100,000
2009-2013 2004-2008**

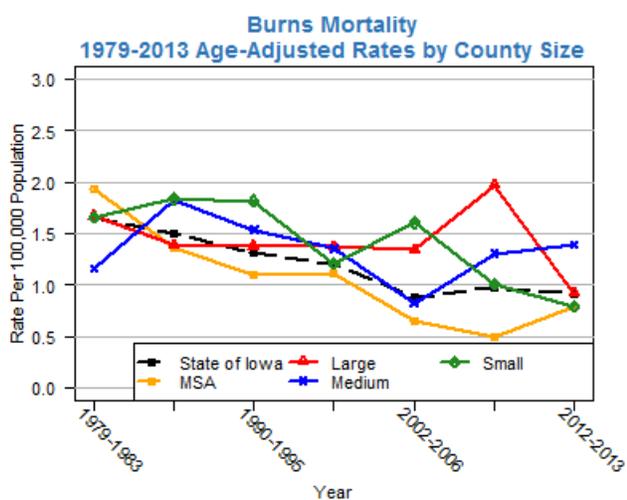
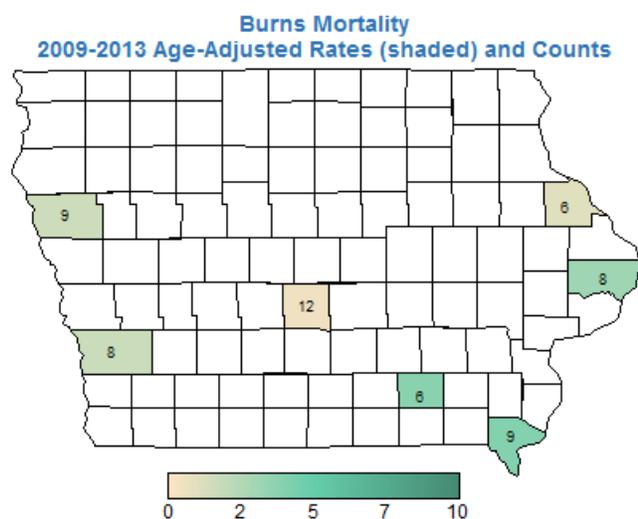
STATE COMPARISON	2009-2013	2004-2008
US	5.3	5.9
Iowa	5.7 (21)	6.1 (21)
Best State	2.8	3.3
Worst State	12.1	11.7
GENDER		
Male	8.0	8.8
Female	3.7	3.6
AGE ^a		
<1	17.0	16.6
1-4	^	2.7
5-19	^	^
20-24	^	2.3
25-34	1.9	2.2
35-44	2.9	3.5
45-54	4.9	6.3
55-64	6.5	7.2
65-74	10.7	9.9
75-84	24.2	23.5
85+	94.6	85.0
RACE/ETHNICITY		
White	5.7	6.1
Black	4.4	6.3
Hispanic	^	^
COUNTY POPULATION		
Small, <10K	8.2	6.5
Medium, 10-20K	5.7	7.5
Large, > 20K	7.3	6.3
MSA	4.8	6.1

^a Crude rate.

Burn Mortality

- We have seen a decline in mortality rates due to burns over the last three decades.
- Males tend to die from burns at a higher rate than females.

Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2013 on CDC WONDER Online Database, released October 2014.



Age-Adjusted Rate per 100,000
2009-2013 2004-2008

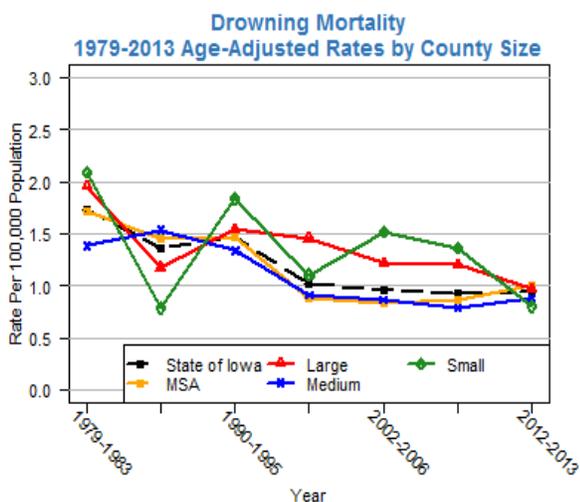
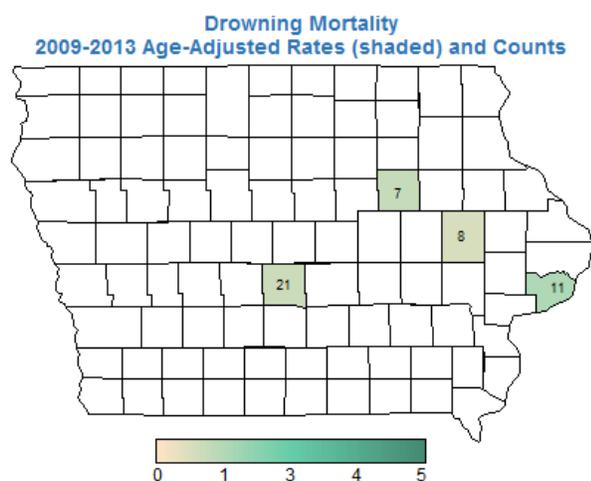
STATE COMPARISON	2009-2013	2004-2008
US	0.9	1.1
Iowa	1.0 (30)	1.0 (22)
Best State	0.3	0.3
Worst State	2.6	2.8
GENDER		
Male	1.3	1.2
Female	0.7	0.8
AGE ^a		
1-4	^	1.8
5-14	^	^
15-24	^	^
25-34	^	^
35-44	0.6	0.8
45-54	1.1	0.9
55-64	1.4	1.4
65-74	1.6	1.6
75-84	3.5	3.6
85+	4.5	4.5
RACE/ETHNICITY		
White	1.0	1.0
Black	^	^
Hispanic	^	^
COUNTY POPULATION		
Small, <10K	1.1	0.7
Medium, 10-20K	1.3	1.1
Large, > 20K	1.4	1.6
MSA	0.6	0.6

^a Crude rate.

Drowning

- The smallest counties show a highly variable age-adjusted mortality rate over time. This instability is due to the small number of events.
- The statewide rates have been approximately 1.0 per 100,000 people for the last 15 years.

Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2013 on CDC WONDER Online Database, released October 2014.



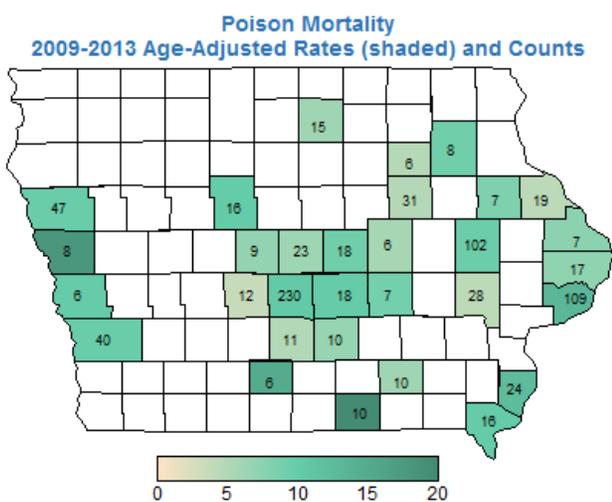
	Age-Adjusted Rate per 100,000	
	2009-2013	2004-2008
STATE COMPARISON		
US	1.1	1.2
Iowa	1.0 (19)	0.9 (16)
Best State	0.6	0.6
Worst State	3.4	4.0
GENDER		
Male	1.7	1.4
Female	0.4	0.5
AGE^a		
1-4	1.5	1.7
5-9	1.0	^
10-14	^	^
15-19	1.2	1.3
20-24	1.1	1.5
25-34	1.4	0.9
35-44	0.8	1.0
45-54	0.7	1.0
55-64	0.9	0.6
65-74	1.4	1.2
75-84	^	^
85+	^	^
RACE/ETHNICITY		
White	1.0	0.9
Black	^	2.2
Hispanic	1.3	^
COUNTY POPULATION		
Small, <10K	1.0	1.8
Medium, 10-20K	0.7	1.0
Large, > 20K	1.2	1.1
MSA	0.9	1.0

^a Crude rate.

Poisoning Mortality

- The death rate due to unintentional poisoning continues to rise nationally and in Iowa.
- MSA counties show the largest mortality rate.

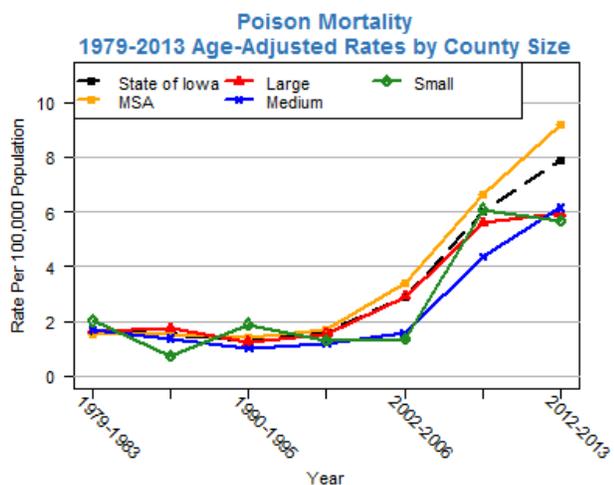
Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2013 on CDC WONDER Online Database, released October 2014.



Age-Adjusted Rate per 100,000
2009-2013 2004-2008

STATE COMPARISON	2009-2013	2004-2008
US	11.3	8.9
Iowa	7.2 (5)	4.1 (5)
Best State	3.0	1.0
Worst State	26.4	19.2
GENDER		
Male	8.8	5.4
Female	5.6	2.9
AGE ^a		
15-19	1.9	1.3
20-24	7.0	3.9
25-34	11.0	6.6
35-44	14.0	7.6
45-54	13.9	7.5
55-64	7.0	3.5
65-74	2.7	2.1
75-84	1.3	2.6
85+	2.6	3.7
RACE/ETHNICITY		
White	7.2	4.2
Black	12.7	6.3
Hispanic	3.5	2.7
COUNTY		
Small, <10K	7.0	2.3
Medium, 10-20K	4.9	3.1
Large, > 20K	6.6	3.4
MSA	7.9	4.8

^a Crude rate.



MENTAL HEALTH AND MENTAL PREPAREDNESS

The Substance Abuse and Mental Health Services Administration (SAMHSA) produced a 2014 report called the Behavioral Health Barometer for the state of Iowa in 2014. They state that mental disorders involve changes in thinking, mood, and/or behavior. Anxiety disorders are the most common type of mental disorders, followed by depressive disorders. Their state estimates are small area estimates from the National Survey of Drug Use and Health (NSDUH). Details can be found at their website <http://www.samhsa.gov/>. According to that report, in 2013 there were 43,191 children and adolescents served in Iowa's public mental health system. The percentage who reported improved functioning from treatment received through the public mental health system was lower in Iowa (44.5%) than in the nation as a whole (70.0%).

IN IOWA, PER YEAR IN 2009-2013

- ✓ 8.3% of adolescents had at least one Major Depressive Episode (MDE) within the year surveyed.
- ✓ 48.8% of adolescents with MDE received treatment for their depression within the year surveyed.
- ✓ 4.2% of adults had serious thoughts of suicide within the year prior to being surveyed.
- ✓ 4.7% of adults had Serious Mental Illness within the year.
- ✓ 49.3% of adults with Any Mental Illness received mental health treatment or counseling which is higher than the national average.

The information presented on health care facilities (pages 57-77) comes from the Health Facilities Division of the Iowa Department of Inspections and Appeals (DIA). The Department is responsible for inspecting all Chapter 135C licensed health care facilities in Iowa. Under state law, DIA is responsible for inspecting and licensing or certifying Hospitals (135B), Psychiatric Medical Institutions for Children (135H), Hospice Programs (135J), Elder Group Homes (231B), Assisted Living Programs (231C), and Adult Day Services (231D). The Department also conducts inspections of numerous Medicare and Medicaid-certified entities (skilled nursing facilities, home health agencies, hospitals, hospices, end-stage renal disease units, ambulatory surgical centers, etc.) under a contract with the federal Centers for Medicare & Medicaid Services (CMS), and investigates complaints of substandard care or services in these entities. Additional information about licensed or certified health care providers and suppliers may be accessed through the Health Facilities Division's web site https://dia-hfd.iowa.gov/DIA_HFD/Home.do. There are only two Intermediate Care Facilities for Persons with Mental Illness in Iowa (a 25-bed facility in Davis County and a 57-bed facility in Lee County), so statewide data for this type of entity are not presented.

Mental and Emotional Well Being

- Female students have a higher percentage that reported a parent Always knows where I am and who I am with.
- The percentages are similar by race.

		2014				2012			
		<i>Always</i>	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>	<i>Always</i>	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
<i>A parent/guardian knows where I am and who I am with, especially in the evening and on weekends.</i>	<i>Iowa</i>	62.3	22.4	10.1	5.3	59.5	23.9	11.7	4.9
	GENDER								
	<i>Male</i>	55.9	26.4	11.1	6.6	52.9	27.7	13.0	6.4
	<i>Female</i>	68.8	18.3	9.1	3.9	66.2	20.0	10.3	3.5
	GRADE								
	<i>6th</i>	73.5	15.8	5.4	5.3	72.0	16.2	6.6	5.2
	<i>8th</i>	64.9	21.0	8.7	5.4	61.2	23.6	10.4	4.8
	<i>11th</i>	47.9	30.7	16.3	5.1	44.8	32.1	18.2	4.9
	RACE								
	<i>White</i>	63.1	22.7	9.4	4.8	60.0	24.5	11.0	4.5
	<i>Black</i>	57.2	17.8	14.1	11.0	56.6	18.8	15.0	9.6
	<i>American Indian</i>	58.6	19.2	13.8	8.5	56.9	19.6	15.4	8.1
	<i>Asian or Pacific Islander</i>	59.9	23.1	10.7	6.2	58.1	22.4	13.8	5.7
	<i>Hispanic</i>	61.0	20.1	12.9	5.9	56.2	21.4	15.9	6.4
<i>Other</i>	58.2	22.9	12.4	6.5	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse
<http://www.iowayouthsurvey.iowa.gov/>

Mental and Emotional Well Being

- White, black, and American Indian youth score markedly higher on this question than Asian, Hispanic, or Other.

		2014				2012			
		<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>Adults in my neighborhood or community help me when I need help.</i>	<i>Iowa</i>	37.8	36.4	17.3	8.5	37.2	37.4	17.1	8.3
	<i>GENDER</i>								
	<i>Male</i>	39.6	36.2	16.3	7.9	38.7	36.9	16.6	7.8
	<i>Female</i>	35.8	36.6	18.4	9.1	35.5	37.9	17.7	8.9
	<i>GRADE</i>								
	<i>6th</i>	51.1	31.5	11.7	5.7	51.6	32.0	11.4	5.1
	<i>8th</i>	38.2	35.1	17.6	9.0	37.0	36.2	17.5	9.3
	<i>11th</i>	24.0	42.5	22.7	10.8	22.7	44.2	22.5	10.6
	<i>RACE</i>								
	<i>White</i>	38.8	37.1	16.5	7.7	38.0	38.1	16.4	7.5
	<i>Black</i>	39.0	30.7	18.8	11.4	37.4	30.2	19.2	13.3
	<i>American Indian</i>	40.6	29.8	18.9	10.6	38.0	30.3	18.6	13.0
	<i>Asian or Pacific Islander</i>	30.7	40.4	18.5	10.4	29.3	38.9	20.3	11.6
	<i>Hispanic</i>	30.2	34.1	23.1	12.7	29.3	34.3	23.1	13.3
<i>Other</i>	33.3	32.2	21.5	12.9	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Mental and Emotional Well Being

- Female youth are much more likely to be accepting of “those different than myself” than males are.
- There is almost no difference between the races in answering this question.

		2014				2012			
		<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>I am accepting of those different than myself.</i>	<i>Iowa</i>	53.4	42.2	3.3	1.1	57.8	36.6	3.9	1.7
	GENDER								
	<i>Male</i>	47.3	46.7	4.4	1.5	51.4	41.0	5.2	2.4
	<i>Female</i>	59.6	37.5	2.2	0.7	64.4	32.1	2.6	0.9
	GRADE								
	<i>6th</i>	58.4	37.1	3.4	1.1	58.1	35.2	4.7	1.9
	<i>8th</i>	53.8	42.3	2.9	1.0	60.0	35.4	3.3	1.3
	<i>11th</i>	47.7	47.4	3.7	1.2	55.1	39.4	3.6	1.8
	RACE								
	<i>White</i>	53.2	42.8	3.1	0.9	57.6	37.2	3.8	1.4
	<i>Black</i>	52.3	38.7	5.4	3.6	60.2	30.7	4.9	4.2
	<i>American Indian</i>	54.2	38.9	4.1	2.8	53.7	38.0	4.2	4.0
	<i>Asian or Pacific Islander</i>	54.8	39.7	3.6	1.9	60.6	34.3	3.3	1.8
	<i>Hispanic</i>	52.3	42.3	4.1	1.2	57.5	35.7	4.6	2.2
<i>Other</i>	56.6	38.2	3.7	1.6	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Mental and Emotional Well Being

- There is very little difference by gender or race on the question of getting help and support within the home.

		2014				2012			
		<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>I can get help and support when I need it from someone in my home.</i>	<i>Iowa</i>	63.9	27.0	5.8	3.3	62.7	28.3	5.7	3.3
	<i>GENDER</i>								
	<i>Male</i>	65.0	27.3	4.7	3.0	63.6	28.8	4.6	3.0
	<i>Female</i>	62.8	26.7	6.9	3.5	61.8	27.8	6.8	3.6
	<i>GRADE</i>								
	<i>6th</i>	76.7	18.3	3.0	2.1	75.6	19.4	3.0	2.0
	<i>8th</i>	63.6	26.7	6.2	3.5	62.0	28.3	6.1	3.6
	<i>11th</i>	51.0	36.4	8.3	4.3	49.8	37.7	8.2	4.3
	<i>RACE</i>								
	<i>White</i>	64.8	26.7	5.6	2.9	63.2	28.3	5.5	3.0
	<i>Black</i>	64.2	25.4	6.2	4.2	63.4	25.4	6.2	5.0
	<i>American Indian</i>	60.6	26.9	6.6	6.0	58.6	26.4	8.3	6.8
	<i>Asian or Pacific Islander</i>	56.8	32.0	6.5	4.7	55.2	32.4	7.1	5.4
	<i>Hispanic</i>	59.6	28.9	7.1	4.4	58.6	30.1	7.3	4.0
<i>Other</i>	59.0	28.3	7.4	5.3	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse
<http://www.iowayouthsurvey.iowa.gov/>

Mental and Emotional Well Being

- Female youth appear more likely to say no when someone wants to do things that are known to be wrong or dangerous than males are.
- Asian or Pacific Islander youth were the most likely to Strongly Agree with this question.

		2014				2012			
		<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>I can say "no" when someone wants me to do things I know are wrong or dangerous.</i>	<i>Iowa</i>	67.4	26.9	3.8	1.9	66.3	27.7	3.9	2.1
	GENDER								
	<i>Male</i>	64.7	29.2	4.0	2.1	64.1	29.4	4.1	2.4
	<i>Female</i>	70.3	24.5	3.5	1.6	68.5	26.0	3.8	1.7
	GRADE								
	<i>6th</i>	76.6	18.2	2.9	2.3	76.2	18.7	2.8	2.3
	<i>8th</i>	67.3	27.2	3.7	1.8	65.5	28.4	4.2	2.0
	<i>11th</i>	57.9	35.8	4.8	1.5	56.4	36.8	4.9	1.9
	RACE								
	<i>White</i>	67.8	27.0	3.6	1.6	66.6	27.9	3.8	1.7
	<i>Black</i>	68.2	22.4	4.9	4.5	68.0	22.8	4.5	4.7
	<i>American Indian</i>	66.5	25.9	4.1	3.5	62.9	26.3	5.4	5.5
	<i>Asian or Pacific Islander</i>	70.1	24.3	3.2	2.5	65.0	28.9	3.4	2.6
	<i>Hispanic</i>	63.4	29.1	4.7	2.7	61.9	29.8	4.8	3.5
<i>Other</i>	65.2	27.4	4.8	2.5	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Mental and Emotional Well Being

- Just over 90% of youth Agree or Strongly Agree that they have a happy home.

		2014				2012			
		<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>I have a happy home.</i>	<i>Iowa</i>	58.5	32.2	6.9	2.3	56.4	33.7	7.4	2.5
	<i>GENDER</i>								
	<i>Male</i>	60.4	31.8	5.7	2.1	58.1	33.4	6.2	2.3
	<i>Female</i>	56.6	32.6	8.2	2.6	54.7	34.0	8.7	2.7
	<i>GRADE</i>								
	<i>6th</i>	69.0	25.0	4.5	1.5	67.5	26.1	4.9	1.5
	<i>8th</i>	58.4	31.8	7.3	2.4	55.3	34.2	7.8	2.7
	<i>11th</i>	47.8	40.1	9.0	3.1	45.9	41.1	9.6	3.4
	<i>RACE</i>								
	<i>White</i>	59.4	31.8	6.7	2.1	56.9	33.5	7.3	2.3
	<i>Black</i>	60.4	29.3	7.2	3.1	56.6	32.1	7.4	3.9
	<i>American Indian</i>	53.0	33.5	8.9	4.5	49.3	34.5	10.6	5.5
	<i>Asian or Pacific Islander</i>	54.3	35.5	7.3	2.9	51.5	37.9	7.3	3.3
	<i>Hispanic</i>	55.7	34.9	7.0	2.3	52.6	36.4	7.9	3.0
<i>Other</i>	51.5	35.1	9.3	4.2	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Mental and Emotional Well Being

- Over 90% in every category marked yes that there are clear rules on what you can and cannot do.
- Black youth most often marked Strongly Agree that there are clear rules about what you can and cannot do.

		2014				2012			
		<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>In my home, there are clear rules about what I can and cannot do.</i>	<i>Iowa</i>	59.9	34.0	4.8	1.3	58.2	34.9	5.4	1.5
	GENDER								
	<i>Male</i>	60.2	33.6	4.7	1.5	58.3	34.8	5.3	1.7
	<i>Female</i>	59.6	34.3	4.9	1.1	58.1	35.0	5.5	1.3
	GRADE								
	<i>6th</i>	69.3	26.8	3.0	0.9	68.6	27.2	3.2	1.0
	<i>8th</i>	60.5	33.5	4.7	1.3	58.3	35.0	5.2	1.4
	<i>11th</i>	49.5	41.9	7.0	1.7	47.1	43.0	7.8	2.1
	RACE								
	<i>White</i>	59.7	34.4	4.7	1.1	58.2	35.2	5.3	1.3
	<i>Black</i>	68.0	24.6	5.0	2.4	63.0	28.8	5.4	2.9
	<i>American Indian</i>	59.5	32.8	5.4	2.3	57.5	31.9	7.8	2.8
	<i>Asian or Pacific Islander</i>	57.9	35.2	4.4	2.5	54.6	37.5	5.3	2.5
<i>Hispanic</i>	57.3	35.3	5.7	1.7	55.6	35.7	6.4	2.4	
<i>Other</i>	59.8	32.2	5.6	2.3	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

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Mental and Emotional Well Being

- A higher percentage of males think that students in the school treat each other with respect compared to females.
- A very small percentage of 11th graders Strongly Agree that students treat each other with respect.

		2014				2012			
		<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>Students in my school treat each other with respect.</i>	<i>Iowa</i>	27.8	43.0	22.2	7.0	24.4	43.0	24.4	8.3
	GENDER								
	<i>Male</i>	31.4	43.8	18.6	6.1	27.8	43.8	20.8	7.6
	<i>Female</i>	24.2	42.2	25.9	7.8	20.8	42.1	28.1	9.0
	GRADE								
	<i>6th</i>	40.7	41.4	14.2	3.7	36.6	42.3	16.6	4.5
	<i>8th</i>	26.8	42.7	22.7	7.8	22.4	41.6	26.1	9.9
	<i>11th</i>	15.6	45.0	30.0	9.3	13.7	45.2	30.7	10.4
	RACE								
	<i>White</i>	27.9	43.7	22.0	6.4	24.2	43.5	24.3	7.9
	<i>Black</i>	30.6	36.3	22.1	11.0	26.3	35.6	25.3	12.8
	<i>American Indian</i>	29.1	39.2	22.5	9.3	26.0	38.3	23.7	12.0
	<i>Asian or Pacific Islander</i>	29.3	45.6	18.8	6.2	24.7	45.0	23.2	7.1
	<i>Hispanic</i>	27.2	42.8	22.6	7.5	23.9	42.1	25.3	8.7
<i>Other</i>	24.5	38.0	26.6	10.8	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Mental and Emotional Well Being

- About 90% of youth Agree or Strongly Agree that there is an adult at school available for help.

		2014				2012			
		<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>There is at least one adult at school that I could go to for help with a problem.</i>	<i>Iowa</i>	57.3	32.6	6.5	3.6	57.0	32.3	6.8	3.9
	<i>GENDER</i>								
	<i>Male</i>	56.6	33.7	5.9	3.7	55.9	33.8	6.2	4.1
	<i>Female</i>	57.9	31.4	7.1	3.5	58.2	30.9	7.4	3.5
	<i>GRADE</i>								
	<i>6th</i>	72.0	22.1	3.6	2.2	71.6	22.0	3.9	2.5
	<i>8th</i>	56.3	32.6	7.1	4.0	54.8	32.7	7.8	4.7
	<i>11th</i>	43.0	43.4	8.9	4.7	44.2	42.8	8.8	4.3
	<i>RACE</i>								
	<i>White</i>	58.1	32.5	6.2	3.2	57.8	32.2	6.6	3.5
	<i>Black</i>	55.3	31.3	6.7	6.7	56.4	30.0	6.3	7.3
	<i>American Indian</i>	56.9	31.5	6.1	5.5	53.5	32.2	8.4	5.8
	<i>Asian or Pacific Islander</i>	54.7	33.8	7.2	4.3	52.5	34.6	7.8	5.1
	<i>Hispanic</i>	52.6	34.6	8.3	4.5	50.0	35.8	8.7	5.5
<i>Other</i>	53.0	32.9	7.9	6.2	NA	NA	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse
<http://www.iowayouthsurvey.iowa.gov/>

Mental Illnesses

- Iowa's ranking compared to other states dropped from 10th in 2011 to 25th in 2014.
- 10% more females have experienced depression than males.

<i>Ever told by a doctor, nurse, or other health professional they have a form of depression.</i>	<i>STATE COMPARISON</i>	<i>2014</i>	<i>2011</i>
		<i>US</i>	<i>17.8</i>
	<i>Iowa</i>	<i>18.7 (25)</i>	<i>15.2 (10)</i>
	<i>Best State</i>	<i>10.7</i>	<i>10.6</i>
	<i>Worst State</i>	<i>24.0</i>	<i>24.4</i>
	<i>GENDER</i>		
	<i>Male</i>	<i>13.3</i>	<i>9.9</i>
	<i>Female</i>	<i>23.9</i>	<i>20.2</i>
	<i>AGE</i>		
	<i>18-24</i>	<i>18.6</i>	<i>15.6</i>
	<i>25-34</i>	<i>20.0</i>	<i>19.6</i>
	<i>35-44</i>	<i>20.5</i>	<i>15.9</i>
	<i>45-54</i>	<i>21.3</i>	<i>14.7</i>
	<i>55-64</i>	<i>20.0</i>	<i>16.5</i>
	<i>65+</i>	<i>13.7</i>	<i>10.3</i>
	<i>RACE/ETHNICITY</i>		
	<i>White</i>	<i>18.8</i>	<i>15.2</i>
	<i>Black</i>	<i>20.4</i>	<i>12.8</i>
	<i>Hispanic</i>	<i>15.1</i>	<i>16.2</i>
	<i>INCOME LEVEL</i>		
	<i><\$15,000</i>	<i>37.9</i>	<i>29.7</i>
	<i>\$15 – 24,999</i>	<i>27.7</i>	<i>18.7</i>
	<i>\$25 – 34,999</i>	<i>19.4</i>	<i>18.5</i>
	<i>\$35 – 49,999</i>	<i>16.4</i>	<i>17.3</i>
	<i>\$50,000 +</i>	<i>13.0</i>	<i>9.9</i>
	<i>EDUCATION</i>		
	<i>< High School</i>	<i>27.8</i>	<i>19.2</i>
	<i>High School</i>	<i>17.8</i>	<i>14.3</i>
	<i>Some post-H.S.</i>	<i>19.1</i>	<i>16.6</i>
	<i>College Grad</i>	<i>15.9</i>	<i>12.5</i>

Centers for Disease Control, Behavioral Risk Factor Surveillance System.

Mental Illnesses

- Twice as many female students as males reported stopping doing usual activities due to sadness or hopelessness.
- American Indian, Hispanic, and Other youth were the most likely to mark yes.

		<i>2014</i>		<i>2012</i>	
		<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?</i>	<i>Iowa</i>	17.1	82.9	15.9	84.1
	<i>GENDER</i>				
	<i>Male</i>	11.7	88.3	11.5	88.5
	<i>Female</i>	22.7	77.3	20.5	79.5
	<i>GRADE</i>				
	<i>6th</i>	12.2	87.8	12.4	87.6
	<i>8th</i>	16.7	83.3	15.3	84.7
	<i>11th</i>	22.8	77.2	20.3	79.7
	<i>RACE</i>				
	<i>White</i>	16.0	84.0	15.1	84.9
	<i>Black</i>	19.3	80.7	19.8	80.2
	<i>American Indian</i>	26.2	73.8	24.0	76.0
	<i>Asian or Pacific Islander</i>	17.6	82.4	16.9	83.1
	<i>Hispanic</i>	21.5	78.5	20.4	79.6
<i>Other</i>	24.0	76.0	NA	NA	

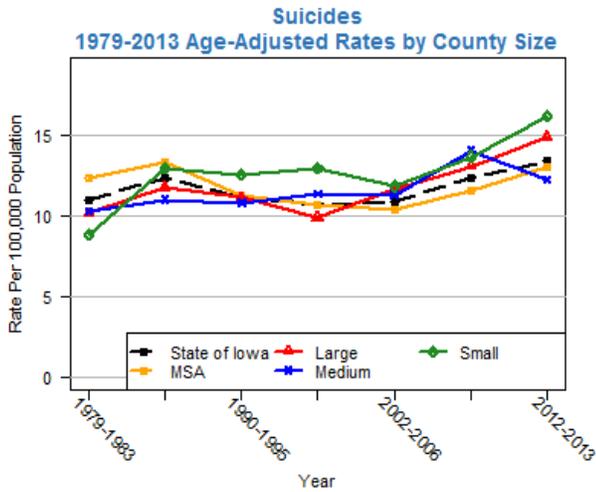
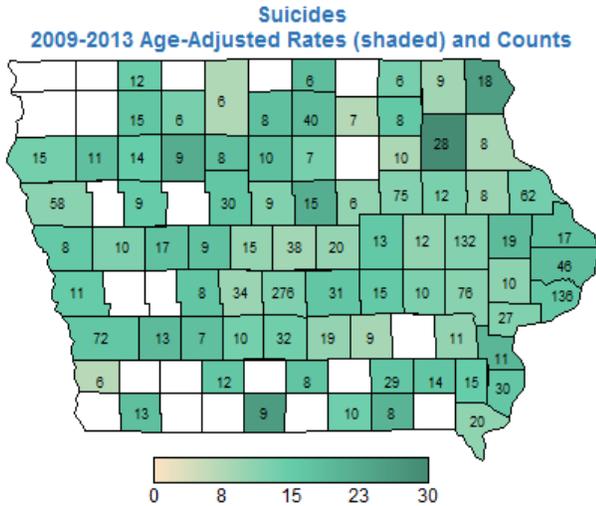
Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Suicide

- Iowa suicide rates have risen over the past 2 decades.
- The rates are highest among males and whites.

Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2013 on CDC WONDER Online Database, released October 2014.



	Age-Adjusted Rate per 100,000	
	2009-2013	2004-2008
STATE COMPARISON		
US	12.3	11.2
Iowa	13.0 (20)	11.5 (18)
Best State	7.4	6.6
Worst State	23.5	22.0
GENDER		
Male	21.3	18.8
Female	5.0	4.5
AGE^a		
10-14	2.0	^
15-19	11.3	11.2
20-24	14.5	13.1
25-34	16.2	14.2
35-44	20.3	18.0
45-54	19.7	16.9
55-64	14.1	13.9
65-74	13.3	9.6
75-84	11.9	10.6
85+	16.6	13.9
RACE/ETHNICITY		
White	13.3	11.6
Black	6.1	7.9
Asian or Pacific Islander	8.3	4.6
Hispanic	5.7	4.7
COUNTY POPULATION		
Small, <10K	^	^
Medium, 10-20K	17.0	15.1
Large, > 20K	15.3	12.9
MSA	12.9	11.2

^a Crude rate.

Suicide

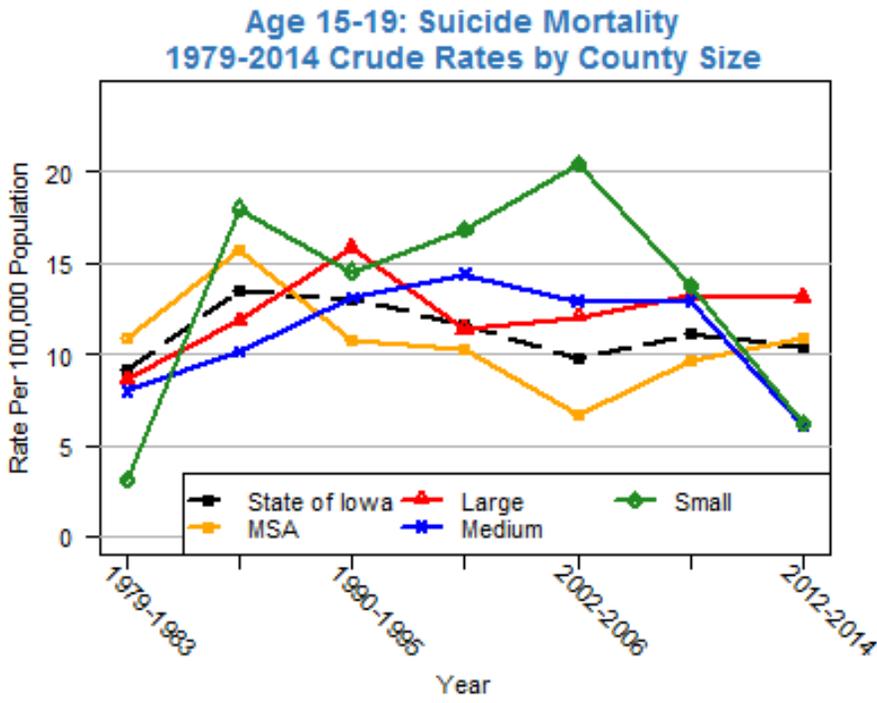
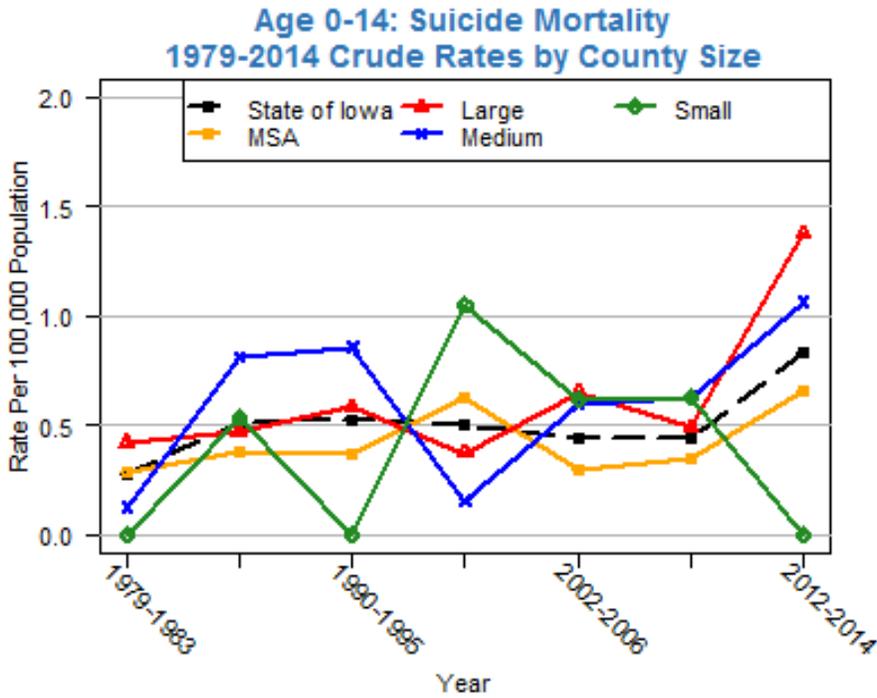
- The percentage of youth who reported they have tried to kill themselves is twice as high for females compared to males. On the previous page, suicide was higher for males than it was for females.
- American Indians have the highest reported attempted suicide rates compared to the other races.

		2014		2012	
		Yes	No	Yes	No
During the past 12 months, have you tried to kill yourself?	Iowa	3.7	96.3	2.8	97.2
	GENDER				
	Male	2.3	97.7	1.8	98.2
	Female	5.1	94.9	3.8	96.2
	GRADE				
	6th	2.2	97.8	1.4	98.6
	8th	4.6	95.4	3.6	96.4
	11th	4.3	95.7	3.4	96.6
	RACE				
	White	3.2	96.8	2.4	97.6
	Black	6.0	94.0	5.0	95.0
	American Indian	8.3	91.7	6.6	93.4
	Asian or Pacific Islander	4.0	96.0	3.4	96.6
	Hispanic	4.6	95.4	4.3	95.7
Other	6.9	93.1	NA	NA	

Iowa Department of Public Health, Bureau of Substance Abuse

<http://www.iowayouthsurvey.iowa.gov/>

Youth Suicide Mortality



PREPAREDNESS AND RESPONSE

The American College of Emergency Physicians puts out a state-by-state report card of the emergency care environment. In it, Iowa ranks 11th in the nation for its overall emergency care environment. They say that Iowa has a strong commitment to Public Health and Injury Prevention and is improving in Disaster Preparedness and Quality and Patient Safety Environment. The full report can be found at www.emreportcard.org, and a summary of the findings are in the table below.

Title	Report Card	
	2009	2014
Overall disaster preparedness grade	C+	C+
Per capita federal disaster preparedness funds	\$7.62	\$5.90
State budget line item health care surge	NR	No
ESF-8 plan is shared with all EMS and essential hospital personnel	Yes	Yes
Emergency physician input into the state planning process	Yes, Yes	Yes
Public health and emergency physician input during an ESF-8 response	NR	Yes
Drills, exercises conducted involving hospital personnel, equipment, or facilities per hospital	NR	4.3
Accredited by the Emergency Management Accreditation Program (EMAP)	No	Yes
Special needs patients included in medical response plan	Yes	Yes
Patients dependent on medication for chronic conditions in medical response plan	No	Yes
Medical response plan for supplying dialysis	No	No
Mental health patients included in medical response plan	NR	Yes
Medical response plan for supplying psychotropic medications	NR	No
Mutual aid agreements in place with behavioral health providers	NR	State Level
State requires long-term care and nursing home facilities to have a written disaster plan	NR	Yes
State able to report number of exercises involving long-term care facilities or nursing	Yes	Yes
Just-in-time training systems in place	Statewide	Statewide
Statewide medical communication system with one layer of redundancy	Yes	Yes

Statewide patient tracking system	Yes	Yes
Statewide real-time or near real-time syndromic surveillance system	Yes	Yes
Real-time surveillance system in place for common emergency department presentations	No	No
Bed surge capacity per 1 million people	649.9	1,742.6
ICU beds per 1 million people	291.3	272.6
Burn unit beds per 1 million people	5.4	5.2
Verified burn centers per 1 million people	0.3	0.3
Physicians registered in ESAR-VHP per 1 million people	0.0	10.1
Nurses registered in ESAR-VHP per 1 million people	0.0	113.2
Behavioral health professionals registered in ESAR-VHP per 1 million people	NR	4.9
Strike teams or medical assistance teams	Yes	Yes
Disaster training required for essential hospital/EMS personnel	Yes, Yes	NR
Percent of RNs that received emergency training	40.3	47.2

America's Emergency Care Environment – American College of Emergency Physicians

<http://www.emreportcard.org/iowa/>

NR = Not Reported

Definition of Terms	
ESF-8	Emergency Support Function 8 – Public Health and Medical Services Annex
EMS	Emergency Medical Services
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals

APPENDIX: DATA SOURCES

Public Health Information Websites

Data were gathered from a variety of sources, and information for each page in this document often comes from multiple sources. A citation is provided on each page, and below we list all relevant citations and public health information websites. All websites were accessed between September 1, 2015 and October 30, 2015. Additional information, including specific definitions for different causes of death and ICD codes, can be found within the Iowa Health Fact Book <http://www.public-health.uiowa.edu/factbook/>.

United States Census Bureau (<http://www.census.gov/>)

- United States Census Bureau; American Community Survey (<https://www.census.gov/programs-surveys/acs/>).
- United States Census Bureau, Small Area Income and Poverty Estimates (SAIPE) (<http://www.census.gov/did/www/saipe/>).

Centers for Disease Control and Prevention (<http://www.cdc.gov/>).

- National Center for Health Statistics (<http://www.cdc.gov/nchs/>)
- United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2013 on CDC WONDER Online Database, released October 2014 (<http://wonder.cdc.gov/>).
- United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2013, on CDC WONDER Online Database, January 2015. Accessed at <http://wonder.cdc.gov/natality-current.html>.
- United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention (NCHSTP), Division of STD/HIV Prevention, Sexually Transmitted Disease Morbidity 1984-2013, CDC WONDER Online Database. Accessed at <http://wonder.cdc.gov/std-v2013.html>.
- United States Department of Health and Human Services. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS) (<http://www.cdc.gov/brfss/>).
- Surveillance, Epidemiology, and End Results (SEER) Program SEER*Stat Database: Mortality - All COD, Aggregated With County, Total U.S. (1990-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties, National Cancer Institute released April 2015. Underlying mortality data provided by NCHS (www.cdc.gov/nchs).

Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Incidence - SEER 13 Regs Research Data, Nov 2014 Sub (1992-2012) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2013 Counties, National Cancer Institute, DCCPS, Surveillance Research Program, Surveillance Systems Branch, released April 2015, based on the November 2014 submission.

U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries (CFOI) (<http://www.bls.gov/iif/oshcfdef.htm>).

Agency for Healthcare Research and Quality (<http://www.ahrq.gov/>). State snapshots are found at <http://nhqrnet.ahrq.gov/inhqrdr/>.

United States Department of Health and Human Services (<http://www.hhs.gov/>).

Iowa Department of Public Health (<https://idph.iowa.gov/>). Data were retrieved from various centers, portals, and bureaus including the following.

- Public Health Web Tracking Portal (<https://pht.idph.state.ia.us/Pages/default.aspx>)
- Bureau of Planning Services (<https://idph.iowa.gov/planning-services>)
- Bureau of Substance Abuse (<https://idph.iowa.gov/substance-abuse>)
- Bureau of Health Statistics (<https://idph.iowa.gov/health-statistics>)
- Bureau of HIV, STD, and Hepatitis (<https://idph.iowa.gov/hivstdhep>)
- Bureau of Emergency and Trauma Services (<https://idph.iowa.gov/BETS>)
- Bureau of Environmental Health Services (<https://idph.iowa.gov/ehs>)
- Center for Genetics and Infant Screening (<https://idph.iowa.gov/genetics>)
- Center for Acute Disease Epidemiology (<https://idph.iowa.gov/CADE>)
- Bureau of Substance Abuse (<https://idph.iowa.gov/substance-abuse>)
- Iowa Youth Survey (<http://www.iowayouthsurvey.iowa.gov/>).
- Bureau of Oral and Health Delivery Systems (<http://idph.iowa.gov/ohds>)
- Women, Infants, & Children Nutrition Program (<https://idph.iowa.gov/wic>)

Iowa Department of Inspections and Appeals (https://dia-hfd.iowa.gov/DIA_HFD/Home.do)

Iowa Department of Education (<https://www.educateiowa.gov/>)

Iowa Department of Health Services <http://dhs.iowa.gov/>

University of Iowa College of Public Health (<http://www.public-health.uiowa.edu/>)

- State Health Registry of Iowa (<http://cph.uiowa.edu/shri/>)
- Injury Prevention Research Center (<http://cph.uiowa.edu/iprc/>)
- Iowa Registry for Congenital and Inherited Disorders (<http://cph.uiowa.edu/ircid/>)

University of Iowa College of Medicine (<http://www.medicine.uiowa.edu/>)

- Office of Statewide Clinical Education Programs (<http://www.medicine.uiowa.edu/oscep/>)

Iowa Consortium for Substance Abuse Research and Evaluation (<http://iconsortium.subst-abuse.uiowa.edu/IConsort.html>)

United States Department of Agriculture, Economic Research Service (<http://www.ers.usda.gov/home.aspx>)