Iowa BRFSS Brief: 2020 Survey Findings

Iowa Behavioral Risk Factor Surveillance System (BRFSS) Program
Bureau of Public Health Performance
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Protecting and Improving the Health of Iowans

BRFSS

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The Iowa BRFSS data highlighted in this report are made possible by the cooperation of Iowa residents. The Iowa Department of Public Health is especially appreciative to the residents of Iowa who agreed to participate in the survey.

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Introduction

This brief presents estimates from the 2020 Iowa Behavioral Risk Factory Surveillance Survey, an annual state landline and cell phone survey of Iowa residents aged 18 and older. Iowa Behavioral Risk Factor Surveillance data contributes to the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) that is conducted within every state, the District of Columbia, and several U.S. territories[1]. The BRFSS is the largest continuously running telephone survey in the world. The Iowa BRFSS is an important tool for data-driven decision making in public health. The BRFSS measures adult health by reaching out directly to adult Iowans to learn more about health status indicators, risk behaviors, demographics, health care accessibility, clinical preventive practices, and chronic conditions.

Iowa BRFSS survey data is used to design, implement, and support public health activities with the goal of reducing chronic diseases and other leading causes of death for Iowans. The survey is conducted every year, which allows for health trends to be compared over time. This data is also used to monitor the progress made towards the state's Healthy Iowans: Health Improvement Plan[2] and the national Healthy People 2020 Objectives[3]. Looking ahead, Iowa BRFSS data will be used to measure statewide progress towards the Healthy People 2030 Objectives[4].

All of the results from the 2020 IA BRFSS presented within this brief have been weighted as described in the methods section and can be interpreted as prevalence estimates among the Iowa adult population. Due to the BRFSS methodology changes that took place in 2011, these estimates should only be compared to Iowa BRFSS estimates from 2011-2020 and not to Iowa BRFSS estimates from years prior to 2011.

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

One of the biggest strengths of the BRFSS is its ability to track changes in health over time. This brief focuses on the data collected during calendar year 2020. The authors of this brief would like to acknowledge that the COVID-19 pandemic had many unique impacts on health overall. The estimates found from the 2020 BRFSS may be unique to this particular year, but offer insights into how the health of adult Iowans was affected by the pandemic.

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

Methodology

Questionnaire Design

The CDC and all participating states update the BRFSS questionnaire each calendar year. The questionnaire consists of three components: 1) the core sections that are required of all states participating in the BRFSS; 2) a set of standardized modules developed by the CDC which states may opt to include in their survey; and 3) state-added questions which are designed and administered by individual states to address locally identified health problems. Sometimes, emerging core questions are added which focus on time-sensitive, topical questions (i.e., a nationwide outbreak). All core and optional module questions undergo a field-testing process conducted by the CDC. New or revised state-added questions are also pre-tested at the state level.

Participation by Iowans in the BRFSS survey is random, anonymous, voluntary and confidential. Survey participants are requested to provide demographic information such as age, sex, race, marital and employment status, annual household income, educational level and location of residence by county and ZIP code. Information that could possibly be used to identify the respondent, such as location, is suppressed in public use data.

Sampling Process

The BRFSS uses two sampling frames: one for landline telephones, and the other for cell phones. Content of the landline and cell phone surveys is the same. Respondents are randomly selected from household residents 18 years of age or older; only those living in households are surveyed, omitting residents of institutions, nursing homes, and group homes. The sample of landline telephone numbers was selected using a list-assisted, random-digit-dialed (RDD) methodology with a disproportionate stratification. This sampling methodology is designed to improve the probability that all households in Iowa with telephones have a chance of inclusion in the study. The sample of cell phone numbers were randomly selected from dedicated cellular telephone banks sorted on the basis of area code and exchange. The landline and cell phone samples are also stratified into six geographic regions. These are the same regions that are used by the public health resource and emergency planning groups within the state[5]. Geographic regions are represented at the same proportion as their population within the state. In 2020, a seventh stratum was drawn from census tracts throughout the state containing a relatively high percentage of African American or Hispanic residents in an effort to better represent minority groups in Iowa.

Interview Process

BRFSS interviews are conducted seven days a week during both daytime and evening hours. Approximately equal numbers of interviews per month are conducted from January through December of each survey year. Interviews are conducted in both English and Spanish. All interviewers go through extensive training following the CDC BRFSS protocol so that they are prepared to conduct interviews with participants. Like most states, the Iowa BRFSS uses a Computer Assisted Telephone Interviewing (CATI) system. When a CATI program is used, the questionnaire is displayed on a computer screen during each interview, and the interviewer enters the responses directly into a computer. The CATI system not only assists interviewers in presenting the questionnaire and recording the responses, it helps keep track of appointments and callback attempts, reports statistics of call outcomes, and minimizes data entry errors. Not all interviews are fully completed. A partial complete is classified as an interview that ended before it was complete; however sufficient data had been collected to use for most measures.

For 2020, the average interviewing time for all completed landline (full and partial) English and Spanish interviews was 26.6 minutes. The average time for completed English interviews was 26.6 minutes and the average time for completed Spanish interviews was 37.1 minutes. The average interviewing time for all completed cell phone (full and partial) English and Spanish interviews for 2020 was 24.6 minutes. The average time for completed English interviews 24.5 minutes and the average time for completed Spanish interviews was 32.0 minutes. The response rate, defined as completed interviews + partial completes divided by all eligible households called, was 52.4% for landline and 56.6% for cell phones.

Weighting of the Data

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

Analysis of the Data

All percentages presented in this report represent weighted data with the exception of the sample profile found on page 5. The tables in this brief present prevalence estimates (the proportion/percent of individuals reporting a specific characteristic) and an associated 95% confidence interval (95% CI). If the 95% CIs for two estimates from different subpopulations or survey years did not overlap, they were considered to have a statistically significant difference. Unless otherwise indicated, respondents who answered that they did not know or refused to answer were not included in the calculation of estimates. For comparison purposes, the median estimates from all 50 states and the District of Columbia were used as national estimates. Due to the BRFSS methodology changes that were implemented in 2011, the 2020 Iowa BRFSS estimates provided within this report should only be compared to estimates from 2011-2020 and not to estimates from years prior to 2011.

Demographics of the 2020 Iowa BRFSS Respondents

In 2020, 9,663 respondents including 4,633 males and 5,030 females aged 18 years or older completed the Iowa BRFSS survey interview. The following table presents the distribution of this respondent sample by:

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

Demographic Characteristics	Number of Respondents	Percentage (%)
Total	**9,663**	**100**
Age		
18-24	746	7.7
25-34	1,024	10.6
35-44	1,350	14.0
45-54	1,411	14.6
55-64	1,763	18.2
65-74	1,892	19.6
75+	1,306	13.5
Unknown[a]	171	1.8
Sex		
Female	5,030	52.1
Male	4,633	48.0
Race/Ethnicity		
Hispanic, all races	444	4.6
Black, Non-Hispanic	186	1.9
White, Non-Hispanic	8,597	89.0
Other, Non-Hispanic[b]	162	1.7
Multiracial, Non-Hispanic	96	1.0
Unknown[a]	178	1.8
Education Level		
Less Than H.S.	503	5.2
H.S. or G.E.D.	2,985	30.9
Some Post-H.S.	2,952	30.6
College Graduate	3,194	33.1
Unknown[a]	29	0.3
Annual Household Income		
Less than $15,000	498	5.8
$15,000 - $24,999	1,049	11.1
$25,000 - $34,999	719	7.6
$35,000 - $49,999	1,229	13.0
$50,000 - $74,999	1,460	15.4
$75,000+	3,051	32.2
Unknown[a]	1,657	17.2
Disability Status[c]		
Adults with disabilities	2,233	21.8
Adults with no disabilities	6,979	73.2
Unknown[a]	451	5.0
Veteran Status		
Veteran	999	10.3
Non-Veteran	8,617	89.2
Unknown[a]	47	0.5
Sexual Orientation		
Bisexual	185	2.8
Lesbian or Gay	82	1.0
Other	114	1.5
Straight	8,639	88.2
Unknown[a]	643	6.6

[a] Unknown includes participants who responded with "Don't Know" or refused to answer.

[b] 'Other, Non-Hispanic' includes participants who identified as: American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, or Other, Non-Hispanic. Due to small response numbers, these racial/ethnic categories were grouped together for analyses.

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

Health Status Indicators

General Health Status

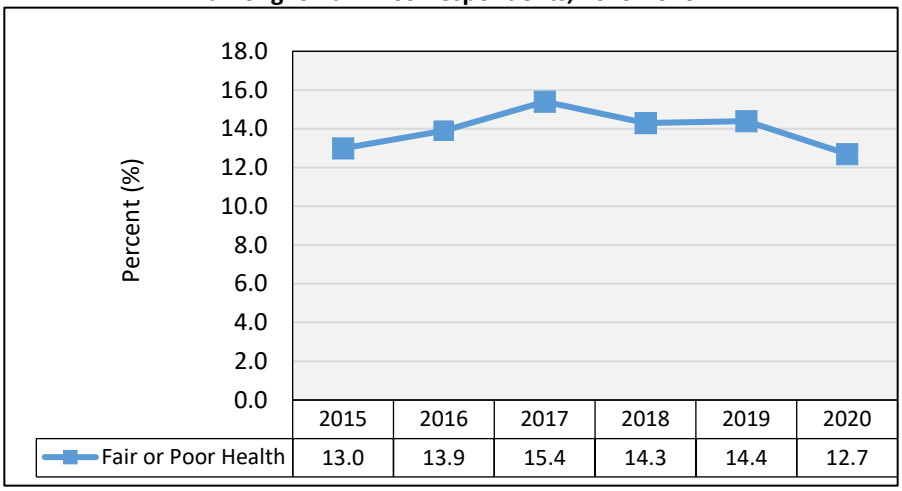
In the BRFSS, general health status is defined by how adults respond to the following question: "Would you say that in general your health is excellent, very good, good, fair or poor?" General health status has been found to be a significant predictor of mortality, though it may predict mortality less well for racial/ethnic groups other than non-Hispanic White[6].

- Rates of good or better general health have increased in recent years, and subsequently, fair or poor general health has declined.
- In 2020, Iowans reported the lowest rate of fair or poor general health over the past six years (12.6%). For comparison, the U.S. median for adults reporting fair or poor health is slightly higher at 13.3%.
- The percentage of racial/ethnic minorities experiencing fair or poor general health is high, with almost 1 in 5 (18.7%) non-White or Hispanic persons reporting fair or poor general health.
- Among adults with less than a high school education, the prevalence of reporting fair or poor general health was 28.7%.
- Over one-third (37.8%) of adult Iowans with a household income level of less than $15,000 per year reported fair or poor general health.
- Adults with disabilities (35.0%) reported a significantly higher prevalence of fair or poor general health than adults without disabilities (6.1%).

Demographics Characteristics	General Health Status[a]			
	Good or Better		Fair or Poor	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	87.4	(86.6-88.2)	12.6	(11.8-13.4)
Sex				
Female	86.8	(85.6-88.0)	13.2	(12.1-14.4)
Male	88.1	(87.0-89.1)	12.1	(11.0-13.2)
Race/Ethnicity				
Hispanic, all races	81.4	(77.3-85.6)	18.9	(14.6-23.1)
Black, Non-Hispanic	82.0	(75.8-88.1)	18.1	(12.0-24.2)
White, Non-Hispanic	88.2	(87.4-89.1)	11.8	(11.0-12.6)
Other, Non-Hispanic	80.3	(73.5-87.2)	19.7	(12.8-26.5)
Multiracial, Non-Hispanic	83.4	(74.6-92.2)	16.6	(7.8-25.4)
Age				
18-24	93.1	(90.8-95.5)	6.9	(4.5-9.2)
25-34	92.2	(90.3-94.1)	7.8	(5.9-9.7)
35-44	90.1	(88.2-92.0)	9.7	(8.1-11.8)
45-54	87.2	(85.2-89.2)	13.0	(10.9-15.0)
55-64	84.3	(82.4-86.3)	15.7	(13.8-17.7)
65-74	83.7	(81.7-85.8)	16.3	(14.2-18.3)
75+	77.4	(74.5-80.4)	22.5	(19.6-25.4)
Education				
Less Than H.S.	71.6	(67.1-76.2)	28.7	(24.1-33.3)
H.S. or G.E.D.	85.2	(83.8-86.7)	14.9	(13.4-16.3)
Some Post-H.S.	89.1	(87.8-90.3)	11.1	(9.8-12.4)
College Graduate	93.0	(92.0-93.9)	7.1	(6.1-8.1)
Household Income				
Less than $15,000	62.0	(56.8-67.1)	37.8	(32.7-42.9)
$15,000 - $24,999	75.3	(72.0-78.5)	24.9	(21.7-28.2)
$25,000 - $34,999	81.5	(78.0-84.9)	18.8	(15.3-22.2)
$35,000 - $49,999	88.3	(86.2-90.3)	11.7	(9.7-13.8)
$50,000 - $74,999	92.0	(90.4-93.7)	8.1	(6.4-9.8)
$75,000+	95.0	(94.1-95.9)	5.1	(4.2-5.9)
Disability Status				
Adults with disabilities	65.0	(62.5-67.4)	35.0	(32.6-37.5)
No disabilities	93.9	(93.2-94.6)	6.1	(5.4-6.8)

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

Prevalence of Self-Reported Fair or Poor General Health Status by Year among Iowa BRFSS Respondents, 2015-2020



Quality of Life

The CDC has defined health-related quality of life (HRQOL) as "an individual's or group's perceived physical and mental health over time"[7]. Tracking health-related quality of life among different populations can identify subgroups with poor physical or mental health so that policies or interventions can be better tailored to improving their health. Since January 1993, the BRFSS questionnaire has included health-related quality-of-life (HRQOL) questions.

Poor Physical Health Indicator:
Frequent Physical Distress (FPD)[a]:

- In 2020, approximately 8.9% of Iowans reported experiencing FPD, which was the lowest reported rate over the last four years.
- Household income had the biggest impact on FPD: over one-quarter, 27.7%, of Iowans with household incomes of less than $15,000 reported having 14 or more poor physical health days, up from 26.3% in 2019.
- Over one quarter of adults with a disability reported FPD (27.4%), compared to 3.6% of those without a disability who reported FPD.

Poor Mental Health Indicator:
Frequent Mental Distress (FMD)[b]:

- In 2020, 13.0% of Iowans reported experiencing FMD, which is the highest rate reported to date.
- One out of three (33.0%) Iowa adults with an annual household income of less than $15,000 reported FMD
- Iowans with disabilities are at great risk of FMD (30.3%), compared to adults who do not have disabilities (7.9%).
- The highest rate of FMD was reported among those identifying as lesbian, gay or bisexual, or other (LGBO). FMD was more prevalent among respondents identifying as LGBO (34.3%) than among respondents identifying as non-LGBO (12.0%).

Demographics Characteristics	Poor Physical Health[a]		Poor Mental Health[b]	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	8.9	(8.2-9.5)	13.0	(12.1-13.8)
Sex				
Female	9.7	(8.8-10.7)	16.4	(15.1-17.7)
Male	8.0	(7.1-8.9)	9.5	(8.4-10.5)
Race/Ethnicity				
Hispanic, all races	9.0	(5.9-12.0)	14.8	(11.0-18.6)
Black, Non-Hispanic	13.0	(7.5-18.5)	17.5	(11.3-23.6)
White, Non-Hispanic	8.6	(7.9-9.3)	12.5	(11.6-13.3)
Other, Non-Hispanic	10.5	(5.6-15.5)	13.7	(7.8-19.6)
Multiracial, Non-Hispanic	*	*	25.0	(14.2-35.8)
Age				
18-24	4.6	(2.8-6.4)	21.9	(18.4-25.3)
25-34	5.5	(3.9-7.1)	15.6	(13.1-18.1)
35-44	6.8	(5.2-8.3)	14.7	(12.6-16.9)
45-54	9.1	(7.5-10.6)	13.3	(11.4-15.2)
55-64	12.3	(10.5-14.1)	10.5	(8.8-12.2)
65-74	11.0	(9.3-12.8)	7.1	(5.7-8.6)
75+	14.5	(11.9-17.0)	5.9	(4.3-7.5)
Education				
Less Than H.S.	13.7	(10.4-17.0)	18.8	(14.7-22.9)
H.S. or G.E.D.	11.0	(9.7-12.4)	13.6	(12.1-15.2)
Some Post-H.S.	8.7	(7.5-9.9)	14.3	(12.8-15.9)
College Graduate	5.0	(4.2-5.7)	8.5	(7.4-9.7)
Household Income				
Less than $15,000	27.7	(23.0-32.5)	33.0	(27.9-38.1)
$15,000 - $24,999	16.1	(13.4-18.9)	21.3	(18.1-24.5)
$25,000 - $34,999	10.5	(7.9-13.0)	18.5	(14.9-22.1)
$35,000 - $49,999	8.8	(7.0-10.6)	11.8	(9.5-14.0)
$50,000 - $74,999	7.5	(5.8-9.1)	10.1	(8.0-12.1)
$75,000+	3.7	(3.0-4.4)	7.3	(6.2-8.4)
Disability Status				
Adults with disabilities	27.4	(25.1-29.7)	30.3	(67.2-72.2)
No disabilities	3.6	(3.1-4.1)	7.9	(7.1-8.7)
Sexual Orientation				
Lesbian, Gay, Bisexual, or Other	13.8	(9.4-18.1)	34.3	(28.4-40.2)
Straight	8.5	(7.9-9.2)	12.0	(11.1-12.9)

[a] Among all adults, frequent physical distress is the proportion reporting 14 or more days of poor physical health, which includes physical illness and injury, during the past 30 days.
[b] Among all adults, frequent mental distress is the proportion reporting 14 or more days of poor mental health, which includes stress, depression, and problems with emotions during the past 30 days.
* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

Health Insurance Coverage

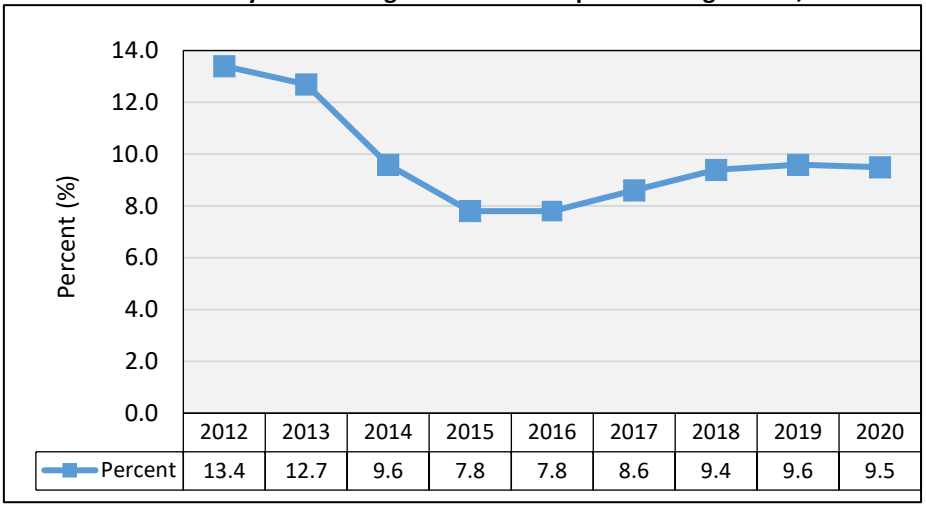
Health insurance coverage is an important determinant of access to health care. People without health insurance are far more likely to postpone health care or avoid it altogether[8]. A delay in getting medical attention can have negative consequences, particularly if preventable conditions or chronic diseases go undetected[8].

- In 2020, 9.5% of adult Iowans age 18-64 reported that they did not have health insurance coverage. This is comparable to the rate of Iowan adults aged 18-64 reporting no health insurance in 2019 (9.6%) and 2018 (9.4%).
- Males (11.3%) reported a higher prevalence of no health insurance coverage than females (7.7%).
- Hispanic adult Iowans (35.6%) reported a higher prevalence of no health insurance coverage than White, non-Hispanic adult Iowans (7.1%).
- The prevalence of no health insurance coverage decreased with age and higher education levels. Among those with less than a high school education, 33.6% reported having no health insurance coverage.
- There were no significant differences in lack of health insurance coverage among the following groups: LGBT+ (those identifying as lesbian, gay, bisexual, transgender, or other for their sexual orientation and gender identity) and non-LGBT, veteran and non-veteran, and adults with disabilities and adults without disabilities.

Demographic Characteristics	No Health Insurance Coverage, ages 18-64[a]	
	Prevalence Rate (%)	C.I. (95%)
Total	9.5	(8.6-10.4)
Sex		
Female	7.7	(6.5-9.0)
Male	11.3	(9.9-12.6)
Race/Ethnicity		
Hispanic, all races	35.6	(30.2-41.0)
Black, Non-Hispanic	15.1	(8.6-21.5)
White, Non-Hispanic	7.1	(6.2-8.0)
Other or Multiracial, Non-Hispanic	10.6	(4.7-16.6)
Age		
18-24	12.5	(9.5-15.5)
25-34	11.0	(9.0-13.1)
35-44	9.7	(7.9-11.6)
45-54	8.5	(6.5-10.5)
55-64	6.3	(4.8-7.9)
Education		
Less Than H.S.	33.6	(27.7-39.5)
H.S. or G.E.D.	11.3	(9.6-13.1)
Some Post-H.S.	7.1	(5.7-8.4)
College Graduate	2.8	(2.0-3.5)
Household Income		
Less than $15,000	15.0	(10.6-19.4)
$15,000 - $24,999	19.3	(15.3-23.3)
$25,000 - $34,999	19.0	(14.2-23.8)
$35,000 - $49,999	12.0	(9.3-14.7)
$50,000 - $74,999	7.5	(5.1-9.9)
$75,000+	2.9	(8.3-13.7)
Sexual Orientation & Gender Identity		
LGBT+	87.3	(82.5-92.0)
Non-LGBT	91.1	(90.1-92.0)
Veteran Status		
Veteran	7.9	(5.0-10.8)
Non-Veteran	9.6	(8.6-10.6)
Disability Status		
Adults with disabilities	10.1	(7.8-12.4)
No disabilities	8.8	(7.8-9.8)

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

No Health Insurance by Year among Iowa BRFSS Respondents Age 18-64, 2012-2020



Access to Health Care

Regular and reliable access to health care services can prevent disease and disability, detect and treat illnesses, increase quality of life, reduce the likelihood of premature death[9]. Two indicators related to health care access include not having a personal health care provider and having had a time during the past 12 months when an individual needed to see a doctor but could not because of the cost.

- In 2020, an estimated 18.0% of adult Iowans reported they did not have a personal health care provider. For comparison, this rate is lower than the U.S. median of 22.4%.
- In 2020, an estimated 7.3% reported not seeing the doctor within the past 12 months due to cost, which is lower than the national median of 9.8% for this measure.
- The prevalence of both of these indicators decreased with higher education and household income levels.
- Adult Iowans identifying as LGBT+ (26.0%) had a significantly higher prevalence of not having someone they thought of as a personal health care provider, compared to non-LGBT Iowans (16.9%).
- Adults without disabilities (19.3%) reported a higher rate of not having someone they thought of as a personal health care provider, compared to adults with disabilities (13.4%).
- Not having health insurance is a significant barrier to accessing health care. Of those who did not have health insurance, 51.9% reported not having a personal health care provider, and 26.8% not seeing the doctor within the past 12 months due to cost.

Demographic Characteristics	No Personal Health Care Provider[a]		No Health Care Access Due to Cost[b]	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	18.0	(17.0-19.0)	7.3	(6.7-8.0)
Sex				
Female	11.9	(10.6-13.1)	7.8	(6.9-8.8)
Male	24.3	(22.8-25.8)	6.8	(5.9-7.7)
Race/Ethnicity				
Hispanic, all races	40.7	(35.5-46.0)	19.9	(15.5-24.4)
Black, Non-Hispanic	23.1	(16.2-30.0)	13.3	(8.1-18.6)
White, Non-Hispanic	15.7	(14.7-16.7)	6.2	(5.6-6.8)
Other or Multiracial, Non-Hispanic	30.9	(23.4-38.3)	8.9	(4.7-13.1)
Age				
18-24	30.3	(26.4-34.2)	8.7	(6.4-10.9)
25-34	32.6	(29.5-35.8)	11.4	(9.3-13.6)
35-44	21.5	(19.0-24.0)	9.9	(7.9-11.8)
45-54	15.6	(13.4-17.8)	8.2	(6.5-9.8)
55-64	10.3	(8.5-12.1)	5.9	(4.7-7.1)
65-74	5.7	(4.6-6.9)	3.2	(2.2-4.1)
75+	3.8	(2.6-5.1)	2.5	(1.1-3.9)
Education				
Less Than H.S.	31.2	(26.2-36.2)	15.6	(11.8-19.4)
H.S. or G.E.D.	19.1	(17.3-20.8)	7.5	(6.3-8.7)
Some Post-H.S.	17.3	(15.6-19.0)	7.7	(6.5-8.8)
College Graduate	13.4	(11.9-14.8)	4.1	(3.3-4.9)
Household Income				
Less than $15,000	23.0	(18.3-27.7)	17.0	(13.1-20.9)
$15,000 - $24,999	20.5	(17.1-23.8)	12.8	(10.3-15.4)
$25,000 - $34,999	19.5	(15.8-23.3)	11.2	(8.3-14.2)
$35,000 - $49,999	18.6	(15.9-21.3)	7.8	(5.9-9.8)
$50,000 - $74,999	20.1	(17.3-22.8)	7.3	(5.5-9.1)
$75,000+	14.3	(12.7-15.8)	3.4	(2.6-4.2)
Sexual Orientation & Gender Identity				
LGBT+	26.0	(20.5-31.4)	17.4	(12.8-22.1)
Non-LGBT	16.9	(15.9-17.9)	6.7	(6.0-7.3)
Veteran Status				
Veteran	15.0	(12.3-17.7)	4.5	(2.7-6.2)
Non-Veteran	18.3	(17.2-19.3)	7.6	(6.9-8.3)
Disability Status				
Adults with disabilities	13.4	(11.4-15.4)	12.7	(10.8-14.5)
No disabilities	19.3	(18.1-20.4)	5.6	(4.9-6.3)
Health Insurance				
Insured	15.0	(14.1-15.9)	5.8	(5.2-6.4)
Not insured	51.9	(47.0-56.9)	26.8	(22.5-31.1)

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

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

Disability

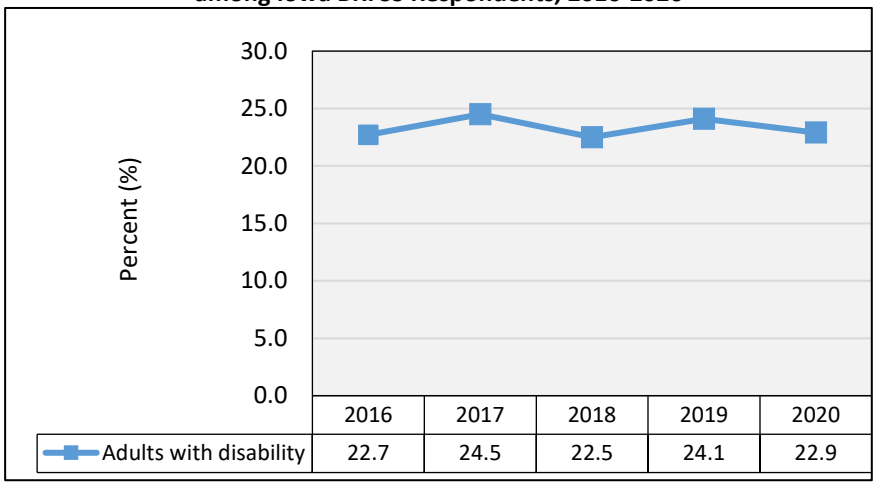
Disability is often used as an umbrella term for any conditions of the mind or body that cause impairments, activity limitations, or participation restrictions[10]. Some disabilities may be hidden or not easy to see. People with disabilities account for a very diverse group with a wide range of needs. Two people with the same type of disability can be affected in very different ways.

- In 2020, an estimated 22.9% of adults in Iowa reported disability (having serious difficulty hearing, visual impairment, difficulty concentrating, remembering, or making decisions, difficulty walking or climbing stairs, difficulty dressing or bathing, or difficulty doing errands alone).
- Females (24.1%) reported a higher prevalence of disability than males (21.7%).
- Multiracial, non-Hispanic (33.5%) and Black, non-Hispanic (29.2%) Iowa adults reported the highest prevalence rates of disability compared to Iowans of other race/ethnicities, although these differences are not statistically significant.
- The prevalence of disability increased with age. For adults aged 75 years and older, almost half (47.9%) reported disability.
- The prevalence of disability decreased with higher education and household income levels. Over half (54.1%) of Iowans with a household income of less than $15,000 per year reported disability, and 42.9% of those with less than a high school education reported disability.
- Veterans (36.6%) reported a higher prevalence of disability than did non-veterans (21.5%).

Demographic Characteristics	Disability[a]	
	Prevalence Rate (%)	C.I. (95%)
Total	22.9	(21.9-23.9)
Sex		
Female	24.1	(22.6-25.6)
Male	21.7	(20.3-23.1)
Race/Ethnicity		
Hispanic, all races	21.6	(17.0-26.2)
Black, Non-Hispanic	29.2	(21.4-37.0)
White, Non-Hispanic	22.6	(21.5-23.6)
Other, Non-Hispanic	22.8	(15.1-30.5)
Multiracial, Non-Hispanic	33.5	(21.8-45.2)
Age		
18-24	17.5	(14.1-20.8)
25-34	15.1	(12.5-17.6)
35-44	16.8	(14.5-19.2)
45-54	17.2	(14.9-19.4)
55-64	26.4	(23.9-28.9)
65-74	29.1	(26.5-31.6)
75+	47.9	(44.5-51.4)
Education		
Less Than H.S.	42.9	(37.5-48.3)
H.S. or G.E.D.	26.8	(24.9-28.7)
Some Post-H.S.	23.3	(21.5-25.1)
College Graduate	12.0	(10.8-13.2)
Household Income		
Less than $15,000	54.1	(48.7-59.4)
$15,000 - $24,999	43.0	(39.3-46.8)
$25,000 - $34,999	31.8	(27.7-35.9)
$35,000 - $49,999	23.5	(20.6-26.4)
$50,000 - $74,999	17.1	(14.8-19.5)
$75,000+	9.8	(8.6-11.0)
Veteran Status		
Veteran	36.6	(33.0-40.2)
Non-Veteran	21.5	(20.5-22.6)

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

Prevalence of Adults with Disability by Year among Iowa BRFSS Respondents, 2016-2020



Food Insecurity

Food insecurity is defined as the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways[11]. According to the USDA, there was an estimated 38.3 million people living in food-insecure households in 2020[12].

- In 2020, 10.3% of adults in Iowa reported that they struggled to afford food when needed it in the last year. Additionally, 12.1% of Iowa adults reported that they struggled to afford balanced meals.
- There were significant differences in food insecurity by race/ethnicity. More than a quarter of Hispanic (26.8%) and Black, non-Hispanic (27.2%) Iowans reported struggling to afford food. Less than 10% of White, non-Hispanic adults (8.6%) reported difficulty affording food.
- The prevalence of food insecurity was highest among younger adults and decreased with age.
- Food insecurity was highest among those with lower education and household income levels, and significantly decreased as education and household income grew.
- Adult Iowans with children living in their household had a higher prevalence of struggling to afford food and balanced meals, compared to those without children living in their household.
- Adult Iowans identifying as LGBT+ reported a higher prevalence of struggling to afford food (27.7%) and struggling to afford balanced meals (26.4%), compared to non-LGBT Iowans (9.2% and 11.2% respectively).
- Adults with disabilities reported a higher prevalence of food insecurity (23.2% struggled to afford food when needed, 25.4% struggled to afford balanced meals) compared to adults without disabilities (6.3% and 8.0% respectively).

Demographic Characteristics	Not Enough Money to Buy More Food When Needed, Past 12 Months[a]		Could Not Afford to Eat Balanced Meals, Past 12 Months[b]	
	Often or Sometimes True			
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	10.3	(9.1-11.4)	12.1	(10.9-13.3)
Sex				
Female	11.2	(9.6-12.9)	13.2	(11.5-15.0)
Male	9.3	(7.6-11.0)	10.9	(9.2-12.6)
Race/Ethnicity				
Hispanic, all races	26.8	(18.9-34.7)	29.2	(21.1-37.3)
Black, Non-Hispanic	27.2	(14.4-40.0)	33.1	(19.8-46.5)
White, Non-Hispanic	8.6	(7.5-9.7)	10.3	(9.1-11.5)
Other or Multiracial, Non-Hispanic	14.9	(7.5-22.4)	15.1	(7.7-22.4)
Age				
18-24	16.9	(12.6-21.2)	18.9	(14.4-23.5)
25-34	12.9	(9.5-16.2)	16.3	(12.6-20.0)
35-44	15.3	(11.7-18.8)	17.3	(13.6-21.0)
45-54	8.1	(5.7-10.4)	10.1	(7.5-12.8)
55-64	8.4	(6.1-10.7)	9.0	(6.8-11.2)
65+	4.1	(2.8-5.5)	5.2	(3.7-6.7)
Education				
Less Than H.S.	25.7	(18.9-32.5)	29.6	(22.4-36.8)
H.S. or G.E.D.	12.0	(9.8-14.3)	14.4	(12.0-16.7)
Some Post-H.S.	10.1	(8.2-12.0)	12.0	(10.0-14.1)
College Graduate	4.0	(2.8-5.2)	4.4	(3.2-5.7)
Household Income				
Less than $15,000	37.1	(29.3-45.0)	40.5	(32.7-48.3)
$15,000 - $24,999	24.5	(19.6-29.5)	28.8	(25.6-34.0)
$25,000 - $34,999	17.6	(11.8-23.3)	21.4	(15.4-27.5)
$35,000 - $49,999	10.6	(7.6-13.6)	11.6	(8.5-14.7)
$50,000 - $74,999	5.8	(3.6-7.9)	7.0	(4.5-9.6)
$75,000+	1.3	(0.6-2.0)	2.8	(1.7-3.8)
Children Younger than 18 in the Home				
No children	8.1	(6.8-9.3)	10.6	(9.2-12.0)
1 or 2 children	13.2	(10.4-15.9)	14.5	(11.7-17.4)
3+ children	17.1	(12.4-21.8)	15.4	(11.1-19.6)
Sexual Orientation & Gender Identity				
LGBT+	27.7	(19.8-35.6)	26.4	(18.8-34.0)
Non-LGBT	9.2	(8.1-10.3)	11.2	(9.9-12.4)
Veteran Status				
Veteran	7.1	(4.0-10.1)	8.0	(5.0-11.0)
Non-Veteran	10.6	(9.4-11.9)	12.5	(11.2-13.9)
Disability Status				
Adults with disabilities	23.2	(19.9-26.6)	25.4	(22.0-28.7)
No disabilities	6.3	(5.3-7.4)	8.0	(6.8-9.2)

[a] Among all adults, the proportion reporting that it was often or sometimes true in the last 12 months that the food they bought did not last, and they did not have money to get more.

[b] Among all adults, the proportion reporting that it was often or sometimes true in the last 12 months that they could not afford to eat balanced meals.

Physical Activity

A lifestyle that includes regular physical activity has been shown to reduce the risk of many diseases including cardiovascular disease, diabetes, certain cancers, osteoporosis, and other debilitating conditions[13]. Regular physical activity can help to strengthen bones and muscles, improve mental health and quality of sleep, and increase general quality of life[13].

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

- In 2020, an estimated 76.4% of adult Iowans reported any leisure-time physical activity in the last month. This is slightly lower than the national median of 77.6%.
- The prevalence of leisure-time physical activity was similar by sex (males reported 77.5%, females reported 75.4%).
- Hispanic (61.3%) and Black, non-Hispanic (65.2%) adult Iowans reported lower rates of leisure time physical activity.
- The prevalence of leisure-time physical activity decreased with age. The highest prevalence of leisure-time physical activity when looking at age groups was among 18-24 year olds (84.1%).
- Leisure-time physical activity drastically increased with higher education and household income levels.

Demographics Characteristics	Any Leisure-Time Physical Activity in Last Month[a]	
	Prevalence Rate (%)	C.I. (95%)
Total	76.4	(75.4-77.4)
Sex		
Female	75.4	(74.0-76.9)
Male	77.5	(76.0-78.9)
Race/Ethnicity		
Hispanic, all races	61.3	(56.0-66.5)
Black, Non-Hispanic	65.2	(57.4-73.1)
White, Non-Hispanic	77.9	(76.9-78.9)
Other, Non-Hispanic	72.9	(64.6-81.3)
Multiracial, Non-Hispanic	79.2	(69.8-88.7)
Age Group		
18 - 24	84.1	(81.0-87.1)
25 - 34	81.9	(79.3-84.5)
35 - 44	79.7	(77.2-82.2)
45 - 54	77.4	(75.0-80.0)
55 - 64	74.4	(72.0-76.9)
65-74	70.4	(67.9-72.8)
75+	63.0	(59.6-66.3)
Education		
Less than H.S.	55.7	(50.5-60.9)
H.S. or G.E.D.	70.7	(68.8-72.6)
Some Post-H.S.	77.9	(76.1-79.6)
College Graduate	87.8	(86.6-89.1)
Household Income		
Less than $15,000	60.3	(55.1-65.4)
$15,000 - $24,999	63.2	(59.5-66.9)
$25,000 - $34,999	66.9	(62.4-70.9)
$35,000 - $49,999	73.2	(70.1-76.2)
$50,000 - $74,999	80.0	(77.6-82.4)
$75,000+	87.1	(85.8-88.4)
Disability Status		
Adults with disabilities	60.6	(58.1-63.1)
No disabilities	81.3	(80.2-82.3)

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

Weight Status: Overweight and Obesity

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

- In 2020, an estimated 35.3% of adult Iowans classified as overweight, and 36.5% were classified as obese. The combined percentage of individuals who were classified as overweight or obese is 71.8%, which is the highest in Iowa BRFSS history.
- For comparison, the U.S. median for adults classified as overweight was 35.2% and the U.S. median for adults classified as obese was 31.9%.
- Iowa is one of 16 states with an obesity rate of over 35%.
- Black, non-Hispanic adult Iowans (49.4%) reported a higher prevalence of obesity compared to other racial/ethnic groups.
- While the prevalence of overweight status increased with age, the prevalence of obesity increased through the 45-54 age group and then decreased among older adults.
- Among adults with lower household incomes, more were obese than overweight. For adult Iowans with less than a $15,000 annual household income, the prevalence of obesity was 42.1% and the prevalence of overweight status was 24.2%.
- Adults with disabilities (41.0%) reported a higher rate of obesity than adults without disabilities (29.4%).
- Adults who had children younger than 18 in their household (39.0%) had a higher prevalence of obesity compared to adults with no children in the home (35.2%).

Demographic Characteristics	Overweight[a]		Obesity[b]	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	35.3	(34.1-36.5)	36.5	(35.3-37.7.)
Sex				
Female	29.8	(28.1-31.3)	36.1	(34.3-37.8)
Male	40.5	(38.8-42.2)	36.9	(35.2-38.6)
Race/Ethnicity				
Hispanic, all races	36.0	(30.2-41.8)	36.1	(30.3-41.9)
Black, Non-Hispanic	31.2	(23-39.5)	49.4	(40.5-58.4)
White, Non-Hispanic	35.7	(34.5-36.9)	36.8	(35.6-38.1)
Other, Non-Hispanic	34.7	(25.5-43.9)	13.7	(7.8-19.6)
Multiracial, Non-Hispanic	28.8	(17.8-39.8)	36.5	(24.7-48.4)
Age				
18-24	27.3	(23.6-31)	23.1	(19.5-26.8)
25-34	33.0	(29.7-36.4)	36.8	(33.4-40.3)
35-44	34.8	(31.8-37.8)	41.9	(38.8-45.0)
45-54	33.4	(30.5-36.2)	45.6	(42.5-48.7)
55-64	36.2	(33.6-38.9)	41.8	(39-44.5)
65-74	40.1	(37.3-42.8)	37.5	(34.8-40.2)
75+	45.0	(41.5-48.5)	24.1	(21.2-27.1)
Education				
Less Than H.S.	32.8	(27.5-38.1)	37.5	(32.1-43.0)
H.S. or G.E.D.	34.9	(32.8-37)	38.0	(35.9-40.2)
Some Post-H.S.	34.4	(32.3-36.5)	39.2	(37.1-41.3)
College Graduate	37.8	(35.8-39.8)	30.8	(28.9-32.8)
Household Income				
Less than $15,000	24.2	(19.6-28.8)	42.1	(36.6-47.5)
$15,000 - $24,999	30.6	(27.1-34.1)	40.6	(36.8-44.4)
$25,000 - $34,999	34.1	(29.8-38.4)	44.8	(40.2-49.3)
$35,000 - $49,999	36.8	(33.4-40.2)	35.8	(32.5-39.0)
$50,000 - $74,999	34.7	(31.8-37.7)	41	(37.9-44.1)
$75,000+	38.8	(36.8-40.9)	33.9	(31.9-35.9)
Disability Status				
Adults with disabilities	33.2	(30.2-36.1)	41.0	(37.9-44.1)
No disabilities	37.9	(36.1-39.7)	29.4	(27.7-31.1)
Has Children Younger than 18 in the Home				
Yes	34.1	(32.0-36.3)	39.0	(36.7-41.2)
No	36.0	(34.6-37.4)	35.2	(33.8-36.7)

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

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

Risk Behavior Indicators

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are stressful or traumatic events that occur in the first 18 years of life, including abuse, household challenges, and neglect[14]. Experiences people have in early childhood can have a lifelong effect on both physical and mental health.

- In 2020, 39.9% of adult Iowans reported 0 ACEs, while 17.7% of adult Iowans reported 4+ ACEs.
- The prevalence of reporting 4+ ACEs decreased with age and higher household incomes.
- Those who identified as LGBT+ (42.4%) reported a significantly higher prevalence of 4+ ACEs compared to non-LGBT (16.4%) Iowans.
- Adults with disabilities (30.0%) reported a significantly higher prevalence of 4+ ACEs compared to adults without disabilities (14.2%).
- The prevalence of depression, frequent mental distress, and frequent physical distress increased as the number of ACEs reported increased. Those reporting six or more ACEs were at the highest risk for poor mental and physical health.

Demographics Characteristics	Reported 0 ACEs [a]		Reported 4+ ACEs [a]	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	39.9	(38.6-41.2)	17.7	(16.7-18.8)
Sex				
Female	39.4	(37.6-41.2)	19.7	(18.1-21.2)
Male	40.4	(38.6-42.3)	15.7	(14.2-17.3)
Race/Ethnicity				
Hispanic, all races	35.4	(29.2-41.7)	22.0	(16.4-27.6)
Black, Non-Hispanic	31.7	(22.4-40.9)	24.1	(15.5-32.6)
White, Non-Hispanic	40.6	(39.3-42.0)	17.0	(15.9-18.1)
Other or Multiracial, Non-Hispanic	35.0	(26.0-44.0)	25.9	(17.4-34.3)
Age				
18-24	30.7	(26.3-35.1)	24.7	(20.5-28.9)
25-34	31.7	(28.1-35.3)	27.8	(24.3-31.3)
35-44	34.0	(30.9-37.2)	21.2	(18.4-24.1)
45-54	39.2	(36.0-42.4)	19.7	(17.1-22.4)
55-64	40.6	(377-43.5)	14.1	(11.9-16.2)
65-74	48.6	(45.7-51.5)	9.0	(7.2-10.8)
75+	61.0	(57.2-64.8)	4.0	(2.6-5.4)
Education				
Less Than H.S.	33.4	(27.4-39.4)	26.5	(20.6-32.4)
H.S. or G.E.D.	39.1	(36.7-41.4)	18.5	(16.4-20.5)
Some Post-H.S.	37.4	(35.2-39.7)	20.1	(18.2-22.1)
College Graduate	45.6	(43.4-47.8)	11.8	(10.4-13.2)
Household Income				
Less than $15,000	27.7	(22.1-22.4)	31.3	(25.4-37.2)
$15,000 - $24,999	32.6	(28.6-36.6)	28.4	(24.3-32.5)
$25,000 - $34,999	29.9	(25.5-34.4)	24.7	(20.2-29.3)
$35,000 - $49,999	38.0	(34.4-41.5)	18.5	(15.4-21.7)
$50,000 - $74,999	38.6	(35.4-41.8)	17.7	(15.1-20.4)
$75,000+	43.6	(41.4-45.8)	13.1	(11.5-14.6)
Sexual Orientation & Gender Identity				
LGBT+	22.5	(17.0-28.0)	42.4	(35.4-49.4)
Non-LGBT	40.8	(39.5-42.2)	16.4	(15.3-17.4)
Disability Status				
Adults with disabilities	28.9	(26.4-31.4)	30.0	(27.2-32.9)
No disabilities	43.0	(41.5-44.5)	14.2	(13.1-15.3)

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

Percent of Mental and Physical Health Measures by Number of Adverse Childhood Experiences (ACEs), 2020

ACEs Reported	Depression [b]		Frequent Mental Distress (FMD) [c]		Frequent Physical Distress (FPD) [d]	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
0	7.7	(6.6-8.8)	5.5	(4.6-6.4)	5.8	(4.9-6.7)
1	13.4	(11.4-15.3)	9.0	(7.3-10.7)	8.1	(6.6-9.7)
2 or 3	23.2	(20.6-25.9)	16.6	(14.2-19.1)	10.2	(8.4-12.0)
4 or 5	31.7	(27.1-36.2)	21.5	(17.6-25.5)	11.4	(8.5-14.2)
6 or more	44.5	(39.5-49.6)	31.3	(26.5-36.1)	18.4	(14.4-22.4)

[b] Among all adults, the proportion who reported ever being told by a doctor they had a depressive disorder, including depression, major depression, dysthymia, or minor depression.
[c] Among all adults, frequent mental distress is the proportion reporting 14 or more days of poor mental health, which includes stress, depression, and problems with emotions during the past 30 days.
[d] Among all adults, frequent physical distress is the proportion reporting 14 or more days of poor physical health, which includes physical illness and injury, during the past 30 days.

Alcohol Consumption

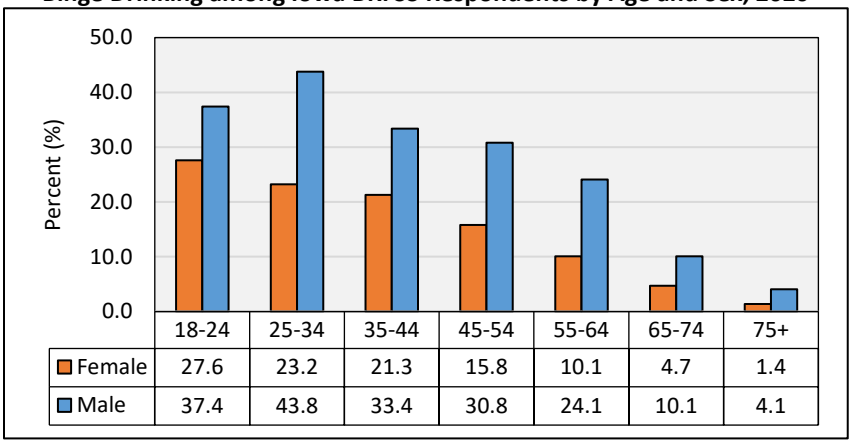
In the United States, alcohol is the top mind-altering substance used[15]. The BRFSS survey defines a standard drink as one 12-ounce beer, one 5-ounce glass of wine, or a drink with one shot of hard liquor. In BRFSS analyses, binge drinking is defined as consuming 5 or more alcoholic drinks for men and 4 or more alcoholic drinks for women on one occasion. BRFSS defines heavy drinking as consuming more than 14 drinks per week for men and more than 7 drinks per week for women.

- In 2020, 56.9% of Iowans reported that they had at least one drink of alcohol in the past 30 days.
- In 2020, 21.5% of Iowans reported binge drinking in the previous month, and 8.3% reported heavy drinking in the past month.
- Heavy drinking significantly increased from 6.7% in 2019 to 8.3% in 2020.
- Both binge and heavy drinking were significantly more prevalent among males than females.
- White non-Hispanic adults had the highest rates of binge drinking (22.3%) and heavy drinking (9.0%), compared to the other racial/ethnic groups analyzed.
- Binge drinking decreased significantly with age.
- Two out of five males aged 25-34 (43.8%) engaged in recent binge drinking in 2020, which was the highest percentage across the analyzed age and sex categories.
- Binge drinking (27.2%) and heavy drinking (10.5%) were highest among the household income category of $75,000+.
- Binge drinking was higher among adults without disabilities (23.2%) compared to adults with disabilities (16.0%).
- Binge (25.7%) and heavy drinking (11.1%) rates were higher for Iowans who reported poor mental health.
- In 2020, Iowa ranked 3rd highest for adult binge drinking and 6th highest for adult heavy drinking in the nation.

Demographics Characteristics	Binge Drinking[a]		Heavy Drinking[b]	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	21.5	(20.5-22.5)	8.3	(7.6-8.9)
Sex				
Female	14.9	(13.7-16.2)	6.9	(6.1-7.8)
Male	28.2	(26.6-29.8)	9.6	(8.6-10.7)
Race/Ethnicity				
Hispanic, all races	19.7	(15.3-24.0)	4.6	(2.2-7.1)
Black, Non-Hispanic	15.7	(9.5-22.0)	3.6	(0.4-6.7)
White, Non-Hispanic	22.3	(21.2-23.4)	9.0	(8.2-9.7)
Other, Non-Hispanic	14.2	(9.0-19.4)	2.9	(0.5-5.3)
Age Group				
18 - 24	32.7	(28.8-36.6)	8.4	(6.1-10.7)
25 - 34	34.0	(30.7-37.3)	10.6	(8.4-12.7)
35 - 44	27.5	(24.8-30.2)	10.6	(8.7-12.5)
45 - 54	23.2	(20.7-25.7)	9.5	(7.8-11.2)
55 - 64	17.1	(15.0-19.1)	8.6	(7.1-10.1)
65-74	7.3	(5.9-8.7)	5.1	(3.9-6.2)
75+	2.5	(1.4-3.6)	3.2	(1.9-4.4)
Education				
Less than H.S.	13.0	(9.3-16.6)	6.3	(3.6-8.9)
H.S. or G.E.D.	21.6	(19.7-23.5)	8.8	(7.6-10.1)
Some Post-H.S.	24.3	(22.4-26.2)	9.6	(8.4-10.9)
College Graduate	20.2	(18.5-21.9)	6.3	(5.3-7.3)
Household Income				
Less than $15,000	17.4	(13.2-21.6)	5.9	(3.3-8.6)
$15,000 - $24,999	15.8	(13.0-18.7)	7.4	(5.5-9.4)
$25,000 - $34,999	20.7	(16.9-24.6)	6.5	(4.2-8.8)
$35,000 - $49,999	20.3	(17.6-23.1)	8.5	(6.6-10.4)
$50,000 - $74,999	23.5	(20.8-26.2)	9.1	(7.3-10.8)
$75,000+	27.2	(25.3-29.1)	10.5	(9.2-11.8)
Disability Status				
Adults with disabilities	16.0	(14.0-18.0)	7.4	(6.0-8.7)
No disabilities	23.2	(22.0-24.4)	8.5	(7.7-9.3)
Reporting Poor Mental Health [c]				
Yes	25.7	(22.4-29.0)	11.1	(8.8-13.5)
No	21.2	(20.1-22.3)	7.9	(7.2-8.6)

[a] Among all adults, the proportion reporting consumption of five or more drinks per occasion (for males) or four or more drinks per occasion (for women) at least once in the previous month.
[b] Among all adults, the proportion reporting alcohol consumption of more than 14 drinks per week (for men) or 7 drinks per week (for women) in the previous month.
[c] Frequent mental distress is the proportion reporting 14 or more days of poor mental health, which includes stress, depression, and problems with emotions during the past 30 days.

Binge Drinking among Iowa BRFSS Respondents by Age and Sex, 2020



Cigarette Smoking

Smoking harms nearly ever organ of the body, and can lead to disease and disability[16]. Cigarette smoking is the leading cause of preventable death in the United States, responsible for more than 480,000 deaths per year[17].

- In 2020, an estimated 15.8% of adult Iowans reported that they currently smoked cigarettes on a regular basis. This is comparable to the U.S. median of 15.5%.
- Males (17.1%) reported higher rates of smoking than females (14.5%).
- Multiracial, non-Hispanic Iowans (37.8%) reported the highest prevalence of cigarette smoking, followed by Black, non-Hispanic (21.0%), Other, non-Hispanic (17.3%), White, non-Hispanic (15.5%), and Hispanic Iowa adults (11.7%).
- Smoking rates were highest among those age 25-34 (21.6%) and age 35-44 (23.0%).
- The prevalence of cigarette smoking decreased as level of education decreased. About 25.7% of adult Iowans with less than a high school education reported current smoking, compared to 5.5% of college graduates.
- Adult Iowans with higher incomes reported lower rates of current smoking. About 33.8% of adults with incomes below $15,000 reported current smoking, compared to 9.2% of adults with incomes above $75,000.
- Smoking rates were significantly higher among those identifying as LGBT+ (25.2%) compared to non-LGBT adults (15.3%).
- Adults with disabilities (25.1%) reported a significantly higher prevalence of smoking cigarettes than did adults without disabilities (13.0%).
- Attempts to quit cigarette smoking in the last year were highest among 18-24 year olds, decreased to 44.0% among 45-54 year olds and then increased to about 52.4% among 75+ year olds.

Demographic Characteristics	Current Cigarette Smoking[a]	
	Prevalence Rate (%)	C.I. (95%)
Total	15.8	(14.8-16.7)
Sex		
Female	14.5	(13.3-15.7)
Male	17.1	(15.7-18.4)
Race/Ethnicity		
Hispanic, all races	11.7	(8.3-15.2)
Black, Non-Hispanic	21.0	(13.8-28.3)
White, Non-Hispanic	15.5	(14.6-16.5)
Other, Non-Hispanic	17.3	(10.5-24.1)
Multiracial, Non-Hispanic	37.8	(25.6-50.1)
Age Group		
18 - 24	10.0	(7.5-12.6)
25 - 34	21.6	(18.7-24.5)
35 - 44	23.0	(20.4-25.7)
45 - 54	18.9	(16.5-21.3)
55 - 64	17.3	(15.2-19.4)
65 - 74	11.0	(9.3-12.7)
75+	3.5	(2.2-4.8)
Education		
Less than H.S.	25.7	(21.1-30.4)
H.S. or G.E.D.	20.9	(19.2-22.7)
Some Post-H.S.	16.8	(15.2-18.4)
College Graduate	5.5	(4.6-6.4)
Household Income		
Less than $15,000	33.8	(28.6-38.9)
$15,000 - $24,999	25.3	(22.0-28.5)
$25,000 - $34,999	21.2	(17.5-24.9)
$35,000 - $49,999	17.2	(14.7-19.8)
$50,000 - $74,999	14.8	(12.5-17.1)
$75,000+	9.2	(8.0-10.4)
Sexual Orientation & Gender Identity		
LGBT+	25.2	(19.6-30.7)
Non-LGBT	15.3	(14.4-16.2)
Veteran Status		
Veteran	14.6	(11.9-17.3)
Non-Veteran	15.9	(14.9-16.8)
Disability Status		
Adults with disabilities	25.1	(22.7-27.5)
No disabilities	13.0	(12.1-13.9)

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

E-Cigarette Use

E-cigarette use, also known as vaping, has rapidly increased among youth and young adult populations in recent years[18]. E-cigarettes use a battery to heat up a special liquid into an aerosol that users can inhale. The liquid is often flavored. Most e-cigarettes contain nicotine, the highly addictive and harmful chemical found in other tobacco products, plus other harmful substances besides nicotine like carcinogens and heavy metals[19].

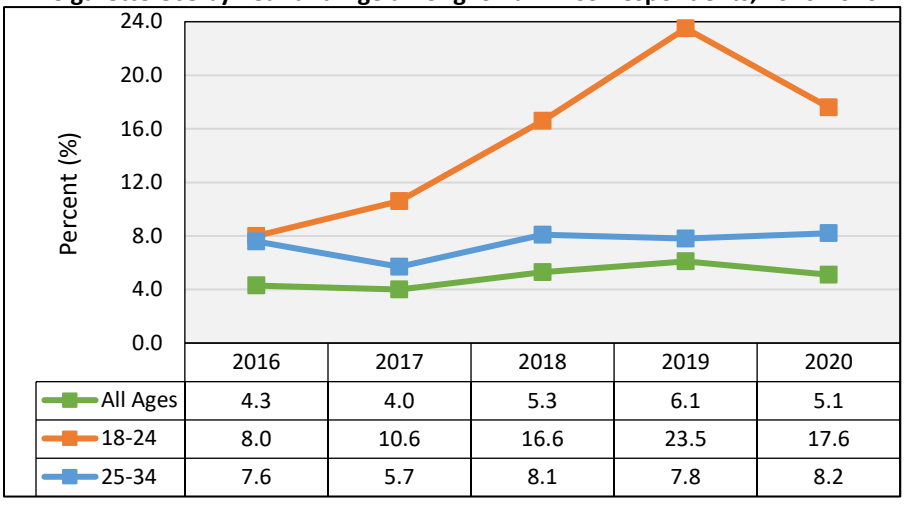
- In 2020, an estimated 5.1% of adult Iowans reported that they currently smoked e-cigarettes on a regular basis.
- E-cigarette use was highest among the 18-24 age group (17.6%). This rate is double the next highest rate, 8.2%, which was reported among the 25-34 age group.
- Reported e-cigarette use was significantly higher among adults who identified as LGBT+ (15.8%) compared to non-LGBT adults (4.5%).
- Adults with disabilities (6.9%) reported e-cigarette use at a significantly higher rate than adults without disabilities (4.6%).
- There were no significant differences in reported e-cigarette use by veteran (5.4%) and non-veteran (5.1%) status.

Demographic Characteristics	Current E-Cigarette Use[a]	
	Prevalence Rate (%)	C.I. (95%)
Total	5.1	(4.5-5.8)
Sex		
Female	4.2	(3.3-5.0)
Male	6.1	(5.1-7.1)
Race/Ethnicity		
Hispanic, all races	5.2	(2.5-7.8)
Black, Non-Hispanic	*	*
White, Non-Hispanic	4.9	(4.3-5.6)
Other or Multiracial, Non-Hispanic	11.3	(5.4-17.2)
Age Group		
18 - 24	17.6	(14.2-21.1)
25 - 34	8.2	(6.2-10.2)
35 - 44	4.5	(3.2-5.8)
45 - 54	2.8	(1.7-3.9)
55 - 64	1.4	(0.6-2.2)
65+	0.7	(0.3-1.0)
Education		
Less than H.S.	5.6	(2.8-8.5)
H.S. or G.E.D.	6.2	(5.0-7.5)
Some Post-H.S.	6.6	(5.4-7.9)
College Graduate	1.7	(1.2-2.3)
Household Income		
Less than $15,000	8.6	(5.3-11.8)
$15,000 - $24,999	7.7	(5.3-10.1)
$25,000 - $34,999	5.2	(2.8-7.6)
$35,000 - $49,999	4.9	(3.1-6.7)
$50,000 - $74,999	5.2	(3.5-6.9)
$75,000+	3.8	(2.8-4.7)
Sexual Orientation & Gender Identity		
LGBT+	15.8	(10.7-21.0)
Non-LGBT	4.5	(3.9-5.1)
Disability Status		
Adults with disabilities	6.9	(5.4-8.5)
No disabilities	4.6	(3.9-5.3)

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

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

E-Cigarette Use by Year and Age among Iowa BRFSS Respondents, 2016-2020



	2016	2017	2018	2019	2020
All Ages	4.3	4.0	5.3	6.1	5.1
18-24	8.0	10.6	16.6	23.5	17.6
25-34	7.6	5.7	8.1	7.8	8.2

Gambling

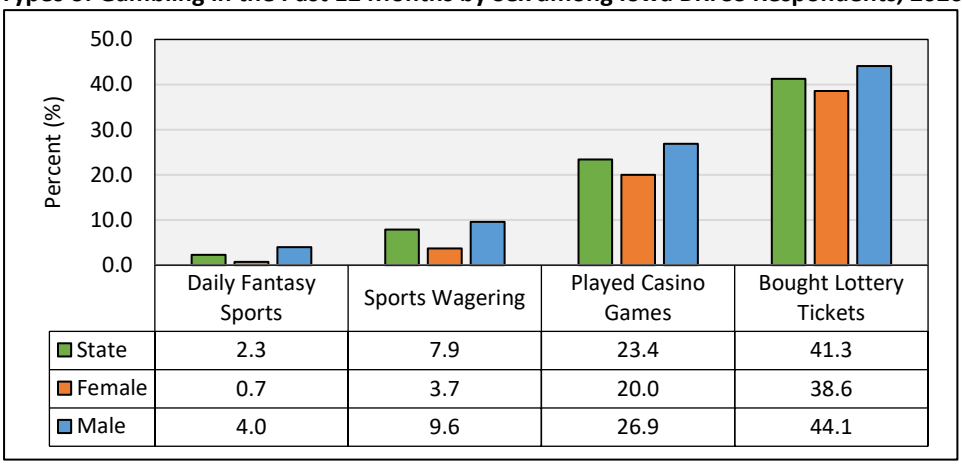
Gambling encompasses activities where an individual risks money or something of value on an unknown outcome in the hopes of gaining something of values (e.g., money, prizes, or possessions). Gambling can stimulate the brain's reward system much in the same way that drugs or alcohol do and can become addictive[20]. Problem gambling, or gambling addiction, includes all gambling behavior patterns that compromise, disrupt or damage personal, family or vocational pursuits[21].

- In 2020, an estimated 51.8% of adult Iowans reported any gambling (participating in sports wagering, daily fantasy sports, casino games, or buying lottery tickets) in the past year.
- Males (56.5%) reported a higher prevalence rate of gambling than females (47.2%).
- Gambling increased with age, to a peak in the 45-54 age group (60.4%) and then began to decline with more advanced age.
- For the most part, gambling prevalence increased with higher household income levels. By income level, the highest rate of gambling was among those with household incomes of $50,000-$74,999 (56.8%). Gambling prevalence dropped to 39.5% among those with household incomes of $75,000+.
- Non-LGBT (52.2%) adult Iowans reported a higher prevalence of gambling than did Iowans who identified as LGBT+ (45.7%).
- Veterans (60.5%) reported a higher prevalence of gambling than non-veterans (40.9%) did.

Demographic Characteristics	Any Gambling in Past 12 Months[a]	
	Prevalence Rate (%)	C.I. (95%)
Total	51.8	(50.4-53.1)
Sex		
Female	47.2	(45.4-49.1)
Male	56.5	(54.6-58.3)
Race/Ethnicity		
Hispanic, all races	40.2	(34.1-46.4)
Black, Non-Hispanic	47.1	(37.7-56.5)
White, Non-Hispanic	52.9	(51.6-54.3)
Other, Non-Hispanic	37.4	(27.2-47.7)
Multiracial, Non-Hispanic	66.1	(54.1-78.1)
Age Group		
18 - 24	34.2	(29.8-38.6)
25 - 34	57.0	(53.3-60.7)
35 - 44	58.0	(54.7-61.2)
45 - 54	60.4	(57.3-63.5)
55 - 64	58.3	(55.4-61.2)
65-74	47.7	(44.9-50.5)
75+	39.5	(35.9-43.0)
Education		
Less than H.S.	40.1	(34.1-46.1)
H.S. or G.E.D.	49.4	(47.1-51.8)
Some Post-H.S.	57.7	(55.4-59.9)
College Graduate	49.8	(47.7-52.0)
Household Income		
Less than $15,000	41.5	(35.8-47.2)
$15,000 - $24,999	45.1	(41.0-49.1)
$25,000 - $34,999	52.6	(47.8-57.4)
$35,000 - $49,999	50.0	(46.4-53.6)
$50,000 - $74,999	56.8	(53.6-60.0)
$75,000+	39.5	(38.4-45.5)
Sexual Orientation & Gender Identity		
LGBT+	45.7	(39.3-52.1)
Non-LGBT	52.2	(50.9-53.5)
Veteran Status		
Veteran	60.5	(56.7-64.4)
Non-Veteran	50.9	(49.5-52.3)

[a] Among adults, the proportion reporting that they participated in sports wagering through Iowa casinos' mobile apps, telephone lines or in their sports books; bet or wagered money in Daily Fantasy Sports through internet sites such as DraftKing or FanDuel; went to casinos and played any games such as slot machines, or table games such as blackjack, poker or roulette; or purchased Iowa Lottery games such as Powerball, Mega Millions, Scratch tickets, Hot Lotto.

Types of Gambling in the Past 12 Months by Sex among Iowa BRFSS Respondents, 2020



	Daily Fantasy Sports	Sports Wagering	Played Casino Games	Bought Lottery Tickets
State	2.3	7.9	23.4	41.3
Female	0.7	3.7	20.0	38.6
Male	4.0	9.6	26.9	44.1

Inadequate Sleep

A third of U.S. adults report that they usually get less than the recommended amount of sleep (7-9 hours per day for adults)[22]. Not getting enough sleep has been linked to the development and management of many chronic diseases and conditions, including type 2 diabetes, cardiovascular disease, obesity, and depression[23].

- In 2020, an estimated 34.2% of adult Iowans reported inadequate sleep.
- Black, non-Hispanic Iowans (50.4%) reported the highest prevalence of inadequate sleep, followed by Other, non-Hispanic (40.6%), Multiracial, non-Hispanic (34.7%), Hispanic (34.6%), and White, non-Hispanic (33.0%) adults.
- Older adults reported the lowest levels of inadequate sleep when looking at prevalence by age group.
- Reports of inadequate sleep were highest among Iowans who reported lower levels of education and household income.
- Iowans identifying as LGBT+ (47.7%) reported significantly higher rates of inadequate sleep compared to non-LGBT Iowans (33.5%).
- Adults with disabilities (47.5%) reported significantly higher rates inadequate sleep compared to adults without disabilities (30.3%).

Demographic Characteristics	Inadequate Sleep[a]	
	Prevalence Rate (%)	C.I. (95%)
Total	34.2	(33.0-35.3)
Sex		
Female	33.7	(32.0-35.3)
Male	34.7	(33.1-36.3)
Race/Ethnicity		
Hispanic, all races	34.6	(29.6-39.6)
Black, Non-Hispanic	50.4	(42.2-58.6)
White, Non-Hispanic	33.0	(31.8-34.2)
Other, Non-Hispanic	40.6	(31.3-50.0)
Multiracial, Non-Hispanic	34.7	(23.7-45.7)
Age Group		
18 - 24	35.3	(31.2-39.3)
25 - 34	39.1	(35.8-42.4)
35 - 44	38.0	(35.1-40.9)
45 - 54	34.6	(31.8-37.4)
55 - 64	33.2	(30.6-35.8)
65 - 74	27.3	(24.9-29.6)
75+	29.5	(26.4-32.7)
Education		
Less than H.S.	42.1	(36.8-47.3)
H.S. or G.E.D.	37.8	(35.7-39.9)
Some Post-H.S.	36.0	(34.0-38.1)
College Graduate	25.0	(23.2-26.7)
Household Income		
Less than $15,000	49.8	(44.5-55.1)
$15,000 - $24,999	42.7	(38.9-46.4)
$25,000 - $34,999	39.9	(35.5-44.3)
$35,000 - $49,999	35.5	(32.2-38.7)
$50,000 - $74,999	31.6	(28.7-34.6)
$75,000+	28.6	(26.8-30.5)
Sexual Orientation & Gender Identity		
LGBT+	47.7	(41.7-53.7)
Non-LGBT	33.5	(32.3-34.7)
Veteran Status		
Veteran	39.3	(35.7-42.9)
Non-Veteran	33.7	(32.4-34.9)
Disability Status		
Adults with disabilities	47.5	(44.9-50.1)
No disabilities	30.3	(30.0-31.6)

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

Marijuana Use

Marijuana, also called cannabis, is the most commonly used federally illegal drug in the United States[24]. Certain states have legalized the use of recreational and/or medical marijuana use in recent years. As of 2022, recreational marijuana use is illegal in the state of Iowa. However, Iowa has a regulated medical cannabidiol (CBD) program for Iowa residents with serious medical conditions.

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

- In 2020, an estimated 6.9% of adult Iowans reported that they had used marijuana at least once in the past month.
- Reported marijuana use was higher among males than females for both any past month use and for daily marijuana use.
- Reported marijuana use was highest among younger adult populations, with 18.7% of respondents age 18-24 reporting any marijuana use in the past month, compared to 4.3% of 45-54 year olds and 1.5% among Iowans 65 years and older.
- Among those who identified as LGBT+, 21.5% reported any past month marijuana use, which is triple the prevalence rate among non-LGBT Iowa adults (6.0%).
- Adults with disabilities (10.8%) reported a higher prevalence of marijuana use in the past month than adults without disabilities (5.7%).

Demographic Characteristics	Any Past Month Marijuana Use (1+ Days)[a]		Daily Past Month Marijuana Use (20+ Days)[b]	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	6.9	(5.8-7.9)	2.9	(2.3-3.6)
Sex				
Female	5.4	(4.1-6.7)	1.8	(1.1-2.5)
Male	8.4	(6.8-10.0)	4.0	(2.9-5.1)
Race/Ethnicity				
Non-White or Hispanic	9.7	(5.6-13.8)	3.7	(1.6-5.9)
White, Non-Hispanic	6.5	(5.5-7.6)	2.8	(2.1-3.4)
Age Group				
18 - 24	18.7	(13.9-23.6)	5.5	(2.9-8.1)
25 - 34	9.1	(6.1-12.1)	4.0	(1.9-6.0)
35 - 44	6.8	(4.4-9.2)	4.7	(2.7-6.6)
45 - 54	4.3	(2.5-6.1)	*	*
55 - 64	4.9	(3.0-6.7)	2.2	(0.9-3.5)
65+	1.5	(0.8-2.2)	*	*
Education				
Less than H.S.	7.7	(3.8-11.6)	*	*
H.S. or G.E.D.	7.6	(5.7-9.5)	3.4	(2.2-4.7)
Some Post-H.S.	8.1	(6.1-10.2)	3.3	(2.0-4.5)
College Graduate	4.2	(2.9-5.5)	1.3	(0.6-1.9)
Household Income				
Less than $15,000	10.0	(5.0-15.1)	*	*
$15,000 - $24,999	11.9	(8.0-15.9)	5.3	(2.6-8.1)
$25,000 - $34,999	9.7	(5.5-13.9)	*	*
$35,000 - $49,999	6.8	(3.9-9.8)	2.7	(1.3-4.2)
$50,000 - $74,999	7.0	(4.3-9.7)	3.3	(1.6-5.0)
$75,000+	5.0	(3.5-6.6)	1.9	(0.9-2.9)
Sexual Orientation & Gender Identity				
LGBT+	21.5	(13.7-29.2)	8.5	(4.1-12.9)
Non-LGBT	6.0	(5.0-7.0)	2.6	(1.9-3.2)
Veteran Status				
Veteran	6.2	(3.2-9.3)	*	*
Non-Veteran	6.9	(5.9-8.0)	2.8	(2.2-3.5)
Disability Status				
Adults with disabilities	10.8	(8.3-13.4)	5.4	(3.6-7.1)
No disabilities	5.7	(4.6-6.8)	2.2	(1.5-2.8)

[a] Among all adults, the proportion reporting marijuana or cannabis use at least once in the past 30 days.
[b] Among all adults, the proportion reporting marijuana or cannabis use at least 20 or more days in the past 30 days.
* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

Motor Vehicle Safety

In the United States, motor vehicle crashes are a leading cause of death among those aged 1-54[25]. Practicing motor vehicle safety is extremely important to protect yourself and others on the road from injury or death. Seat belts are the most effective intervention for protecting motor vehicle occupants; they reduce the risk for fatal injuries and deaths from motor vehicle crashes by about half (45%)[26]. Even though the number of fatalities from drunk driving has fallen since 1982, about three out of ten (28%) American auto crash deaths involve alcohol[27]. Of the 10,142 individuals killed in alcohol-impaired driving crashes in 2019, the majority were driving the vehicle (63%)[28].

Seat Belt Use:

- In 2020, an estimated 93.7% of adult Iowans reported always or nearly always using their seat belt when driving or riding in a car. This is slightly lower than the national median of 94.2% for seat belt use.
- Females (96.2%) reported a higher prevalence of always or nearly always wearing a seat belt than males (91.2%).
- Reported seat belt usage as always or nearly always was less prevalent among those with lower education and household income levels.

Drinking and Driving:

- In 2020, 4.6% of adult Iowans reported driving a motor vehicle after drinking too much alcohol - more than double the national median of 2.2%.
- Iowa has the second highest prevalence rate of drinking and driving out of all 50 states and the District of Columbia.
- Males (6.1%) reported a significantly higher rate of drinking and driving compared to females (2.8%).
- The highest prevalence of drinking and driving was reported by Iowans aged 25-34 (6.8%).

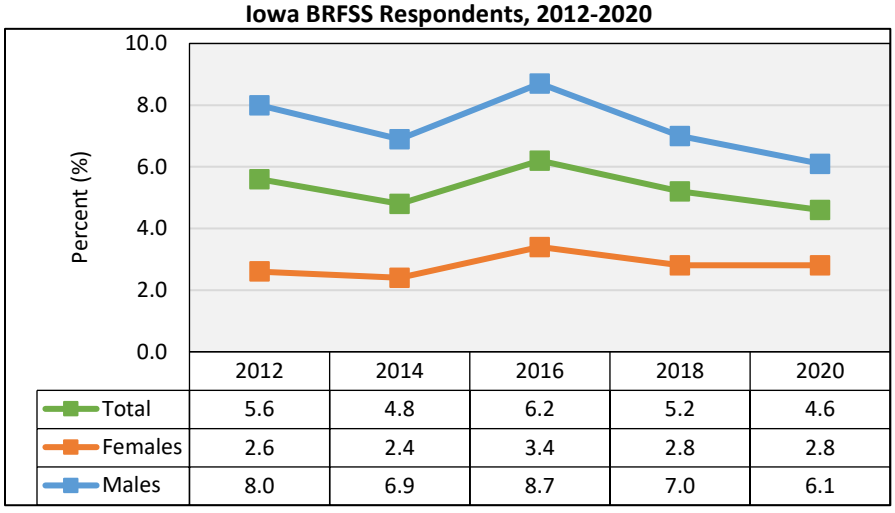
Demographics Characteristics	Always or Nearly Always Wear Seat Belts[a]		Drove Motor Vehicle After Drinking[b]	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	93.7	(93.1-94.4)	4.6	(3.9-5.3)
Sex				
Female	96.2	(95.4-97.0)	2.8	(1.9-3.7)
Male	91.2	(90.2-92.2)	6.1	(5.1-7.1)
Race/Ethnicity				
Hispanic, all races	94.7	(92.0-97.4)	*	*
Black, Non-Hispanic	90.9	(85.8-96.0)	*	*
White, Non-Hispanic	94.1	(93.5-94.7)	4.6	(3.9-5.3)
Other or Multiracial, Non-Hispanic	88.8	(82.9-94.7)	*	*
Age Group				
18 - 24	90.7	(88.1-93.3)	5.0	(2.6-7.4)
25 - 34	93.0	(91.1-94.8)	6.8	(4.8-8.9)
35 - 44	93.2	(91.5-94.9)	4.3	(2.8-5.9)
45 - 54	93.8	(92.3-95.3)	4.9	(3.3-6.5)
55 - 64	95.1	(93.9-96.3)	4.8	(3.3-6.3)
65-74	96.0	(95.0-97.1)	2.6	(1.3-3.8)
75+	94.0	(92.1-95.9)	*	*
Education				
Less than H.S.	87.2	(83.2-91.2)	*	*
H.S. or G.E.D.	92.3	(91.1-93.5)	4.8	(3.5-6.1)
Some Post-H.S.	93.9	(92.8-95.0)	4.9	(3.6-6.1)
College Graduate	97.1	(96.4-97.8)	4.0	(3.0-5.1)
Household Income				
Less than $15,000	89.7	(86.3-93.1)	*	*
$15,000 - $24,999	91.9	(89.7-94.1)	4.9	(2.2-7.6)
$25,000 - $34,999	92.1	(89.4-94.8)	5.4	(2.4-8.5)
$35,000 - $49,999	93.6	(91.8-95.3)	6.2	(3.7-8.7)
$50,000 - $74,999	93.7	(92.0-95.4)	4.2	(2.7-5.6)
$75,000+	95.3	(94.4-96.2)	5.0	(3.9-6.1)

[a] Among all adults, the proportion reporting that they always or nearly always used a seat belt within driving or riding in a car.

[b] Among adults who reporting drinking any alcohol within the past 30 days, the proportion who reported that they had driven when they'd had too much to drink at least once in the previous month.

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

Drinking and Driving Prevalence by Year and Sex among Iowa BRFSS Respondents, 2012-2020



	2012	2014	2016	2018	2020
Total	5.6	4.8	6.2	5.2	4.6
Females	2.6	2.4	3.4	2.8	2.8
Males	8.0	6.9	8.7	7.0	6.1

Prescription Opioid Use

The opioid epidemic has grown in the United States for over two decades, resulting in a crisis of substance use and addiction. An estimated 136 people in the U.S. die every day from an opioid overdose[29]. Opioid medications can be prescribed to treat pain. With prolonged use, pain-relieving effects may lessen and the body can develop dependence. Opioid dependence causes withdrawal symptoms, which makes it difficult to stop using them. Addiction occurs when dependence interferes with daily life.

- In 2020, an estimated 15.3% of adult Iowans reported taking any prescription opioid pain relievers. An estimated 1.3% of all adult Iowans reported taking opioids either more frequently or in higher doses than directed, or when it was not prescribed to them.
- Those with lower household incomes (less than $35,000) reported a higher prevalence of prescription opioid use (20.7%) compared to those making $35,000+ (14.0%).
- Adults identifying as LGBT+ (22.1%) reported a higher prevalence of prescription opioid use in the past year compared to non-LGBT Iowans (15.0%).
- Adults with disabilities (28.7%) reported a higher prevalence of using prescription opioids in the past year compared to adults with no disabilities (11.3%). Adults with disabilities also reported a higher prevalence of opioid misuse or abuse (3.4% vs. 0.7% respectively).
- Insured adults (15.7%) reported higher rates of using opioids compared to uninsured adults (10.7%).

Demographic Characteristics	Any Past Year Prescription Opioid Use[a]		Any Past Year Prescription Opioid Misuse or Abuse[b]	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	15.3	(14.4-16.2)	1.3	(0.9-1.6)
Sex				
Female	16.6	(15.2-17.9)	1.1	(0.6-1.6)
Male	14.0	(12.7-15.2)	1.4	(0.9-1.9)
Race/Ethnicity				
Non-White or Hispanic	12.8	(10.0-15.6)	*	*
White, Non-Hispanic	15.6	(14.6-16.6)	*	*
Age Group				
18 - 35	13.5	(11.6-15.4)	2.5	(1.5-3.5)
36+	16.3	(15.2-17.3)	0.7	(0.5-1.0)
Education				
Less than H.S. & H.S. or G.E.D.	15.5	(13.9-17.1)	1.8	(1.1-2.5)
Some Post-H.S. & College Graduate	15.2	(14.1-16.3)	1.0	(0.6-1.3)
Household Income				
Less than $35,000	20.7	(18.6-22.9)	2.3	(1.4-3.1)
$35,000+	14.0	(12.8-15.1)	1.0	(0.6-1.4)
Sexual Orientation & Gender Identity				
LGBT+	22.1	(16.6-27.5)	*	*
Non-LGBT	15.0	(14.0-15.9)	*	*
Veteran Status				
Veteran	15.9	(13.0-18.8)	*	*
Non-Veteran	15.2	(14.3-16.2)	*	*
Disability Status				
Adults with disabilities	28.7	(26.2-31.2)	3.4	(2.1-4.7)
No disabilities	11.3	(10.4-12.30	0.7	(0.4-0.9)
Health Insurance				
Insured	15.7	(14.8-16.7)	*	*
Not insured	10.7	(7.1-14.3)	*	*

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

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

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

Clinical Preventive Practices

Routine Checkup in Past Year

Routine checkups with a healthcare provider are an important aspect of preventative health care. People who see their healthcare provider regularly and have routine screenings are more likely to receive an early diagnosis if they develop a medical condition, and this can contribute to better outcomes and a longer lifespan[30].

- In 2020, an estimated 76.1% of adult Iowans reported that they had a routine medical checkup within the past year. This was similar to the U.S. median of 76.0%.
- Females (82.3%) reported a higher prevalence of having a routine checkup in the past year than males (69.6%).
- An estimated 80.1% of Black, non-Hispanic Iowans and 77.0% of White, non-Hispanic Iowans reported having a routine medical checkup in the past year, whereas 65.2% of Hispanic Iowans and 66.8% of Other and Multiracial, non-Hispanic Iowans reported having a routine medical checkup.
- The prevalence of having a routine medical checkup within the past year increased with age.
- Veterans and adults with disabilities (82.1% and 82.3%, respectively) had significantly higher rates of having a routine medical checkup within the past year compared to non-veterans and adults without disabilities (75.5% and 74.3%, respectively).
- Insured adults (78.3%) had a significantly higher prevalence of a routine medical checkup in the past year compared to adults without health insurance (49.3%).

Demographic Characteristics	Had a Routine Checkup within the Past Year[a]	
	Prevalence Rate (%)	C.I. (95%)
Total	76.1	(75.0-77.1)
Sex		
Female	82.3	(81.0-83.7)
Male	69.6	(68.0-71.3)
Race/Ethnicity		
Hispanic, all races	65.2	(60.1-70.3)
Black, Non-Hispanic	80.1	(73.3-87.0)
White, Non-Hispanic	77.0	(75.9-78.1)
Other or Multiracial, Non-Hispanic	66.8	(59.2-74.3)
Age		
18-24	69.2	(65.4-73.1)
25-34	62.4	(59.2-65.7)
35-44	68.9	(66.1-71.7)
45-54	75.3	(72.8-77.8)
55-64	82.9	(80.8-85.0)
65+	89.5	(88.2-90.8)
Education		
Less Than H.S.	73.7	(69.0-78.5)
H.S. or G.E.D.	76.1	(74.2-77.9)
Some Post-H.S.	75.7	(73.9-77.6)
College Graduate	77.3	(75.5-79.0)
Household Income		
Less than $15,000	80.4	(75.9-84.9)
$15,000 - $24,999	79.2	(76.1-82.3)
$25,000 - $34,999	74.7	(70.7-78.7)
$35,000 - $49,999	73.0	(70.0-76.1)
$50,000 - $74,999	72.5	(69.6-75.3)
$75,000+	76.8	(75.0-78.5)
Sexual Orientation and Gender Identity		
LGBT+	72.6	(67.2-77.9)
Non-LGBT	76.5	(75.4-77.6)
Veteran Status		
Veteran	82.1	(79.3-85.0)
Non-Veteran	75.5	(74.4-76.6)
Disability Status		
Adults with disabilities	82.3	(80.3-84.4)
No disabilities	74.3	(73.1-75.6)
Health Insurance		
Insured	78.3	(77.3-79.4)
Not insured	49.3	(44.2-54.3)

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

Breast Cancer Screening

Breast cancer is the second most common type of cancer among women[31]. Health care providers use screening tools like mammograms (an X-ray picture of the breast) to look for early signs of breast cancer. Regular mammograms are the best tool health care providers have to find breast cancer early. Detecting breast cancer early provides an individual with more treatment options and a higher chance of survival[32].

- In 2020, an estimated 92.5% of Iowa women 40 years and older reported ever having a mammogram, and 74.8% reported having a mammogram within the last two years.
- For comparison, the U.S. median for women aged 40+ who had received a mammogram in the last two years (71.5%) was lower than Iowa's rate (74.8%).
- Hispanic women had the lowest prevalence of having ever received a mammogram (80.2%) and having received a mammogram in the past two years (64.5%), compared to the other racial/ethnic groups analyzed.
- The prevalence of having a recent mammogram (within the last two years) increased with higher education and household income levels.
- Women aged 40-54 had significantly lower rates of mammograms (84.0% ever; 68.3% recent) compared to women aged 55 and above.
- Health insurance coverage was strongly linked to breast cancer screening. Women who had health insurance (93.5% ever; 76.2% recent) reported higher rates of having mammograms than women without insurance (65.3% ever; 38.1% recent).

Demographic Characteristics	Ever Had a Mammogram[a]		Had Mammogram in Last 2 Years[b]	
	Age 40 and Over			
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total Females	92.5	(91.4-93.5)	74.8	(73.1-76.5)
Sexual Orientation				
Lesbian	100.0	(100.0-100.0)	*	*
Bisexual	97.6	(92.9-100.0)	*	*
Straight	92.8	(91.7-93.8)	75.8	(74.1-77.6)
Other	78.4	(52.3-100.0)	*	*
Race/Ethnicity				
Hispanic, all races	80.2	(70.0-90.4)	64.5	(52.5-76.5)
Black, Non-Hispanic	91.4	(82.0-100.0)	73.9	(58.8-88.9)
White, Non-Hispanic	92.9	(91.8-94.0)	75.1	(73.3-76.8)
Other, Non-Hispanic	95.9	(88.2-100.0)	77.6	(60.9-94.2)
Multiracial, Non-Hispanic	93.6	(84.7-100.0)	89.1	(76.9-100.0)
Age				
40-54	84.0	(81.3-86.7)	68.3	(65.0-71.6)
55-64	97.2	(95.8-98.5)	83.0	(80.1-85.9)
65-74	97.0	(95.5-98.5)	82.6	(79.8-85.5)
75+	95.3	(93.3-97.3)	65.4	(61.0-69.7)
Education				
Less Than H.S.	78.5	(70.2-86.8)	53.4	(43.9-62.8)
H.S. or G.E.D.	94.1	(92.4-95.8)	73.3	(70.2-76.5)
Some Post-H.S.	93.0	(91.3-94.8)	76.5	(73.7-79.3)
College Graduate	93.3	(91.7-95.0)	79.0	(76.4-81.6)
Household Income				
Less than $15,000	90.9	(86.4-95.3)	64.5	(56.5-72.4)
$15,000 - $24,999	92.5	(89.4-95.7)	69.4	(64.2-74.7)
$25,000 - $34,999	93.3	(89.1-97.6)	72.7	(66.3-79.2)
$35,000 - $49,999	94.1	(91.4-96.8)	74.9	(70.1-79.7)
$50,000 - $74,999	90.8	(87.5-94.2)	75.5	(71.1-80.0)
$75,000+	93.4	(91.7-95.1)	81.5	(78.9-84.5)
Veteran Status				
Veteran	81.9	(65.5-98.2)	68.1	(51.3-84.9)
Non-Veteran	92.6	(91.5-93.7)	74.9	(73.2-76.6)
Disability Status				
Adults with disabilities	93.2	(91.1-95.2)	68.3	(64.7-71.9)
No disabilities	92.2	(90.9-93.5)	77.1	(75.2-79.0)
Health Insurance				
Insured	93.5	(92.5-94.5)	76.2	(74.6-77.9)
Not insured	65.3	(53.3-77.3)	38.1	(26.6-49.6)

[a] Among women aged 40 years and older, the proportion who reported having ever having a mammogram.
[b] Among women aged 40 years and older, the proportion who reported having a mammogram in the past two years.
* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

Cervical Cancer Screening

Almost all cervical cancers are caused by human papillomavirus (HPV)[33]. To prevent cervical cancer, the American Cancer Society recommends getting the HPV vaccine if eligible and to having regular cervical cancer screening tests[34]. For individuals with a cervix aged 21-29 years, a Pap test is recommended every three years. For individuals with a cervix aged 30-65 years there are three recommended options: a Pap test only ever three years, a HPV test only every five years, or co-testing (a Pap test + a HPV test) every five years[35].

- In 2020, an estimated 89.3% of adult Iowans with a cervix reported ever having a Pap test, while 77.1% reported having a Pap test in the last three years.
- Iowa's rate of women aged 21-65 who had received a pap test in the past three years (77.1%) was comparable to the U.S. median (77.7%).
- The 2020 rate observed among Iowans for having had a Pap test in the last three years (77.1%) is a decrease from the reported rate in 2018 (81.8%).
- Other, non-Hispanic Iowans (which includes American Indian or Alaskan Native; Asian; Native Hawaiian or other Pacific Islander; or Other, non-Hispanic respondents) had the lowest rates of ever having a Pap test (57.8%) and having a Pap test in the last three years (48.1%), when compared to the other racial/ethnic groups analyzed.
- The prevalence of cervical cancer screening using Pap tests increased with higher education and household income levels.
- No statistically significant differences for cervical cancer screening were reported based on veteran or disability status.
- Those with insurance reported significantly higher rates of cervical cancer screening using Pap tests (90.6% ever; 79.4% recent) than those without insurance (74.6% ever; 50.1% recent).

Demographic Characteristics	Ever Had a Pap Test, age 18+[a]		Had a Pap Test in Last 3 Years, Ages 21-65[b]	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total Females	89.3	(87.9-90.6)	77.1	(75.0-79.2)
Sexual Orientation				
Lesbian	85.9	(72.8-99.0)	71.3	(50.2-92.4)
Bisexual	75.3	(66.3-84.4)	66.8	(54.3-79.4)
Straight	91.0	(89.7-92.3)	78.8	(76.7-80.9)
Other	70.1	(53.8-86.4)	52.2	(31.1-73.4)
Race/Ethnicity				
Hispanic, all races	81.5	(74.3-88.7)	73.6	(64.5-82.7)
Black, Non-Hispanic	87.1	(79.2-95.0)	80.1	(66.4-93.9)
White, Non-Hispanic	90.9	(89.6-92.2)	78.6	(76.5-80.7)
Other, Non-Hispanic	57.8	(43.0-72.5)	48.1	(31.1-65.2)
Multiracial, Non-Hispanic	78.1	(63.0-93.3)	64.5	(45.1-83.9)
Age				
18-24	42.5	(36.2-48.7)	59.9	(51.2-68.6)
25-34	92.8	(89.9-95.7)	82.6	(78.3-86.8)
35-44	96.3	(94.0-98.6)	82.1	(78.3-85.9)
45-54	99.6	(99.2-100.0)	76.6	(72.2-81.0)
55-64	98.1	(96.9-99.3)	75.7	(71.7-79.7)
65-74	97.6	(96.3-99.0)	64.0	(50.8-77.1)
75+	93.2	(90.7-95.8)		
Education				
Less Than H.S.	75.6	(67.4-83.8)	61.1	(49.6-72.7)
H.S. or G.E.D.	86.8	(84.2-89.4)	71.9	(67.3-76.5)
Some Post-H.S.	88.9	(86.6-91.2)	77.7	(74.1-81.2)
College Graduate	95.6	(94.2-97.1)	82.9	(80.1-85.7)
Household Income				
Less than $15,000	79.4	(73.4-85.5)	61.2	(51.5-71.0)
$15,000 - $24,999	85.1	(80.6-89.6)	74.8	(67.9-81.7)
$25,000 - $34,999	91.6	(87.6-95.6)	77.2	(70.0-84.4)
$35,000 - $49,999	89.8	(85.9-93.6)	75.8	(69.5-82.2)
$50,000 - $74,999	92.5	(88.9-96.1)	79.2	(74.5-83.9)
$75,000+	94.4	(92.4-96.4)	83.2	(80.2-86.1)
Veteran Status				
Veteran	94.5	(86.6-100.0)	81.1	(68.1-94.0)
Non-Veteran	89.2	(87.8-90.6)	77.0	(74.8-79.1)
Disability Status				
Adults with disabilities	89.9	(87.1-92.7)	71.8	(66.7-76.9)
No disabilities	89.3	(87.8-90.9)	78.7	(76.4-81.0)
Health Insurance				
Insured	90.6	(89.2-91.9)	79.4	(77.3-81.5)
Not insured	74.6	(66.4-82.9)	50.1	(40.8-59.6)

[a] Among women aged 18 years and older, the proportion who reported ever having a Pap test.

[b] Among women aged 21-65, the proportion who reported having a Pap test within the previous three years.

Colorectal Cancer Screening

Colorectal cancer was the second leading cause of cancer death in the United States and Iowa in 2020[36,37]. An estimated two-thirds of colorectal cancer deaths in the U.S. could be prevented through screening[38]. Screening can prevent cancer by finding and removing polyps before they progress to cancer. Screening can also find colorectal cancer at an early stage, when treatment is more likely to be successful[39]. Colorectal cancer screening is recommended for everyone beginning at the age of 45. Appropriate colorectal cancer screening consists of stool-based tests collected at home and sent in to a lab for testing (fecal occult blood test or fecal immunochemical test (FIT) within the past year, or stool DNA test every 1 to 3 years) or direct visualization of the colon and rectum (colonoscopy every 10 years, flexible sigmoidoscopy every 5 years or every 10 years with a FIT annually, or virtual colonoscopy every 5 years)[40].

- In 2020, an estimated 74.3% of Iowans aged 50-75 reported appropriate colorectal cancer screening according to U.S. Preventive Service Task Force (USPSTF) guidelines. Iowa's rate (74.3%) aligned with the national median (74.3%) for U.S. adults who had met the USPSTF recommendations for colorectal cancer screening.
- Hispanic Iowans (40.3%) reported the lowest rate of meeting colorectal cancer screening recommendations when analyzing results by race/ethnicity categories.
- For the most part, colorectal cancer screening rates within the recommended time frame increased with higher education and household income levels.
- There were no significant differences in colorectal cancer screening rates by sexual orientation and gender identity, veteran status, or disability status.
- Those with health insurance (76.1%) had a significantly higher rate of meeting colorectal cancer screening recommendations than those without health insurance (35.2%).

Demographics Characteristics	Met USPSTF Colorectal Cancer Screening Recommendations, Aged 50-75[a]	
	Prevalence Rate (%)	C.I. (95%)
Total	74.3	(72.7-75.9)
Sex		
Female	76.1	(74.0-78.2)
Male	72.4	(70.1-74.8)
Race/Ethnicity		
Hispanic, all races	40.3	(28.9-51.7)
Black, Non-Hispanic	76.1	(63.5-88.7)
White, Non-Hispanic	75.5	(73.9-77.1)
Other, Non-Hispanic	66.4	(51.6-81.1)
Education		
Less than H.S.	49.1	(40.3-57.9)
H.S. or G.E.D.	74.8	(72.2-77.5)
Some Post-H.S.	74.3	(71.5-77.1)
College Graduate	79.5	(77.2-81.9)
Household Income		
Less than $15,000	70.5	(62.8-78.1)
$15,000 - $24,999	66.5	(60.9-72.1)
$25,000 - $34,999	70.9	(64.8-77.0)
$35,000 - $49,999	71.8	(67.3-76.2)
$50,000 - $74,999	74.3	(70.5-78.0)
$75,000+	78.4	(70.5-79.7)
Sexual Orientation and Gender Identity		
LGBT+	64.7	(51.8-77.7)
Non-LGBT	74.9	(73.3-76.5)
Veteran Status		
Veteran	77.8	(73.5-82.1)
Non-Veteran	73.8	(72.1-75.5)
Disability Status		
Adults with disabilities	74.2	(70.9-77.5)
No disabilities	74.4	(72.6-76.2)
Health Insurance Coverage		
Insured	76.1	(74.6-77.7)
Not insured	35.2	(26.8-43.5)

[a] Among all adults aged 50-75, the proportion reporting that they had received a FIT or FOBT blood stool test in the past year, OR stool DNA test in the past 3 years, OR sigmoidoscopy in the past 5 years, OR sigmoidoscopy within the past 10 years and a blood stool test in the past year, OR colonoscopy in the past 10 years, OR virtual colonoscopy in the past 5 years.

HIV Testing

An estimated 1.2 million people in the United States have HIV (human immunodeficiency virus), and about 13% of those people are unaware of their status[41]. Nearly 40% of new HIV infections are transmitted by people who don't know they have the virus[42]. People who get tested and learn they have HIV can get antiretroviral therapy treatment and remain healthy for years. Knowing your HIV status can also help prevent future HIV transmission. It is recommended that everyone between the ages of 13 and 64 get tested for HIV at least once in their lifetime as part of routine care.

- In 2020, 26.9% of Iowan adults reported ever being tested for HIV. This is lower than the national median of 37.1%.
- Black, non-Hispanic Iowans (54.9%) and Multiracial, non-Hispanic Iowans (46.1%) reported a higher prevalence of HIV testing compared to Hispanic (33.9%), White, non-Hispanic (24.9%), and other non-Hispanic (31.4%) Iowans.
- The prevalence of HIV testing decreased as household income increased.
- Adult Iowans who identified as LGBT+ (41.8%) reported significantly higher rates of HIV testing than non-LGBT adults (25.9%).
- Veterans (37.6%) reported a higher prevalence of HIV testing compared to non-veterans (25.9%).
- Adults with disabilities (34.3%) reported a higher prevalence rate for ever being tested for HIV than adults without disabilities (24.8%).

Demographic Characteristics	Ever Tested for HIV[a]	
	Prevalence Rate (%)	C.I. (95%)
Total	26.9	(25.8-28.0)
Sex		
Female	28.3	(26.7-29.9)
Male	25.5	(23.9-27.1)
Race/Ethnicity		
Hispanic, all races	33.9	(28.5-39.3)
Black, Non-Hispanic	54.9	(46.3-63.5)
White, Non-Hispanic	24.9	(23.7-26.0)
Other, Non-Hispanic	31.4	(22.4-40.4)
Multiracial, Non-Hispanic	46.1	(33.7-58.5)
Age Group		
18 - 24	20.7	(17.2-24.2)
25 - 34	36.3	(32.8-39.7)
35 - 44	42.4	(39.3-45.5)
45 - 54	32.8	(29.9-35.6)
55 - 64	23.7	(21.2-26.1)
65-74	15.5	(13.5-17.6)
75+	8.8	(6.6-11.0)
Education		
Less than H.S.	30.1	(25.1-35.2)
H.S. or G.E.D.	22.6	(20.7-24.6)
Some Post-H.S.	29.2	(27.1-31.2)
College Graduate	27.9	(26.0-29.9)
Household Income		
Less than $15,000	37.0	(31.7-42.3)
$15,000 - $24,999	32.8	(28.9-36.7)
$25,000 - $34,999	26.8	(22.7-31.0)
$35,000 - $49,999	25.3	(22.3-28.4)
$50,000 - $74,999	25.6	(22.8-28.5)
$75,000+	26.2	(24.4-28.1)
Sexual Orientation & Gender Identity		
LGBT+	41.8	(35.5-48.1)
Non-LGBT	25.9	(24.7-27.0)
Veteran Status		
Veteran	37.6	(33.8-41.4)
Non-Veteran	25.9	(24.7-27.0)
Disability Status		
Adults with disabilities	34.3	(31.7-36.9)
No disabilities	24.8	(23.5-26.0)
Health Insurance		
Insured	26.8	(25.6-28.0)
Not insured	28.9	(24.2-33.7)

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

Immunizations

Influenza, or the flu, is a contagious respiratory illness caused by viruses that infect the nose, throat and lungs. It can cause mild to severe illness, and sometimes can lead to death[43]. The best way to prevent the flu is by getting a flu vaccination each year. Pneumonia is a lung disease caused by bacteria, viruses, and other infectious agents such as fungi. Pneumonia is frequently a complication of influenza. CDC recommends pneumococcal vaccination for all children younger than 2 years old and all adults 65 years or older[44]. In certain situations, older children and other adults should also get pneumococcal vaccines.

- In 2020, an estimated 51.2% of adult Iowans reported receiving a flu vaccine in the past year. An estimated 34.8% of Iowan adults reported ever receiving a pneumonia vaccine.
- Females reported significantly higher rates of receiving their vaccines (58.3% flu; 39.2% pneumonia) compared to males (44.0% flu; 30.3% pneumonia).
- When analyzing by racial/ethnic groups, Hispanic Iowans (35.0% flu; 13.6% pneumonia) and Black, non-Hispanic Iowans (36.8% flu; 22.8% pneumonia) had the lowest prevalence of immunizations compared to the other racial/ethnic groups.
- The prevalence of having a flu vaccine in the past year increased with age and higher education levels.
- The prevalence of having ever had a pneumonia vaccine decreased with higher levels of household income.
- Veterans (50.9%) and adults with disabilities (49.3%) reported a higher prevalence of having ever received a pneumonia vaccine compared to non-veterans (33.2%) and adults without disabilities (30.4%).
- Those with health insurance reported significantly higher rates of receiving a flu vaccine in the past year (53.7%) and a pneumonia vaccine ever in their lifetime (36.3%), when compared to those without insurance (23.0% for flu, 16.5% for pneumonia vaccine).

Demographic Characteristics	Had Influenza (Flu) Vaccine in Past Year[a]		Ever Had Pneumococcal (Pneumonia) Vaccine[b]	
	%	C.I. (95%)	%	C.I. (95%)
Total	51.2	(50.0-52.5)	34.8	(33.7-36.0)
Sex				
Female	58.3	(56.6-60.0)	39.2	(37.5-40.9)
Male	44.0	(42.3-45.8)	30.3	(28.7-32.0)
Race/Ethnicity				
Hispanic, all races	35.0	(29.7-40.3)	13.6	(9.4-17.8)
Black, Non-Hispanic	36.8	(28.7-44.9)	22.8	(15.7-30.0)
White, Non-Hispanic	52.9	(51.7-54.2)	36.9	(35.6-38.1)
Other, Non-Hispanic	51.1	(41.4-60.8)	27.3	(18.1-36.5)
Multiracial, Non-Hispanic	40.7	(28.8-52.6)	32.0	(19.7-44.2)
Age				
18-24	41.4	(37.1-45.6)	26.9	(22.7-31.2)
25-34	39.5	(36.1-42.9)	18.5	(15.5-21.5)
35-44	42.7	(39.7-45.7)	14.1	(11.9-16.4)
45-54	45.6	(42.7-48.6)	16.7	(14.5-19.0)
55-64	57.9	(55.2-60.6)	29.2	(26.6-31.7)
65-74	65.7	(63.1-68.2)	69.1	(66.5-71.6)
75+	73.8	(70.7-76.8)	82.8	(80.1-85.5)
Education				
Less Than H.S.	36.1	(30.9-41.3)	31.8	(26.5-37.1)
H.S. or G.E.D.	46.4	(44.3-48.6)	35.9	(33.7-38.0)
Some Post-H.S.	51.0	(48.9-53.2)	35.2	(33.2-37.3)
College Graduate	61.7	(59.7-63.7)	34.2	(32.2-36.1)
Household Income				
Less than $15,000	45.4	(40.1-50.8)	47.7	(42.1-53.3)
$15,000 - $24,999	47.1	(43.3-50.9)	40.9	(37.1-44.7)
$25,000 - $34,999	50.2	(45.8-54.7)	40.2	(35.8-44.6)
$35,000 - $49,999	45.8	(42.4-49.1)	38.3	(34.9-41.7)
$50,000 - $74,999	48.4	(45.4-51.5)	32.9	(29.9-35.8)
$75,000+	57.0	(55.0-59.1)	26.1	(24.3-27.9)
Sexual Orientation & Gender Identity				
LGBT+	42.5	(36.5-48.6)	34.8	(28.6-41.0)
Non-LGBT	51.6	(50.6-53.1)	35.4	(34.2-36.6)
Veteran Status				
Veteran	59.2	(55.6-62.9)	50.9	(47.0-54.7)
Non-Veteran	50.4	(49.1-51.7)	33.2	(32.0-34.5)
Disability Status				
Adults with disabilities	52.1	(49.5-54.7)	49.3	(46.6-51.9)
No disabilities	50.9	(49.5-52.3)	30.4	(29.1-31.7)
Health Insurance				
Insured	53.7	(52.4-54.9)	36.3	(35.1-37.5)
Not insured	23.0	(19.0-27.0)	16.5	(12.3-20.8)

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

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

Oral Health

Oral health is a key indicator of overall health, well-being, and quality of life. Untreated oral diseases can impact one's ability to speak, smile, eat, drink, swallow, and show emotions[45]. Routine dental care consists of professional teeth cleaning and checkups, and helps in early diagnosis and treatment of tooth decay (cavities) and periodontal (gum) disease.

- In 2020, an estimated 68.1% of adult Iowans reported having a dental visit within the past year, which is slightly higher than the U.S. median of 66.7%.
- In 2020, an estimated 61.5% reported that they had never had any permanent teeth removed because of tooth decay or gum disease. This is slightly higher than the U.S. median of 59.8% for this measure.
- Females (72.5%) reported higher rates of having a dental visit in the past year compared to males (63.6%).
- The prevalence of having a dental visit in the past year was similar by age, but the prevalence of having no permanent teeth removed decreased significantly with age.
- Both the prevalence for having a dental visit in the past year, and not having any permanent teeth removed increased with higher levels of education and household income.
- Adults with disabilities (55.9%) reported significantly lower rates of having a dental visit in the last year compared to adults without disabilities (71.6%).
- Adults with disabilities (41.2%) also reported significantly lower rates of having no permanent teeth removed than adults without disabilities (67.7%).
- Insured adults (70.0%) reported having a dental visit in the past year at a significantly higher rate compared to uninsured adults (46.8%).

Demographic Characteristics	Last Dental Visit within 12 Months[a]		No Permanent Teeth Removed[b]	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	68.1	(67.0-69.2)	61.5	(60.4-62.7)
Sex				
Female	72.5	(71.0-74.1)	62.4	(60.8-64.0)
Male	63.6	(61.9-65.2)	60.6	(58.9-62.2)
Race/Ethnicity				
Hispanic, all races	57.3	(52.0-62.6)	66.7	(61.6-71.7)
Black, Non-Hispanic	65.0	(57.2-72.9)	59.4	(51.2-67.5)
White, Non-Hispanic	69.1	(67.9-70.3)	61.2	(60.0-62.4)
Other, Non-Hispanic	67.2	(58.5-75.9)	63.5	(54.5-72.6)
Multiracial, Non-Hispanic	61.2	(49.0-73.4)	58.4	(46.5-70.3)
Age Group				
18 - 24	67.7	(63.7-71.6)	91.6	(89.3-94.0)
25 - 34	61.3	(58.1-64.6)	78.8	(76.0-81.7)
35 - 44	68.1	(65.3-70.9)	69.5	(66.7-72.3)
45 - 54	69.9	(67.2-72.7)	60.7	(57.8-63.6)
55 - 64	70.7	(68.2-73.2)	48.3	(45.6-51.1)
65-74	71.5	(69.0-73.9)	40.2	(37.6-42.8)
75+	67.3	(64.1-70.6)	29.9	(26.8-33.0)
Education				
Less than H.S.	48.7	(43.4-54.0)	42.5	(37.2-47.9)
H.S. or G.E.D.	62.2	(60.1-64.2)	54.2	(52.0-56.3)
Some Post-H.S.	68.9	(66.9-70.9)	62.2	(60.1-64.2)
College Graduate	80.2	(78.6-81.8)	75.0	(73.3-76.6)
Household Income				
Less than $15,000	52.3	(47.0-57.6)	49.0	(43.7-54.4)
$15,000 - $24,999	51.8	(48.0-55.6)	46.5	(42.7-50.4)
$25,000 - $34,999	55.9	(51.5-60.4)	51.6	(47.1-56.0)
$35,000 - $49,999	66.6	(63.5-69.8)	56.2	(52.9-59.6)
$50,000 - $74,999	68.9	(65.9-71.9)	60.5	(57.6-63.5)
$75,000+	79.1	(77.4-80.7)	73.2	(71.4-75.0)
Disability Status				
Adults with disabilities	55.9	(53.3-58.5)	41.2	(38.6-43.8)
No disabilities	71.6	(70.3-72.9)	67.7	(66.4-69.0)
Health Insurance[c]				
Insured	70.0	(68.8-71.1)	61.4	(60.2-62.6)
Not insured	46.8	(41.8-51.8)	61.2	(56.3-66.1)

[a] Among all adults, the proportion who reported they had visited a dentist or dental clinic for any reason in the previous year.
[b] Among all adults, the proportion who reported that they have had no teeth removed because of tooth decay or gum disease.
[c] Health insurance does not always cover dental care. Dental care is often covered through separate dental insurance, however BRFSS does not report on dental insurance coverage.

Chronic Conditions

Asthma

Asthma is a chronic inflammatory disorder of the lungs where airways become blocked or narrowed[46]. Asthma can make breathing difficult and trigger coughing, wheezing, breathlessness, or chest tightness[47]. Genetic, environmental, and occupational factors have been linked to developing asthma.

- In 2020, an estimated 11.9% of Iowans reported that they were ever diagnosed with asthma in their lifetime, and 9.1% reported that they currently have asthma.
- Iowa's prevalence rate for lifetime asthma (11.9%) was lower than the U.S. median (14.2%). The prevalence rate for current asthma in Iowa (9.1%) was comparable to the U.S. median (9.6%).
- Compared to males, females had a significantly higher rate of lifetime (14.4% females; 9.4% males) and current (11.7% females; 6.4% males) asthma.
- The prevalence of both lifetime and current asthma decreased with age and higher household income levels.
- Iowa veterans (8.1% lifetime asthma; 6.0% current asthma) reported lower rates of asthma than non-veterans (12.3% lifetime asthma; 9.4% current asthma).
- Adults with disabilities reported significantly higher rates of both lifetime (19.3% adults with disabilities, 9.9% without disabilities) and current (15.6% adults with disabilities; 7.3% without disabilities) asthma.
- There were no significant differences in prevalence of lifetime or current asthma by health insurance status.

Demographic Characteristics	Ever Told Asthma[a]		Current Asthma[b]	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	11.9	(11.1-12.7)	9.1	(8.4-9.8)
Sex				
Female	14.4	(13.2-15.6)	11.7	(10.6-12.8)
Male	9.4	(8.3-10.4)	6.4	(5.5-7.3)
Race/Ethnicity				
Hispanic, all races	7.5	(4.8-10.1)	4.6	(2.4-6.7)
Black, Non-Hispanic	17.5	(11.4-23.5)	15.1	(9.3-20.8)
White, Non-Hispanic	11.8	(11.0-12.6)	9.0	(8.3-9.7)
Other, Non-Hispanic	13.3	(6.7-19.9)	*	*
Multiracial, Non-Hispanic	16.1	(8.7-23.6)	12.7	(5.9-19.5)
Age Group				
18 - 24	14.8	(11.8-17.8)	10.6	(7.9-13.3)
25 - 34	14.7	(12.3-17.0)	10.6	(8.5-12.7)
35 - 44	12.0	(10.0-13.9)	9.4	(7.7-11.2)
45 - 54	10.9	(9.1-12.7)	8.4	(6.9-10.0)
55 - 64	11.5	(9.8-13.3)	9.2	(7.7-10.8)
65-74	9.1	(7.6-10.5)	7.3	(6.0-8.7)
75+	9.7	(7.7-11.8)	7.3	(5.5-9.1)
Education				
Less than H.S.	12.2	(8.8-15.6)	9.8	(6.7-13.0)
H.S. or G.E.D.	11.5	(10.1-12.9)	8.6	(7.4-9.8)
Some Post-H.S.	12.9	(11.5-14.4)	9.9	(8.6-11.2)
College Graduate	11.0	(9.7-12.3)	8.4	(7.3-9.5)
Household Income				
Less than $15,000	22.3	(17.9-26.7)	18.2	(14.2-22.3)
$15,000 - $24,999	14.8	(12.1-17.4)	12.3	(9.9-14.7)
$25,000 - $34,999	14.9	(11.7-18.1)	11.6	(8.7-14.4)
$35,000 - $49,999	11.5	(9.3-13.7)	8.1	(6.2-10.1)
$50,000 - $74,999	12.3	(10.1-14.5)	8.7	(6.8-10.7)
$75,000+	8.6	(7.5-9.8)	6.4	(5.4-7.4)
Veteran Status				
Veteran	8.1	(6.2-10.0)	6.0	(4.3-7.6)
Non-Veteran	12.3	(11.5-13.2)	9.4	(8.7-10.2)
Disability Status				
Adults with disabilities	19.3	(17.2-21.4)	15.6	(13.6-17.6)
No disabilities	9.9	(9.1-10.8)	7.3	(6.6-8.0)
Health Insurance				
Insured	12.0	(11.1-12.8)	9.1	(8.4-9.9)
Not insured	11.6	(8.3-15.0)	8.7	(5.6-11.8)

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

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

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

Arthritis

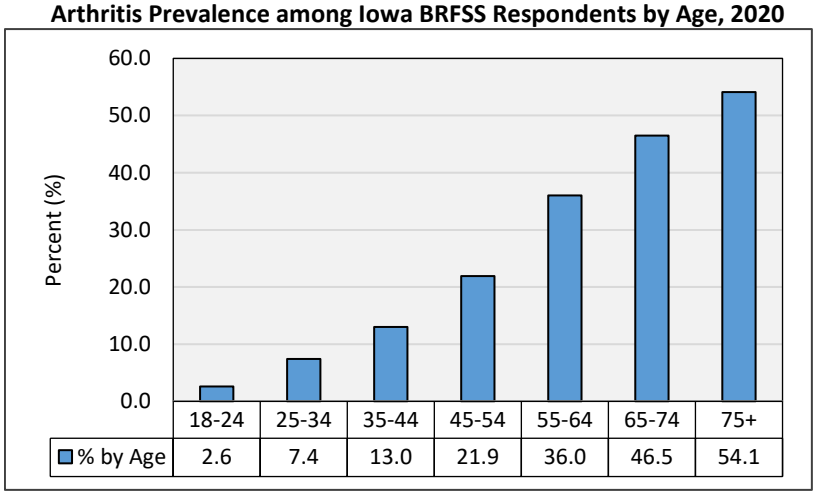
Arthritis encompasses a group of over 100 different rheumatic diseases and conditions that result in pain and reduction of functionality in and around the joints. It is the leading cause of work disability in the United States[48].

- In 2020, 24.4% of adult Iowans reported ever being told by a doctor that they had some form of arthritis. This aligned with the national median of 24.4%.
- Females (28.4%) reported a statistically higher prevalence of arthritis than males (20.3%).
- White, non-Hispanic and Multiracial, non-Hispanic had the highest prevalence of arthritis (25.9% and 25.4% respectively), compared to Iowans of all other racial/ethnic identities (≤ 15%).
- The prevalence of arthritis drastically increased age. The demographic group reporting the highest prevalence of arthritis was adults Iowans age 75 years and older (54.1%).
- As education and household income level increased, the prevalence of arthritis decreased.
- Arthritis prevalence was higher among veterans (33.1%) compared to non-veterans (23.5%).
- Among adult Iowans with a self-care disability (difficulty dressing or bathing), 66.7% reported they had arthritis, compared to 23.5% among those who did not have a self-care disability.
- Among adult Iowans with a mobility disability (serious difficulty walking or climbing stairs), 69.6% reported they had arthritis, compared to 19.3% among those who did not have a mobility disability.

Demographic Characteristics	Ever Told Arthritis[a]	
	Prevalence Rate (%)	C.I. (95%)
Total	24.4	(23.4-25.4)
Sex		
Female	28.4	(27.0-29.8)
Male	20.3	(19.0-21.6)
Race/Ethnicity		
Hispanic, all races	12.0	(8.7-15.3)
Black, Non-Hispanic	15.0	(9.5-20.5)
White, Non-Hispanic	25.9	(24.9-27.0)
Other, Non-Hispanic	13.8	(7.3-20.3)
Multiracial, Non-Hispanic	25.4	(15.6-35.2)
Age Group		
18 - 24	2.6	(1.3-3.8)
25 - 34	7.4	(5.6-9.2)
35 - 44	13.0	(11.0-15.0)
45 - 54	21.9	(19.5-24.3)
55 - 64	36.0	(33.3-38.6)
65-74	46.5	(43.8-49.1)
75+	54.1	(50.8-57.4)
Education		
Less than H.S.	26.5	(22.1-31.0)
H.S. or G.E.D.	26.5	(24.7-28.3)
Some Post-H.S.	25.6	(23.9-27.4)
College Graduate	19.6	(18.2-21.1)
Household Income		
Less than $15,000	34.4	(29.6-39.2)
$15,000 - $24,999	32.5	(29.2-35.9)
$25,000 - $34,999	29.8	(26.0-33.7)
$35,000 - $49,999	26.2	(23.4-29.1)
$50,000 - $74,999	23.6	(21.2-26.1)
$75,000+	17.7	(16.2-19.2)
Veteran Status		
Veteran	33.1	(29.7-36.5)
Non-Veteran	23.5	(22.5-24.5)
Health Insurance		
Insured	25.6	(24.5-26.6)
Not insured	11.7	(8.4-14.9)

[a] Among all adults, the proportion reporting ever being told by a doctor that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

Arthritis Prevalence among Iowa BRFSS Respondents by Age, 2020



Cardiovascular Diseases

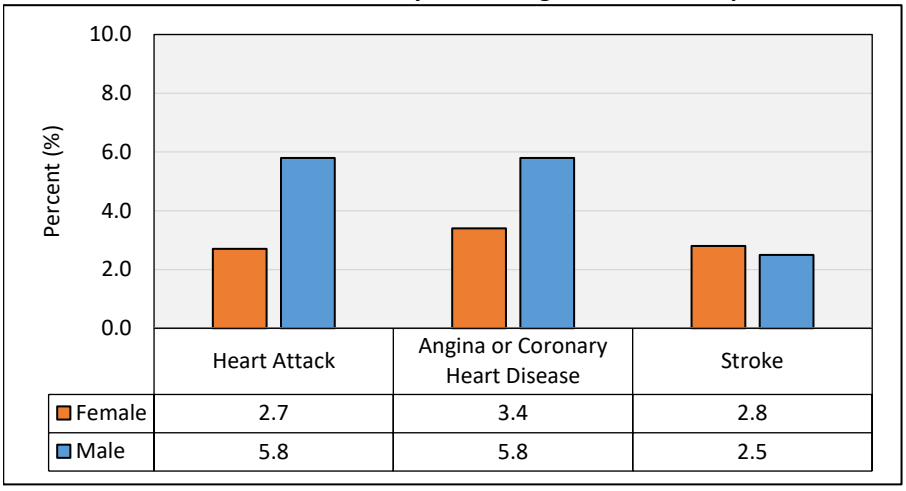
Cardiovascular disease (CVD) is an umbrella term covering disorders of both the heart (cardio) and blood vessels (vascular) in the body. CVD most often refers to heart disease and stroke. Heart disease includes coronary heart disease and heart attacks. Heart disease the leading cause of death in the United States[49] and was the leading cause of death for Iowans in 2020[50].

- In 2020, an estimated 4.2% of adult Iowans had ever been told by a doctor that they had a heart attack, 4.6% had ever been told they had angina or coronary heart disease (CHD), and 2.7% had ever been told they had a stroke.
- Males reported a higher prevalence rate than females for heart attack and CHD, but not stroke.
- The prevalence of a heart attack, CHD and stroke increased with age, and decreased with higher education and household income levels.
- Veterans had higher rates of being diagnosed with each of the three diseases compared to non-veterans.
- Adults with disabilities reported higher rates of being diagnosed with each of the three diseases, compared to adults without disabilities.

Demographic Characteristics	Ever Told Heart Attack[a]		Ever Told Angina or Coronary Heart Disease (CHD)[b]		Ever Told Stroke[c]	
	%	C.I. (95%)	%	C.I. (95%)	%	C.I. (95%)
Total	4.2	(3.7-4.7)	4.6	(4.1-5.1)	2.7	(2.3-3.0)
Sex						
Female	2.7	(2.1-3.2)	3.4	(2.8-4.0)	2.8	(2.3-3.3)
Male	5.8	(5.0-6.5)	5.8	(5.1-6.6)	2.5	(2.0-3.0)
Race/Ethnicity						
Non-White or Hispanic	3.0	(1.5-4.5)	3.7	(2.3-5.2)	1.6	(0.7-2.5)
White, Non-Hispanic	4.3	(3.8-4.7)	4.7	(4.2-5.2)	2.8	(2.4-3.2)
Age						
18-44	0.7	(0.3-1.1)	0.9	(0.5-1.3)	0.7	(0.4-1.0)
45-54	3.2	(2.2-4.2)	3.3	(2.1-4.4)	1.7	(0.8-2.5)
55-64	6.1	(4.8-7.5)	6.8	(5.3-8.2)	3.3	(2.3-4.3)
65-74	7.7	(6.2-9.1)	8.0	(6.6-9.5)	4.7	(3.5-5.8)
75+	13.5	(11.2-15.8)	9.2	(12.5-17.4)	9.2	(7.2-11.3)
Education						
Less Than H.S.	8.6	(5.7-11.4)	7.7	(5.3-10.1)	4.7	(2.6-6.7)
H.S. or G.E.D.	5.3	(4.5-6.2)	5.3	(4.4-6.2)	2.7	(2.1-3.3)
Some Post-H.S.	3.3	(2.6-3.9)	4.0	(3.2-4.8)	2.7	(2.1-3.3)
College Graduate	2.7	(2.1-3.3)	3.5	(2.9-4.2)	1.9	(1.4-2.4)
Household Income						
Less than $15,000	6.9	(4.6-9.2)	7.1	(4.6-9.5)	5.7	(3.3-8.1)
$15,000 - $24,999	7.3	(5.7-9.0)	6.9	(5.2-8.6)	4.1	(2.8-5.4)
$25,000 - $34,999	5.3	(3.5-7.0)	7.6	(5.2-9.9)	4.1	(2.5-5.7)
$35,000 - $49,999	5.0	(3.5-6.5)	5.8	(4.3-7.2)	2.6	(1.7-3.6)
$50,000 - $74,999	3.3	(2.3-4.3)	4.1	(2.9-5.4)	1.6	(0.9-2.4)
$75,000+	2.0	(1.5-2.5)	2.7	(2.1-3.4)	1.2	(0.8-1.6)
Veteran Status						
Veteran	11.3	(9.2-13.4)	11.5	(9.3-13.7)	5.1	(3.7-6.5)
Non-Veteran	3.5	(3.0-3.9)	3.9	(3.4-4.4)	2.4	(2.0-2.8)
Disability Status						
Adults with disabilities	10.2	(8.8-11.7)	11.2	(9.6-12.8)	7.2	(6.0-8.5)
No disabilities	2.3	(1.9-2.6)	2.7	(2.3-3.1)	1.4	(1.1-1.7)
Health Insurance						
Insured	4.3	(3.9-4.9)	4.9	(4.4-5.4)	2.8	(2.4-3.2)
Not insured	1.9	(0.9-3.0)	*	*	*	*

Among all adults, the proportion ever told by a doctor that: [a] they had a heart attack or myocardial infarction, [b] they had angina or coronary heart disease, or [c] they had a stroke.

Cardiovascular Disease Prevalence by Sex among Iowa BRFSS Respondents, 2020



Cancer

Cancer is the second most common cause of death in the United States, following heart disease[51]. Although cancer is a common disease, more and more people are surviving cancer. Death rates for all cancer types have declined 31% since 1991, when the cancer death rate peaked at 215 deaths from cancer per 100,000 people[52]. Declines in the cancer death rate are largely due to reductions in smoking and vast improvements in early cancer detection and treatment methods.

- In 2020, an estimated 6.7% of adult Iowans had ever been told by a doctor that they had skin cancer, and 6.5% reported being told they had some other type of cancer other than skin cancer.
- Iowa's prevalence rates for skin cancer (6.7%) and other cancer (6.5%) were both comparable to the national medians (6.4% skin cancer, 6.8% other cancer) among U.S. adults.
- Those who had health insurance coverage reported a higher prevalence of other cancer (6.8%), compared to those without insurance (3.0%). Of those who held health insurance, 6.7% reported skin cancer, but this could not be compared to those without insurance due to small counts.
- White, non-Hispanic Iowans reported a higher prevalence rate of cancer (7.6% skin cancer, 7.0% other cancer) compared to non-White or Hispanic Iowans (1.2% skin cancer, 2.7% other cancer).
- The prevalence of skin cancer and other types of cancers increased with age.
- Veterans reported a higher prevalence rate of cancer (14.3% for skin cancer, 10.6% for other cancer) than non-veterans (6.0% for skin cancer and other cancer).
- Adults with disabilities reported a higher prevalence rate of cancer (9.6% for skin cancer, 11.0% for other cancer) than adults without disabilities (5.9% for skin cancer, 5.2% for other cancer).

Demographic Characteristics	Ever Told Skin Cancer[a]		Ever Told Any Other Types of Cancer[b]	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	6.7	(6.2-7.3)	6.5	(6.0-7.0)
Sex				
Female	6.6	(5.8-7.3)	5.7	(5.0-6.4)
Male	6.9	(6.1-7.7)	7.2	(6.5-8.0)
Race/Ethnicity				
Non-White or Hispanic	1.2	(0.5-2.0)	2.7	(1.6-3.9)
Non-Hispanic White	7.6	(7.0-8.2)	7.0	(6.5-7.6)
Age				
18-24	*	*	*	*
25-34	*	*	*	*
35-44	2.1	(1.3-3.0)	2.7	(1.7-3.7)
45-54	3.8	(2.7-4.8)	4.7	(3.5-5.8)
55-64	7.6	(6.2-9.0)	7.5	(6.1-8.9)
65-74	15.7	(13.7-17.6)	14.2	(12.4-16.0)
75+	23.3	(20.4-26.3)	19.6	(17.0-22.2)
Education				
Less Than H.S.	4.7	(2.6-6.9)	7.4	(4.8-9.9)
H.S. or G.E.D.	6.2	(5.3-7.1)	6.7	(5.8-7.6)
Some Post-H.S.	6.4	(5.4-7.3)	6.5	(5.6-7.5)
College Graduate	8.6	(7.6-9.6)	5.9	(5.1-6.7)
Household Income				
Less than $15,000	3.1	(1.7-4.5)	7.2	(4.8-9.6)
$15,000 - $24,999	5.1	(3.7-6.5)	7.3	(5.6-9.0)
$25,000 - $34,999	7.4	(5.3-9.5)	9.4	(7.0-11.8)
$35,000 - $49,999	6.7	(5.1-8.3)	7.3	(5.7-8.8)
$50,000 - $74,999	7.2	(5.8-8.7)	6.2	(5.0-7.4)
$75,000+	7.3	(6.4-8	4.7	(3.9-5.5)
Veteran Status				
Veteran	14.3	(11.7-16.8)	10.6	(8.6-12.6)
Non-Veteran	6.0	(5.4-6.5)	6.0	(5.5-6.6)
Disability Status				
Adults with disabilities	9.6	(8.2-11.0)	11.0	(9.5-12.4)
No disabilities	5.9	(5.4-6.5)	5.2	(4.7-5.7)
Health Insurance				
Insured	6.7	(6.1-7.2)	6.8	(6.2-7.4)
Not insured	*	*	3.0	(1.6-4.5)

Among all adults, the proportion ever told by a doctor that: [a] they had skin cancer, or [b] they had a form of cancer other than skin cancer.

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

Chronic Obstructive Pulmonary Disease (COPD)

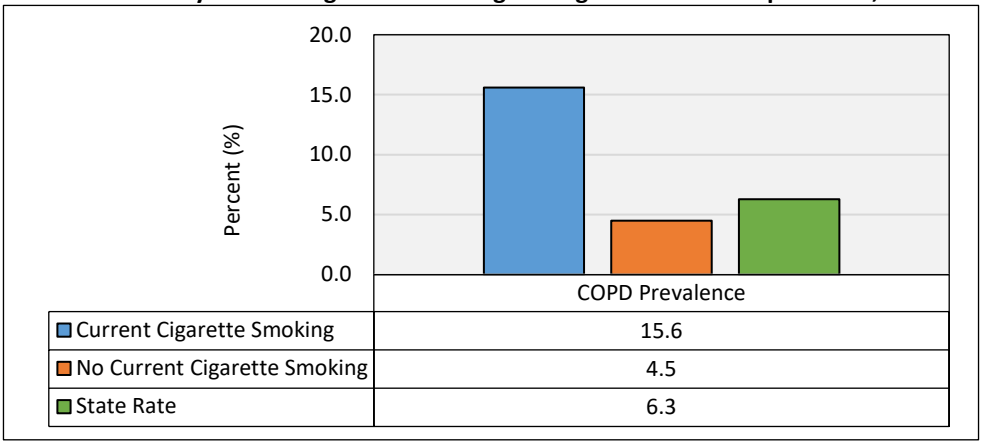
Chronic obstructive pulmonary disease, or COPD, refers to a group of chronic inflammatory lung diseases that causes airflow blockage and breathing-related problems[53]. Symptoms of COPD include coughing, wheezing, shortness of breath, chest tightness, and excess phlegm production[54]. Cigarette smoke exposure is the leading cause for the development and progression of COPD[55].

- In 2020, an estimated 6.3% of adult Iowans reported ever being told by a health care provider that they had chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis. This is similar to the national median of 6.2%.
- The prevalence of COPD increased with age and decreased with higher levels of education and household income.
- Iowa veterans (12.2%) reported a higher prevalence COPD than non-veterans (5.6%).
- Adults with disabilities (17.3%) had a significantly higher prevalence rate of being diagnosed with COPD than adults without disabilities (3.0%).
- Those with health insurance (6.4%) reported higher rates of being diagnosed with COPD than those without health insurance (3.8%).
- Among respondents who were current cigarette smokers, 15.6% reported being diagnosed with COPD, compared to 4.5% among non-current cigarette smokers.

Demographic Characteristics	Ever Told COPD, Emphysema, or Chronic Bronchitis[a]	
	Prevalence Rate (%)	C.I. (95%)
Total	6.3	(5.7-6.8)
Sex		
Female	6.3	(5.5-7.0)
Male	6.2	(5.4-7.0)
Race/Ethnicity		
Hispanic, all races	2.2	(0.9-3.5)
Black, Non-Hispanic	*	*
White, Non-Hispanic	6.7	(6.1-7.3)
Other, Non-Hispanic	6.6	(3.2-10.0)
Age		
18-24	*	*
25-34	1.8	(0.8-2.7)
35-44	3.3	(2.1-4.4)
45-54	5.5	(4.2-6.7)
55-64	10.1	(8.4-11.8)
65-74	11.3	(9.5-13.1)
75+	13.0	(10.6-15.4)
Education		
Less Than H.S.	12.0	(8.8-15.2)
H.S. or G.E.D.	8.0	(6.9-9.1)
Some Post-H.S.	5.6	(4.8-6.5)
College Graduate	3.1	(2.4-3.7)
Household Income		
Less than $15,000	17.2	(13.3-21.0)
$15,000 - $24,999	11.0	(8.9-13.0)
$25,000 - $34,999	8.7	(6.4-11.1)
$35,000 - $49,999	7.3	(5.6-9.0)
$50,000 - $74,999	4.3	(3.2-5.5)
$75,000+	2.7	(2.1-3.4)
Veteran Status		
Veteran	12.2	(9.8-14.7)
Non-Veteran	5.6	(5.1-6.2)
Disability Status		
Adults with disabilities	17.3	(15.5-19.2)
No disabilities	3.0	(2.6-3.5)
Health Insurance		
Insured	6.4	(5.8-7.0)
Not insured	3.8	(2.1-5.4)

[a] Among all adults, the proportion reporting ever being told by a doctor that they had chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis.
* Data is suppressed due to a numerator of < 6, a denominator of < 50, and/or a relative standard error > 30%.

COPD Rates by Current Cigarette Smoking among Iowa BRFSS Respondents, 2020



Depression

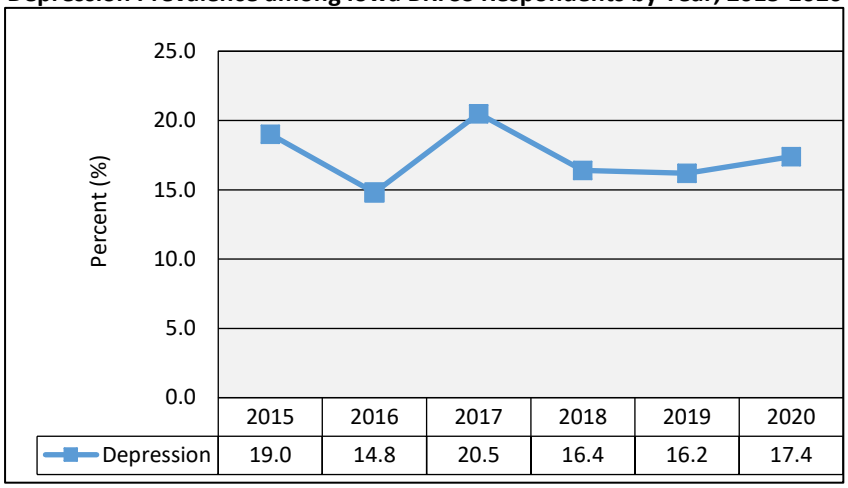
Depression is one of the most common mental disorders in the United States[56]. Depressive symptoms can affect how someone feels, thinks, and handles daily activities. Physical health and mental health are interconnected. Poor physical health can lead to poor mental health, and poor mental health can lead to poor physical health. Depression may occur with other mental disorders and other illnesses, such as diabetes, cancer, heart disease, and chronic pain. Depression can make these conditions worse, and vice versa. Sometimes, medications taken for these illnesses cause side effects that contribute to symptoms of depression.

- In 2020, an estimated 17.4% of adult Iowans reported that they had ever been told they had a depressive disorder (including depression, major depression, dysthymia, or minor depression). Iowa's rate (17.4%) for adults diagnosed with a depressive disorder is lower than the national median of 19.6%.
- Females reported a significantly higher (23.4%) rate of depression than did males (11.2%).
- Multiracial, non-Hispanic (30.6%) adults reported a rate of diagnosed depression almost double the next highest rate among the racial/ethnic groups analyzed (White, non-Hispanic; 17.6%).
- The prevalence of depression decreased with age and decreased with increasing household income.
- The prevalence of a diagnosed depressive disorder was highest among adult LGBT+ Iowans (45.7%) by a significant amount. This is almost three times higher than the rate of depression reported among non-LGBT adults (15.6%).
- Adults with disabilities (38.2%) reported a significantly higher rate of depression at more than three times the prevalence rate of adults without disabilities (11.4%).

Demographic Characteristics	Ever Told a Depressive Disorder [a]	
	Prevalence Rate (%)	C.I. (95%)
Total	17.4	(16.5-18.3)
Sex		
Female	23.4	(21.9-24.9)
Male	11.2	(10.1-12.4)
Race/Ethnicity		
Hispanic, all races	15.3	(11.4-19.2)
Black, Non-Hispanic	14.7	(8.8-20.6)
White, Non-Hispanic	17.6	(16.6-18.6)
Other, Non-Hispanic	17.1	(10.3-23.8)
Multiracial, Non-Hispanic	30.6	(19.2-42.1)
Age Group		
18 - 24	23.6	(20.0-27.3)
25 - 34	21.6	(18.8-24.4)
35 - 44	19.4	(17.0-21.7)
45 - 54	17.5	(15.3-19.7)
55 - 64	16.8	(14.7-18.8)
65-74	13.6	(11.8-15.5)
75+	6.8	(4.9-8.7)
Education		
Less than H.S.	20.1	(15.7-24.5)
H.S. or G.E.D.	17.0	(15.3-18.7)
Some Post-H.S.	20.1	(18.4-21.8)
College Graduate	13.4	(12.1-14.8)
Household Income		
Less than $15,000	34.2	(29.3-39.2)
$15,000 - $24,999	28.1	(24.6-31.7)
$25,000 - $34,999	22.7	(18.9-26.5)
$35,000 - $49,999	17.5	(14.8-20.1)
$50,000 - $74,999	15.9	(13.4-18.3)
$75,000+	11.1	(9.8-12.3)
Sexual Orientation & Gender Identity		
LGBT+	45.7	(39.7-51.8)
Non-LGBT	15.6	(14.7-16.5)
Disability Status		
Adults with disabilities	38.2	(35.6-40.8)
No disabilities	11.4	(10.5-12.3)

[a] Among all adults, the proportion who reported ever being told by a doctor they had a depressive disorder, including depression, major depression, dysthymia, or minor depression.

Depression Prevalence among Iowa BRFSS Respondents by Year, 2015-2020



Diabetes

Diabetes is a chronic health condition that affects the body's ability to turn food into energy. It is the 7th leading cause of death in the United States[57]. Insulin is a hormone that helps control the body's blood sugar levels and metabolism. If someone has diabetes, their body either does not make enough insulin (type 1 diabetes), or it cannot use the insulin it makes as well as it should (type 2 diabetes). More than 37 million Americans have diabetes, and approximately 90-95% of them have type 2 diabetes[58].

- In 2020, an estimated 10.2% of adult Iowans reported ever being told by a health care provider that they had diabetes (excluding women told only during pregnancy). The U.S. median for adults with a diabetes diagnosis was similar (10.6%).
- The prevalence of diabetes was similar by sex.
- Black, non-Hispanic Iowans (15.5%) reported the highest prevalence of diabetes, followed by White, non-Hispanic (10.0%), Hispanic (9.6%), and Other or Multiracial, non-Hispanic (7.5%) adults. Differences by race/ethnicity were not statistically different from each other.
- The prevalence of diabetes increased with age. When looking at age groups, those aged 75+ (19.8%) reported the highest prevalence of diabetes followed by those aged 65-74 (19.4%).
- The prevalence of diabetes decreased with higher levels of household income.
- Iowans identifying as lesbian, gay or bisexual, or other (LGBO; 6.7%) reported a significantly lower rate of having been diagnosed with diabetes compared to non-LGBO respondents (10.3%).
- Iowa veterans (16.1%) had a higher prevalence of being diagnosed with diabetes than non-veterans (9.6%).
- The prevalence of adults with disabilities who had been diagnosed with diabetes (21.2%) was 3x higher than the rate of diabetes for adults without disabilities (7.0%).
- Those with health insurance (10.7%) reported a diabetes diagnosis at double the rate of those without health insurance (4.8%).
- Among adult Iowans who had been told they had diabetes, most reported being first diagnosed between ages 46-60 years old (37.5%).
- More Iowans are being diagnosed with diabetes at younger ages than in previous years. In 2018, 21.2% of Iowans were first diagnosed with diabetes between the ages of 31-45. In 2020, a statistically higher percentage were first diagnosed between the ages of 31-45 (27.5%).

Demographic Characteristics	Ever Told Diabetes[a]	
	Prevalence Rate (%)	C.I. (95%)
Total	10.2	(9.5-10.8)
Sex		
Female	10.3	(9.3-11.3)
Male	10.0	(9.1-11.0)
Race/Ethnicity		
Hispanic, all races	9.6	(6.5-12.8)
Black, Non-Hispanic	15.5	(10.0-21.0)
White, Non-Hispanic	10.0	(9.3-10.7)
Other or Multiracial, Non-Hispanic	7.5	(4.1-10.9)
Age		
18-24	*	*
25-34	2.9	(1.7-4.1)
35-44	4.3	(3.2-5.5)
45-54	9.6	(7.9-11.3)
55-64	17.5	(15.4-19.6)
65-74	19.4	(17.2-21.5)
75+	19.8	(17.0-22.6)
Education		
Less Than H.S.	12.4	(9.4-15.4)
H.S. or G.E.D.	10.7	(9.5-11.9)
Some Post-H.S.	10.9	(9.7-12.2)
College Graduate	7.9	(6.9-8.9)
Household Income		
Less than $15,000	17.8	(13.8-21.7)
$15,000 - $24,999	15.9	(13.3-18.5)
$25,000 - $34,999	11.9	(9.2-14.7)
$35,000 - $49,999	11.4	(9.4-13.4)
$50,000 - $74,999	9.6	(8.0-11.3)
$75,000+	6.6	(5.6-7.5)
Sexual Orientation		
Lesbian, Gay, Bisexual, or Other	6.7	(4.0-9.5)
Straight	10.3	(9.6-11.0)
Veteran Status		
Veteran	16.1	(13.4-18.7)
Non-Veteran	9.6	(8.9-10.3)
Disability Status		
Adults with disabilities	21.2	(19.1-23.2)
No disabilities	7.0	(6.3-7.6)
Health Insurance		
Insured	10.7	(10.0-11.4)
Not insured	4.8	(3.0-6.7)
Age diabetes diagnosed		
1-15 years old	3.5	(2.0-4.9)
16-30 years old	11.5	(9.0-14.0)
31-45 years old	27.5	(24.3-30.7)
46-60 years old	37.5	(34.1-41.0)
61+ years old	20.0	(17.2-22.8)

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

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

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