



IOWA BRFSS BRIEF: 2023 SURVEY

January 2025

**Iowa Behavioral Risk Factor
Surveillance System (BRFSS)**

Division of Administration
Bureau of Performance



**Health and
Human Services**

Table of Contents

Citation & Acknowledgements _____	4
Introduction _____	6
Methodology _____	7
Questionnaire Design _____	7
Sampling Process _____	7
Interview Process _____	7
Weighting of the Data _____	8
Analysis of the Data _____	8
Guide to Measures _____	9
Demographics of the 2023 Iowa BRFSS Respondents _____	13
Health Status Indicators _____	14
General Health Status _____	14
Quality of Life: Physical Health _____	15
Quality of Life: Mental Health _____	16
Health Insurance Coverage _____	17
Access to Health Care _____	18
Disability _____	19
Food Insecurity _____	20
Transportation _____	21
Exercise _____	23
Weight Status: Overweight and Obesity _____	25
Falls _____	27
Caregiving _____	29
Risk Behavior Indicators _____	30
Alcohol Consumption: Binge Drinking _____	30
Alcohol Consumption: Heavy Drinking _____	31
Brain Injury _____	32
Cigarette Smoking _____	34
E-Cigarette Use _____	36
Marijuana Use _____	37
Prescription Opioid Use _____	38
Clinical Preventive Practices _____	40
Routine Checkup in Past Year _____	40
Cholesterol Screening and Awareness _____	41
HIV Testing _____	42
Hypertension Awareness and Medication Use _____	43
Immunizations _____	45
Chronic Conditions _____	46
Arthritis _____	46
Asthma _____	48
Cardiovascular Diseases _____	50
Cardiovascular Diseases, Continued _____	51

Cancer	52
Chronic Obstructive Pulmonary Disease (COPD)	53
Depression	54
Diabetes	56
Kidney Disease	57
References	58

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Introduction

This brief presents estimates from the 2023 Iowa Behavioral Risk Factor Surveillance Survey, an annual state landline and cell phone survey of Iowa residents aged 18 and older. Iowa Behavioral Risk Factor Surveillance data contributes to the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) that is conducted within every state, the District of Columbia, and several U.S. territories¹. The BRFSS is the largest continuously running telephone survey in the world. The Iowa BRFSS is an important tool for data-driven decision making in public health. The BRFSS measures adult health by reaching out directly to adult Iowans to learn more about health status indicators, risk behaviors, demographics, health care accessibility, clinical preventive practices, and chronic conditions.

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

All of the results from the 2023 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 2011-2023 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-level change. More information about how the Iowa Department of Health and Human Services (HHS) is committed to building health equity for all communities can be found on the Health Equity page of the Iowa HHS website [<https://hhs.iowa.gov/Health-Equity>].

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

Methodology

Questionnaire Design

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

Sampling Process

The BRFSS uses two sampling frames: one for landline telephones, and one for cell phones. Content of the landline and cell phone surveys is the same. Respondents are randomly selected from household residents 18 years of age or older; only those living in households are surveyed, omitting residents of institutions, nursing homes, and group homes. The sample of landline telephone numbers was selected using a list-assisted, random-digit-dialed (RDD) methodology with a disproportionate stratification. This sampling methodology is designed to improve the probability that all households in Iowa with telephones have a chance of inclusion in the study. The sample of cell phone numbers were randomly selected from dedicated cellular telephone banks sorted on the basis of area code and exchange. The landline and cell phone samples are also stratified into six geographic regions. These are the same regions that are used by the public health regions within the state⁴. Geographic regions are represented at the same proportion as their population within the state. In 2023, a seventh stratum was drawn from census tracts throughout the state containing a relatively high percentage of African American or Hispanic residents to better represent minority groups in Iowa.

Interview Process

BRFSS interviews are conducted seven days a week during both daytime and evening hours. Approximately equal numbers of interviews per month are conducted from January through December of each survey year. Interviews are conducted in English and Spanish. All interviewers go through extensive training following the CDC BRFSS protocol so that they are prepared to conduct interviews with participants. Like most states, the Iowa BRFSS uses a Computer Assisted Telephone Interviewing (CATI) system. When a CATI program is used, the questionnaire is displayed on a computer screen during each interview, and the interviewer enters the responses directly into a computer. The CATI system not only assists interviewers in presenting the questionnaire and recording the responses, it also 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 2023, the average interviewing time for all

completed landline (full and partial) English and Spanish interviews was 26.01 minutes. The average time for completed English interviews (n=1,468) was 25.95 minutes and the average time for completed Spanish interviews (n=6) was 40.17 minutes. The average interviewing time for all completed cell phone (full and partial) English and Spanish interviews for 2023 was 24.74 minutes. The average time for completed English interviews (n=7,170) was 24.36 minutes and the average time for completed Spanish interviews (n=505) was 30.02 minutes. The response rate, defined as completed interviews + partial completes divided by all eligible households called, was 56% for landline and 46% 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 12. 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 2023 Iowa BRFSS estimates provided within this report should only be compared to estimates from 2011-2023 and not to estimates from years prior to 2011.

Guide to Measures

[Aerobic Activity](#) Among all adults, the proportion who participated in 150 minutes or more of aerobic physical activity per week.

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

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

[Asthma, Current](#) Among all adults, the proportion reporting that they still have asthma.

[Binge Drinking](#) 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.

[Cancer, Other](#) Among all adults, the proportion ever told by a doctor, nurse, or other health professional that they had melanoma or any other form of cancer.

[Cancer, Skin](#) Among all adults, the proportion ever told by a doctor, nurse, or other health professional that they had skin cancer that was not melanoma.

[Caregiving, Future](#) Among all adults, those who reported they might provide care or assistance to a friend or family member who has a health problem or disability in the next 2 years.

[Caregiving, Present](#) Among all adults, those who reported providing regular care or assistance to a friend or family member who has a health problem or disability during the past 30 days.

[Cholesterol Awareness](#) Among adults who have had their blood cholesterol checked, the proportion reporting that a doctor, nurse, or other health professional had told them that their cholesterol was high.

[Cholesterol Screening](#) Among all adults, the proportion reporting that they have had their blood cholesterol checked within the past five years.

[Chronic Obstructive Pulmonary Disease](#) Among all adults, the proportion reporting ever being told by a doctor that they had chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis.

[Cigarette Smoking](#) Current 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.

[Coronary Heart Disease](#) Among all adults, the proportion ever told by a doctor, nurse, or other health professional that they had angina or coronary heart disease.

[Depressive Disorder](#) Among all adults, the proportion who reported ever being told by a doctor, nurse, or other health professional they had a depressive disorder, including depression, major depression, dysthymia, or minor depression.

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

[Disability](#) 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.

[E-Cigarette Use, Current](#) Among all adults, the proportion reporting that they currently use e-cigarettes or other electronic vaping products, either every day or on some days.

[Falls](#) Among adults 45 years or older, the proportion who reported at least one fall in the past 12 months.

[General Health Status](#) Among all adults, the proportion reporting that their health, in general, was either excellent, very good, or good; or fair or poor.

[Health Insurance Coverage](#) 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.

[Heart Attack](#) Among all adults, the proportion ever told by a doctor, nurse, or other health professional that they had a heart attack or myocardial infarction.

[Heavy Drinking](#) 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.

[HIV Testing](#) Among adults, the proportion reporting that they ever had been tested for human immunodeficiency virus (HIV), apart from tests that were part of a blood donation.

[Hypertension Awareness](#) Among all adults, the proportion reporting that they were ever told by a doctor, nurse, or other health professional that they had high blood pressure (HBP). Women who had HBP only during pregnancy and adults who were borderline hypertensive were classified under separate response categories.

[Hypertension Medication Use](#) Among adults who have high blood pressure (HBP), the proportion reporting that they currently take prescription medicine for their HBP.

[Influenza Vaccination](#) 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.

[Kidney Disease](#) Among all adults, the proportion reporting ever being told by a doctor, nurse, or other health professional that they had kidney disease.

[Marijuana Use, Any](#) Among all adults, the proportion reporting marijuana or cannabis use at least once in the past 30 days.

[Marijuana Use, Daily](#) Among all adults, the proportion reporting marijuana or cannabis use at least 20 or more days in the past 30 days.

[No Healthcare Due to Cost](#) 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.

[Obesity](#) Among all adults, the proportion of respondents whose body mass index (BMI) was greater than or equal to 30.0.

[Overweight](#) Among all adults, the proportion of respondents whose body mass index (BMI) was greater than or equal to 25 and less than 30.

[Personal Healthcare Provider](#) Among all adults, the proportion reporting that they did not have anyone that they thought of as their personal doctor or health care provider.

[Pneumonia Vaccination](#) Among adults, the proportion reporting that they ever had a pneumococcal vaccine.

[Poor Mental Health](#) 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.

[Poor Physical Health](#) 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.

[Prescription Opioid Misuse or Abuse](#) 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.

[Prescription Opioid Use](#) 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.

[Received Food Stamps](#) Among all adults, the proportion reporting that in the last 12 months they received food stamps, also called SNAP (the Supplemental Nutrition Assistance Program) on an EBT card.

[Reliable Transportation](#) Among adults aged 18-64 years, the proportion who reported lack of reliable transportation that kept them from medical appointments, meetings, work, or from getting things needed for daily living, in the past 12 months.

[Routine Checkup](#) Among all adults, the proportion reporting a routine medical checkup within the past year.

[Severe Brain Injury](#) Among all adults, the proportion reporting that they had any head injuries in their lifetime where they were knocked out or that they lost consciousness.

[Strength Activity](#) Among all adults, the proportion who participated in muscle strengthening exercises two or more times per week.

[Stroke](#) Among all adults, the proportion ever told by a doctor, nurse, or other health professional that they had a stroke.

[Unable to Afford More Food](#) Among all adults, the proportion reporting that in the last 12 months the food they bought always, usually, or sometimes did not last, and they did not have money to get more.

* Data were suppressed due to a numerator of less than six, a denominator less than 50 or a relative standard error greater than 30%.

Demographics of the 2023 Iowa BRFSS Respondents

Demographic Characteristics	Frequency	Weighted Estimate	Percent
Total	8,876	2,496,632	100.0
Age			
18-24	759	344,333	1.01
25-34	1,080	378,370	12.2
35-44	1,218	393,353	13.7
45-54	1,197	339,058	13.5
55-64	1,465	388,223	16.5
65-74	1,674	353,035	18.9
75+	1,393	273,740	15.7
Sex			
Female	4,616	1,266,114	52.0
Male	4,260	1,230,518	48.0
Race/Ethnicity			
American Indian or Alaskan Native	40	15,519	0.5
Asian	88	38,476	1.0
Black, Non-Hispanic	390	96,705	4.4
Hispanic, all races	1,003	156,518	11.3
Multiracial, Non-Hispanic	127	72,999	1.4
White, Non-Hispanic	7,064	2,064,623	79.6
Other, Non-Hispanic	32	14,615	0.4
Education Level			
Less Than H.S.	644	193,028	7.3
H.S. Graduate or G.E.D.	2,747	763,494	31.0
Some Post-H.S.	2,575	851,693	29.0
College Graduate	2,875	680,048	32.4
Annual Household Income			
Less than \$15,000	417	107,098	4.7
\$15,000 - \$24,999	630	144,824	7.1
\$25,000 - \$34,999	797	199,826	9.0
\$35,000 - \$49,999	1,388	377,209	15.6
\$50,000 - \$74,999	1,362	371,063	15.3
\$75,000 - \$99,999	1,186	339,926	13.4
\$100,000+	1,883	606,183	21.2
Disability Status			
Adults with disabilities	2,575	668,404	26.8
Adults with no disabilities	6,001	1,741,394	69.7
Veteran Status			
Veteran	899	234,774	10.1
Non-Veteran	7,949	2,253,264	89.6
Sexual Orientation & Gender Identity			
LGBT+	542	185,316	7.7
Non-LGBT	8,022	2,212,319	92.3

Note. Refusals as well as “Don’t Know” responses are excluded from the table.

Health Status Indicators

General Health Status

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

- In 2023, 17.3% (429,978) of Iowans reported their general health as fair or poor. This is not a statistically significant change from 2022 (15.2%) but represents an increasing trend since 2020 (13.2%). For comparison, the U.S. median for adults reporting fair or poor health is 18.2%.
- The percentage of racial/ethnic minorities experiencing fair or poor general health is high, with one in five (22.3%) non-White or Hispanic persons reporting fair or poor general health.
- Among adults with less than a high school education, one third (34.7%) reported fair or poor general health.
- About two in five (44.5%) adult Iowans with a household income level of less than \$15,000 per year reported fair or poor general health.
- Adults with disabilities (37.4%) reported a significantly higher prevalence of fair or poor general health than adults without disabilities (9.4%).

Demographics Characteristics	General Health Status	
	Fair or Poor	
	%	C.I. (95%)
Total	17.3	(16.3-18.2)
Sex		
Female	17.1	(15.7-18.5)
Male	17.4	(16.0-18.9)
Race/Ethnicity		
Hispanic, all races	26.4	(21.9-30.9)
Black, Non-Hispanic	18.4	(12.6-24.2)
White, Non-Hispanic	16.3	(15.3-17.4)
Other, Non-Hispanic	15.5	(8.6-22.5)
Multiracial, Non-Hispanic	25.3	(16.3-34.3)
Age		
18-24	11.4	(8.7-14.1)
25-34	13.7	(11.1-16.4)
35-44	14.4	(11.9-16.9)
45-54	19.0	(16.3-21.8)
55-64	21.8	(19.2-24.5)
65-74	18.1	(15.8-20.3)
75+	23.7	(20.8-26.5)
Education		
Less Than H.S.	34.7	(29.6-39.8)
H.S. or G.E.D.	21.1	(19.2-23.0)
Some Post-H.S.	16.0	(14.3-17.7)
College Graduate	9.4	(8.1-10.7)
Household Income		
Less than \$15,000	44.5	(38.0-51.0)
\$15,000 - \$24,999	36.5	(31.5-41.4)
\$25,000 - \$34,999	23.5	(19.6-27.4)
\$35,000 - \$49,999	20.0	(17.1-22.9)
\$50,000 - \$74,999	15.1	(12.6-17.6)
\$75,000 - \$99,999	11.3	(9.2-13.4)
\$100,000+	7.8	(6.3-9.3)
Sexual Orientation & Gender Identity		
LGBT+	25.7	(82.5-84.5)
Non-LGBT	16.5	(15.5-17.5)
Veteran Status		
Veteran	21.9	(18.6-25.3)
Non-Veteran	16.7	(15.7-17.7)
Disability Status		
Adults with disabilities	37.7	(35.3-40.2)
No disabilities	9.4	(8.4-10.3)

Quality of Life: Physical Health

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

Poor Physical Health

Indicator:

Frequent Physical Distress (FPD):

- In 2023, approximately 11.9% (294,453) of Iowans reported experiencing FPD, which is slightly lower than the US median rate of 12.6%. The rate of FPD was not statistically higher than the rate in 2022, but has been on the rise since 2020 (8.9%).
- The highest prevalence of FPD occurred among those with a low household income. About one-third, 32.2%, of Iowans with a household income of less than \$15,000 reported having 14 or more poor physical health days.
- Three of 10 adults with a disability reported FPD (30%), compared to 5.3% of those without a disability who reported FPD

Demographics Characteristics	Poor Physical Health	
	%	C.I. (95%)
Total	11.9	(11.1-12.8)
Sex		
Female	13.8	(12.5-15.1)
Male	10.0	(8.9-11.1)
Race/Ethnicity		
Hispanic, all races	13.5	(10.2-16.9)
Black, Non-Hispanic	11.2	(6.0-16.4)
White, Non-Hispanic	11.4	(10.6-12.3)
Other, Non-Hispanic	12.0	(5.6-18.5)
Multiracial, Non-Hispanic	22.2	(13.5-30.8)
Age		
18-24	6.6	(4.4-8.9)
25-34	6.6	(4.7-8.4)
35-44	8.0	(6.1-9.8)
45-54	13.4	(11.0-15.9)
55-64	18.4	(15.8-21.1)
65-74	13.0	(11.0-15.0)
75+	19.5	(16.7-22.3)
Education		
Less Than H.S.	18.0	(14.1-21.9)
H.S. or G.E.D.	13.8	(12.1-15.4)
Some Post-H.S.	12.5	(10.9-14.1)
College Graduate	7.6	(6.5-8.7)
Household Income		
Less than \$15,000	32.2	(26.1-38.2)
\$15,000 - \$24,999	27.3	(22.9-32.0)
\$25,000 - \$34,999	14.6	(11.4-17.8)
\$35,000 - \$49,999	12.8	(10.4-15.2)
\$50,000 - \$74,999	11.3	(9.0-13.5)
\$75,000 - \$99,999	9.3	(7.2-11.4)
\$100,000	4.4	(3.3-5.4)
Sexual Orientation & Gender Identity		
LGBT+	15.5	(11.5-19.5)
Non-LGBT	11.7	(10.8-12.6)
Veteran Status		
Veteran	15.5	(12.5-18.5)
Non-Veteran	11.6	(10.7-12.5)
Disability Status		
Adults with disabilities	30.0	(27.7-32.3)
No disabilities	5.3	(4.5-6.0)

Quality of Life: Mental Health

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

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

- In 2023, 15.2% (376,672) of Iowans reported experiencing FMD. This is similar to the national rate of 15.4%. The rate of FMD has been on the rise since 2011, and the rate in 2023 is the highest reported to date.
- Approximately three of 10 (29.6%) Iowa adults with an annual household income of less than \$15,000 reported FMD.
- Iowans with disabilities had a higher prevalence of FMD (32%), compared to adults who do not have disabilities (9%).
- The highest rate of FMD was reported among those identifying as lesbian, gay, bisexual, transgender, or something else (LGBT+).

FMD was more prevalent among respondents identifying as LGBT+ (32.7%), compared to those identifying as non-LGBT (13.4%).

Demographic Characteristics	Poor Mental Health	
	%	C.I. (95%)
Total	15.2	(14.2-16.3)
Sex		
Female	18.1	(16.6-19.7)
Male	12.3	(11.0-13.6)
Race/Ethnicity		
Hispanic, all races	15.0	(11.6-18.5)
Black, Non-Hispanic	17.4	(10.9-23.9)
White, Non-Hispanic	14.5	(13.4-15.6)
Other, Non-Hispanic	15.0	(6.6-23.3)
Multiracial, Non-Hispanic	31.9	(22.0-41.7)
Age		
18-24	24.4	(20.6-28.2)
25-34	21.3	(18.2-24.4)
35-44	19.2	(16.3-22.1)
45-54	14.2	(11.6-16.9)
55-64	12.0	(9.9-14.1)
65-74	7.9	(6.4-9.4)
75+	5.6	(4.0-7.3)
Education		
Less Than H.S.	20.6	(16.3-25.0)
H.S. or G.E.D.	17.0	(15.1-18.9)
Some Post-H.S.	16.3	(14.4-18.3)
College Graduate	10.3	(8.9-11.8)
Household Income		
Less than \$15,000	29.6	(23.8-35.4)
\$15,000 - \$24,999	24.8	(20.2-29.4)
\$25,000 - \$34,999	18.6	(15.0-22.2)
\$35,000 - \$49,999	19.4	(16.4-22.3)
\$50,000 - \$74,999	16.7	(13.7-19.7)
\$75,000 - \$99,999	10.8	(8.4-13.2)
\$100,00+	9.1	(7.3-10.8)
Sexual Orientation & Gender Identity		
LGBT+	32.7	(27.3-38.0)
Non-LGBT	13.4	(12.3-14.4)
Veteran Status		
Veteran	13.1	(9.9-16.3)
Non-Veteran	15.4	(14.4-16.5)
Disability Status		
Adults with disabilities	32.0	(29.5-34.5)
No disabilities	9.0	(8.0-10.0)

Health Insurance Coverage

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

- In 2023, 7.4% (128,933) of adult Iowans aged 18-64 reported that they did not have health insurance coverage, which is below the national median of 9.2%. The rates in Iowa between 2021 and 2023 are the lowest reported to date.
- About two out of five Hispanic adult Iowans (38.4%) (53,971) reported having no health insurance, which is significantly higher than the other racial/ethnic groups analyzed.
- Those aged 25-34 reported the highest rate of no health insurance coverage (11.6%; 42,479).
- The prevalence of no health insurance coverage decreased with higher education levels. Among those with less than a high school education, 29.3% reported having no health insurance coverage. The prevalence rate among college graduates was 2.4%.
- There were no significant differences in lack of health insurance coverage by sexual orientation and gender identity status.

Demographic Characteristics	No Health Insurance Coverage, ages 18-64	
	%	C.I. (95%)
Total	7.4	(6.5-8.2)
Sex		
Female	5.9	(4.8-7.0)
Male	8.8	(7.5-10.1)
Race/Ethnicity		
Hispanic, all races	38.4	(33.4-43.5)
Black, Non-Hispanic	*	*
White, Non-Hispanic	4.3	(3.6-5.1)
Other or Multiracial, Non-Hispanic	*	*
Age		
18-24	8.2	(5.9-10.5)
25-34	11.6	(9.2-14.0)
35-44	7.9	(6.1-9.7)
45-54	5.8	(4.1-7.5)
55-64	3.4	(2.2-4.6)
Education		
Less Than H.S.	29.0	(23.6-34.5)
H.S. or G.E.D.	8.0	(6.4-9.6)
Some Post-H.S.	5.6	(4.2-7.0)
College Graduate	2.4	(1.6-3.1)
Household Income		
Less than \$15,000	8.8	(4.3-13.3)
\$15,000 - \$24,999	14.2	(9.3-19.2)
\$25,000 - \$34,999	14.2	(10.4-18.0)
\$35,000 - \$49,999	11.8	(8.9-14.7)
\$50,000 - \$74,999	8.0	(5.5-10.4)
\$75,000 - \$99,999	2.5	(1.2-3.7)
\$100,000+	1.6	(0.8-2.3)
Sexual Orientation & Gender Identity		
LGBT+	7.2	(4.1-10.4)
Non-LGBT	7.0	(6.1-7.8)
Veteran Status		
Veteran	*	*
Non-Veteran	7.8	(6.9-8.7)
Disability Status		
Adults with disabilities	7.7	(6.0-9.5)
No disabilities	7.0	(6.0-8.0)

Access to Health Care

Regular and reliable access to health care services can prevent disease and disability, detect and treat illnesses, increase quality of life, reduce the likelihood of premature death⁸.

- In 2023, 17.8% (442,081) of adult lowans did not have a personal health care provider. The U.S. median is 16.0%. Additionally, 7.3% (182,821) reported not seeing the doctor within the past year due to cost, which was the same in 2022 and lower than the national median of 10.6%.
- Younger lowans had a higher prevalence of not having a personal health care provider than older lowans.
- Non-White and/or Hispanic lowans reported not having a personal health care provider (30.1%) and not being able to access health care due to the cost (14.8%) at higher rates compared to White adults (15.3% and 5.9%).
- Lack of health insurance is a barrier to accessing health care. Most (68.4%) of those without health insurance did not have a personal health care provider (up from 59.4% in 2022), and for 35.6%, cost was a barrier to seeing a doctor.

Demographic Characteristics	No Personal Health Care Provider		No Health Care Access Due to Cost	
	%	C.I. (95%)	%	C.I. (95%)
Total	17.8	(16.7-18.9)	7.3	(6.6-8.1)
Sex				
Female	11.6	(10.3-12.9)	7.3	(6.2-8.3)
Male	11.5	(10.3-12.7)	7.4	(6.4-8.4)
Race/Ethnicity				
Hispanic, all races	42.9	(38.0-47.7)	18.8	(14.9-22.8)
Black, Non-Hispanic	22.5	(15.9-29.1)	14.0	(8.1-19.9)
White, Non-Hispanic	15.3	(14.2-16.4)	5.9	(5.2-6.6)
Other or Multiracial, Non-Hispanic	21.5	(15.8-27.1)	11.1	(6.6-15.6)
Age				
18-24	32.8	(28.7-36.8)	11.0	(8.3-13.8)
25-34	33.5	(29.9-37.1)	11.0	(8.7-13.3)
35-44	21.6	(18.7-24.5)	9.9	(7.8-11.9)
45-54	11.5	(9.4-13.6)	9.0	(6.9-11.1)
55-64	10.1	(8.2-11.9)	5.9	(4.3-7.4)
65+	6.3	(5.1-7.4)	1.5	(1.0-2.0)
Education				
Less Than H.S.	35.1	(29.7-40.5)	14.7	(11.0-18.4)
H.S. or G.E.D.	20.1	(18.1-22.1)	7.5	(6.2-8.8)
Some Post-H.S.	15.2	(13.4-17.0)	7.6	(6.2-9.0)
College Graduate	13.3	(11.7-14.9)	4.8	(3.8-5.8)
Household Income				
Less than \$15,000	22.5	(16.9-28.1)	13.9	(9.2-18.6)
\$15,000 - \$24,999	17.6	(13.4-21.8)	13.3	(9.4-17.2)
\$25,000 - \$34,999	21.6	(17.7-25.5)	11.0	(8.0-14.0)
\$35,000 - \$49,999	20.6	(17.5-23.6)	11.7	(9.3-14.0)
\$50,000 - \$74,999	18.8	(15.9-21.6)	8.2	(6.1-10.2)
\$75,000 - \$99,999	15.3	(12.7-17.9)	4.3	(2.8-5.8)
\$100,000+	12.4	(10.6-14.3)	2.7	(1.7-3.6)
Sexual Orientation & Gender Identity				
LGBT+	22.4	(17.6-27.1)	15.8	(11.7-19.8)
Non-LGBT	17.0	(15.6-18.1)	6.3	(5.6-7.0)
Veteran Status				
Veteran	14.7	(11.6-17.8)	5.7	(3.3-8.2)
Non-Veteran	18.0	(16.9-19.2)	7.5	(6.8-8.3)
Disability Status				
Adults with disabilities	14.2	(12.4-16.0)	11.9	(10.3-13.6)
No disabilities	18.8	(17.5-20.1)	5.5	(4.7-6.3)

Disability

Disability is often used as an umbrella term for any conditions of the mind or body that cause impairments, activity limitations, or participation restrictions⁹. 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 2023, an estimated 27.7% (668,404) of adults in Iowa had a disability. The rate of disability among adult Iowans is on the rise: from 24.1% in 2021 to 27.7% in 2023, which is the highest percentage reported to date.
- About half of Multiracial, non-Hispanic (49.1%) Iowans reported disability.
- The prevalence of disability increased with age. For adults aged 75 years and older, about half (51%; 135,794) reported disability.
- Adult Iowans who identified as LGBT+ (42.7%) reported a significantly higher rate of disability than non-LGBT adults (26.6%).
- Veterans (38.4%) reported a significantly higher prevalence of disability than did non-veterans (26.6%).
- Additionally, while one in five employed (18%) Iowans or self-employed (20.2%) Iowans reported disability, three in five Iowans out of work for one year or longer (58%) and four in five Iowans unable to work (83.2%) had disability.

Demographic Characteristics	Disability	
	%	C.I. (95%)
Total	27.7	(26.5-28.9)
Sex		
Female	29.1	(27.4-30.8)
Male	26.3	(24.6-28.0)
Race/Ethnicity		
Hispanic, all races	23.5	(19.5-27.6)
Black, Non-Hispanic	22.8	(16.3-29.4)
White, Non-Hispanic	27.3	(26.1-28.6)
Other, Non-Hispanic	30.6	(20.5-40.6)
Multiracial, Non-Hispanic	49.1	(38.1-60.1)
Age		
18-24	27.2	(23.3-31.2)
25-34	20.4	(17.4-23.5)
35-44	18.1	(15.4-20.9)
45-54	20.9	(17.8-23.9)
55-64	30.1	(27.1-33.1)
65-74	33.2	(30.4-36.0)
75+	51.0	(47.6-54.5)
Education		
Less Than H.S.	38.8	(33.3-44.2)
H.S. or G.E.D.	34.7	(32.4-37.0)
Some Post-H.S.	27.4	(25.2-29.6)
College Graduate	17.5	(15.8-19.1)
Household Income		
Less than \$15,000	60.0	(53.5-66.5)
\$15,000 - \$24,999	52.2	(46.9-57.4)
\$25,000 - \$34,999	38.6	(34.1-43.2)
\$35,000 - \$49,999	29.5	(26.3-32.7)
\$50,000 - \$74,999	27.3	(24.1-30.5)
\$75,000 - \$99,999	19.2	(16.4-21.9)
\$100,000+	12.7	(10.9-14.5)
Sexual Orientation & Gender Identity		
LGBT+	42.7	(37.0-48.3)
Non-LGBT	26.6	(25.3-27.8)
Veteran Status		
Veteran	38.4	(34.3-42.5)
Non-Veteran	26.6	(25.4-27.9)

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 ways¹⁰. 13.5% (18.0 million) of U.S. households were food insecure at some time during 2023¹¹.

- In 2023, 8.8% (195,524) Iowa adults reported receiving food stamps on an EBT card, and 11.2% (246,825) of Iowa adults reported that they struggled to afford food in the past year. Although not statistically higher than in 2022 (8.6%, 9.5% respectively), it is an upward trend.
- One third of Black (33%), one out of four Hispanic (27%) and one out of five Other or Multiracial Non-Hispanic Iowans were unable to afford more food when needed in the past year, compared to less than one out of 10 White Iowans (8.3%) reporting the same.

Demographic Characteristics	Received Food Stamps, Past 12 Months		Unable to Afford More Food, Past 12 Months	
	(%)	C.I. (95%)	(%)	C.I. (95%)
Total	8.8	(8.0-9.7)	11.2	(10.2-12.1)
Sex				
Female	11.8	(10.4-13.1)	12.7	(11.3-14.1)
Male	5.8	(4.8-6.7)	9.5	(8.3-10.7)
Race/Ethnicity				
Hispanic, all races	18.0	(13.7-22.3)	27.0	(22.1-31.8)
Black, Non-Hispanic	33.9	(25.0-42.8)	33.0	(24.3-41.6)
White, Non-Hispanic	6.6	(5.9-7.4)	8.3	(7.4-9.1)
Other or Multiracial, Non-Hispanic	15.5	(9.8-21.2)	22.2	(15.8-28.7)
Age				
18-24	9.3	(6.3-12.2)	17.5	(13.8-21.2)
25-34	11.9	(9.3-14.6)	13.6	(10.8-16.4)
35-44	12.9	(10.1-15.6)	11.7	(9.3-14.1)
45-54	10.5	(8.2-12.7)	11.1	(8.8-13.4)
55-64	7.9	(6.2-9.7)	10.1	(8.0-12.1)
65-74	4.8	(3.4-6.1)	7.1	(5.6-8.7)
75+	3.0	(1.8-4.2)	6.4	(4.3-8.4)
Education				
Less Than H.S.	25.0	(20.0-30.0)	31.0	(25.5-36.4)
H.S. or G.E.D.	12.0	(10.3-13.8)	14.5	(12.6-16.4)
Some Post-H.S.	7.9	(6.4-9.3)	10.2	(8.6-11.8)
College Graduate	2.2	(1.5-2.9)	3.3	(2.5-4.1)
Household Income				
Less than \$15,000	54.0	(47.1-61.0)	42.4	(35.4-49.4)
\$15,000 - \$24,999	26.3	(21.5-31.1)	33.4	(28.2-38.6)
\$25,000 - \$34,999	19.4	(15.3-23.6)	21.3	(17.0-25.5)
\$35,000 - \$49,999	10.4	(7.9-12.8)	15.0	(12.1-17.9)
\$50,000 - \$74,999	2.7	(1.6-3.9)	6.5	(4.5-8.5)
\$75,000 - \$99,999	*	*	3.7	(2.3-5.2)
\$100,000+	*	*	*	*
Sexual Orientation & Gender Identity				
LGBT+	13.7	(9.5-17.9)	20.3	(15.6-25.0)
Non-LGBT	8.4	(7.5-9.2)	10.3	(9.4-11.3)
Veteran Status				
Veteran	4.1	(2.4-5.8)	7.5	(4.9-10.1)
Non-Veteran	9.3	(8.4-10.3)	11.5	(10.5-12.5)
Disability Status				
Adults with disabilities	15.8	(13.8-17.8)	20.8	(18.6-23.1)
No disabilities	6.2	(5.3-7.1)	7.5	(6.5-8.4)

Transportation

Access to transportation may be required for many daily tasks, including going to work, health care visits, and obtaining groceries¹². Transportation barriers interrupt adherence to medical appointments and can prevent people from seeking care at all.

- In 2023, 6.1% (134,663) of adults in Iowa reported that they lacked reliable transportation. Nationally, 5.7% of US adults lacked reliable transportation for daily living¹³.
- There are disparities in access to reliable transportation among adult Iowans by race/ethnicity, age, education, income, sexual orientation and gender identity, disability status and employment status.
- The highest rate of unreliable transportation was reported among those with less than a \$15,000 per year household income (28.5%) followed by those unable to work (23.9%).

Demographic Characteristics	Lack of Reliable Transportation	
	%	C.I. (95%)
Total	6.1	(5.4-6.8)
Sex		
Female	6.2	(5.1-7.2)
Male	6.0	(5.0-6.9)
Race/Ethnicity		
Hispanic, all races	11.6	(8.3-14.9)
Black, Non-Hispanic	19.5	(12.1-26.9)
White, Non-Hispanic	4.8	(4.1-5.4)
Other or Multiracial, Non-Hispanic	10.7	(6.0-15.5)
Age		
18-24	10.2	(7.4-13.0)
25-34	8.1	(6.0-10.2)
35-44	6.5	(4.7-8.3)
45-54	6.8	(4.8-8.9)
55-64	4.7	(3.2-6.1)
65-74	3.3	(2.2-4.3)
75+	2.7	(1.5-4.0)
Education		
Less Than H.S.	13.4	(9.6-17.1)
H.S. or G.E.D.	7.1	(5.7-8.5)
Some Post-H.S.	6.3	(5.0-7.5)
College Graduate	2.6	(1.9-3.4)
Household Income		
Less than \$15,000	28.5	(22.0-34.9)
\$15,000 - \$24,999	15.6	(11.7-19.5)
\$25,000 - \$34,999	8.5	(5.9-11.0)
\$35,000 - \$49,999	7.2	(5.1-9.2)
\$50,000 - \$74,999	4.3	(2.6-6.0)
\$75,000 - \$99,999	3.2	(1.6-4.8)
\$100,000+	1.3	(0.5-2.0)
Sexual Orientation & Gender Identity		
LGBT+	14.6	(10.6-18.5)
Non-LGBT	5.4	(4.7-6.1)
Veteran Status		
Veteran	5.6	(3.3-7.9)
Non-Veteran	6.1	(5.4-6.9)
Disability Status		
Adults with disabilities	13.1	(11.2-14.9)
No disabilities	3.4	(2.8-4.1)
Employment Status		
Employed	4.9	(4.0-5.7)
Not employed	10.9	(8.1-13.8)
Unable to work	23.9	(18.7-29.1)
Retired	3.0	(2.1-3.9)

- About one in 10 Hispanic and one in five Black Non-Hispanic adult Iowans have experienced a lack of reliable transportation in the past year. In comparison, one in 20 White adult Iowans experienced this.
- Lack of reliable transportation was more prevalent among younger Iowans. For example, 10.2% of 18–24-year-olds experienced this, while 2.7% of 75+ year olds did so.

Exercise

A lifestyle that includes regular physical activity can reduce the risk of many diseases including cardiovascular disease, diabetes, certain cancers, osteoporosis, and other debilitating conditions¹³. Regular physical activity can help to strengthen bones and muscles, improve mental health and quality of sleep, and increase general quality of life¹³. For adults, engaging in 150 minutes (per week) of moderate aerobic physical activity as well as muscle-strengthening activity at least two times per week is recommended¹⁴.

- In 2023, two out of five (41.4%; 870,298) adult Iowans did not meet aerobic activity recommendations. Three out of five (63.6%; 1,561,396) did not meet muscle strengthening recommendations. Both are higher than the national medians of 40.1% and 58.8% respectively.

Demographics Characteristics	Did Not Meet Aerobic Activity Recommendations		Did Not Meet Strengthening Activity Recommendations	
	(%)	C.I. (95%)	(%)	C.I. (95%)
Total	41.4	(39.9-42.8)	63.6	(62.2-64.9)
Sex				
Female	42.2	(40.2-44.3)	66.3	(64.4-68.1)
Male	40.5	(38.5-42.6)	60.8	(58.9-62.7)
Race/Ethnicity				
Hispanic, all races	54.2	(48.8-59.6)	72.5	(68.1-76.8)
Black, Non-Hispanic	49.8	(40.6-59.0)	54.3	(46.0-62.7)
White, Non-Hispanic	39.7	(38.1-41.2)	63.5	(62.1-64.9)
Other, Non-Hispanic	48.3	(37.2-59.5)	65.9	(56.3-75.4)
Multiracial, Non-Hispanic	46.4	(34.8-57.9)	56.5	(45.6-67.5)
Age Group				
18 - 24	44.7	(39.9-49.5)	50.5	(46.1-54.9)
25 - 34	41.3	(37.2-45.4)	58.0	(54.2-61.8)
35 - 44	37.0	(33.3-40.7)	62.4	(58.9-66.0)
45 - 54	42.1	(38.3-45.9)	71.7	(68.5-74.9)
55 - 64	41.7	(38.2-45.2)	69.1	(66.0-72.1)
65-74	37.5	(34.4-40.5)	66.3	(63.5-69.1)
75+	45.9	(42.2-49.5)	67.4	(64.2-70.6)
Education				
Less than H.S.	51.5	(45.3-57.6)	70.6	(65.2-76.0)
H.S. or G.E.D.	47.3	(44.6-49.9)	65.5	(63.1-67.8)
Some Post-H.S.	40.8	(38.2-43.5)	62.3	(59.8-64.7)
College Graduate	32.9	(30.6-35.2)	61.2	(59.0-63.4)
Household Income				
Less than \$15,000	53.8	(46.7-60.9)	63.7	(57.2-70.1)
\$15,000 - \$24,999	52.5	(46.8-58.2)	71.7	(67.1-76.4)
\$25,000 - \$34,999	51.6	(46.5-56.7)	69.1	(64.6-73.6)
\$35,000 - \$49,999	43.5	(39.7-47.3)	62.3	(58.8-65.9)
\$50,000 - \$74,999	39.8	(36.2-43.5)	65.1	(61.7-68.5)
\$75,000 - \$99,999	37.0	(33.2-40.8)	62.7	(59.1-66.3)
\$100,000+	31.2	(28.4-34.1)	59.5	(56.7-62.3)
Sexual Orientation & Gender Identity				
LGBT+	46.6	(40.5-52.8)	67.5	(62.2-72.8)
Non-LGBT	40.9	(39.4-42.5)	63.6	(62.2-65.0)
Veteran Status				
Veteran	41.4	(37.0-45.9)	60.0	(55.7-64.2)
Non-Veteran	41.4	(39.8-42.9)	63.9	(62.5-65.3)
Disability Status				
Adults with disabilities	54.2	(51.5-56.9)	68.2	(65.8-70.6)
No disabilities	36.0	(34.2-37.7)	62.1	(60.4-63.7)

- Males met recommendations for strength activity at higher rates than females. Additionally, there were differences by disability status for both types of exercise.

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 2023, one out of three adult Iowans (34.3%; 787,384) were classified as overweight, which is comparable to the national median (34.4%). The prevalence of overweight status has been stable since 2011 in Iowa and the U.S.
- In 2023, 37.8% (866,659) were classified as obese, which is higher than the national median (34.3%). The prevalence of obesity continues to steadily increase in Iowa and across the nation since 2011 (29% Iowa, 27.8% U.S.).

Demographics Characteristics	Overweight		Obesity	
	%	C.I. (95%)	%	C.I. (95%)
Total	34.3	(33.0-35.7)	37.8	(36.4-39.2)
Sex				
Female	29.7	(27.9-31.6)	38.6	(36.6-40.6)
Male	38.8	(36.9-40.7)	37.0	(35.1-38.9)
Race/Ethnicity				
Hispanic, all races	37.9	(32.8-43.0)	37.4	(32.3-42.5)
Black, Non-Hispanic	35.9	(27.3-44.5)	40.8	(32.3-49.3)
White, Non-Hispanic	34.2	(32.8-35.6)	37.8	(36.3-39.3)
Other, Non-Hispanic	35.6	(24.9-46.2)	27.0	(17.8-36.2)
Multiracial, Non-Hispanic	28.2	(18.1-38.2)	44.0	(17.8-36.2)
Age				
18-24	27.5	(23.5-31.5)	26.4	(22.4-30.4)
25-34	29.4	(25.9-33.0)	39.3	(35.4-43.2)
35-44	35.6	(32.0-39.2)	39.8	(36.1-43.5)
45-54	39.0	(35.3-42.8)	42.9	(39.2-46.6)
55-64	33.9	(30.7-37.2)	45.2	(41.9-48.5)
65-74	35.5	(32.6-38.4)	39.8	(36.8-42.8)
75+	40.8	(37.3-44.2)	28.5	(25.3-31.7)
Education				
Less Than H.S.	38.7	(32.9-44.5)	37.8	(32.1-43.5)
H.S. or G.E.D.	33.2	(30.8-35.5)	39.0	(36.5-41.5)
Some Post-H.S.	33.7	(31.2-36.1)	39.6	(37.1-42.1)
College Graduate	35.2	(32.9-37.4)	34.4	(32.2-36.6)
Household Income				
Less than \$15,000	26.6	(20.8-32.4)	42.2	(35.7-49.0)
\$15,000 - \$24,999	32.4	(27.5-37.4)	37.7	(32.6-42.8)
\$25,000 - \$34,999	33.4	(28.9-37.9)	40.5	(35.7-45.3)
\$35,000 - \$49,999	34.8	(31.3-38.)	39.1	(35.6-42.6)
\$50,000 - \$74,999	34.0	(30.6-37.4)	36.6	(33.3-40.0)
\$75,000 - \$99,999	34.5	(31.0-38.0)	41.9	(38.2-45.6)
\$100,000+	37.3	(34.5-40.0.)	36.2	(33.4-38.9)
Sexual Orientation & Gender Identity				
LGBT+	26.4	(21.3-31.5)	43.9	(38.1-49.7)
Non-LGBT	35.3	(33.9-36.7)	37.6	(36.1-39.1)
Veteran Status				
Veteran	41.9	(37.6-46.1)	35.6	(31.6-39.6)
Non-Veteran	33.5	(32.1-34.9)	38.1	(36.6-39.6)
Disability Status				
Adults with disabilities	31.1	(28.7-33.6)	44.0	(41.4-46.6)
No disabilities	35.5	(33.9-37.1)	35.7	(34.1-37.3)

- Every state had an obesity rate of over 20% (one out of five). Iowa is ranked seventh highest for obesity nationally and one of 23 states with an obesity rate of over 35%.
- Rates of obesity did not statistically significantly differ among different racial/ethnic groups in Iowa.
- Adults with disabilities (44%) reported a higher rate of obesity than adults without disabilities (35.7%).

Falls

A fall is an event when a person unintentionally comes to rest on the ground, not due to a major event like a stroke or an overwhelming hazard¹⁵. Unintentional falls are the leading cause of injury and deaths from injury among adults aged ≥65 years (older adults) in the US¹⁶. Most falls are caused by a combination of risk factors, which include lower body weakness, foot pain, vitamin D deficiency, difficulties with walking and balance and use of medicines¹⁷.

- About one-quarter of adults aged 45 years or older reported at least one fall in the past year (25.7; 342,798).
- Hispanic lowans reported the lowest prevalence rate of falling in the past year – 14%, which is well below the state rate.
- Falls increase with age and decrease with income level.
- There were no statistical differences in falls by education, sexual orientation and gender identity or veteran status.

Demographic Characteristics	Falls in the past 12 months (45+)	
	%	C.I. (95%)
Total	25.7	(24.3-27.2)
Sex		
Female	26.3	(24.4-28.3)
Male	25.1	(23.0-27.2)
Race/Ethnicity		
Hispanic, all races	14.1	(8.8-19.4)
Black, Non-Hispanic	23.8	(13.3-34.3)
White, Non-Hispanic	26.2	(24.7-27.7)
Other or Multiracial, Non-Hispanic	26.7	(16.7-36.8)
Age		
45-54	18.6	(15.8-21.3)
55-64	26.4	(23.6-29.2)
65-74	27.4	(24.8-30.0)
75-84	31.8	(28.2-35.4)
85+	36.1	(28.8-43.5)
Education		
Less Than H.S.	28.7	(22.1-35.4)
H.S. or G.E.D.	28.3	(25.6-31.0)
Some Post-H.S.	24.5	(22.0-27.0)
College Graduate	23.9	(21.6-26.2)
Household Income		
Less than \$15,000	50.2	(42.2-58.1)
\$15,000 - \$24,999	39.1	(33.1-45.1)
\$25,000 - \$34,999	30.7	(25.4-35.9)
\$35,000 - \$49,999	28.0	(24.0-32.0)
\$50,000 - \$74,999	24.9	(21.2-28.5)
\$75,000 - \$99,999	23.8	(20.4-27.2)
\$100,000+	17.1	(14.6-19.5)
Sexual Orientation & Gender Identity		
LGBT+	26.7	(18.3-35.1)
Non-LGBT	25.8	(24.3-27.2)
Veteran Status		
Veteran	28.1	(24.0-32.3)
Non-Veteran	25.4	(23.9-26.9)
Disability Status		
Adults with disabilities	42.4	(39.5-45.3)
No disabilities	17.7	(16.2-19.2)

- Adult Iowans with disability (42.4%) had a higher rate of experiencing a fall in the past year than those without disability (17.7%).
- Two out of five (37.9%; 129,328) adult Iowans aged 45+ who reported a fall in the past 12 months noted that they became injured or had to see a doctor due to their fall (analysis not depicted in table).

Caregiving

Caregiving is an important public health issue that includes helping another person(s) with one or more activities important for their daily living, such as bathing and dressing, paying bills, shopping and providing transportation. It also may involve emotional support and helping manage a chronic disease or disability¹⁸.

- The prevalence of present caregiving (17.2%; 196,714) was similar to that of caregiving anticipated in the next two years (15.1%; 138,765).
- Present caregiving was highest among Black lowans (28.8%) and those with household incomes between \$25,000 and \$34,999 (24.5%) and was lowest among Hispanic lowans (9%).
- Future caregiving was anticipated most heavily among 45–54-year-olds (21.7%) and Other and Multiracial Non-Hispanic lowans (21.2%).
- Adults aged 55–64 most provided care for their mothers, while those 65–74 provided care for their spouse (analyses not depicted in table).

Demographic Characteristics	Present Caregiving		Future Caregiving	
	(%)	C.I. (95%)	(%)	C.I. (95%)
Total	17.2	(15.6-18.7)	15.1	(13.5-16.8)
Sex				
Female	20.8	(18.4-23.2)	14.5	(12.3-16.7)
Male	13.5	(11.5-15.5)	15.7	(13.3-18.1)
Race/Ethnicity				
Hispanic, all races	9.0	(5.1-12.9)	16.1	(10.2-21.9)
Black, Non-Hispanic	28.8	(15.4-42.2)	*	*
White, Non-Hispanic	17.2	(15.6-18.8)	14.5	(12.8-16.1)
Other and Multiracial, Non-Hispanic	20.4	(11.2-29.6)	21.2	(10.9-31.4)
Age				
18-24	12.6	(8.2-17.0)	11.4	(7.3-15.4)
25-34	13.9	(9.9-18.0)	13.6	(8.9-18.3)
35-44	14.0	(10.4-17.6)	13.6	(9.1-18.1)
45-54	21.5	(16.3-26.7)	21.7	(16.8-26.5)
55-64	20.8	(17.0-24.6)	17.8	(13.6-21.9)
65-74	18.6	(15.0-22.1)	14.5	(11.1-17.9)
75+	17.8	(13.9-21.6)	13.6	(9.4-17.7)
Education				
Less Than H.S.	14.5	(8.5-20.5)	11.7	(5.0-18.5)
H.S. or G.E.D.	16.2	(13.5-19.0)	15.4	(12.6-18.2)
Some Post-H.S.	19.0	(16.0-21.9)	13.8	(10.8-16.7)
College Graduate	16.7	(14.2-19.3)	17.6	(14.6-20.6)
Household Income				
Less than \$15,000	21.0	(13.0-29.0)	16.6	(8.7-24.6)
\$15,000 - \$24,999	18.5	(12.3-24.7)	7.3	(3.8-10.9)
\$25,000 - \$34,999	24.5	(18.0-30.9)	16.2	(10.5-21.9)
\$35,000 - \$49,999	20.2	(15.7-24.7)	17.3	(11.7-22.9)
\$50,000 - \$74,999	16.5	(12.3-20.8)	15.6	(11.5-19.7)
\$75,000 - \$99,999	19.8	(15.7-24.0)	14.5	(10.6-18.4)
\$100,000+	12.9	(10.3-15.6)	16.5	(13.2-19.7)
Sexual Orientation & Gender Identity				
LGBT+	19.9	(13.6-26.1)	16.1	(9.4-22.8)
Non-LGBT	17.0	(15.4-18.7)	15.2	(13.5-16.8)
Veteran Status				
Veteran	19.8	(14.6-25.0)	19.8	(13.3-26.4)
Non-Veteran	16.9	(15.2-18.5)	14.6	(13.0-16.3)
Disability Status				
Adults with disabilities	22.2	(18.9-25.6)	14.9	(11.9-17.9)
No disabilities	15.1	(13.4-16.8)	15.2	(13.2-17.2)

Risk Behavior Indicators

Alcohol Consumption: Binge Drinking

In the United States, alcohol is the top mind-altering substance used¹⁹. 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.

- In 2023, 57.4% (1,362,695) of Iowans reported that they had at least one drink of alcohol in the past 30 days.
- In 2023, 20.5% (485,064) of Iowans reported binge drinking in the previous month, which is higher than the national median of 15.2%.
- As of 2023, Iowa ranks third highest in the nation for adult binge drinking, after DC (27.1%) and North Dakota (21.2%). The upper Midwest showed the highest levels of binge drinking compared to other regions of the country.
- In 2023, three out of 10 males aged 25-34 (35%) and 35-44 (35.3%) engaged in binge drinking, which were the highest percentages across the analyzed age and sex categories.
- Binge drinking decreased significantly with age.

Demographics Characteristics	Binge Drinking	
	%	C.I. (95%)
Total		
Sex		
Female	15.7	(14.2-17.3)
Male	25.5	(23.6-27.2)
Race/Ethnicity		
Hispanic, all races	17.4	(13.8-21.1)
Black, Non-Hispanic	20.8	(13.0-28.6)
White, Non-Hispanic	21.2	(19.9-22.4)
Other, Non-Hispanic	7.4	(3.1-11.7)
Multiracial, Non-Hispanic	20.6	(11.5-29.8)
Age Group		
18 - 24	30.5	(26.4-35.6)
25 - 34	31.9	(28.3-35.5)
35 - 44	27.8	(24.4-31.2)
45 - 54	21.9	(18.9-25.0)
55 - 64	15.3	(13.0-17.6)
65-74	8.9	(7.3-10.5)
75+	2.8	(1.7-3.9)
Education		
Less than H.S.	11.5	(8.0-14.9)
H.S. or G.E.D.	19.6	(17.5-21.7)
Some Post-H.S.	22.6	(20.4-24.8)
College Graduate	21.4	(19.4-23.3)
Household Income		
Less than \$15,000	14.4	(9.6-19.2)
\$15,000 - \$24,999	13.0	(9.2-16.7)
\$25,000 - \$34,999	17.5	(13.9-21.2)
\$35,000 - \$49,999	18.1	(15.2-21.1)
\$50,000 - \$74,999	20.6	(17.6-23.5)
\$75,000 - \$99,999	23.7	(20.4-27.0)
\$100,000+	28.2	(25.6-30.8)
Sexual Orientation & Gender Identity		
LGBT+	22.8	(18.2-27.5)
Non-LGBT	20.4	(19.2-21.7)
Veteran Status		
Veteran	22.4	(18.4-26.4)
Non-Veteran	20.3	(19.1-21.6)
Disability Status		
Adults with disabilities	15.2	(13.3-17.0)
No disabilities	22.6	(21.1-24.0)

Alcohol Consumption: Heavy Drinking

BRFSS defines heavy drinking as consuming more than 14 drinks per week for men and more than 7 drinks per week for women.

- In 2023, 7.2% (171,302) reported heavy drinking in the past month. This is similar to the prevalence rate in 2022 of 7.3%. As of 2023, Iowa is ranked 8th highest in the nation for adult heavy drinking.
- Heavy drinking was also significantly more prevalent among males than females.
- Heavy drinking peaked between ages 35 and 44 (at 11%) before decreasing into older adulthood.
- Rates of binge drinking were highest among those with higher incomes in Iowa (28.2%) for binge drinking. There were no significant differences in rates of heavy drinking by income.
- Binge drinking was higher among adults without disabilities (22.5%) compared to adults with disabilities (15.2%).
- Rates of binge (28.5%) and heavy drinking (11.9%) were higher among Iowans who reported poor mental health (19.2%, 6.4% respectively).

Demographics Characteristics	Heavy Drinking	
	%	C.I. (95%)
Total	7.2	(6.5-8.0)
Sex		
Female	6.2	(5.2-7.2)
Male	8.3	(7.2-9.4)
Race/Ethnicity		
Hispanic, all races	3.9	(2.2-5.7)
Black, Non-Hispanic	*	*
White, Non-Hispanic	7.8	(7.0-8.6)
Other or Multiracial, Non-Hispanic	*	*
Age Group		
18 - 24	7.0	(4.9-9.2)
25 - 34	8.8	(6.6-11.1)
35 - 44	11.0	(8.5-13.4)
45 - 54	7.5	(5.7-9.4)
55 - 64	7.2	(5.5-8.8)
65-74	4.8	(3.5-6.0)
75+	2.7	(1.5-3.8)
Education		
Less than H.S.	3.5	(1.6-5.4)
H.S. or G.E.D.	7.3	(5.9-8.6)
Some Post-H.S.	8.4	(7.0-9.9)
College Graduate	6.8	(5.6-8.0)
Household Income		
Less than \$15,000	7.8	(4.2-11.4)
\$15,000 - \$24,999	6.7	(3.7-9.6)
\$25,000 - \$34,999	6.9	(4.6-9.2)
\$35,000 - \$49,999	6.3	(4.5-8.0)
\$50,000 - \$74,999	7.3	(5.4-9.1)
\$75,000 - \$99,999	8.4	(6.3-10.6)
\$100,000+	9.4	(7.7-11.1)
Sexual Orientation & Gender Identity		
LGBT+	8.2	(5.2-11.2)
Non-LGBT	7.2	(6.4-8.0)
Veteran Status		
Veteran	8.2	(5.8-10.6)
Non-Veteran	7.1	(6.4-7.9)
Disability Status		
Adults with disabilities	6.7	(5.4-8.0)
No disabilities	7.4	(6.5-8.3)

Brain Injury

A traumatic brain injury, or TBI, is an injury that affects how the brain works. TBIs are caused by an external force such as hitting your head during a fall, colliding with an object or another person, or a penetrating injury to the head²⁰. TBIs can range from mild injuries with temporary symptoms to more serious injuries that result in long-term physical and psychological complications²¹. Concussions are a type of traumatic brain injury.

- In 2023, an estimated 28.3% (573,110) of adults reported that they had ever had a severe brain injury.
- Males (31.7%) reported a higher prevalence of brain injury as compared to females (21.1%).
- Severe brain injuries were most prevalent among Other and Multiracial, Non-Hispanic Iowans (29.2%) and White, Non-Hispanic Iowans (27.3%), compared to Black (11.9%) and Hispanic Iowans (16.3%).
- No differences in the prevalence of ever having a severe head injury were observed by household income.
- Veterans (36.3%) reported a significantly higher prevalence of brain injury, compared to non-veterans (25.2%).

Demographic Characteristics	Ever Had a Severe Head Injury	
	(%)	C.I. (95%)
Total	26.2	(25.0-27.5)
Sex		
Female	21.1	(19.4-22.7)
Male	31.7	(29.7-33.6)
Race/Ethnicity		
Hispanic, all races	16.3	(12.4-20.2)
Black, Non-Hispanic	11.9	(6.4-17.5)
White, Non-Hispanic	27.3	(25.9-28.7)
Other or Multiracial, Non-Hispanic	29.2	(22.1-36.4)
Education		
Less than H.S.	20.1	(15.4-24.8)
H.S. or G.E.D.	24.8	(22.6-27.1)
Some Post-H.S.	28.6	(26.2-31.0)
College Graduate	26.6	(24.5-28.7)
Household Income		
Less than \$15,000	14.4	(9.6-19.2)
\$15,000 - \$24,999	13.0	(9.2-16.7)
\$25,000 - \$34,999	17.5	(13.9-21.2)
\$35,000 - \$49,999	18.1	(15.2-21.1)
\$50,000 - \$74,999	20.6	(17.6-23.5)
\$75,000 - \$99,999	23.7	(20.4-27.0)
\$100,000+	28.2	(25.6-30.8)
Sexual Orientation & Gender Identity		
LGBT+	28.6	(23.3-33.9)
Non-LGBT	26.1	(24.8-27.4)
Veteran Status		
Veteran	36.3	(31.9-40.7)
Non-Veteran	25.2	(23.9-26.5)
Disability Status		
Adults with disabilities	34.7	(32.2-37.2)
No disabilities	23.0	(21.5-24.5)
Reporting Poor Mental Health		
Yes	40.9	(37.0-44.8)
No	23.7	(22.4-25.1)

- Reports of brain injury were significantly higher among adults with disabilities (34.7%) compared to adults without disabilities (23%).
- Among adults with poor mental health, 40.9% reported ever having a brain injury. This prevalence rate is 1.5 times higher than the prevalence rate among those without poor mental health (23.7%).

Cigarette Smoking

Smoking harms nearly every organ of the body and can lead to disease and disability²². Cigarette smoking is the leading cause of preventable death in the United States, responsible for more than 480,000 deaths per year²³.

- In 2023, an estimated 329,041 adult Iowans (13.7%) were current cigarette smokers. This is slightly higher than the U.S. median of 12.1%.
- As with previous years, males (14.9%) reported statistically higher rates of smoking than females (12.6%).
- Black, non-Hispanic Iowans (23.8%) reported the highest prevalence of cigarette smoking among the racial and ethnic groups analyzed.
- Smoking rates were highest among the 45-54 (19.9%) age group, followed by the 55-64 (18.3%) and 35-44 (16.6%) age groups.
- About a quarter (24.6%) of adult Iowans with less than a high school education reported current cigarette smoking, compared to 5.1% of college graduates.
- Approximately 29.7% of adults with incomes below \$15,000 reported current smoking (down from 37% in 2022), compared to 7.7% of adults with household incomes above \$75,000.
- Adults with disabilities (19%) reported a significantly higher prevalence of smoking cigarettes than did adults without disabilities (11.5%).

Demographic Characteristics	Current Cigarette Smoking	
	(%)	C.I. (95%)
Total	13.7	(12.8-14.6)
Sex		
Female	12.6	(11.3-13.8)
Male	14.9	(13.5-16.3)
Race/Ethnicity		
Hispanic, all races	10.4	(7.6-13.2)
Black, Non-Hispanic	23.8	(16.1-31.6)
White, Non-Hispanic	13.6	(12.6-14.6)
Other, Non-Hispanic	10.8	(5.4-16.1)
Multiracial, Non-Hispanic	13.7	(7.3-20.2)
Age Group		
18 - 24	6.4	(4.4-8.4)
25 - 34	15.4	(12.5-18.2)
35 - 44	16.6	(13.9-19.3)
45 - 54	19.9	(16.9-22.9)
55 - 64	18.3	(15.7-20.8)
65 - 74	12.1	(10.1-14.1)
75+	4.5	(3.1-5.9)
Education		
Less than H.S.	24.6	(19.8-29.3)
H.S. or G.E.D.	18.1	(16.2-20.0)
Some Post-H.S.	14.3	(12.7-16.1)
College Graduate	5.1	(4.1-6.0)
Household Income		
Less than \$15,000	29.7	(23.7-35.6)
\$15,000 - \$24,999	22.7	(18.3-27.1)
\$25,000 - \$34,999	20.5	(16.7-24.4)
\$35,000 - \$49,999	15.5	(13.0-18.1)
\$50,000 - \$74,999	14.0	(11.7-16.4)
\$75,000 - \$99,999	11.5	(8.9-14.0)
\$100,000+	7.7	(6.2-9.2)
Sexual Orientation & Gender Identity		
LGBT+	15.2	(11.5-19.0)
Non-LGBT	13.6	(12.6-14.5)
Veteran Status		
Veteran	14.3	(11.2-17.3)
Non-Veteran	13.6	(12.6-14.6)
Disability Status		
Adults with disabilities	19.0	(17.0-20.9)
No disabilities	11.5	(10.4-12.5)

- Almost half of current smokers (47.2%; 142,072) reported that they attempted to quit smoking cigarettes for at least one day in the past year.
- Of those who had stopped smoking for a day or longer in the past year or who had stopped using nicotine pouches, smokeless tobacco, cigars or pipe tobacco because they were trying to quit, about one in six (17.8%) Iowans tried to quit by switching to e-cigarettes or other vaping products.

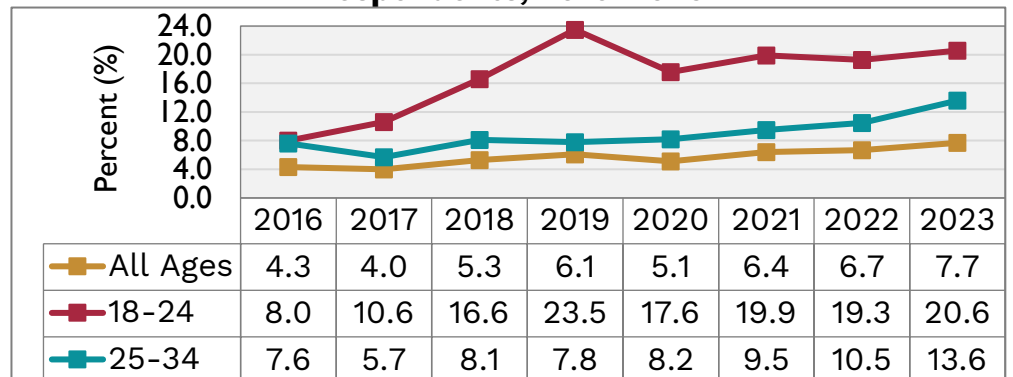
E-Cigarette Use

E-cigarette use, also known as vaping, has rapidly increased among youth and young adult populations in recent years²⁴. 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 metals²⁵.

- In 2023, an estimated 184,792 (7.7%) of adult Iowans reported that they currently used e-cigarettes on a regular basis, which is the highest percentage reported to date. This is slightly higher than the national median of 7.5%.
- One in five (20.6%) 18-24 year olds were current e-cigarette users.
- Reported e-cigarette use was significantly higher among adults who identified as LGBT+ (14.9%) compared to non-LGBT adults (7%).
- Adults with disabilities (10%) reported e-cigarette use at a significantly higher rate compared to adults without disabilities (3.9%).
- Since 2017, e-cigarette use has been higher among those 18-24 years as compared to older age groups.

Demographic Characteristics	Current E-Cigarette Use	
	%	C.I. (95%)
Total	7.7	(6.9-8.5)
Sex		
Female	7.3	(6.2-8.4)
Male	8.1	(7.0-9.3)
Race/Ethnicity		
Hispanic, all races	7.9	(5.3-10.4)
Black, Non-Hispanic	11.7	(6.0-17.5)
White, Non-Hispanic	7.5	(6.7-8.4)
Other or Multiracial, Non-Hispanic	8.7	(4.5-12.8)
Age Group		
18 - 24	20.6	(17.1-24.1)
25 - 34	13.6	(10.8-16.3)
35 - 44	9.6	(7.4-11.9)
45 - 54	5.2	(3.7-6.8)
55 - 64	2.8	(1.7-3.9)
65+	0.6	(0.3-0.9)
Education		
Less than H.S.	11.6	(7.6-15.6)
H.S. or G.E.D.	9.9	(8.3-11.4)
Some Post-H.S.	8.5	(7.0-10.0)
College Graduate	3.3	(2.4-4.1)
Sexual Orientation & Gender Identity		
LGBT+	14.9	(10.8-19.0)
Non-LGBT	7.0	(6.2-7.8)
Disability Status		
Adults with disabilities	10.0	(8.3-11.6)
No disabilities	3.9	(6.0-7.8)

E-Cigarette Use by Year and Age among Iowa BRFSS Respondents, 2016-2023



Marijuana Use

Marijuana, also called cannabis, is the most used federally illegal drug in the United States²⁶. Certain states have legalized the use of recreational and/or medical marijuana use in recent years. As of 2024, 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. Additionally, Iowa law does not prohibit hemp products with 0.3% or less total THC from being sold. The Iowa BRFSS asks on how many days in the past month did respondents use marijuana or cannabis, specifying to respondents that cannabidiol, CBD, or medical marijuana should not be included.

- In 2023, 10.2% (224,219) of adult Iowans reported that they had used marijuana at least once in the past month. This represents a change in trend from recent years (7%: 2021, 10.9%: 2022).
- Marijuana use was higher among males, younger Iowans, and those with a disability.
- Among LGBT+ Iowans, 24% reported any past month marijuana use. This is down from the 31.8% reported in 2022, but still much higher than among non-LGBT Iowans (9.1%).

Demographic Characteristics	Any Past Month Marijuana Use (1+ Days)		Daily Past Month Marijuana Use (20+ Days)	
	%	C.I. (95%)	%	C.I. (95%)
Total	10.2	(9.3-11.2)	4.6	(3.9-5.3)
Sex				
Female	8.1	(6.9-9.4)	3.5	(2.6-4.4)
Male	12.4	(11.0-13.9)	5.8	(4.8-6.8)
Race/Ethnicity				
Hispanic, all races	9.3	(6.1-12.5)	*	*
Black, Non-Hispanic	20.5	(12.6-28.4)	*	*
White, Non-Hispanic	9.6	(8.6-10.6)	4.1	(3.5-4.8)
Other or Multiracial, Non-Hispanic	14.5	(8.5-20.5)	*	*
Non-White or Hispanic	13.7	(10.6-16.8)	7.3	(4.9-9.7)
Age Group				
18 - 24	20.6	(16.6-24.5)	7.1	(4.7-9.5)
25 - 34	17.4	(14.3-20.5)	9.6	(7.1-12.1)
35 - 44	13.4	(10.6-16.3)	7.4	(5.2-9.6)
45 - 54	8.6	(6.5-10.7)	3.4	(2.0-4.8)
55 - 64	6.7	(5.0-8.3)	2.7	(1.6-3.8)
65+	2.4	(1.7-3.0)	0.7	(0.4-1.1)
Education				
Less than H.S.	12.2	(8.1-16.4)	8.0	(4.4-11.6)
H.S. or G.E.D.	10.8	(9.0-12.6)	5.6	(4.3-6.9)
Some Post-H.S.	11.4	(9.6-13.2)	5.1	(3.9-6.3)
College Graduate	7.6	(6.3-8.9)	2.0	(1.3-2.6)
Household Income				
Less than \$15,000	15.7	(10.5-20.9)	8.3	(4.3-12.3)
\$15,000 - \$24,999	12.5	(8.6-16.5)	5.9	(3.3-8.5)
\$25,000 - \$34,999	12.9	(9.3-16.5)	7.4	(4.5-10.2)
\$35,000 - \$49,999	12.9	(10.3-15.5)	7.3	(5.1-9.4)
\$50,000 - \$74,999	11.4	(9.0-13.9)	5.2	(3.5-7.0)
\$75,000 - \$99,999	8.7	(6.1-11.2)	3.1	(1.4-4.8)
\$100,000+	9.0	(7.1-10.9)	2.9	(1.8-3.9)
Sexual Orientation & Gender Identity				
LGBT+	24.0	(18.8-29.2)	8.9	(5.7-12.1)
Non-LGBT	9.1	(8.2-10.0)	4.3	(3.6-4.9)
Veteran Status				
Veteran	6.2	(4.1-8.4)	2.6	(1.2-4.1)
Non-Veteran	10.7	(9.7-11.7)	4.8	(4.1-5.5)
Disability Status				
Adults with disabilities	14.6	(12.6-16.6)	7.7	(6.2-9.3)
No disabilities	8.6	(7.5-9.6)	3.4	(2.7-4.1)

- Daily marijuana use in the past month was most prevalence among 25–34-year-olds (9.6%) and LGBT+ adults (8.9%).

Prescription Opioid Use

Prescription opioids can be prescribed by doctors to treat moderate to severe pain but can also have serious risks and side effects²⁷. With prolonged use, pain-relieving effects may lessen and the body can develop dependence and addiction. When taken in excessive amounts, prescription opioids can lead to overdoses that may or may not be fatal. The most common drugs involved in prescription opioid overdose deaths include methadone, oxycodone, and hydrocodone²⁷.

- In 2023, an estimated 14.8% (325,023) of adult Iowans reported taking any prescription opioid pain relievers. The rate of use has stayed relatively stable over the past few years (15.3% in 2020 and 2021, 15.9% in 2022). There was no statistical change in rate from 2022 to 2023.
- An estimated 1% (21,631) of **all** adult Iowans reported taking opioids either more frequently or in higher doses than directed (misuse), or when it was not prescribed to

Demographic Characteristics	Any Past Year Prescription Opioid Use		Any Past Year Prescription Opioid Misuse or Abuse	
	%	C.I. (95%)	%	C.I. (95%)
Total	14.8	(13.8-15.8)	1.0	(0.7-1.3)
Sex				
Female	17.0	(15.5-18.4)	0.8	(0.4-1.1)
Male	12.6	(11.3-14.0)	1.2	(0.8-1.7)
Race/Ethnicity				
Non-White or Hispanic	14.2	(11.1-17.2)	1.6	(0.7-2.6)
White, Non-Hispanic	14.9	(13.9-16.0)	0.9	(0.6-1.2)
Age Group				
18 - 35	10.9	(9.0-12.8)	1.2	(0.5-1.8)
36+	16.5	(15.3-17.7)	0.9	(0.6-1.2)
Education				
Less than H.S. & H.S. or G.E.D.	14.2	(12.6-15.8)	1.4	(0.8-2.0)
Some Post-H.S. & College Graduate	15.2	(13.9-16.5)	0.7	(0.5-1.0)
Household Income				
Less than \$35,000	19.3	(16.8-21.8)	1.6	(0.8-2.4)
\$35,000+	14.1	(12.9-15.3)	0.9	(0.6-1.2)
Sexual Orientation & Gender Identity				
LGBT+	14.4	(10.6-18.1)	*	*
Non-LGBT	14.9	(13.9-16.0)	1.0	(0.7-1.2)
Veteran Status				
Veteran	17.2	(13.8-20.7)	*	*
Non-Veteran	14.6	(13.5-15.6)	1.0	(0.7-1.3)
Disability Status				
Adults with disabilities	23.5	(21.3-25.7)	1.7	(1.1-2.4)
No disabilities	11.5	(10.4-12.6)	0.7	(0.4-1.0)

them (abuse). This estimate rose to 3.5% (misuse) and 4.4% (abuse) among lowans who had taken any prescription opioids in the past year (not shown in table).

- Those with lower household incomes (less than \$35,000) reported a higher prevalence of prescription opioid use (19.3%) in the past year as compared to those with household incomes of \$35,000 or more (14.1%).
- Adults with disabilities (23.5%) reported a higher prevalence of using prescription opioids in the past year compared to adults with no disabilities (11.5%). Adults with disabilities also reported a higher prevalence of opioid misuse or abuse (1.7% vs. 0.7% respectively).

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 lifespan²⁸.

- In 2023, an estimated 78.1% (1,938,034) of adult Iowans reported that they had a routine medical checkup within the past year. This was similar to the U.S. median of 78.2%.
- Females (83.6%) reported a significantly higher prevalence of having a routine checkup in the past year than males (72.4%).
- Of the racial and ethnic groups analyzed, three-quarters of Iowans had received a routine checkup in the past year with the exception of Hispanic Iowans (70.4%).
- Generally, the prevalence of having a routine medical checkup within the past year increased with age.
- Veterans and adults with disabilities (84.9% and 83.2%, respectively) had significantly higher rates of having a routine medical checkup within the past year compared to non-veterans and adults without disabilities (77.4% and 76.2%, respectively).
- Lack of health insurance is a significant barrier to receiving routine health care. Insured adults (80.6%) had a significantly higher prevalence of a routine medical checkup in the past year compared to adults without health insurance (41.1%).

Demographic Characteristics	Had a Routine Checkup within the Past Year	
	%	C.I. (95%)
Total	78.1	(77.0-79.3)
Sex		
Female	83.6	(82.2-85.1)
Male	72.4	(70.7-74.1)
Race/Ethnicity		
Hispanic, all races	70.4	(66.0-74.7)
Black, Non-Hispanic	84.1	(78.3-89.9)
White, Non-Hispanic	78.5	(77.3-79.8)
Other or Multiracial, Non-Hispanic	77.6	(71.8-83.3)
Age		
18-24	66.0	(61.8-70.1)
25-34	62.1	(58.4-65.8)
35-44	71.6	(68.5-74.8)
45-54	80.7	(78.0-83.5)
55-64	85.4	(83.2-87.6)
65+	92.3	(91.1-93.5)
Education		
Less Than H.S.	73.3	(68.4-78.3)
H.S. or G.E.D.	76.9	(74.8-79.0)
Some Post-H.S.	79.2	(77.2-81.3)
College Graduate	79.8	(77.9-81.6)
Household Income		
Less than \$15,000	83.3	(78.7-88.0)
\$15,000 - \$24,999	79.6	(75.2-83.9)
\$25,000 - \$34,999	76.0	(72.1-79.9)
\$35,000 - \$49,999	76.8	(73.7-80.0)
\$50,000 - \$74,999	75.7	(72.6-78.7)
\$75,000 - \$99,999	77.9	(74.8-81.0)
\$100,000+	79.3	(77.0-81.6)
Sexual Orientation and Gender Identity		
LGBT+	73.5	(68.6-78.5)
Non-LGBT	78.9	(77.7-80.1)
Veteran Status		
Veteran	84.9	(81.8-88.0)
Non-Veteran	77.4	(76.2-78.6)
Disability Status		
Adults with disabilities	83.2	(81.3-85.2)
No disabilities	76.2	(74.7-77.6)

Cholesterol Screening and Awareness

Cholesterol is a waxy substance found in the blood. Bodies need cholesterol to build healthy cells, but high levels of cholesterol are a leading risk factor for heart disease and stroke²⁹. There are no signs or symptoms for high cholesterol. A blood test is the only way to detect if you have it³⁰.

- In 2023, 83.9% (1,960,566) of adult Iowans reported that their cholesterol had been checked within the past five years. Among this group, 36.7 (751,372) reported that they had been told their cholesterol was high. National medians for these measures were 87% and 69.9% respectively.
- Females (87.6%) reported a higher rate of having their cholesterol checked recently, compared to males (80.1%). However, reports of having high cholesterol did not statistically differ by sex.
- Adults with disability reported a higher prevalence of being told they had high cholesterol (45.7%) as compared to those without disability (33.4%); rates of having it checked recently did not differ by disability status.

Demographic Characteristics	Cholesterol Checked within the Past 5 Years		Ever Told High Cholesterol	
	%	C.I. (95%)	%	C.I. (95%)
Total	83.9	(82.8-85.0)	36.7	(35.3-38.0)
Sex				
Female	87.6	(86.1-89.0)	35.3	(33.5-37.2)
Male	80.1	(78.4-81.8)	38.1	(36.1-40.1)
Race/Ethnicity				
Hispanic, all races	72.2	(67.4-76.9)	27.3	(22.5-32.1)
Black, Non-Hispanic	75.9	(68.6-83.3)	40.4	(30.4-50.5)
White, Non-Hispanic	85.4	(84.3-86.6)	37.2	(35.8-38.7)
Other, Non-Hispanic	83.5	(75.1-92.0)	29.4	(18.4-40.5)
Multiracial, Non-Hispanic	78.8	(69.1-88.5)	39.0	(26.7-51.3)
Age				
18-24	54.1	(49.2-58.9)	8.4	(5.0-11.9)
25-34	66.9	(63.1-70.7)	13.8	(10.6-17.0)
35-44	81.6	(78.7-84.5)	25.0	(21.6-28.5)
45-54	92.0	(90.1-93.8)	35.6	(31.9-39.3)
55-64	95.1	(93.7-96.5)	49.9	(46.6-53.2)
65-74	96.5	(95.4-97.6)	53.3	(50.4-56.3)
75+	97.6	(96.5-98.8)	52.7	(49.2-56.2)
Education				
Less Than H.S.	70.5	(64.9-76.1)	36.6	(30.5-42.7)
H.S. or G.E.D.	81.5	(79.4-83.7)	37.4	(34.8-39.9)
Some Post-H.S.	84.6	(82.6-86.6)	37.4	(34.9-39.9)
College Graduate	89.2	(87.7-90.8)	35.2	(33.0-37.5)
Household Income				
Less than \$15,000	79.9	(74.0-85.7)	44.4	(37.2-51.5)
\$15,000 - \$24,999	83.7	(79.5-87.9)	43.8	(38.2-41.7)
\$25,000 - \$34,999	82.1	(78.0-86.2)	36.8	(31.9-41.7)
\$35,000 - \$49,999	79.8	(76.6-83.1)	38.4	(34.7-42.1)
\$50,000 - \$74,999	83.9	(81.1-86.7)	38.8	(35.2-42.4)
\$75,000 - \$99,999	85.5	(82.6-88.4)	35.0	(31.5-38.6)
\$100,000+	88.9	(86.9-90.8)	33.3	(30.6-36.0)
Sexual Orientation and Gender Identity				
LGBT+	73.4	(68.0-78.8)	29.4	(23.6-35.2)
Non-LGBT	85.1	(83.9-86.2)	37.5	(36.1-39.0)
Veteran Status				
Veteran	90.1	(87.4-92.9)	44.6	(40.3-49.0)
Non-Veteran	83.2	(82.0-84.4)	35.8	(34.3-37.3)
Disability Status				
Adults with disabilities	85.6	(83.6-87.6)	45.7	(42.9-48.4)
No disabilities	83.2	(81.9-84.6)	33.4	(31.8-35.0)

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 status³¹. Nearly 40% of new HIV infections are transmitted by people who don't know they have the virus³². 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 2023, 27.4% (629,987) of Iowan adults reported ever being tested for HIV. This is lower than the national median of 36.9%.
- Multiracial (47.5%) and Black, non-Hispanic (44.7%) Iowans reported a significantly higher prevalence of HIV testing compared to White, non-Hispanic (25.6%) and Other, Non-Hispanic (25.2%) Iowans.
- Adult Iowans who identified as LGBT+ (39.5%) reported significantly higher rates of HIV testing than non-LGBT Iowans (26.2%).
- Veterans (43.5%) reported a significantly higher prevalence of HIV testing compared to non-veterans (25.7%).

Demographic Characteristics	Ever Tested for HIV	
	%	C.I. (95%)
Total	27.4	(26.1-28.7)
Sex		
Female	29.1	(27.3-31.0)
Male	25.6	(23.8-27.3)
Race/Ethnicity		
Hispanic, all races	32.9	(28.1-37.7)
Black, Non-Hispanic	44.7	(35.9-53.5)
White, Non-Hispanic	25.6	(24.3-26.9)
Other, Non-Hispanic	25.2	(15.4-35.0)
Multiracial, Non-Hispanic	47.5	(36.3-58.7)
Age Group		
18 - 24	25.5	(21.4-29.6)
25 - 34	33.6	(29.9-37.3)
35 - 44	40.5	(36.8-44.3)
45 - 54	37.6	(34.1-41.2)
55 - 64	26.3	(23.3-29.2)
65-74	15.6	(13.5-17.8)
75+	7.7	(5.8-9.6)
Education		
Less than H.S.	30.1	(24.7-35.4)
H.S. or G.E.D.	24.1	(21.9-26.3)
Some Post-H.S.	27.9	(25.5-30.3)
College Graduate	29.8	(27.6-32.0)
Household Income		
Less than \$15,000	40.3	(33.6-47.0)
\$15,000 - \$24,999	31.4	(26.5-36.4)
\$25,000 - \$34,999	30.2	(25.6-34.7)
\$35,000 - \$49,999	25.5	(22.1-28.8)
\$50,000 - \$74,999	22.9	(19.9-25.8)
\$75,000 - \$99,999	26.5	(23.0-30.0)
\$100,000+	31.4	(28.7-34.1)
Sexual Orientation & Gender Identity		
LGBT+	39.5	(33.9-45.1)
Non-LGBT	26.2	(24.9-27.5)
Veteran Status		
Veteran	43.5	(39.0-47.9)
Non-Veteran	25.7	(24.4-27.0)
Disability Status		
Adults with disabilities	29.8	(27.4-32.2)
No disabilities	26.4	(24.9-27.9)

Hypertension Awareness and Medication Use

High blood pressure (HBP), also known as hypertension, is a common condition where your blood pressure (the force of your blood pushing against the walls of your arteries) is consistently too high³³. Uncontrolled high blood pressure increases your risk for serious health problems like heart attacks, strokes, and congestive heart failure³⁴.

- In 2023, 34.5% (859,336) of adult Iowans reported ever being told by a health care provider that they had HBP. This is higher than the rate in 2021 (31.4%) and similar to the 2023 national median of 34%. Of adult Iowans with HBP, 80.7% (692,608) reported currently taking prescription medicine for it, which is slightly higher than the rate in 2021 (78.4%).
- Iowans with lower household incomes reported ever being told they had HBP at a higher rate than those with higher incomes.

Demographic Characteristics	Ever Told High Blood Pressure		Currently Taking Prescription Medicine for High Blood Pressure	
	%	C.I. (95%)	%	C.I. (95%)
Total	34.5	(33.3-35.8)	80.7	(78.9-82.5)
Sex				
Female	32.6	(30.9-34.3)	86.3	(84.1-88.5)
Male	36.6	(34.8-38.4)	75.6	(72.9-78.2)
Race/Ethnicity				
Hispanic, all races	19.2	(15.6-22.9)	68.3	(59.1-77.5)
Black, Non-Hispanic	36.0	(28.2-43.8)	74.4	(62.6-86.2)
White, Non-Hispanic	36.0	(34.7-37.3)	81.7	(79.9-83.5)
Other, Non-Hispanic	27.1	(17.4-36.7)	*	*
Multiracial, Non-Hispanic	33.3	(23.2-43.4)	*	*
Age				
18-24	7.6	(5.4-9.8)	*	*
25-34	12.4	(9.9-14.9)	25.6	(16.6-34.6)
35-44	23.2	(20.1-26.4)	62.8	(55.5-70.2)
45-54	36.6	(33.1-40.2)	77.6	(72.8-82.4)
55-64	48.3	(45.1-51.5)	88.5	(85.8-91.3)
65-74	57.4	(54.5-60.4)	91.7	(89.6-93.8)
75+	63.7	(60.4-67.0)	94.0	(91.9-96.1)
Education				
Less Than H.S.	31.1	(26.1-36.1)	80.3	(72.6-88.0)
H.S. or G.E.D.	37.2	(34.8-39.4)	82.1	(79.1-85.1)
Some Post-H.S.	36.1	(33.8-38.5)	80.2	(77.1-83.4)
College Graduate	30.7	(28.7-32.8)	79.4	(76.2-82.6)
Household Income				
Less than \$15,000	41.5	(35.2-47.9)	84.8	(78.3-91.4)
\$15,000 - \$24,999	46.1	(40.9-51.2)	86.8	(82.0-91.6)
\$25,000 - \$34,999	36.6	(21.1-41.1)	81.9	(74.8-89.1)
\$35,000 - \$49,999	34.6	(31.3-37.8)	80.1	(75.7-84.5)
\$50,000 - \$74,999	37.0	(33.6-40.4)	80.0	(75.5-84.6)
\$75,000 - \$99,999	34.1	(30.7-37.5)	75.6	(70.4-80.8)
\$100,000+	28.8	(26.4-31.3)	80.3	(76.3-84.3)
Sexual Orientation and Gender Identity				
LGBT+	28.3	(23.2-33.5)	68.5	(58.5-78.4)
Non-LGBT	35.4	(34.1-36.8)	81.6	(79.8-83.4)
Veteran Status				
Veteran	44.9	(40.7-49.1)	85.4	(80.5-90.3)
Non-Veteran	33.5	(32.2-34.8)	80.0	(78.1-81.9)
Disability Status				
Adults with disabilities	48.1	(45.6-50.7)	83.7	(81.0-86.5)
No disabilities	29.7	(28.2-31.1)	78.9	(76.5-81.2)

- Taking prescription HBP medication was more prevalent among those with health insurance (81.5%) than without (52.5%; analysis not in table).

Immunizations

Influenza, or the flu, is a contagious respiratory illness caused by viruses that infect the nose, throat and lungs. It can cause mild to severe illness, and sometimes can lead to death³⁵. Pneumonia is a lung disease caused by bacteria, viruses, and other infectious agents such as fungi and is frequently a complication of influenza. CDC recommends pneumococcal vaccination for all children younger than five years old and all adults 65 years or older³⁶.

- In 2023, 43.8% (1,033,087) of adult Iowans reported receiving a flu vaccine in the past year. This rate has fluctuated over the years, but is the lowest reported rate since 2018 (40.6%). In 2023, 37.4% (816,495) reported ever receiving a pneumonia vaccine. The rate of ever having a pneumonia vaccine has remained stable.
- The prevalence of having a flu vaccine in the past year increased with age, income and education. Ever having a pneumonia vaccine decreased with income. Rates of receiving these vaccines were higher among females than males. Those with health insurance received these at higher rates than those without (analysis not in table).

Demographic Characteristics	Had Influenza (Flu) Vaccine in Past Year		Ever Had Pneumococcal (Pneumonia) Vaccine	
	%	C.I. (95%)	%	C.I. (95%)
Total	43.8	(42.4-45.2)	37.4	(36.0-38.7)
Sex				
Female	48.3	(46.4-50.2)	40.9	(39.0-42.9)
Male	39.1	(37.2-41.1)	33.6	(31.7-35.5)
Race/Ethnicity				
Hispanic, all races	33.9	(29.1-38.7)	19.3	(15.1-23.5)
Black, Non-Hispanic	29.7	(21.8-37.5)	20.4	(13.7-27.2)
White, Non-Hispanic	45.2	(43.7-46.6)	39.9	(38.4-41.3)
Other, Non-Hispanic	43.3	(32.9-53.7)	26.1	(17.0-35.1)
Multiracial, Non-Hispanic	49.8	(38.8-60.8)	38.0	(27.1-48.9)
Age				
18-24	28.9	(24.7-33.0)	29.4	(24.9-33.9)
25-34	28.9	(25.4-32.3)	20.7	(17.4-24.0)
35-44	34.1	(30.6-37.7)	16.5	(13.6-19.4)
45-54	43.5	(39.9-47.2)	21.7	(18.6-24.8)
55-64	49.6	(46.3-52.9)	34.0	(30.8-37.2)
65-74	60.9	(57.9-63.8)	67.3	(64.4-70.2)
75+	66.0	(62.6-69.4)	77.9	(75.0-80.8)
Education				
Less Than H.S.	33.7	(28.4-39.0)	29.5	(24.2-34.7)
H.S. or G.E.D.	36.4	(34.0-38.7)	40.1	(37.6-42.6)
Some Post-H.S.	42.7	(40.2-45.2)	37.4	(35.0-39.9)
College Graduate	56.3	(54.0-58.6)	36.7	(34.4-38.9)
Household Income				
Less than \$15,000	36.8	(30.4-43.2)	37.7	(31.2-44.3)
\$15,000 - \$24,999	45.0	(39.8-50.2)	47.5	(42.1-52.8)
\$25,000 - \$34,999	36.9	(32.5-41.3)	41.8	(37.1-46.5)
\$35,000 - \$49,999	41.7	(38.2-45.3)	41.6	(38.0-45.2)
\$50,000 - \$74,999	41.3	(37.8-44.7)	36.9	(33.5-40.3)
\$75,000 - \$99,999	43.5	(39.9-47.1)	38.3	(34.6-42.0)
\$100,000+	50.6	(47.8-53.5)	28.5	(25.9-31.1)
Sexual Orientation & Gender Identity				
LGBT+	44.9	(39.2-50.6)	39.4	(33.5-45.4)
Non-LGBT	44.1	(42.6-45.5)	37.2	(35.8-38.6)
Veteran Status				
Veteran	51.7	(47.4-56.0)	52.1	(47.7-56.5)
Non-Veteran	43.0	(41.6-44.4)	35.8	(34.4-37.3)
Disability Status				
Adults with disabilities	47.3	(44.7-49.8)	51.1	(48.4-53.8)
No disabilities	42.5	(40.9-44.1)	32.1	(30.6-33.6)

Chronic Conditions

Arthritis

Arthritis encompasses a group of over 100 different rheumatic diseases and conditions that result in pain and reduction of functionality in and around the joints. It is the leading cause of work disability in the United States³⁷.

- In 2023, 27.1% (674,506) of adult Iowans reported ever being told by a doctor that they had some form of arthritis, which is the highest reported rate to date. Iowa's rate was slightly higher than the national median of 26.3%.
- Females (30.9%) reported a statistically higher prevalence of arthritis than males (23.2%).
- White (29.6% and Multiracial Non-Hispanic Iowans (27.6%) reported the highest prevalence of arthritis, compared to Hispanic Iowans (11.6%).
- The prevalence of arthritis drastically increased with age, from 3.5% among 18-24 year olds to 57.6% among 75+ year olds. Additionally, as household income level increased, the prevalence of arthritis decreased.
- Arthritis prevalence was significantly higher among veterans (39.3%) and those with disability (45.8%) as compared to non-veterans (25.9%) and those without disability (20.1%).

Demographic Characteristics	Ever Told Arthritis	
	%	C.I. (95%)
Total	27.1	(25.9-28.2)
Sex		
Female	30.9	(29.2-32.6)
Male	23.2	(21.6-24.7)
Race/Ethnicity		
Hispanic, all races	11.6	(8.5-14.6)
Black, Non-Hispanic	18.5	(12.6-24.5)
White, Non-Hispanic	28.8	(27.5-30.0)
Other, Non-Hispanic	22.6	(14.4-30.8)
Multiracial, Non-Hispanic	27.6	(18.1-37.1)
Age Group		
18 - 24	3.5	(1.9-5.1)
25 - 34	6.5	(5.6-8.4)
35 - 44	16.7	(13.-19.5)
45 - 54	25.9	(22.9-29.0)
55 - 64	39.3	(36.1-42.4)
65-74	47.2	(44.2-50.1)
75+	57.6	(54.3-61.0)
Education		
Less than H.S.	23.2	(18.9-27.5)
H.S. or G.E.D.	28.4	(26.3-31.0)
Some Post-H.S.	29.3	(27.1-31.4)
College Graduate	24.0	(22.2-25.8)
Household Income		
Less than \$15,000	36.9	(30.7-43.0)
\$15,000 - \$24,999	37.6	(32.8-42.5)
\$25,000 - \$34,999	29.6	(25.5-33.7)
\$35,000 - \$49,999	29.8	(26.7-32.8)
\$50,000 - \$74,999	28.0	(25.1-31.0)
\$75,000 - \$99,999	26.6	(23.4-29.7)
\$100,000+	19.2	(17.2-21.3)
Sexual Orientation & Gender Identity		
LGBT+	20.2	(15.7-24.6)
Non-LGBT	28.0	(26.8-29.2)
Veteran Status		
Veteran	39.3	(35.2-43.3)
Non-Veteran	25.9	(24.7-27.1)
Disability Status		
Adults with disabilities	45.8	(43.2-48.3)
No disabilities	20.1	(18.9-21.3)

- Among adult Iowans with a self-care disability (difficulty dressing or bathing) or mobility disability (serious difficulty walking or climbing stairs) disability arthritis was more prevalent (56.4% self-care, 67.6% mobility) than among those without a self-care (26.3%) or mobility (21.7%) disability.

Asthma

Asthma is a chronic inflammatory disorder of the lungs where airways become blocked or narrowed³⁸. Asthma can make breathing difficult and trigger coughing, wheezing, breathlessness, or chest tightness³⁹. Genetic, environmental, and occupational factors have been linked to developing asthma.

- In 2023, an estimated 12.9% (320,644) of Iowans reported that they had ever been diagnosed with asthma in their lifetime, and 8.9% (221,751) reported currently having asthma.
- Iowa rates for both measures were lower than the U.S. median rates (15.7% lifetime, 10.3% current).
- Compared to males, females had a significantly higher rate of lifetime (15.1% vs. 10.6%) and current (11.3% vs. 6.5%) asthma.
- The prevalence of lifetime asthma significantly decreased with age and household income.

Demographic Characteristics	Ever Told Asthma		Current Asthma	
	%	C.I. (95%)	%	C.I. (95%)
Total	12.9	(12.0-13.8)	8.9	(8.2-9.7)
Sex				
Female	15.1	(13.7-16.5)	11.3	(10.1-12.5)
Male	10.6	(9.4-11.7)	6.5	(5.5-7.4)
Race/Ethnicity				
Hispanic, all races	9.8	(7.2-12.4)	5.9	(3.8-7.9)
Black, Non-Hispanic	13.0	(7.9-18.1)	10.9	(6.0-15.7)
White, Non-Hispanic	12.7	(11.8-13.7)	9.0	(8.1-9.8)
Other, Non-Hispanic	14.6	(7.4-21.8)	* *	
Multiracial, Non-Hispanic	22.4	(13.8-30.9)	11.6	(5.7-17.5)
Age Group				
18 - 24	14.9	(11.8-18.0)	10.4	(7.7-13.1)
25 - 34	16.1	(13.4-18.9)	9.1	(7.0-11.1)
35 - 44	13.6	(11.1-16.0)	8.9	(6.9-10.9)
45 - 54	13.2	(10.8-15.6)	9.1	(7.0-11.1)
55 - 64	11.7	(9.7-13.7)	9.1	(7.3-10.9)
65-74	11.1	(9.2-12.9)	8.8	(7.1-10.4)
75+	9.1	(7.1-11.1)	7.0	(5.3-8.8)
Education				
Less than H.S.	17.0	(13.0-21.1)	13.5	(9.9-17.2)
H.S. or G.E.D.	11.9	(10.4-13.5)	8.4	(7.1-9.7)
Some Post-H.S.	13.6	(11.9-15.3)	9.0	(7.6-10.4)
College Graduate	11.7	(10.2-13.2)	8.1	(6.9-9.4)
Household Income				
Less than \$15,000	21.7	(16.4-26.9)	17.6	(12.9-22.3)
\$15,000 - \$24,999	17.9	(14.0-21.8)	12.6	(9.5-15.8)
\$25,000 - \$34,999	13.2	(10.1-16.3)	9.9	(7.2-12.7)
\$35,000 - \$49,999	15.0	(12.4-17.6)	11.0	(8.7-13.3)
\$50,000 - \$74,999	13.2	(10.7-15.6)	8.2	(6.3-10.2)
\$75,000 - \$99,999	11.3	(9.0-13.5)	7.3	(5.4-9.1)
\$100,000+	10.3	(8.6-12.0)	6.4	(5.1-7.7)
Sexual Orientation & Gender Identity				
LGBT+	17.5	(13.4-21.6)	13.5	(9.8-17.2)
Non-LGBT	12.3	(11.4-13.3)	8.4	(7.6-9.2)
Veteran Status				
Veteran	10.6	(8.0-13.2)	6.9	(4.7-9.0)
Non-Veteran	13.1	(12.2-14.1)	9.2	(8.3-10.0)
Disability Status				
Adults with disabilities	17.4	(15.5-19.3)	13.6	(11.9-15.3)
No disabilities	11.2	(10.1-12.2)	7.1	(6.2-7.9)

- Compared to adults without disabilities, adults with disabilities reported significantly higher rates of both lifetime (17.4% vs. 11.2%) and current (13.6% vs. 7.1%) asthma.

Cardiovascular Diseases

Cardiovascular disease (CVD) is an umbrella term covering disorders of both the heart (cardio) and blood vessels (vascular) in the body. CVD most often refers to heart disease and stroke. Heart disease includes coronary heart disease and heart attacks. Heart disease was the leading cause of death in the United States in 2023⁴⁰ and in Iowa in 2022 (most recent available)⁴¹.

- In 2023, about four percent of adult Iowans had ever experienced heart attack (104,245) or coronary heart disease (CHD; 95,257).
- Males reported significantly higher rates of heart attack and CHD, compared to females.
- The prevalence of heart attack and CHD decreased with household income.
- Veterans experience heart attack (9.2%) and CHD (8.3%) at higher rates than non-veterans (3.7%, 3.4% respectively). This trend was similar by disability status.

Demographic Characteristics	Ever Told Heart Attack		Ever Told Angina or Coronary Heart Disease (CHD)	
	%	C.I. (95%)	%	C.I. (95%)
Total	4.2	(3.7-4.7)	3.8	(3.4-4.3)
Sex				
Female	3.2	(2.5-3.8)	2.8	(2.3-3.4)
Male	5.5	(4.5-6.0)	4.9	(4.2-5.6)
Race/Ethnicity				
Non-White or Hispanic	3.5	(2.2-4.9)	2.4	(1.2-3.5)
White, Non-Hispanic	4.4	(3.8-4.9)	4.1	(3.6-4.6)
Age				
18-44	0.7	(0.3-1.1)	0.4	(0.2-0.6)
45-54	4.1	(2.6-5.5)	2.9	(1.7-4.0)
55-64	5.2	(3.8-6.5)	4.7	(3.3-6.1)
65-74	7.4	(5.9-9.0)	7.7	(6.2-9.3)
75+	13.2	(10.9-15.4)	13.5	(11.2-15.8)
Education				
Less Than H.S.	4.9	(2.9-6.8)	1.9	(0.8-3.0)
H.S. or G.E.D.	5.6	(4.6-6.6)	4.6	(3.8-5.5)
Some Post-H.S.	4.1	(3.2-4.9)	3.7	(2.9-4.4)
College Graduate	2.6	(1.9-3.2)	3.7	(3.0-4.5)
Household Income				
Less than \$15,000	13.4	(9.1-17.6)	8.1	(5.0-11.2)
\$15,000 - \$24,999	8.8	(5.9-11.7)	6.3	(3.9-8.7)
\$25,000 - \$34,999	5.8	(4.0-7.7)	5.5	(3.7-7.4)
\$35,000 - \$49,999	4.5	(3.2-5.9)	4.5	(3.2-5.9)
\$50,000 - \$74,999	2.7	(1.8-3.6)	3.6	(2.5-4.7)
\$75,000 - \$99,999	3.1	(2.1-4.1)	3.7	(2.6-4.8)
\$100,000+	1.9	(1.2-2.6)	2.1	(1.4-2.8)
Sexual Orientation & Gender Identity				
LGBT+	2.8	(1.2-4.4)	*	*
Non-LGBT	4.4	(3.9-4.9)	4.0	(3.5-4.5)
Veteran Status				
Veteran	9.2	(7.1-11.3)	8.3	(6.3-10.4)
Non-Veteran	3.7	(3.2-4.2)	3.4	(2.9-3.8)
Disability Status				
Adults w/ disabilities	9.0	(7.6-10.3)	8.2	(7.0-9.5)
No disabilities	2.4	(2.0-2.8)	2.2	(1.8-2.6)

Cardiovascular Diseases, Continued

- In 2023, 2.8% (69,033) of Iowa adults had ever been told they had a stroke.
- Unlike heart attack and CHD, the prevalence rate of experiencing a stroke did not differ by sex.
- As with heart attack and CHD, the prevalence of stroke also increased with age and decreased with higher education and household income levels.
- Veterans reported higher rates of being diagnosed with each of the three conditions, compared to non-veterans.
- Adults with disabilities reported higher rates of being diagnosed with each of the three cardiovascular conditions, compared to adults without disabilities.
- Trends by veteran and disability status also were similar to the prevalence of heart attack and CHD – veterans and those with disability had a higher prevalence of stroke.

Demographic Characteristics	Stroke	
	%	C.I. (95%)
Total	2.8	(2.4-3.1)
Sex		
Female	2.8	(2.2-3.3)
Male	2.8	(2.2-3.3)
Race/Ethnicity		
Non-White or Hispanic	1.9	(0.9-2.8)
White, Non-Hispanic	2.9	(2.5-3.3)
Age		
18-44	0.5	(0.3-0.8)
45-54	1.9	(1.0-2.8)
55-64	3.9	(2.7-5.2)
65-74	5.1	(3.8-6.4)
75+	8.3	(6.5-10.0)
Education		
Less Than H.S.	3.9	(2.0-5.8)
H.S. or G.E.D.	3.4	(2.6-4.1)
Some Post-H.S.	2.8	(2.1-3.5)
College Graduate	1.7	(1.2-2.1)
Household Income		
Less than \$15,000	6.8	(4.1-9.6)
\$15,000 - \$24,999	5.1	(3.0-7.2)
\$25,000 - \$34,999	4.9	(3.0-6.7)
\$35,000 - \$49,999	2.7	(1.7-3.6)
\$50,000 - \$74,999	1.8	(1.1-2.6)
\$75,000 - \$99,999	2.0	(1.2-2.8)
\$100,000+	1.1	(0.5-1.6)
Sexual Orientation & Gender Identity		
LGBT+	*	*
Non-LGBT	2.7	(2.4-3.1)
Veteran Status		
Veteran	5.0	(3.4-6.6)
Non-Veteran	2.5	(2.2-2.9)
Disability Status		
Adults w/ disabilities	6.3	(5.2-7.4)
No disabilities	1.5	(1.1-1.8)

Cancer

Cancer is the second most common cause of death in the United States, following heart disease⁴². 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 people⁴². Declines in the cancer death rate are largely due to reductions in smoking and vast improvements in early cancer detection and treatment methods.

- In 2023, an estimated 5.9% (147,672) of adult Iowans had ever been told by a doctor that they had skin cancer, and 8.9% (220,253) reported being told they had melanoma or some other type of cancer.
- Iowa's prevalence rates for skin cancer (5.9%) and melanoma/other cancer (8.9%) were both aligned with the national medians (5.6% for skin cancer, 8.4% for melanoma/other cancer) among U.S. adults.

Demographic Characteristics	Ever Told Skin Cancer		Ever Told Melanoma or Any Other Types of Cancer	
	%	C.I. (95%)	%	C.I. (95%)
Total	5.9	(5.4-6.5)	8.9	(8.1-9.6)
Sex				
Female	6.2	(5.4-6.9)	9.8	(8.7-10.9)
Male	5.7	(4.9-6.5)	7.9	(7.0-8.8)
Race/Ethnicity				
Non-White or Hispanic	*	*	4.4	(2.4-6.4)
White, Non-Hispanic	6.8	(6.2-7.5)	9.8	(9.0-10.6)
Age				
18-24	*	*	*	*
25-34	*	*	*	*
35-44	*	*	3.3	(2.1-4.6)
45-54	3.1	(1.9-4.2)	6.9	(4.8-9.1)
55-64	8.5	(6.8-10.2)	11.6	(9.6-13.6)
65-74	12.6	(10.8-14.5)	17.9	(15.7-20.1)
75+	18.6	(15.9-21.2)	22.8	(20.0-25.6)
Education				
Less Than H.S.	*	*	7.2	(4.7-9.7)
H.S. or G.E.D.	5.8	(4.7-6.8)	8.6	(7.4-9.8)
Some Post-H.S.	6.1	(5.1-7.2)	10.1	(8.6-11.5)
College Graduate	6.9	(5.9-7.9)	8.1	(7.0-9.3)
Household Income				
Less than \$15,000	5.5	(2.6-8.5)	9.0	(5.6-12.4)
\$15,000 - \$24,999	6.5	(4.1-9.0)	11.8	(8.9-14.8)
\$25,000 - \$34,999	7.0	(4.9-6.9)	9.6	(7.2-11.9)
\$35,000 - \$49,999	5.5	(4.1-6.9)	8.8	(7.0-10.6)
\$50,000 - \$74,999	6.2	(4.8-7.6)	9.2	(7.0-11.3)
\$75,000 - \$99,999	6.2	(4.7-7.7)	9.7	(7.7-11.6)
\$100,000+	6.0	(4.8-7.2)	7.1	(5.8-8.4)
Sexual Orientation & Gender Identity				
LGBT+	*	*	6.4	(3.9-9.0)
Non-LGBT	6.3	(5.7-6.9)	9.2	(8.4-10.0)
Veteran Status				
Veteran	10.0	(7.8-12.2)	14.2	(11.6-16.9)
Non-Veteran	5.5	(5.0-6.1)	8.3	(7.6-9.1)
Disability Status				
Adults with disabilities	8.6	(7.3-9.9)	13.2	(11.5-14.8)
No disabilities	5.1	(4.5-5.7)	7.2	(6.5-8.0)

Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease, or COPD, refers to a group of chronic inflammatory lung diseases that cause airflow blockage and breathing-related problems⁴³. Symptoms of COPD include coughing, wheezing, shortness of breath, chest tightness, and excess phlegm production⁴⁴. Cigarette smoke exposure is the leading cause for the development and progression of COPD⁴⁵.

- In 2023, 6% (150,070) of adult Iowans reported ever being told by a health care provider that they had chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis. This is slightly lower than the national median of 6.4%.
- The prevalence of COPD increased with age and decreased with higher levels of education and household income.
- Adults with disabilities (13.4%) had a significantly higher prevalence rate of being diagnosed with COPD than adults without disabilities (3.2%).
- Among respondents who were current cigarette smokers, 17.1% reported being diagnosed with COPD. Comparatively, 4.3% of non-cigarette smokers reported they had COPD.

Demographic Characteristics	Ever Told COPD, Emphysema, or Chronic Bronchitis	
	%	C.I. (95%)
Total	6.0	(5.5-6.6)
Sex		
Female	7.0	(6.1-7.8)
Male	5.1	(4.3-5.8)
Race/Ethnicity		
Non-White or Hispanic	3.9	(2.5-5.3)
White, Non-Hispanic	6.5	(5.9-7.1)
Age		
18-24	*	*
25-34	2.3	(1.2-3.4)
35-44	2.5	(1.5-3.5)
45-54	6.0	(4.3-7.7)
55-64	9.6	(7.8-11.5)
65-74	10.4	(8.8-12.1)
75+	11.5	(9.4-13.5)
Education		
Less Than H.S.	9.3	(6.6-12.1)
H.S. or G.E.D.	8.1	(6.9-9.2)
Some Post-H.S.	6.0	(5.0-7.0)
College Graduate	2.9	(2.3-3.5)
Household Income		
Less than \$15,000	19.5	(14.9-24.2)
\$15,000 - \$24,999	16.7	(13.0-20.4)
\$25,000 - \$34,999	9.6	(7.2-12.1)
\$35,000 - \$49,999	5.1	(3.7-6.5)
\$50,000 - \$74,999	4.9	(3.6-6.2)
\$75,000 - \$99,999	3.0	(2.0-4.0)
\$100,000+	2.2	(1.4-2.9)
Sexual Orientation & Gender Identity		
LGBT+	6.7	(4.2-9.2)
Non-LGBT	6.0	(5.4-6.6)
Veteran Status		
Veteran	7.7	(5.9-9.5)
Non-Veteran	5.9	(5.3-6.5)
Disability Status		
Adults with disabilities	13.4	(11.8-15.0)
No disabilities	3.2	(2.7-3.7)

Depression

Depression is one of the most common mental disorders in the United States⁴⁶. 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 2023, 19.2% (478,059) of adult Iowans reported ever being told by a doctor that they had a depressive disorder (including depression, major depression, dysthymia, or minor depression). The trend has been climbing steadily upwards since 2011, and the rate in 2023 was the highest reported rate since 2017 (20.5%). Iowa's rate (19.2%) for adults diagnosed with a depressive disorder is lower than the national median of 22%.
- Females reported a significantly higher (25.8%) rate of diagnosed depression than did males (12.4%).

Demographic Characteristics	Ever Told a Depressive Disorder	
	%	C.I. (95%)
Total	19.2	(18.1-20.3)
Sex		
Female	25.8	(24.1-27.5)
Male	12.4	(11.2-13.7)
Race/Ethnicity		
Hispanic, all races	13.2	(9.9-16.5)
Black, Non-Hispanic	11.7	(6.8-16.7)
White, Non-Hispanic	19.8	(18.7-21.0)
Other, Non-Hispanic	12.8	(6.8-18.7)
Multiracial, Non-Hispanic	31.5	(21.6-41.4)
Age Group		
18 - 24	25.4	(21.5-29.3)
25 - 34	25.4	(22.2-28.6)
35 - 44	21.6	(18.7-24.4)
45 - 54	18.2	(15.5-20.9)
55 - 64	18.1	(15.7-20.4)
65-74	14.8	(12.8-16.8)
75+	9.0	(7.1-10.8)
Education		
Less than H.S.	18.7	(14.5-23.0)
H.S. or G.E.D.	19.8	(17.8-21.8)
Some Post-H.S.	20.8	(18.9-22.8)
College Graduate	16.7	(15.0-18.4)
Household Income		
Less than \$15,000	35.2	(29.1-41.2)
\$15,000 - \$24,999	29.2	(24.5-33.8)
\$25,000 - \$34,999	23.9	(19.9-28.0)
\$35,000 - \$49,999	23.3	(20.3-26.3)
\$50,000 - \$74,999	16.8	(14.2-19.4)
\$75,000 - \$99,999	15.9	(13.2-18.5)
\$100,000+	14.2	(12.2-16.2)
Sexual Orientation & Gender Identity		
LGBT+	40.7	(35.3-46.2)
Non-LGBT	17.3	(16.3-18.4)
Veteran Status		
Veteran	14.0	(11.2-16.7)
Non-Veteran	19.7	(18.6-20.9)
Disability Status		
Adults with disabilities	36.1	(33.6-38.5)
No disabilities	13.1	(12.0-14.2)

- Diagnosed depression was highest among younger Iowans and those with lower annual household incomes.
- The prevalence of a diagnosed depressive disorder was highest among adult LGBT+ Iowans (40.7%) – almost two times the prevalence rate of diagnosed depression reported among non-LGBT adults (17.3%).

Diabetes

Diabetes is a chronic health condition that affects the body's ability to turn food into energy. It is the 8th leading cause of death in the United States⁴⁷. 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 diabetes⁴⁸.

- In 2023, an estimated 11.3% (282,544) of adult Iowans reported ever being told by a health care provider that they had diabetes (excluding women told only during pregnancy). The U.S. median for adults with a diabetes diagnosis was comparable (11.5%).
- The prevalence of diabetes increased with age. One out of five adults 65 years or older reported ever having diagnosed diabetes.
- The prevalence of diabetes decreased with higher levels of household income and education.
- Iowa veterans (18.2%) and those with disability (19.5%) had a significantly higher rate of diagnosed diabetes compared to non-veterans (10.6%) and adults without disabilities (8.3%).
- Among adult Iowans told they had diabetes, most reported being first diagnosed between ages 46 and 60 years old (40.6%).

Demographic Characteristics	Ever Told Diabetes	
	%	C.I. (95%)
Total	11.3	(10.5-12.1)
Sex		
Female	10.9	(9.8-12.0)
Male	11.7	(10.6-12.9)
Race/Ethnicity		
Hispanic, all races	9.6	(7.0-12.2)
Black, Non-Hispanic	12.9	(7.5-18.3)
White, Non-Hispanic	11.4	(10.6-12.2)
Other, Non-Hispanic	*	*
Multiracial, Non-Hispanic	14.8	(7.1-22.4)
Age		
18-24	*	*
25-34	2.6	(1.3-3.8)
35-44	5.6	(4.0-7.3)
45-54	11.8	(9.5-14.0)
55-64	17.3	(14.9-19.6)
65-74	21.5	(19.1-23.9)
75+	21.8	(18.9-24.7)
Education		
Less Than H.S.	13.3	(10.1-16.6)
H.S. or G.E.D.	12.2	(10.7-13.7)
Some Post-H.S.	12.1	(10.6-13.5)
College Graduate	9.0	(7.8-10.1)
Household Income		
Less than \$15,000	23.0	(17.6-28.4)
\$15,000 - \$24,999	16.8	(13.1-20.6)
\$25,000 - \$34,999	14.5	(11.5-17.6)
\$35,000 - \$49,999	12.0	(9.8-14.1)
\$50,000 - \$74,999	11.2	(9.2-13.2)
\$75,000 - \$99,999	9.0	(7.3-10.8)
\$100,000+	7.6	(6.3-9.0)
Sexual Orientation & Gender Identity		
LGBT+	7.5	(4.6-10.3)
Non-LGBT	11.9	(11.0-12.7)
Veteran Status		
Veteran	18.2	(15.2-21.3)
Non-Veteran	10.6	(9.8-11.5)
Disability Status		
Adults with disabilities	19.5	(17.6-21.3)
No disabilities	8.3	(7.5-9.2)

Kidney Disease

The kidneys are two bean-shaped organs that are responsible for filtering extra water and wastes out of the blood and making urine⁴⁹. Kidney disease is a condition where the kidneys are damaged and cannot filter blood as well as healthy kidneys. This can lead to toxic waste and extra fluid accumulating in the body, and may lead to high blood pressure, heart disease, and stroke⁵⁰.

- In 2023, 3.8% (93,608) of adult Iowans reported ever being told by a healthcare provider that they had kidney disease. This was slightly above the national median of 3.7%.
- The prevalence of kidney disease increased with age (1.1% among those 18-44, 11.4% among those 75+) and decreased with higher levels of income and education.
- Adults with disabilities (8.5%) had a higher prevalence of kidney disease compared to adults without disabilities (2%).

Demographic Characteristics	Ever Told Kidney Disease	
	%	C.I. (95%)
Total	3.8	(3.3-4.2)
Sex		
Female	4.3	(3.6-5.1)
Male	3.2	(2.6-3.8)
Race/Ethnicity		
Non-White or Hispanic	2.9	(1.7-4.1)
White, Non-Hispanic	3.9	(3.4-4.4)
Age		
18-44	1.1	(0.6-3.7)
45-54	2.6	(1.6-3.7)
55-64	4.8	(3.5-6.2)
65-74	6.4	(4.9-7.9)
75+	11.4	(9.1-13.7)
Education		
Less Than H.S.	5.6	(3.0-8.1)
H.S. or G.E.D.	4.1	(3.2-4.9)
Some Post-H.S.	3.6	(2.8-4.4)
College Graduate	3.1	(2.4-3.8)
Household Income		
Less than \$15,000	8.0	(4.6-11.4)
\$15,000 - \$24,999	8.6	(5.9-11.2)
\$25,000 - \$34,999	4.2	(2.8-5.7)
\$35,000 - \$49,999	3.5	(2.2-4.7)
\$50,000 - \$74,999	3.9	(2.5-5.4)
\$75,000 - \$99,999	3.9	(2.7-5.2)
\$100,000+	1.6	(1.0-2.2)
Sexual Orientation & Gender Identity		
LGBT+	*	*
Non-LGBT	3.9	(3.4-4.4)
Veteran Status		
Veteran	4.0	(2.7-5.4)
Non-Veteran	3.7	(3.2-4.2)
Disability Status		
Adults with disabilities	8.5	(7.2-9.9)
No disabilities	2.0	(1.6-2.3)

References

1. Centers for Disease Control and Prevention (2024). Behavioral Risk Factor Surveillance System. <https://www.cdc.gov/brfss/index.html>
2. Iowa Department of Health and Human Services. (2024). Iowa's 2023-2027 state health improvement plan [Report]. <https://publications.iowa.gov/49248/1/Iowa%27s%202023-2027%20State%20Health%20Improvement%20Plan%20Final.pdf>
3. Office of Disease Prevention and Health Promotion (n.d.). Healthy People 2030 Objectives and Data. U.S. Department of Health and Human Services. <https://health.gov/healthypeople/objectives-and-data/browse-objectives>
4. Iowa Department of Health and Human Services, Division of Public Health. (n.d.). Local public health services (LPHS). <https://hhs.iowa.gov/lphs>
5. Woo, H., & Zajacova, A. (2017). Predictive strength of self-rated health for mortality risk among older adults in the united states: Does it differ by race and ethnicity? *Research on Aging*, 39(7), 879–905. <https://doi.org/10.1177/0164027516637410>
6. Centers for Disease Control and Prevention. (2022). CDC archives. Centers for Disease Control and Prevention. <https://archive.cdc.gov/#/details?url=https://www.cdc.gov/hrqol/index.htm>
7. Garfield, R., & Orgera, K. (2019, January 25). The uninsured and the ACA: A primer - Key facts about health insurance and the uninsured amidst changes to the Affordable Care Act. Kaiser Family Foundation. <https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-how-does-lack-of-insurance-affect-access-to-care/>
8. Office of Disease Prevention and Health Promotion (n.d.). Health care access and quality. *Healthy People 2030*. U.S. Department of Health and Human Services. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>
9. World Health Organization. (2001). International classification of functioning, disability, and health (ICF). <https://www.who.int/classifications/international-classification-of-functioning-disability-and-health>
10. United States Department of Agriculture. (2023). Food security in the U.S: Measurement. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/measurement/#insecurity>
11. United States Department of Agriculture. (2023). Food security in the U.S: Key statistics & graphics. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/>
12. Ng, A. E., Adjaye-Gbewonyo, D., Dahlhamer, J., U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, & National Center for Health Statistics. (2024). Lack of reliable transportation for daily living among adults: United States, 2022. In *NCHS Data Brief* (Report No. 490). <https://www.cdc.gov/nchs/data/databriefs/db490.pdf>
13. Centers for Disease Control and Prevention. (2024). Benefits of physical activity. <https://www.cdc.gov/physical-activity->

- and Mortality Weekly Report*; 68(11), 267-272.
<http://dx.doi.org/10.15585/mmwr.mm6811e1>
33. Mayo Clinic. (2024). High blood pressure (Hypertension).
<https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/symptoms-causes/syc-20373410>
 34. Centers for Disease Control and Prevention. (2024). About high blood pressure.
https://www.cdc.gov/high-blood-pressure/about/?CDC_AAref_Val=https%3A%2F%2Fwww.cdc.gov%2Fbloodpressure%2Fabout.htm
 35. Centers for Disease Control and Prevention (2024). Seasonal flu vaccines.
<https://www.cdc.gov/flu/prevent/flushot.htm>
 36. Centers for Disease Control and Prevention (2023). Pneumococcal vaccination.
<https://www.cdc.gov/vaccines/vpd/pneumo/index.html>
 37. Centers for Disease Control and Prevention. (2021). Prevalence of arthritis and arthritis-attributable activity limitation - United States, 2016–2018.
<https://www.cdc.gov/mmwr/volumes/70/wr/mm7040a2.htm>
 38. Mayo Clinic. (2024). Asthma. <https://www.mayoclinic.org/diseases-conditions/asthma/symptoms-causes/syc-20369653>
 39. Centers for Disease Control and Prevention. (2024). About asthma.
<https://www.cdc.gov/asthma/about/index.html>
 40. Ahmad, F.B., Cisewski, J.A., & Anderson, R.N. (2024). Mortality in the United State – Provisional data, 2023. *MMWR Morb Motal Wkly Rep.* 73: 677-681. doi: <http://dx.doi.org/10.15585/mmwr.mm7331a1>
 41. Iowa Department of Health and Human Services. (2024). Cause of death trends.
<https://hhs.iowa.gov/public-health/data/people/deaths/trends#:~:text=Cancer%20and%20heart%20disease%20cause%20over%20half,addition%20to%20death%20caused%20by%20these%20issues>
 42. American Cancer Society. (2023). Cancer facts & figures 2023. Atlanta: American Cancer Society. <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/2023-cancer-facts-figures.html>
 43. Mayo Clinic. (2020). COPD overview. <https://www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc-20353679>
 44. Centers for Disease Control and Prevention. (2024). About COPD.
https://www.cdc.gov/copd/about/?CDC_AAref_Val=https%3A%2F%2Fwww.cdc.gov%2Fcopd%2Fbasics-about.html
 45. Centers for Disease Control and Prevention (2023). Smoking and COPD.
<https://www.cdc.gov/tobacco/campaign/tips/diseases/copd.html>
 46. National Institute of Mental Health. (2024). Depression overview.
<https://www.nimh.nih.gov/health/topics/depression>
 47. Curtin, S.C., Tejada-Vera, B, & Bastian, B.A. (2024). Deaths: Leading causes for 2021. *National Vital Statistics Reports.* 73(4). Hyattsville, MD: National Center for Health Statistics. doi: <https://dx.doi.org/10.15620/cdc/147882>
 48. Centers for Disease Control and Prevention. (2024). About type 2 diabetes.
https://www.cdc.gov/diabetes/about/about-type-2-diabetes.html?CDC_AAref_Val=https%3A%2F%2Fwww.cdc.gov%2Fdiabetes%2Fbasics%2Ftype2.html

49. National Institute of Diabetes and Digestive and Kidney Diseases. (2023). Kidney disease statistics for the United States. <https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease>
50. Mayo Clinic. (2023, September 6). Chronic kidney disease. <https://www.mayoclinic.org/diseases-conditions/chronic-kidney-disease/symptoms-causes/syc-20354521>