



Iowa BRFSS Brief: 2024 Survey

October 2025

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

Division of Compliance and Administration
Performance and Operations



Health and
Human Services

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Introduction

This brief presents estimates from the 2024 Iowa Behavioral Risk Factor Surveillance System, 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.

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). 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 improve health should be directed at systems-level change.

In addition to this brief, the Iowa BRFSS program within the Iowa Department of Health and Human Services Performance and Operations releases several publications. These publications include 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. Geographic regions are represented at the same proportion as their population within the state. In 2024, 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 2024, the average interviewing time for all completed landline (full and partial) English and Spanish interviews was 27.11 minutes. The average time for completed English interviews (n=1,406) was 27.08 minutes and the average time for completed Spanish interviews (n=4) was 38.75 minutes. The average interviewing time for all completed cell phone (full and partial) English and Spanish interviews for 2024 was 25.30 minutes. The average time for completed English interviews (n=6,974) was 24.76 minutes and the average time for completed Spanish interviews (n=479) was 33.24 minutes. The response rate, defined as completed interviews + partial completes divided by all eligible households called, was 60% for landline and 48% 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 2024 Iowa BRFSS estimates provided within this report should only be compared to estimates from 2011-2024 and not to estimates from years prior to 2011.

Guide to Measures

[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.

[Adverse Childhood Experiences](#) Among all adults, the proportion reporting that when they were younger than the age of 18 years old they did not experience any of the following childhood experience or reported experience 4 or more of the following childhood experiences: Lived with anyone who was depressed, mentally ill, or suicidal; Lived with anyone who was a problem drinker or alcoholic; Lived with anyone who used illegal street drugs or who abused prescription medications; Lived with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility; Had parents who were separated or divorced; Had parents or adults in the home who slapped, hit, kicked, punched, or beat each other up at least once; Had a parent or adult in the home who hit, beat, kicked, or physically hurt the respondent in any way; Had a parent or adult in the home who ever swore at, insulted, or put down the respondent; Had anyone at least 5 years older than the respondent or an adult ever touch the respondent sexually at least once; Had anyone at least 5 years older than the respondent or an adult try to make the respondent touch them sexually at least once; Had anyone at least 5 years older than the respondent or an adult force the respondent to have sex at least once.

[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.

[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.

[Colorectal Cancer Screening](#) Among all adults aged 45-75, the proportion reporting they had ever had a blood stool test (past year), sigmoidoscopy (past 5 years), colonoscopy (past 10 years), stool DNA test (past 3 years), virtual colonoscopy (past 5 years), or sigmoidoscopy (past 10 years) with blood stool test (past year).

[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.

[Dental Visit, Within Past 12 Months](#) Among all adults, the proportion who reported they had visited a dentist or dental clinic for any reason in the previous 12 months.

[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.

[Functional Difficulty Due to Subjective Cognitive Decline](#) Among all adults aged 45 years and older reporting subjective cognitive decline, the proportion reporting that during the past 12 months they have given up day-to-day household activities or chores that they used to do as a result of confusion or memory loss; or that confusion or memory loss interfered with their ability to work, volunteer, or engage in social activities outside the home.

[Gamble](#) Among all adults, the proportion reporting that they gambled in the past 12 months. Gambling means buying lottery tickets, gambling at a casino, playing cards or dice for money, betting on sports games, playing slots machines or video poker or other video gambling, gambling on the internet, betting on horses or dogs, or playing bingo or keno.

[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.

[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.

[Lung Cancer Screening](#) Among all adults aged 40-80 who currently and formerly smoked cigarettes (20-pack year history), the proportion reporting they had a CAT/CT chest scan in the last year.

[Mammogram, Ever](#) Among all women aged 40 years and older, the proportion reporting ever having had a mammogram.

[Mammogram, Past Two Years](#) Among all women aged 40 years and older, the proportion reporting ever having had a mammogram in the past two years.

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

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

[Methamphetamine Use, Month](#) Among all adults, the proportion who reported using methamphetamine or meth on at least one day 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.

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

[No 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.

[Opioid Use, Month](#) Among all adults, the proportion who reported taking using opioids (like heroin or oxycodone) on at least one day in the past 30 days.

[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.

[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.

[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.

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

[Subjective Cognitive Decline](#) Among all adults aged 45 years and older, the proportion reporting that they have experienced confusion or memory loss that is happening more often or is getting worse.

[No Permanent Teeth Removed Among](#) all adults, the proportion who reported they had no teeth removed because of tooth decay or gum disease.

[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, denominator less than 50, or a relative standard error greater than 30%.

Sample Profile of the 2024 Iowa BRFSS Participants

Demographic Characteristics	Frequency	Unweighted Percent (%)
Total	8,735	100.0
Age		
18-24	745	8.5
25-34	1,002	11.5
35-44	1,194	13.7
45-54	1,191	13.6
55-64	1,382	15.8
65-74	1,603	18.4
75+	1,529	17.5
Sex		
Female	4,449	50.9
Male	4,286	49.1
Race/Ethnicity		
American Indian or Alaskan Native, Non-Hispanic	28	0.3
Asian, Non-Hispanic	100	1.1
Black, Non-Hispanic	380	4.4
Hispanic, all races	1,058	12.1
Multiracial, Non-Hispanic	123	1.4
White, Non-Hispanic	6,902	79.0
Other, Non-Hispanic	39	0.4
Education Level		
Less Than H.S.	579	6.6
H.S. Graduate or G.E.D.	2,749	31.5
Some Post-H.S.	2,607	29.8
College Graduate	2,783	31.9
Annual Household Income		
Less than \$15,000	370	4.2
\$15,000 - \$24,999	605	6.9
\$25,000 - \$34,999	776	8.9
\$35,000 - \$49,999	1,301	14.9
\$50,000 - \$74,999	1,352	15.5
\$75,000 - \$99,999	1,201	13.7
\$100,000+	2,011	23.0
Disability Status		
Adults with disabilities	2,483	28.4
Adults with no disabilities	5,919	67.8
Veteran Status		
Veteran	900	10.3
Non-Veteran	7,806	89.4
Sexual Orientation		
LGBO	462	5.3
Non-LGBO	7,622	87.3

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 White⁴.

- In 2024, 18.0% (around 450,000) of Iowans reported their general health as fair or poor. This is not a statistically significant change from 2023 (17.3%) 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 higher among non-White or Hispanic persons (21.7%) compared to non-Hispanic White persons (17.2%).
- Among adults with less than a high school education, almost one in three (32.0%) reported fair or poor general health.
- About two in five (41.3%) adult Iowans with a household income level of less than \$15,000 per year reported fair or poor general health. Adults with disabilities (40.3%) reported a significantly higher prevalence of fair or poor general health than adults without disabilities (9.6%).

General Health Status

Demographics Characteristics	General Health Status	
	Fair or Poor	
	%	C.I. (95%)
Total	18.0	(17.0-19.0)
Sex		
Female	18.1	(16.7-19.5)
Male	17.8	(16.4-19.3)
Race/Ethnicity		
Hispanic, all races	25.2	(21.2-29.2)
Black, Non-Hispanic	20.7	(14.4-26.9)
White, Non-Hispanic	17.2	(16.1-18.3)
Other, Non-Hispanic	18.4	(11.3-25.5)
Multiracial, Non-Hispanic	18.8	(10.6-27.0)
Age		
18-24	12.5	(9.7-15.3)
25-34	16.0	(13.1-18.8)
35-44	14.7	(12.3-17.2)
45-54	17.5	(14.9-20.1)
55-64	21.9	(19.3-24.5)
65-74	20.6	(18.2-23.0)
75+	24.1	(21.3-26.8)
Education		
Less Than H.S.	32.0	(26.9-37.0)
H.S. or G.E.D.	21.3	(19.4-23.2)
Some Post-H.S.	18.2	(16.4-20.0)
College Graduate	10.5	(9.1-11.9)
Household Income		
Less than \$15,000	41.3	(34.9-47.6)
\$15,000 - \$24,999	38.2	(33.2-43.2)
\$25,000 - \$34,999	30.0	(25.7-34.3)
\$35,000 - \$49,999	21.6	(18.7-24.5)
\$50,000 - \$74,999	17.8	(15.1-20.4)
\$75,000 - \$99,999	10.6	(8.5-12.7)
\$100,000+	8.4	(6.9-9.8)
Sexual Orientation		
LGBO	29.5	(24.1-34.8)
Non-LGBO	16.8	(15.8-17.9)
Veteran Status		
Veteran	23.1	(19.7-26.6)
Non-Veteran	17.4	(16.4-18.5)
Disability Status		
Adults with disabilities	40.3	(37.8-42.8)
No disabilities	9.6	(8.7-10.6)

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”⁵. 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.

The poor physical health indicator reported on is Frequent Physical Distress (FPD). This indicator emphasizes those individuals who may be experiencing more chronic and severe physical health issues⁶.

- In 2024, approximately 290,000 (11.7%) Iowans reported experiencing FPD. The rate of FPD was not statistically higher than the rate in 2023 but has been on the rise since 2020 (8.9%).
- About three in ten (29.3%) Iowans with a household income of less than \$15,000 reported having 14 or more poor physical health days. As income increased, FPD decreased with the lowest being among those with incomes of greater than or equal to \$100,000 (5.8%).
- About six in 20 adults with a disability reported FPD (28.7%), compared to one in 20 (5.4%) adults without a disability reported FPD.

Quality of Life: Physical Health

Demographics Characteristics	Poor Physical Health	
	%	C.I. (95%)
Total	11.7	(10.8-12.5)
Sex		
Female	13.0	(11.7-14.2)
Male	10.4	(9.3-11.6)
Race/Ethnicity		
Hispanic, all races	13.3	(9.9-16.6)
Black, Non-Hispanic	15.3	(9.0-21.6)
White, Non-Hispanic	11.3	(10.4-12.1)
Other, Non-Hispanic	9.7	(3.9-15.6)
Multiracial, Non-Hispanic	14.3	(6.8-21.8)
Age		
18-24	6.8	(4.4-9.2)
25-34	7.8	(5.7-10.0)
35-44	9.8	(7.6-11.9)
45-54	10.0	(8.0-12.0)
55-64	15.8	(13.5-18.1)
65-74	14.8	(12.7-17.0)
75+	18.5	(15.9-21.1)
Education		
Less Than H.S.	15.6	(11.6-19.5)
H.S. or G.E.D.	13.6	(12.0-15.2)
Some Post-H.S.	13.4	(11.8-15.1)
College Graduate	6.5	(5.5-7.6)
Household Income		
Less than \$15,000	29.3	(23.5-35.4)
\$15,000 - \$24,999	25.5	(21.1-30.0)
\$25,000 - \$34,999	16.5	(13.1-20.0)
\$35,000 - \$49,999	14.2	(11.7-16.8)
\$50,000 - \$74,999	12.1	(9.7-14.5)
\$75,000 - \$99,999	7.3	(5.5-9.0)
\$100,000+	5.8	(4.6-7.0)
Sexual Orientation		
LGBQ	15.8	(11.5-20.2)
Non-LGBQ	11.2	(10.3-12.0)
Veteran Status		
Veteran	18.7	(15.4-22.0)
Non-Veteran	11.0	(10.1-11.8)
Disability Status		
Adults with disabilities	28.7	(26.4-31.0)
No disabilities	5.4	(4.7-6.2)

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”⁵. 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.

The poor mental health indicator reported on is Frequent Mental Distress (FMD). This indicator emphasizes those individuals who may be experiencing more chronic and severe mental health issues⁷.

- In 2024, 14.9%, or approximately 370,000, of Iowans reported experiencing FMD. The rate of FMD has been on the rise since 2011, and the rate in 2024 is the highest reported to date.
- Slightly more than one in three (34.2%) Iowa adults with an annual household income of less than \$15,000 reported FMD.
- Iowans with disabilities had a higher prevalence of FMD (31.6%), compared to adults who do not have disabilities (9%).
- The highest rate of FMD was reported among those identifying as lesbian, gay, bisexual, or other (LGBO). FMD was more prevalent among respondents identifying as LGBO (39.3%), compared to those identifying as non-LGBO (13.0%).

Quality of Life: Mental Health

Demographic Characteristics	Poor Mental Health	
	%	C.I. (95%)
Total	14.9	(13.9-15.9)
Sex		
Female	17.6	(16.0-19.1)
Male	12.2	(10.9-13.4)
Race/Ethnicity		
Hispanic, all races	14.6	(11.3-17.9)
Black, Non-Hispanic	18.3	(12.1-24.5)
White, Non-Hispanic	14.3	(13.2-15.3)
Other, Non-Hispanic	19.0	(12.1-25.9)
Multiracial, Non-Hispanic	22.5	(13.3-31.7)
Age		
18-24	23.5	(19.9-27.2)
25-34	21.1	(17.9-24.4)
35-44	17.1	(14.3-19.8)
45-54	13.4	(11.1-15.7)
55-64	12.3	(10.1-14.5)
65-74	7.9	(6.3-9.5)
75+	6.9	(5.3-8.4)
Education		
Less Than H.S.	19.4	(14.9-24.0)
H.S. or G.E.D.	16.3	(14.5-18.1)
Some Post-H.S.	16.3	(14.4-18.2)
College Graduate	10.6	(9.0-12.1)
Household Income		
Less than \$15,000	34.2	(28.4-40.4)
\$15,000 - \$24,999	28.5	(23.5-33.4)
\$25,000 - \$34,999	19.1	(15.1-23.0)
\$35,000 - \$49,999	20.3	(17.2-23.4)
\$50,000 - \$74,999	13.6	(11.0-16.3)
\$75,000 - \$99,999	11.1	(8.7-13.5)
\$100,00+	7.7	(6.3-9.1)
Sexual Orientation		
LGBO	39.3	(33.6-45.0)
Non-LGBO	13.0	(12.0-14.0)
Veteran Status		
Veteran	14.5	(11.5-17.5)
Non-Veteran	14.9	(13.8-16.0)
Disability Status		
Adults with disabilities	31.6	(29.2-34.0)
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 altogether⁸. A delay in getting medical attention can have negative consequences, particularly if preventable conditions or chronic diseases go undetected⁷.

- In 2024, 8.0% (approximately 140,000) of adult Iowans age 18-64 reported that they did not have health insurance coverage. The rates in Iowa between 2021 and 2024 continue to be the lowest reported to date.
- About seven out of twenty Hispanic adult Iowans (37.4%) reported having no health insurance, which is significantly higher than White, non-Hispanics (5.0%) and Black, non-Hispanics (7.8%).
- Among the age groups analyzed, those aged 25-34 reported the highest rate of no health insurance coverage (11.4%; approximately 43,000).
- The prevalence of no health insurance coverage ranged between 11.3% to 18.3% for household income groups below \$50,000 and ranged between 2.4% and 6.6% for household income groups greater than or equal to \$50,000.
- There were no significant differences in lack of health insurance coverage by sexual orientation status. This is likely due to LGBO people having more access to health insurance than before⁹.

Health Insurance Coverage

Demographic Characteristics	No Health Insurance Coverage, ages 18-64	
	%	C.I. (95%)
Total	8.0	(7.1-8.9)
Sex		
Female	6.4	(5.2-7.5)
Male	9.5	(8.2-10.9)
Race/Ethnicity		
Hispanic, all races	37.4	(32.5-42.2)
Black, Non-Hispanic	7.8	(3.4-12.2)
White, Non-Hispanic	5.0	(4.2-5.8)
Other or Multiracial, Non-Hispanic	*	*
Age		
18-24	10.5	(7.8-13.2)
25-34	11.4	(9.1-13.8)
35-44	8.3	(6.4-10.2)
45-54	6.4	(4.8-7.9)
55-64	3.6	(2.4-4.7)
Education		
Less Than H.S.	34.3	(28.4-40.3)
H.S. or G.E.D.	9.9	(8.1-11.7)
Some Post-H.S.	5.1	(3.8-6.4)
College Graduate	2.6	(1.7-3.4)
Household Income		
Less than \$15,000	11.3	(6.5-16.1)
\$15,000 - \$24,999	18.3	(13.1-23.5)
\$25,000 - \$34,999	14.0	(9.7-18.3)
\$35,000 - \$49,999	15.2	(11.8-18.6)
\$50,000 - \$74,999	6.6	(4.4-8.7)
\$75,000 - \$99,999	3.5	(1.9-5.1)
\$100,000+	2.4	(1.5-3.3)
Sexual Orientation		
LGBO	6.9	(3.9-9.9)
Non-LGBO	6.8	(6.0-7.8)
Veteran Status		
Veteran	4.5	(2.2-6.9)
Non-Veteran	8.1	(7.2-9.1)
Disability Status		
Adults with disabilities	10.4	(8.3-12.5)
No disabilities	7.0	(6.0-7.9)

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 death¹⁰.

- In 2024, 18.9% (approximately 473,000) of adult Iowans did not have a personal health care provider.
- In 2024, 8.0% (approximately 201,000) reported not seeing the doctor within the past 12 months due to cost.
- Younger Iowans had a higher prevalence of not having a personal health care provider than older Iowans.
- Adult Iowans who identified their sexual orientation as LGBO had a higher prevalence of not having a personal health care provider (26.8%) and reported not seeing a doctor within the past 12 months due to cost (16.7%) compared to non-LGBO adults, 17.2% and 6.6% respectively.
- Not having health insurance is a barrier to accessing health care. The majority (63.1%) of those without health insurance did not have a personal health care provider (down from 68.4% in 2023), and for 41.3%, cost was a barrier to seeing a doctor (up from 35.6% in 2023).

Access to Health Care

Demographic Characteristics	No Personal Health Care Provider		No Health Care Access Due to Cost	
	%	C.I. (95%)	%	C.I. (95%)
Total	18.9	(17.8-20.0)	8.0	(7.2-8.8)
Sex				
Female	12.5	(11.1-13.8)	8.5	(7.3-9.6)
Male	25.4	(23.7-27.0)	7.6	(6.5-8.6)
Race/Ethnicity				
Hispanic, all races	45.2	(40.5-49.9)	20.9	(17.1-24.6)
Black, Non-Hispanic	21.9	(15.8-28.3)	18.5	(12.4-24.7)
White, Non-Hispanic	16.2	(15.0-17.3)	6.0	(5.3-6.8)
Other or Multiracial, Non-Hispanic	25.2	(19.1-31.2)	13.1	(8.3-17.9)
Age				
18-24	32.7	(28.7-36.6)	10.9	(8.3-13.6)
25-34	31.9	(28.4-35.5)	13.4	(10.7-16.1)
35-44	25.2	(22.1-28.3)	10.3	(8.2-12.5)
45-54	15.7	(13.3-18.2)	9.1	(7.1-11.1)
55-64	10.4	(8.5-12.4)	6.2	(4.6-7.8)
65+	6.2	(5.1-7.3)	2.2	(1.5-2.9)
Education				
Less Than H.S.	37.7	(32.3-43.1)	16.3	(12.5-20.1)
H.S. or G.E.D.	22.6	(20.5-24.6)	9.5	(8.0-11.0)
Some Post-H.S.	15.9	(14.1-17.7)	7.6	(6.2-9.0)
College Graduate	13.4	(11.8-15.1)	4.8	(3.7-5.9)
Household Income				
Less than \$15,000	24.5	(18.5-30.5)	19.3	(14.0-24.6)
\$15,000 - \$24,999	20.6	(16.4-25.1)	15.4	(11.4-19.4)
\$25,000 - \$34,999	20.1	(16.3-23.9)	15.1	(11.4-18.8)
\$35,000 - \$49,999	25.0	(21.7-28.2)	12.6	(10.1-15.2)
\$50,000 - \$74,999	17.0	(14.4-19.6)	7.8	(5.9-9.7)
\$75,000 - \$99,999	18.5	(15.6-21.3)	3.1	(1.9-4.4)
\$100,000+	13.9	(12.0-15.8)	2.7	(1.8-3.6)
Sexual Orientation				
LGBQ	26.8	(21.7-32.0)	16.7	(12.7-21.1)
Non-LGBQ	17.2	(16.1-18.4)	6.6	(5.8-7.3)
Veteran Status				
Veteran	17.1	(13.9-20.4)	6.4	(4.1-8.7)
Non-Veteran	19.0	(17.9-20.2)	8.1	(7.3-8.9)
Disability Status				
Adults with disabilities	15.8	(13.9-17.8)	15.2	(13.2-17.1)
No disabilities	19.7	(18.4-21.0)	5.2	(4.5-6.0)

Cognitive Decline

Subjective cognitive decline (SCD) is a form of cognitive impairment that describes the self-reported experience of worsening or more frequent confusion or memory loss. It is typical for some cognitive decline to occur as adults age, but if decline becomes severe enough that it interferes with ability to perform routine tasks it is best to see a healthcare provider. SCD is often one of the earliest noticeable symptoms of Alzheimer's disease and related dementias¹¹.

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

- In 2024, an estimated 14.8% (approximately 184,000) of adults aged 45+ reported that they have experienced confusion or memory loss that is happening more often or getting worse (subjective cognitive decline).
- Of those reporting subjective cognitive decline, one in four (26.0%) reported that it created difficulties like having to give up day-to-day activities or interference with work or social activities.
- Rates of subjective cognitive decline decreased as household income levels increased. Those with household income less than \$15,000 (32.2%) reported subjective cognitive decline at more than 2 times the rate of those whose household income was greater than or equal to \$100,000 (12.4%).
- Adults who are veterans (29.2%) reported higher prevalence of subjective cognitive decline compared to non-veterans (13.9%).
- Adults with disabilities (29.2%) are 3.4 times more likely than those without a disability (8.5%) to report subjective cognitive decline. Among those reporting subjective cognitive decline, those with disabilities (34.6%) are 2.7 times more likely to report functional difficulty due to SCD than those without a disability (12.9%).

Cognitive Decline

Demographics Characteristics	Subjective Cognitive Decline (SCD)		Functional Difficulty Due to SCD	
	%	C.I. (95%)	%	C.I. (95%)
Total	14.8	(13.1-16.5)	26.0	(20.6-31.4)
Sex				
Female	16.1	(13.7-18.4)	23.2	(16.0-30.4)
Male	13.4	(11.1-15.7)	29.5	(21.3-37.8)
Race/Ethnicity				
Non-White or Hispanic	11.7	(5.5-17.8)	*	*
White, Non-Hispanic	15.3	(13.5-17.0)	23.8	(18.6-29.1)
Age Group				
45 - 54	13.8	(10.2-17.3)	32.5	(19.7-45.3)
55 - 64	15.3	(11.9-18.7)	23.0	(12.7-33.2)
65-74	12.5	(9.6-15.3)	30.7	(19.0-42.5)
75+	18.5	(15.1-21.9)	19.1	(11.4-26.8)
Education				
Less than H.S.	13.9	(6.4-21.5)	*	*
H.S. or G.E.D.	15.8	(12.6-19.0)	29.0	(19.2-38.8)
Some Post-H.S.	16.1	(13.1-19.0)	25.2	(16.6-33.7)
College Graduate	12.6	(9.9-15.2)	23.6	(13.4-33.7)
Household Income				
Less than \$15,000	32.2	(20.0-44.4)	*	*
\$15,000 - \$24,999	24.5	(16.1-32.9)	*	*
\$25,000 - \$34,999	19.3	(13.0-25.7)	30.6	(15.0-46.2)
\$35,000 - \$49,999	16.2	(11.4-21.0)	27.3	(13.0-41.6)
\$50,000 - \$74,999	13.0	(9.3-16.6)	*	*
\$75,000 - \$99,999	11.7	(8.1-15.4)	32.4	(16.3-48.5)
\$100,000+	12.4	(9.3-15.4)	23.5	(11.8-35.2)
Sexual Orientation				
LGBO	*	*	*	*
Non-LGBO	15.1	(13.4-16.8)	25.8	(20.3-31.3)
Veteran Status				
Veteran	20.9	(15.6-26.2)	36.7	(23.3-50.1)
Non-Veteran	13.9	(12.2-15.7)	23.7	(17.8-29.5)
Disability Status				
Adults with disabilities	29.2	(25.4-33.1)	34.6	(27.0-42.1)
No disabilities	8.5	(6.9-10.0)	12.9	(6.2-19.6)
Health Insurance				
Insured	14.8	(13.1-16.5)	25.1	(19.6-30.5)
Not insured	*	*	*	*

Disability

Disability is often used as an umbrella term for any conditions of the mind or body that cause impairments, activity limitations, or participation restrictions¹². 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 2024, an estimated 26.8% (approximately 647,000) of adults in Iowa had a disability.
- About four in twelve of Multiracial, non-Hispanic (33.1%) Iowans reported a disability, whereas all other races and ethnicities about three in twelve reported a disability.
- The prevalence of disability decreased as household income increased. For adults whose household income is less than \$15,000, slightly more than half (56.2%) reported a disability whereas those with household income greater than or equal to \$100,000 it was 12.6%.
- Adult Iowans who identified their sexual orientation as LGBO (44.2%) reported a significantly higher rate of disability than non-LGBO adults (25.1%).
- Veterans (42.7%) reported a significantly higher prevalence of disability than did non-veterans (25.3%).
- Among Iowans who are employed for wages, 18% had a disability. Among those who are self-employed, 22.6% had a disability.
- Half (50.9%) of Iowans out of work for one year or longer and three in four (74.7%) of Iowans unable to work had a disability.

Disability

Demographic Characteristics	Disability	
	%	C.I. (95%)
Total	26.8	(25.7-28.0)
Sex		
Female	28.9	(27.2-30.6)
Male	24.7	(23.1-26.3)
Race/Ethnicity		
Hispanic, all races	24.5	(20.3-28.7)
Black, Non-Hispanic	24.8	(17.7-32.0)
White, Non-Hispanic	26.8	(25.6-28.1)
Other, Non-Hispanic	24.7	(16.6-32.8)
Multiracial, Non-Hispanic	33.1	(23.0-43.2)
Age		
18-24	23.7	(19.9-27.4)
25-34	21.0	(17.7-24.2)
35-44	19.2	(16.4-22.1)
45-54	19.7	(17.0-22.5)
55-64	28.0	(25.1-30.9)
65-74	32.7	(29.9-35.5)
75+	49.9	(46.7-53.0)
Education		
Less Than H.S.	32.9	(27.7-38.1)
H.S. or G.E.D.	32.7	(30.4-34.9)
Some Post-H.S.	28.3	(26.2-30.5)
College Graduate	17.2	(15.6-18.9)
Household Income		
Less than \$15,000	56.2	(49.5-62.9)
\$15,000 - \$24,999	48.7	(43.5-53.9)
\$25,000 - \$34,999	40.5	(35.8-45.3)
\$35,000 - \$49,999	35.7	(32.3-39.2)
\$50,000 - \$74,999	24.9	(22.1-27.7)
\$75,000 - \$99,999	21.0	(18.2-23.8)
\$100,000+	12.6	(10.9-14.4)
Sexual Orientation		
LGBO	44.2	(38.3-50.0)
Non-LGBO	25.1	(23.9-26.3)
Veteran Status		
Veteran	42.7	(38.6-46.7)
Non-Veteran	25.3	(24.1-26.5)

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 ways¹³. There were an estimated 33.8 million people living in food-insecure households in 2021¹⁴.

- In 2024, 8.1% (approximately 172,000) Iowa adults reported receiving food stamps on an EBT card, and 10.8% (229,000) of Iowa adults reported that they struggled to afford food in the past year.
- One in three of Black, non-Hispanic (33.4%), one in five Hispanic (21.0%), and three in twenty Other or Multiracial non-Hispanic (15.6%) Iowans were unable to afford more food when needed in the past year, compared to less than one in ten White, non-Hispanic Iowans (8.8%) reporting the same.
- A higher prevalence of adults with children under the age of 18 in the home (13.3%) reported receiving food stamps compared to those without children under 18 in the home (5.6%; analysis not shown in table).
- A higher prevalence of adults with children under the age of 18 in the home (13.3%) reported that they struggled to afford food in the past year compared to those without children under 18 in the home (9.6%; analysis not shown in table).

Food Insecurity

Demographic Characteristics	Received Food Stamps, Past 12 Months		Unable to Afford More Food, Past 12 Months	
	(%)	C.I. (95%)	(%)	C.I. (95%)
Total	8.1	(7.3-8.9)	10.8	(9.8-11.7)
Sex				
Female	10.8	(9.5-12.2)	12.2	(10.7-13.6)
Male	5.4	(4.4-6.3)	9.4	(8.2-10.6)
Race/Ethnicity				
Hispanic, all races	16.1	(11.7-20.2)	21.0	(16.8-25.2)
Black, Non-Hispanic	18.9	(12.3-25.4)	33.4	(24.4-42.3)
White, Non-Hispanic	6.7	(5.9-7.6)	8.8	(7.9-9.7)
Other or Multiracial, Non-Hispanic	12.5	(7.3-17.6)	15.6	(9.7-21.6)
Age				
18-24	7.4	(4.8-10.1)	13.0	(9.6-16.4)
25-34	13.4	(10.5-16.3)	16.3	(13.2-19.4)
35-44	12.5	(9.9-15.1)	14.8	(11.9-17.7)
45-54	7.6	(5.7-9.5)	8.8	(6.9-10.6)
55-64	6.4	(4.8-8.1)	7.9	(6.1-9.8)
65-74	4.4	(3.1-5.7)	7.0	(5.3-8.8)
75+	2.9	(1.7-4.0)	6.5	(4.8-8.2)
Education				
Less Than H.S.	21.1	(16.0-26.2)	25.6	(20.2-31.0)
H.S. or G.E.D.	10.8	(9.1-12.5)	13.5	(11.7-15.3)
Some Post-H.S.	7.9	(6.5-9.3)	11.1	(9.4-12.9)
College Graduate	2.4	(1.7-3.2)	4.0	(3.0-5.0)
Household Income				
Less than \$15,000	53.1	(45.7-60.5)	47.9	(40.5-55.3)
\$15,000 - \$24,999	29.4	(24.0-34.7)	32.7	(27.3-38.1)
\$25,000 - \$34,999	16.5	(12.5-20.6)	21.9	(17.4-26.5)
\$35,000 - \$49,999	10.8	(8.0-13.6)	14.9	(12.0-17.8)
\$50,000 - \$74,999	3.7	(2.1-5.2)	7.9	(5.8-10.1)
\$75,000 - \$99,999	*	*	3.3	(1.6-5.1)
\$100,000+	*	*	1.7	(0.9-2.5)
Sexual Orientation				
LGBO	15.5	(11.2-19.9)	21.1	(16.2-26.0)
Non-LGBO	7.4	(6.6-8.3)	9.8	(8.8-10.7)
Veteran Status				
Veteran	3.9	(2.3-5.4)	10.2	(7.4-13.1)
Non-Veteran	8.5	(7.6-9.4)	10.9	(9.9-11.9)
Disability Status				
Adults with disabilities	14.9	(12.9-16.8)	21.2	(18.9-23.5)
No disabilities	5.7	(4.8-6.5)	7.1	(6.1-8.0)

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 less than 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 2024, over one out of three adult Iowans (35.4%; approximately 818,000) were classified as overweight. The prevalence of being classified as overweight has remained stable since 2011 (35.8%) in Iowa.
- In 2024, 36.6% (approximately 848,000) were classified as obese. The prevalence of obesity continues to steadily increase in Iowa since 2011 (29.0%) in Iowa.
- According to the BMI calculation, Black, non-Hispanic adult Iowans (43.6%) reported the highest rate of obesity compared to the other racial/ethnic groups analyzed. However, rates of obesity did not significantly differ among most racial/ethnic groups in Iowa with the exception of Other, non-Hispanic adults (21.0%).
- Adults with disabilities (44.4%) reported a higher rate of obesity than adults without disabilities (33.9%).
- The percentage of Iowan adults who were classified as overweight or obese is higher in 2024 (72.0%) than in 2011 (64.8%).

Weight Status: Overweight and Obesity

Demographic Characteristics	Overweight		Obesity	
	%	C.I. (95%)	%	C.I. (95%)
Total	35.4	(34.0-36.7)	36.6	(35.3-38.0)
Sex				
Female	30.6	(28.7-32.4)	37.4	(35.5-39.4)
Male	39.9	(38.0-41.8)	35.9	(34.1-37.7)
Race/Ethnicity				
Hispanic, all races	37.5	(32.4-42.1)	38.2	(33.2-43.1)
Black, Non-Hispanic	34.4	(26.1-42.8)	43.6	(34.9-53.3)
White, Non-Hispanic	35.6	(34.2-37.0)	36.8	(35.4-38.3)
Other, Non-Hispanic	33.1	(24.1-42.0)	21.0	(13.5-28.6)
Multiracial, Non-Hispanic	30.3	(20.2-40.4)	36.4	(25.9-47.0)
Age				
18-24	29.9	(25.8-34.0)	17.2	(14.1-20.4)
25-34	31.6	(27.8-35.4)	39.2	(35.2-43.3)
35-44	34.9	(31.4-38.5)	40.8	(37.2-44.5)
45-54	35.1	(31.7-38.5)	45.6	(42.1-49.1)
55-64	38.7	(35.4-42.0)	41.7	(38.4-45.0)
65-74	37.6	(34.7-40.6)	39.0	(36.0-42.0)
75+	39.8	(36.7-42.9)	29.5	(26.5-32.5)
Education				
Less Than H.S.	38.5	(32.7-44.4)	31.2	(25.7-36.6)
H.S. or G.E.D.	32.8	(30.5-35.1)	36.8	(34.4-39.2)
Some Post-H.S.	36.2	(33.7-38.6)	38.7	(36.3-41.1)
College Graduate	36.4	(34.1-38.7)	35.4	(33.1-37.7)
Household Income				
Less than \$15,000	28.1	(21.8-34.3)	42.1	(35.4-48.8)
\$15,000-\$24,999	30.5	(25.6-35.3)	40.6	(35.3-45.8)
\$25,000-\$34,999	31.6	(27.1-36.1)	40.7	(35.9-45.6)
\$35,000-\$49,999	35.4	(31.9-38.9)	38.9	(35.3-42.5)
\$50,000-\$74,999	34.7	(31.4-38.0)	39.3	(36.0-42.7)
\$75,000-\$99,999	37.6	(34.1-41.1)	34.4	(30.9-37.8)
\$100,000+	37.2	(34.6-39.8)	35.5	(32.9-38.0)
Sexual Orientation				
LGBO	24.1	(19.1-29.3)	42.3	(36.5-48.2)
Non-LGBO	36.3	(34.9-37.7)	36.7	(35.3-38.2)
Veteran Status				
Veteran	40.0	(36.1-44.0)	40.7	(36.6-44.8)
Non-Veteran	34.9	(33.5-36.3)	36.3	(34.8-37.7)
Disability Status				
Adults with disabilities	31.3	(28.9-33.6)	44.4	(41.9-47.0)
No disabilities	36.8	(35.2-38.4)	33.9	(32.3-35.4)

Risk Behavior Indicators

Alcohol Consumption: Binge Drinking

In the United States, alcohol is the top mind-altering substance used¹⁵. The BRFSS survey defines a standard drink as one 12-ounce beer, one 5-ounce glass of wine, or a drink with one shot of hard liquor. In BRFSS analyses, binge drinking is defined as consuming 5 or more alcoholic drinks for men and 4 or more alcoholic drinks for women on one occasion. Binge drinking causes more than half of all alcohol related deaths in the United States¹⁶.

- In 2024, 55.5% (approximately 1,301,000) of Iowans reported that they had at least one drink of alcohol in the past 30 days (data not shown).
- In 2024, 20.4% (approximately 476,000) of Iowans reported binge drinking in the previous month.
- In 2024, one in four males engaged in binge drinking. About one in three males aged 18-24 (32.5%), 25-34 (32.3%), 35-44 (32.4%), and 45-54 (32.6%) engaged in binge drinking, which were the highest percentages across the analyzed age and sex categories (data not shown).
- Binge drinking decreased significantly as age increases.

Alcohol Consumption: Binge Drinking

Demographics Characteristics	Binge Drinking	
	%	C.I. (95%)
Total	20.4	(19.2-21.6)
Sex		
Female	14.8	(13.3-16.3)
Male	26.0	(24.3-27.8)
Race/Ethnicity		
Hispanic, all races	16.9	(13.2-20.5)
Black, Non-Hispanic	15.2	(9.1-21.3)
White, Non-Hispanic	20.8	(19.6-22.1)
Other, Non-Hispanic	15.4	(8.5-22.3)
Multiracial, Non-Hispanic	28.9	(18.4-39.4)
Age Group		
18 - 24	28.9	(25.0-32.9)
25 - 34	26.3	(22.8-29.9)
35 - 44	28.2	(24.8-31.6)
45 - 54	24.1	(21.0-27.1)
55 - 64	18.7	(15.9-21.4)
65-74	9.6	(7.8-11.5)
75+	2.4	(1.4-3.4)
Education		
Less than H.S.	14.9	(10.1-19.6)
H.S. or G.E.D.	19.9	(17.9-21.9)
Some Post-H.S.	22.0	(19.8-24.1)
College Graduate	20.4	(18.4-22.4)
Household Income		
Less than \$15,000	20.3	(14.5-26.2)
\$15,000-\$24,999	15.1	(10.9-19.4)
\$25,000-\$34,999	14.4	(10.7-18.1)
\$35,000-\$49,999	16.7	(13.8-19.7)
\$50,000-\$74,999	21.1	(18.1-24.0)
\$75,000 -\$99,999	20.8	(17.7-23.9)
\$100,000+	27.3	(24.8-29.7)
Sexual Orientation		
LGBO	27.7	(22.3-33.2)
Non-LGBO	19.7	(18.4-20.9)
Veteran Status		
Veteran	15.4	(12.1-18.6)
Non-Veteran	20.9	(19.7-22.2)
Disability Status		
Adults with disabilities	16.7	(14.6-18.7)
No disabilities	21.8	(20.4-23.3)

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 2024, 7.7% (approximately 179,000) reported heavy drinking in the past month. This is slightly higher, but not significantly different, from the prevalence rate in 2023 of 7.2%.
- Heavy drinking was also significantly more prevalent among males (9.2%) than females (6.1%).
- Heavy drinking peaked between ages 35 and 44 (at 11.6%) before decreasing into older adulthood.
- Rates of heavy drinking were highest among those with household incomes greater than or equal to \$100,000 in Iowa (10.7%).

Alcohol Consumption: Heavy Drinking

Demographics Characteristics	Heavy Drinking	
	%	C.I. (95%)
Total	7.7	(6.9-8.4)
Sex		
Female	6.1	(5.1-7.2)
Male	9.2	(8.0-10.4)
Race/Ethnicity		
Hispanic, all races	4.7	(2.5-6.9)
Black, Non-Hispanic	*	*
White, Non-Hispanic	8.0	(7.1-8.8)
Other or Multiracial, Non-Hispanic	*	*
Age Group		
18 - 24	8.4	(5.9-11.0)
25 - 34	6.8	(4.8-8.9)
35 - 44	11.6	(9.1-14.1)
45 - 54	9.0	(6.9-11.1)
55 - 64	7.5	(5.7-9.2)
65-74	6.9	(5.4-8.4)
75+	2.2	(1.3-3.1)
Education		
Less than H.S.	6.7	(3.4-10.0)
H.S. or G.E.D.	7.2	(5.9-8.5)
Some Post-H.S.	8.4	(6.9-9.9)
College Graduate	7.6	(6.3-8.9)
Household Income		
Less than \$15,000	6.7	(3.2-10.1)
\$15,000 - \$24,999	5.6	(3.0-8.2)
\$25,000 - \$34,999	6.2	(3.5-8.9)
\$35,000 - \$49,999	7.0	(4.9-9.1)
\$50,000 - \$74,999	7.8	(5.9-9.7)
\$75,000 - \$99,999	7.1	(5.2-9.0)
\$100,000+	10.7	(8.9-12.4)
Sexual Orientation		
LGBQ	11.7	(7.6-15.7)
Non-LGBQ	7.6	(6.7-8.3)
Veteran Status		
Veteran	7.3	(5.0-9.6)
Non-Veteran	7.7	(6.9-8.5)
Disability Status		
Adults with disabilities	7.6	(6.1-9.0)
No disabilities	7.8	(6.8-8.7)

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are stressful or traumatic events that occur in the first 18 years of life, including abuse, household challenges, and neglect¹⁷. Experiences people have in early childhood can have a lifelong effect on both physical and mental health.

- In 2024, 34.5% of adult Iowans reported 0 ACEs, while 22.4% of adult Iowans reported 4+ ACEs.
- Females (26.6%) reported a significantly higher prevalence of 4+ ACEs compared to males (18.2%).
- The prevalence of reporting 4+ ACEs decreased with age and household income.
- Those who identified as LGBO (49.2%) reported a prevalence of experiencing 4+ ACEs at over double the rate of non-LGBO (20.5%) Iowans.
- Adults with disabilities (37.9%) reported experiencing 4+ ACEs at more than double the rate of adults without disabilities (16.7%).

Adverse Childhood Experiences (ACES)

Demographics Characteristics	Reported 0 ACEs		Reported 4+ ACEs	
	%	C.I. (95%)	%	C.I. (95%)
Total	34.5	(32.6-36.4)	22.4	(20.6-24.2)
Sex				
Female	32.4	(29.8-35.1)	26.6	(23.9-29.2)
Male	36.5	(33.9-39.2)	18.2	(16.0-20.5)
Race/Ethnicity				
Hispanic, all races	33.6	(26.7-40.5)	20.3	(14.8-25.8)
Black, Non-Hispanic	21.9	(11.9-31.9)	43.9	(32.0-55.9)
White, Non-Hispanic	35.4	(33.3-37.4)	21.2	(19.3-23.0)
Other or Multiracial, Non-Hispanic	30.6	(20.7-40.5)	27.9	(18.3-37.5)
Age				
18-24	23.7	(18.2-29.3)	30.4	(24.4-36.4)
25-34	24.0	(18.8-29.1)	36.3	(30.6-42.0)
35-44	30.8	(25.7-36.0)	26.1	(21.3-30.9)
45-54	31.3	(26.6-36.0)	20.8	(16.7-24.8)
55-64	39.2	(34.6-43.8)	18.3	(14.7-22.0)
65-74	45.7	(41.5-49.9)	13.2	(10.2-16.3)
75+	52.3	(47.5-57.2)	6.6	(3.9-9.3)
Education				
Less Than H.S.	35.5	(27.1-43.9)	28.0	(19.8-36.2)
H.S. or G.E.D.	33.7	(30.4-37.0)	27.1	(23.8-30.4)
Some Post-H.S.	30.9	(27.5-34.2)	23.5	(20.4-26.7)
College Graduate	39.4	(36.0-42.8)	14.8	(12.2-17.4)
Household Income				
Less than \$15,000	22.6	(14.2-31.0)	37.6	(28.0-47.2)
\$15,000 - \$24,999	27.8	(20.8-34.8)	29.2	(21.9-36.6)
\$25,000 - \$34,999	29.0	(22.8-35.2)	33.7	(26.4-41.0)
\$35,000 - \$49,999	32.8	(28.0-37.5)	32.9	(27.7-38.2)
\$50,000 - \$74,999	30.7	(26.2-35.3)	22.5	(18.2-26.8)
\$75,000+	37.8	(35.0-40.8)	15.2	(12.9-17.6)
Sexual Orientation				
LGBO	14.5	(8.8-20.2)	49.2	(40.8-57.7)
Non-LGBO	35.8	(33.8-37.8)	20.5	(18.7-22.3)
Veteran Status				
Veteran	39.2	(33.4-44.9)	14.6	(10.1-19.1)
Non-Veteran	34.1	(32.1-36.1)	23.1	(21.2-24.9)
Disability Status				
Adults with disabilities	24.3	(21.4-27.3)	37.9	(34.2-41.3)
No disabilities	38.2	(35.9-40.5)	16.7	(14.8-18.5)

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 head¹⁸. TBIs can range from mild injuries with temporary symptoms to more serious injuries that result in long-term physical and psychological complications¹⁹. Concussions are a type of traumatic brain injury.

- In 2024, an estimated 27.0% (approximately 603,000) of adults reported that they had ever had a severe brain injury.
- Males (34.1%) reported a higher prevalence of brain injury as compared to females (19.7%).
- Severe brain injuries were most prevalent among Other and Multiracial, Non-Hispanic Iowans (33.3%) and White, Non-Hispanic Iowans (27.7%), compared to Hispanic Iowans (17.7%).
- Veterans (42.5%) reported a significantly higher prevalence of severe brain injury, compared to non-veterans (25.4%).
- Reports of severe brain injury were significantly higher among adults with disabilities (36.4%) compared to adults without disabilities (23.4%).
- Among adults with poor mental health, 37.5% reported ever having a severe brain injury, which is significantly higher than the prevalence among those without poor mental health (25.3%).

Brain Injury

Demographic Characteristics	Ever Had a Severe Head Injury	
	(%)	C.I. (95%)
Total	27.0	(25.2-28.8)
Sex		
Female	19.7	(17.3-22.0)
Male	34.1	(31.4-36.9)
Race/Ethnicity		
Hispanic, all races	17.7	(12.1-23.3)
Black, Non-Hispanic	*	*
White, Non-Hispanic	27.7	(25.7-29.6)
Other or Multiracial, Non-Hispanic	33.3	(22.9-43.7)
Education		
Less than H.S.	25.1	(17.6-32.6)
H.S. or G.E.D.	26.0	(22.6-29.3)
Some Post-H.S.	28.6	(25.2-31.9)
College Graduate	26.4	(23.4-29.5)
Household Income		
Less than \$15,000	31.8	(22.2-41.3)
\$15,000 - \$24,999	30.7	(23.1-38.1)
\$25,000 - \$34,999	29.6	(22.8-36.3)
\$35,000 - \$49,999	25.6	(20.7-30.6)
\$50,000 - \$74,999	23.4	(19.1-27.7)
\$75,000 - \$99,999	25.4	(20.7-30.0)
\$100,000+	29.0	(20.0-31.7)
Sexual Orientation		
LGBQ	26.3	(18.8-33.8)
Non-LGBQ	27.4	(25.5-29.3)
Veteran Status		
Veteran	42.5	(36.2-48.8)
Non-Veteran	25.4	(23.5-27.3)
Disability Status		
Adults with disabilities	36.4	(32.6-40.2)
No disabilities	23.4	(21.4-25.5)
Reporting Poor Mental Health		
Yes	37.5	(32.0-43.0)
No	25.3	(23.3-27.2)

Cigarette Smoking

Smoking harms nearly every organ of the body and can lead to disease and disability²⁰. Cigarette smoking is a leading cause of preventable death in the United States, responsible for more than 473,000 deaths per year²¹.

- In 2024, an estimated 306,000 adult Iowans (12.9%) were current cigarette smokers.
- Males (13.5%) reported higher rates of smoking than females (12.3%) but the difference is not statistically significant.
- Current cigarette smoking by race and ethnicity ranged between 9.7% among Black, non-Hispanic Iowans and 19.9% among Multiracial, non-Hispanic.
- Smoking rates were highest among the 35-44 (19.0%) age group, followed by the 45-54 (17.5%) and 55-64 (15.0%) age groups.
- A little more than one in five (21.5%) adult Iowans with less than a high school education reported current cigarette smoking, compared to 5.9% of college graduates.
- As annual household income increased, the percent currently smoking decreased. Approximately 26.5% of adults with incomes below \$15,000 reported current smoking (down from 37% in 2022), compared to 7.2% of adults with household incomes greater than or equal to \$100,000.
- Adults with disabilities (19.2%) reported a significantly higher prevalence of smoking cigarettes than did adults without disabilities (10.6%).
- Almost half of Iowans that currently smoke cigarettes (47.2%; approximately 145,000) reported that they attempted to quit smoking cigarettes for at least one day in the past year.

Cigarette Smoking

Demographic Characteristics	Current Cigarette Smoking	
	(%)	C.I. (95%)
Total	12.9	(12.0-13.8)
Sex		
Female	12.3	(11.0-13.5)
Male	13.5	(12.2-14.8)
Race/Ethnicity		
Hispanic, all races	11.7	(8.5-14.8)
Black, Non-Hispanic	9.7	(5.6-13.9)
White, Non-Hispanic	12.8	(11.8-13.8)
Other, Non-Hispanic	15.4	(8.2-22.6)
Multiracial, Non-Hispanic	19.9	(11.1-28.6)
Age Group		
18 - 24	5.7	(3.7-7.6)
25 - 34	12.4	(9.8-15.0)
35 - 44	19.0	(16.1-21.9)
45 - 54	17.5	(14.8-20.2)
55 - 64	15.0	(12.7-17.3)
65 - 74	13.1	(11.1-15.1)
75+	4.2	(2.9-5.4)
Education		
Less than H.S.	21.5	(16.8-26.1)
H.S. or G.E.D.	16.5	(14.7-18.3)
Some Post-H.S.	13.6	(12.0-15.3)
College Graduate	5.9	(4.8-7.0)
Household Income		
Less than \$15,000	26.5	(20.6-32.5)
\$15,000 - \$24,999	21.1	(16.8-25.5)
\$25,000 - \$34,999	19.0	(15.3-22.7)
\$35,000 - \$49,999	17.2	(14.3-20.1)
\$50,000 - \$74,999	14.0	(11.5-16.4)
\$75,000 - \$99,999	10.1	(8.0-12.1)
\$100,000+	7.2	(5.9-8.6)
Sexual Orientation		
LGBO	17.0	(12.6-21.3)
Non-LGBO	12.7	(11.7-13.7)
Veteran Status		
Veteran	16.1	(13.0-19.3)
Non-Veteran	12.6	(11.6-13.5)
Disability Status		
Adults with disabilities	19.2	(17.2-21.3)
No disabilities	10.6	(9.6-11.6)

E-cigarette Use

E-cigarettes, also known as vapes, are the most commonly used tobacco product among youth²² and young adults²³. 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 metals²⁴.

- In 2024, an estimated 210,000 (8.9%) of adult Iowans reported that they currently used e-cigarettes, which is the highest percentage reported to date.
- Almost five in twenty (23.7%; approximately 76,000) 18-24 year olds currently used e-cigarette, which is up from two in twenty (10.6%; approximately 34,000) in 2017.
- Since 2017, current e-cigarette use has been higher among those 18-24 years as compared to older age groups, and this gap continues to increase.
- Current e-cigarette use was significantly higher among adults who identified as LGBO (22.8%) compared to non-LGBO adults (7.8%).
- Adults with disabilities (13.2%) reported current e-cigarette use at a significantly higher rate compared to adults without disabilities (7.4%).

E-cigarette Use

Demographic Characteristics	Current E-Cigarette Use	
	%	C.I. (95%)
Total	8.9	(8.0-9.7)
Sex		
Female	9.0	(7.7-10.3)
Male	8.7	(7.6-9.8)
Race/Ethnicity		
Hispanic, all races	8.3	(5.8-10.9)
Black, Non-Hispanic	9.1	(4.5-13.8)
White, Non-Hispanic	8.5	(7.5-9.4)
Other, Non-Hispanic	11.4	(5.2-17.7)
Multiracial, Non-Hispanic	19.4	(10.8-27.9)
Age Group		
18 - 24	23.7	(19.9-27.4)
25 - 34	13.3	(10.6-16.1)
35 - 44	13.2	(10.8-15.8)
45 - 54	5.1	(3.6-6.6)
55 - 64	2.9	(1.8-4.0)
65+	1.3	(0.8-1.8)
Education		
Less than H.S.	15.3	(10.5-20.1)
H.S. or G.E.D.	12.8	(11.0-14.5)
Some Post-H.S.	8.5	(7.0-10.0)
College Graduate	3.5	(2.6-4.4)
Household Income		
Less than \$15,000	12.8	(7.8-17.9)
\$15,000 - \$24,999	13.3	(9.3-17.3)
\$25,000 - \$34,999	12.3	(8.8-15.9)
\$35,000 - \$49,999	14.2	(11.3-17.1)
\$50,000 - \$74,999	8.9	(6.7-11.1)
\$75,000 - \$99,999	6.2	(4.2-8.2)
\$100,000+	5.3	(4.1-6.6)
Sexual Orientation		
LGBQ	22.8	(17.8-27.8)
Non-LGBQ	7.8	(6.9-8.7)
Veteran Status		
Veteran	6.9	(4.7-9.1)
Non-Veteran	9.1	(8.1-10.0)
Disability Status		
Adults with disabilities	13.2	(11.3-15.0)
No disabilities	7.4	(6.4-8.3)

Gambling

Problem gambling, or gambling addiction, is a gambling behavior that damages the person or their family, and can often disrupt the individual's daily life and career²⁵. The American Psychological Association's Diagnostic and Statistical Manual of Mental Disorder, 5th Editions (DSM-5) classifies problem gambling as the only addictive behavioral disorder²⁵. People with a gambling addiction, like alcohol and drugs addictions, can experience increased tolerance (requiring more gambling to be satisfied) as well as experience withdrawal symptoms like irritability.

- In 2024, an estimated 763,000 (34.8%) adult Iowans reported that they gambled in the past 12 months, this is significantly less than in 2012 (44.4%; approximately 913,000).
- Four in ten males (39.9%) gambled in the past twelve month compared to 3 in 10 females (29.7%), which is a statistically significant difference.
- White, non-Hispanic (37.3%) adult Iowans had the highest prevalence of gambling in the past twelve months and Hispanics (17.5%) had the lowest.
- As household income increased, prevalence of gambling in past 12 months increased, ranging from 20.9% among those with household income less than \$15,000 to 43.1% among those with household income greater than or equal to \$100,000.

Gambling

Demographic Characteristics	Any Past year Gambling	
	%	C.I. (95%)
Total	34.8	(32.9-36.8)
Sex		
Female	29.7	(27.1-32.3)
Male	39.9	(37.2-42.7)
Race/Ethnicity		
Hispanic, all races	17.5	(12.2-39.7)
Black, Non-Hispanic	24.1	(14.1-34.2)
White, Non-Hispanic	37.3	(35.2-39.4)
Other, Non-Hispanic	23.1	(11.4-34.7)
Multiracial, Non-Hispanic	26.0	(12.3-39.7)
Age Group		
18 - 24	26.5	(20.9-32.1)
25 - 34	32.5	(27.0-38.1)
35 - 44	42.9	(37.4-48.4)
45 - 54	41.4	(36.4-48.2)
55 - 64	43.6	(38.9-4.0)
65 - 74	30.2	(26.3-34.1)
75+	23.3	(19.3-27.3)
Education		
Less than H.S.	15.7	(9.2-22.2)
H.S. or G.E.D.	34.0	(30.6-37.4)
Some Post-H.S.	36.5	(33.0-40.0)
College Graduate	38.5	(35.0-41.9)
Household Income		
Less than \$15,000	20.9	(13.1-28.7)
\$15,000 - \$24,999	28.8	(21.5-36.1)
\$25,000 - \$34,999	29.5	(22.9-36.0)
\$35,000 - \$49,999	30.4	(25.6-35.3)
\$50,000 - \$74,999	35.1	(30.2-40.1)
\$75,000 - \$99,999	42.0	(36.8-47.2)
\$100,000+	43.1	(39.2-47.0)
Sexual Orientation		
LGBO	26.0	(18.7-33.4)
Non-LGBO	36.1	(34.1-38.1)
Veteran Status		
Veteran	35.0	(29.3-40.7)
Non-Veteran	34.8	(32.6-36.8)
Disability Status		
Adults with disabilities	31.7	(28.2-35.3)
No disabilities	36.0	(33.7-38.3)

Marijuana Use

Marijuana, also called cannabis, is the most commonly 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 TCH products, if derived from hemp, from being sold. The Iowa BRFSS asks on how many days in the past month did a respondent use marijuana or cannabis, specifying to respondents that cannabidiol, CBD, or medical marijuana should not be included in their answer.

- In 2024, 11.0% (approximately 229,000) of adult Iowans reported that they had used marijuana at least once in the past month.
- Marijuana use was higher among males (13.0%) compared to females (8.9%).
- The prevalence of using marijuana at least once in the past month decreased as age increased. For adults aged 18 to 24, 20.4% reported using marijuana at least once monthly decreasing to 4.1% among those age 65 years and older.
- Among LGBO Iowans, 31.6% reported any past month marijuana use, which is 3.3 times higher than non-LGBO Iowans (9.5%).
- Adults with disabilities (8.7%) reported a significantly higher prevalence of marijuana use in the past month as compared to adults without disabilities (3.2%).
- Frequent marijuana use in the past month followed a similar trend as past month marijuana use by age groups, with 8.0% of adults aged 18 to 24 using marijuana frequently in the past month decreasing to 2.0% among adults aged 65 years and older.
- Among LGBO Iowans, frequent use of marijuana in the past month (14.3%) is 3.7 times higher than non-LGBO Iowans (3.9%).

Marijuana Use

Demographic Characteristics	Any Past Month Marijuana Use (1+ Days)		Frequent Past Month Marijuana Use (20+ Days)	
	%	C.I. (95%)	%	C.I. (95%)
Total	11.0	(10.0-11.9)	4.6	(4.0-5.2)
Sex				
Female	8.9	(7.7-10.2)	3.5	(2.7-4.3)
Male	13.0	(11.6-14.4)	5.7	(4.7-6.7)
Race/Ethnicity				
Hispanic, all races	8.9	(6.0-11.7)	3.2	(1.2-5.1)
Black, Non-Hispanic	16.4	(9.4-23.4)	10.6	(5.1-16.0)
White, Non-Hispanic	10.8	(9.8-11.9)	4.3	(3.7-5.0)
Other or Multiracial, Non-Hispanic	11.6	(6.8-16.3)	6.9	(3.1-10.6)
Age Group				
18 - 24	20.4	(16.6-24.2)	8.0	(5.6-10.5)
25 - 34	16.8	(13.6-20.1)	7.5	(5.2-9.8)
35 - 44	15.2	(12.5-18.0)	6.6	(4.7-8.5)
45 - 54	9.1	(7.0-11.3)	4.0	(2.6-5.4)
55 - 64	7.2	(5.4-8.9)	2.4	(1.4-3.4)
65+	4.1	(3.1-5.0)	2.0	(1.3-2.8)
Education				
Less than H.S.	7.8	(4.4-11.2)	4.2	(1.8-6.7)
H.S. or G.E.D.	13.7	(11.8-15.5)	6.3	(5.0-7.7)
Some Post-H.S.	10.9	(9.2-12.6)	4.7	(3.5-5.8)
College Graduate	9.0	(7.5-10.5)	2.9	(2.0-3.7)
Household Income				
Less than \$15,000	18.5	(13.1-23.9)	8.2	(4.6-11.8)
\$15,000 - \$24,999	13.9	(9.8-18.1)	6.3	(3.3-9.3)
\$25,000 - \$34,999	13.3	(9.6-17.1)	8.7	(5.5-11.9)
\$35,000 - \$49,999	12.0	(9.4-14.6)	6.1	(4.1-8.1)
\$50,000 - \$74,999	12.9	(10.3-15.5)	5.1	(3.4-6.7)
\$75,000 - \$99,999	9.7	(7.2-12.1)	3.6	(2.1-5.2)
\$100,000+	9.7	(8.0-11.4)	3.1	(2.1-5.2)
Sexual Orientation				
LGBO	31.6	(25.8-37.4)	14.3	(9.8-18.7)
Non-LGBO	9.5	(8.6-10.4)	3.9	(3.3-4.5)
Veteran Status				
Veteran	10.3	(7.4-13.2)	4.6	(2.6-6.6)
Non-Veteran	11.1	(10.0-12.1)	4.6	(4.0-5.3)
Disability Status				
Adults with disabilities	16.6	(14.5-18.8)	8.7	(7.0-10.4)
No disabilities	9.0	(8.0-10.0)	3.2	(2.6-3.8)

Opioid and Methamphetamine Use

Opioids can come in prescription (e.g. oxycodone and codeine) and non-prescription (e.g. heroin and fentanyl) form²⁷. Opioids are addictive, and their use is a major driver of drug overdose in the U.S.²⁷. Methamphetamine, also known as meth, comes in powder and blue-white crystalline form²⁸. Long-term use of methamphetamines can have serious health effects, including psychosis, cardiovascular dysfunction, and cognitive deficits²⁸.

- In 2024, an estimated 2.0% (approximately 41,000) of adult Iowans reported using opioids in the past month and 0.7% (approximately 15,000) report using methamphetamine.
- Those with lower household incomes (less than \$35,000) reported a higher prevalence of past month opioid (3.1%) and methamphetamine (1.6%) compared to those with household incomes of \$35,000 or more, 1.8% and 0.6% respectively.

Opium and Methamphetamine Use

Demographic Characteristics	Any Past Month Opium Use (1+ Days)		Any Past Month Methamphetamine Use (1+ Days)	
	%	C.I. (95%)	%	C.I. (95%)
Total	2.0	(1.6-2.4)	0.7	(0.5-1.0)
Sex				
Female	2.0	(1.5-2.6)	0.7	(0.3-1.1)
Male	1.9	(1.4-2.4)	0.7	(0.4-1.0)
Race/Ethnicity				
Non-White or Hispanic	1.5	(0.5-2.4)	*	*
White, Non-Hispanic	2.1	(1.7-2.5)	0.7	(0.4-1.0)
Age Group				
18 - 35	*	*	*	*
36+	2.5	(2.0-3.0)	0.8	(0.4-1.1)
Education				
Less than H.S. & H.S. or G.E.D.	1.8	(1.2-2.4)	0.9	(0.4-1.3)
Some Post-H.S. & College Graduate	2.1	(1.6-2.6)	0.6	(0.3-1.0)
Household Income				
Less than \$35,000	3.1	(2.0-4.1)	1.6	(0.8-2.5)
\$35,000+	1.8	(1.4-2.2)	0.6	(0.3-0.9)
Sexual Orientation				
LGBQ	3.2	(1.2-5.2)	*	*
Non-LGBQ	1.9	(1.5-2.2)	0.5	(0.3-0.8)
Veteran Status				
Veteran	2.2	(1.0-3.4)	*	*
Non-Veteran	2.0	(1.6-2.4)	0.7	(0.5-1.0)
Disability Status				
Adults with disabilities	4.4	(3.3-5.4)	1.6	(0.8-2.3)
No disabilities	1.1	(0.8-1.5)	*	*

Clinical Preventive Practices

Routine Check-up 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 lifespan²⁹.

- In 2024, an estimated 77.7% (approximately 1,945,000) of adult Iowans reported that they had a routine medical checkup within the past year.
- Females (83.8%) reported a significantly higher prevalence of having a routine checkup in the past year than males (71.6%).
- Prevalence of routine medical checkup within the last year by race and ethnicity among adult Iowans ranged from 66.1% among Hispanics to 79.3% among Black, non-Hispanics.
- Generally, the prevalence of having a routine medical checkup within the past year increased with age.
- Veterans and adults with disabilities (83.6% and 82.8%, respectively) had significantly higher rates of having a routine medical checkup within the past year compared to non-veterans and adults without disabilities (77.2% and 76.1%, respectively).
- Among LGBO Iowans, routine medical checkup within the last year (71.7%) was significantly lower than for non-LGBO Iowans (78.5%).
- Lack of health insurance is a significant barrier to receiving routine health care. Insured adults (80.2%) had a significantly higher prevalence of a routine medical checkup in the past year compared to adults without health insurance (43.0%) (data not shown).

Routine Check-Up in Past Year

Demographic Characteristics	Had a Routine Checkup within the Past Year	
	%	C.I. (95%)
Total	77.7	(76.5-78.9)
Sex		
Female	83.8	(82.3-85.3)
Male	71.6	(69.8-73.3)
Race/Ethnicity		
Hispanic, all races	66.1	(61.6-70.5)
Black, Non-Hispanic	79.3	(73.0-85.7)
White, Non-Hispanic	78.9	(77.7-80.1)
Other or Multiracial, Non-Hispanic	71.9	(65.5-78.3)
Age		
18-24	64.7	(60.6-68.7)
25-34	64.0	(60.3-67.7)
35-44	70.1	(66.8-73.4)
45-54	79.1	(76.3-81.9)
55-64	84.9	(82.5-87.2)
65+	93.1	(91.9-94.2)
Education		
Less Than H.S.	66.6	(61.2-72.0)
H.S. or G.E.D.	76.6	(74.5-78.7)
Some Post-H.S.	78.0	(75.9-80.1)
College Graduate	81.6	(79.8-83.5)
Household Income		
Less than \$15,000	75.7	(69.6-81.7)
\$15,000 - \$24,999	78.9	(74.5-83.3)
\$25,000 - \$34,999	77.7	(73.6-81.8)
\$35,000 - \$49,999	74.6	(71.3-77.8)
\$50,000 - \$74,999	77.0	(74.0-80.0)
\$75,000 - \$99,999	77.9	(74.9-80.9)
\$100,000+	80.0	(77.9-82.2)
Sexual Orientation		
LGBQ	71.1	(65.9-76.4)
Non-LGBQ	78.5	(77.2-79.7)
Veteran Status		
Veteran	83.6	(80.4-86.8)
Non-Veteran	77.2	(76.0-78.4)
Disability Status		
Adults with disabilities	82.8	(80.8-84.8)
No disabilities	76.1	(74.7-77.6)

Breast Cancer Screening

Breast cancer was the fourth leading cause of cancer death in Iowa in 2025³⁰. Health care providers use screening tools like mammograms (an X-ray picture of the breast) to look for early signs of breast cancer. Regular mammograms are the best tool health care providers have to find breast cancer early. Detecting breast cancer early provides an individual with more treatment options and a higher chance of survival³¹.

- In 2024, an estimated 91.6% (approximately 707,000) of Iowa women 40 years and older reported ever having a mammogram, and 73.7% (approximately 565,000) reported having a mammogram within the last two years.
- The prevalence of having a recent mammogram (within the last two years) increased with higher education and household income levels.
- Women with disabilities reported a significantly lower rate of having a recent mammogram (67.5%) compared to women without disabilities (76.6%).
- Health insurance coverage was strongly linked to recent breast cancer screening. Women who had health insurance reported significantly higher rates of having a recent mammogram (74.7%) compared to women without health insurance (50.7%).

Breast Cancer Screening

Demographic Characteristics	Ever Had a Mammogram		Had Mammogram in Last 2 Years	
	Age 40 and Over			
	%	C.I. (95%)	%	C.I. (95%)
Total Females	91.6	(90.3-93.0)	73.7	(71.8-75.7)
Race/Ethnicity				
Hispanic, all races	85.7	(78.0-93.4)	62.1	(51.3-73.0)
Black, Non-Hispanic	86.1	(76.7-95.5)	72.0	(59.4-84.6)
White, Non-Hispanic	92.6	(91.2-93.9)	74.8	(72.6-76.8)
Other, Non-Hispanic	*	*	*	*
Multiracial, Non-Hispanic	*	*	*	*
Age				
40-54	81.7	(78.3-85.1)	69.3	(65.4-73.3)
55-64	96.0	(94.3-97.7)	80.9	(77.3-84.4)
65-74	96.8	(95.0-98.7)	79.6	(76.1-83.1)
75+	97.5	(96.4-98.7)	66.0	(62.4-70.0)
Education				
Less Than H.S.	76.9	(66.5-87.3)	41.2	(31.2-51.2)
H.S. or G.E.D.	91.6	(89.1-94.1)	69.7	(66.0-73.5)
Some Post-H.S.	92.4	(90.4-94.5)	73.7	(70.3-77.1)
College Graduate	93.4	(91.3-95.4)	83.1	(80.3-85.8)
Household Income				
Less than \$15,000	83.4	(75.5-91.3)	57.1	(46.5-67.7)
\$15,000-\$24,999	91.5	(87.3-95.8)	60.4	(53.1-67.7)
\$25,000-\$34,999	88.1	(82.1-94.2)	68.6	(61.4-75.7)
\$35,000-\$49,999	88.5	(84.2-92.8)	70.2	(64.7-75.6)
\$50,000-\$74,999	92.7	(89.7-95.7)	71.9	(67.0-76.9)
\$75,000+	93.6	(91.8-95.7)	82.4	(79.6-85.2)
Sexual Orientation				
LGBO	80.2	(68.9-91.4)	64.6	(51.3-77.8)
Non-LGBO	91.9	(90.4-93.3)	74.4	(72.4-76.4)
Veteran Status				
Veteran	97.4	(93.1-100.0)	82.6	(71.5-93.7)
Non-Veteran	91.5	(90.1-92.9)	73.5	(71.6-75.5)
Disability Status				
Adults with disabilities	92.7	(90.5-94.9)	67.5	(64.0-71.0)
No disabilities	91.2	(89.5-92.9)	76.6	(74.3-79.0)
Health Insurance				
Insured	92.2	(90.8-93.6)	74.7	(72.7-76.7)
Not insured	72.9	(60.9-84.8)	50.7	(37.8-63.6)

Colorectal Cancer Screening

Colorectal cancer was the second leading cause of cancer death in Iowa in 2024³⁰. An estimated two-thirds of colorectal cancer deaths in the U.S. could be prevented through screening³². Screening can prevent cancer by finding and removing polyps before they progress to cancer. Screening can also find colorectal cancer at an early stage, when treatment is more likely to be successful³³. Colorectal cancer screening is recommended for everyone beginning at the age of 45. Appropriate colorectal cancer screening consists of stool-based tests collected at home and sent in to a lab for testing (fecal occult blood test or fecal immunochemical test (FIT) within the past year, or stool DNA test every 1 to 3 years) or direct visualization of the colon and rectum (colonoscopy every 10 years, flexible sigmoidoscopy every 5 years or every 10 years with a FIT annually, or virtual colonoscopy every 5 years)³⁴.

- In 2024, an estimated 71.7% (approximately 761,000) of Iowans aged 45-75 reported appropriate colorectal cancer screening according to U.S. Preventive Service Task Force (USPSTF) guidelines.
- Hispanic Iowans (59.9%) reported the lowest rate of meeting colorectal cancer screening recommendations when analyzing results by race/ethnicity categories.
- For the most part, colorectal cancer screening rates within the recommended time frame increased with higher age group, higher education, and household income levels.
- There were no significant differences in colorectal cancer screening rates by sexual orientation and gender identity, veteran status, or disability status.
- Those with health insurance (73.1%) had a significantly higher rate of meeting colorectal cancer screening recommendations than those without health insurance (33.5%).

Colorectal Cancer Screening

Demographic Characteristics	Colorectal Cancer Screening	
	Prevalence Rate (%)	C.I. (95%)
Total	71.7	(70.0-73.4)
Sex		
Female	72.9	(70.6-75.2)
Male	70.5	(68.0-72.9)
Race/Ethnicity		
Non-White or Hispanic	59.9	(53.5-66.4)
White, Non-Hispanic	73.3	(71.6-75.0)
Age Group		
45 - 60	61.7	(59.0-64.3)
61 - 75	81.8	(79.9-83.7)
Education		
Less than H.S.	49.1	(40.2-57.9)
H.S. or G.E.D.	65.8	(62.4-69.1)
Some Post-H.S.	73.6	(70.8-76.5)
College Graduate	78.7	(76.1-81.3)
Household Income		
Less than \$15,000	57.8	(48.6-67.1)
\$15,000 - \$24,999	57.0	(49.6-64.4)
\$25,000 - \$34,999	67.4	(60.7-74.1)
\$35,000 - \$49,999	75.1	(70.5-79.7)
\$50,000 - \$74,999	72.5	(68.5-76.6)
\$75,000+	75.7	(73.3-78.1)
Sexual Orientation		
LGBQ	66.7	(54.9-78.6)
Non-LGBQ	72.3	(70.6-74.1)
Veteran Status		
Veteran	71.5	(66.2-76.8)
Non-Veteran	71.7	(69.9-73.5)
Disability Status		
Adults with disabilities	71.0	(67.8-74.2)
No disabilities	72.0	(70.1-74.0)
Health Insurance		
Insured	73.1	(71.4-74.8)
Not insured	33.5	(24.0-43.0)

Lung Cancer Screening

Lung cancer is the leading cause of cancer deaths in Iowa in 2025³⁰. Rates of lung cancer are decreasing nationally as few people smoke cigarettes, however lung cancer can also occur in adults who have never smoked³⁵. Lung cancer screening is recommended for adults who are at high risk for developing the disease because of their smoking history and age³⁶. The U.S Preventative Services Task Force (USPSTF) recommends that adults aged 50-80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years be screened for lung cancer using a low-dose computed tomography (also called a low-dose CT scan or LDCT) every year³⁷.

- In 2024, an estimated 20.1% of Iowa adults aged 50-80 who currently or formerly smoked cigarettes reported that they had a CAT/CT chest scan in the past year.

Lung Cancer Screening

Demographic Characteristics	Lung Cancer Screening	
	Prevalence Rate (%)	C.I. (95%)
Total	20.1	(16.3-23.9)
Sex		
Female	19.8	(13.9-25.6)
Male	20.4	(15.4-25.5)
Race/Ethnicity		
Non-White or Hispanic	*	*
White, Non-Hispanic	19.3	(15.6-23.0)
Age Group		
50 - 64	17.4	(12.4-22.5)
65 - 80	23.4	(17.6-29.2)
Education		
Less than H.S.	*	*
H.S. or G.E.D.	22.1	(15.9-28.3)
Some Post-H.S.	19.0	(12.7-25.3)
College Graduate	24.8	(13.9-35.8)
Household Income		
Less than \$15,000	24.2	(10.9-37.4)
\$15,000 - \$24,999	22.4	(10.2-34.5)
\$25,000 - \$34,999	31.9	(18.5-45.3)
\$35,000 - \$49,999	20.4	(10.6-30.4)
\$50,000 - \$74,999	20.7	(11.7-29.7)
\$75,000+	17.0	(10.3-23.7)
Sexual Orientation		
LGBQ	*	*
Non-LGBQ	21.0	(16.9-25.1)
Veteran Status		
Veteran	27.6	(18.5-36.8)
Non-Veteran	18.2	(14.0-22.4)
Disability Status		
Adults with disabilities	24.8	(18.7-30.8)
No disabilities	16.4	(11.5-21.3)
Health Insurance		
Insured	21.2	(17.1-25.2)
Not insured	*	*

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 status³⁸. Nearly 40% of new HIV infections are transmitted by people who don't know they have the virus³⁹. 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 2024, 28.3% (approximately 642,000) of Iowan adults reported ever being tested for HIV. This is lower than the national median of 36.9%.
- Black, non-Hispanic (44.3%) and Multiracial, non-Hispanic (42.5%) and Iowans reported a significantly higher prevalence of HIV testing compared to White, non-Hispanic (26.2%) Iowans.
- Adult Iowans who identified as LGBO (49.8%) reported significantly higher rates of HIV testing than non-LGBO Iowans (26.5%).
- As household income increased, prevalence of ever having an HIV test tended to decrease.
- Veterans (41.4%) and adults with disabilities (34.3%) reported a significantly higher prevalence of HIV testing compared to non-veterans (27.0%) and adults without disabilities (26.2%), respectively.

HIV Testing

Demographic Characteristics	Ever Tested for HIV	
	%	C.I. (95%)
Total	28.3	(26.1-28.7)
Sex		
Female	29.4	(27.5-31.4)
Male	27.2	(25.5-28.9)
Race/Ethnicity		
Hispanic, all races	40.1	(35.1-45.0)
Black, Non-Hispanic	44.3	(35.6-53.1)
White, Non-Hispanic	26.2	(24.9-27.6)
Other, Non-Hispanic	30.1	(21.1-39.0)
Multiracial, Non-Hispanic	42.5	(31.6-53.5)
Age Group		
18 - 24	21.5	(17.8-25.1)
25 - 34	35.0	(31.1-39.0)
35 - 44	45.1	(41.4-48.9)
45 - 54	38.1	(34.6-41.6)
55 - 64	27.5	(24.5-30.4)
65-74	15.5	(13.2-17.6)
75+	8.8	(7.1-10.6)
Education		
Less than H.S.	25.0	(20.0-30.1)
H.S. or G.E.D.	26.1	(23.9-28.4)
Some Post-H.S.	29.6	(27.2-31.9)
College Graduate	30.0	(27.7-32.2)
Household Income		
Less than \$15,000	43.5	(36.7-50.2)
\$15,000 - \$24,999	38.8	(33.4-44.2)
\$25,000 - \$34,999	31.8	(27.1-36.5)
\$35,000 - \$49,999	26.4	(23.0-29.8)
\$50,000 - \$74,999	25.0	(21.8-28.1)
\$75,000 - \$99,999	27.3	(23.9-30.7)
\$100,000+	29.3	(26.8-31.8)
Sexual Orientation		
LGBO	49.8	(43.6-55.9)
Non-LGBO	26.5	(25.2-27.9)
Veteran Status		
Veteran	41.4	(37.1-45.6)
Non-Veteran	27.0	(25.7-28.4)
Disability Status		
Adults with disabilities	34.3	(31.8-36.9)
No disabilities	26.2	(24.7-27.7)

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 death⁴⁰. 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 older⁴¹.

- In 2024, 42.5% (approximately 992,000) of adult Iowans reported receiving a flu vaccine in the past year. The rate of having a flu vaccine in the past year has fluctuated, with 2024 being the lowest reported since 2018 (40.6%).
- The prevalence of having a flu vaccine in the past year increased with age, household income and education. It was higher among females (47.7%) than males (37.7%) as well.
- In 2024, 37.3% (approximately 815,000) reported ever receiving a pneumococcal vaccine. The rate of ever having a pneumococcal vaccine has remained stable.
- Prevalence of ever having a pneumococcal vaccine decreased from 18–24 year-olds (31.8%) to 35–44 year olds (17.6%) then increased to 78.4% among those 75 years old or older; by household income, prevalence remained between 40% and 45% for incomes less than \$75,000 but then decreased to 36.8% and 29.4% among those with \$75,000–\$99,999 and those with greater than or equal to \$100,000.
- The prevalence of receiving the pneumococcal vaccine was higher among females (40.5%) than males (34.2%).

Immunizations

Demographic Characteristics	Had Influenza (Flu) Vaccine in Past Year		Ever Had Pneumococcal (Pneumonia) Vaccine	
	%	C.I. (95%)	%	C.I. (95%)
Total	42.5	(41.2-43.9)	37.3	(36.0-38.7)
Sex				
Female	47.4	(45.4-49.3)	40.5	(38.5-42.4)
Male	37.7	(35.9-39.6)	34.2	(32.3-36.0)
Race/Ethnicity				
Hispanic, all races	31.6	(26.9-36.3)	20.7	(16.4-25.1)
Black, Non-Hispanic	31.3	(23.2-39.4)	30.9	(21.8-39.9)
White, Non-Hispanic	44.1	(42.7-45.6)	39.3	(37.9-40.8)
Other, Non-Hispanic	37.8	(28.2-47.5)	21.2	(13.2-29.3)
Multiracial, Non-Hispanic	42.1	(31.0-53.2)	35.3	(24.1-46.5)
Age				
18-24	30.9	(26.8-35.1)	31.8	(27.3-36.3)
25-34	30.0	(26.2-33.7)	21.1	(17.6-24.6)
35-44	30.1	(26.7-33.5)	17.6	(14.7-20.4)
45-54	37.5	(34.1-40.9)	21.8	(18.8-24.7)
55-64	46.0	(42.8-49.3)	31.7	(28.6-34.8)
65-74	63.2	(60.2-66.1)	67.2	(64.3-70.1)
75+	67.1	(64.0-70.3)	78.4	(75.8-81.1)
Education				
Less Than H.S.	27.6	(22.3-32.8)	26.7	(21.4-32.0)
H.S. or G.E.D.	37.1	(34.8-39.4)	37.5	(35.1-39.9)
Some Post-H.S.	41.4	(38.9-43.8)	38.6	(36.1-41.0)
College Graduate	53.6	(51.2-55.9)	38.3	(35.9-40.6)
Household Income				
Less than \$15,000	35.4	(29.2-41.7)	42.0	(35.1-48.8)
\$15,000 - \$24,999	38.7	(33.6-43.8)	40.5	(35.2-45.7)
\$25,000 - \$34,999	43.6	(38.7-48.4)	45.1	(40.1-50.0)
\$35,000 - \$49,999	40.0	(36.5-43.6)	41.4	(37.7-45.1)
\$50,000 - \$74,999	43.7	(40.3-47.1)	40.5	(37.2-43.9)
\$75,000 - \$99,999	42.7	(39.2-47.6)	36.8	(33.3-40.3)
\$100,000+	44.9	(42.3-47.6)	29.4	(26.9-31.9)
Sexual Orientation				
LGBO	43.5	(37.5-49.4)	33.3	(27.3-39.2)
Non-LGBO	42.9	(41.5-45.5)	38.0	(36.5-39.4)
Veteran Status				
Veteran	49.1	(44.9-53.3)	55.4	(51.2-59.7)
Non-Veteran	41.9	(40.4-43.3)	35.5	(34.1-36.9)
Disability Status				
Adults with disabilities	45.8	(43.3-48.4)	49.3	(46.7-51.9)
No disabilities	41.3	(39.7-42.9)	32.8	(31.3-34.4)

Oral Health

Oral health is a key indicator of overall health, well-being, and quality of life. Untreated oral diseases can impact one's ability to speak, smile, eat, drink, swallow, and show emotions⁴². Routine dental care helps in early diagnosis and treatment of tooth decay (cavities) and periodontal (gum) disease.

- In 2024, an estimated 69.6% (approximately 1,741,000) of adult Iowans reported having a dental visit within the past year, and 61.9% (approximately 1,543,000) reported that they had never had any permanent teeth removed.
- Females (73.9%) reported higher rates of having a dental visit in the past year compared to males (65.2%).
- Rates for having a dental visit in the past year and not having any permanent teeth removed increased with higher levels of education and household income.
- LGBO Iowans (57.3%) reported lower rates of having dental visit in the past year than non-LGBO Iowans. There was no difference in the rate of having no teeth removed.
- Adults with disabilities reported significantly lower rates of having a dental visit in the past year (58.4%) and having no teeth removed (46.6%) compared to adults without disabilities (73.8% and 67.6%, respectively).
- Veterans (50.2%) reported lower rates of having no permanent teeth removed, compared to non-veterans (62.9%).
- Insured adults (71.6%) reported having a dental visit in the past year at a significantly higher rate compared to uninsured adults (39.7%) (data not shown).

Oral Health

Demographic Characteristics	Dental Visit Within 12 Months		No Permanent Teeth Removed	
	%	C.I. (95%)	%	C.I. (95%)
Total	69.6	(68.4-70.8)	61.9	(60.6-63.1)
Sex				
Female	73.9	(72.2-75.6)	61.8	(60.0-63.7)
Male	65.2	(63.4-67.0)	61.9	(60.1-63.7)
Race/Ethnicity				
Hispanic, all races	61.0	(56.5-65.6)	59.1	(54.4-63.7)
Black, Non-Hispanic	66.9	(59.4-74.3)	63.9	(56.3-71.5)
White, Non-Hispanic	71.4	(70.1-72.8)	62.0	(60.6-63.4)
Other, Non-Hispanic	56.8	(47.7-65.9)	61.6	(52.6-70.5)
Multiracial, Non-Hispanic	57.3	(46.7-67.9)	61.2	(50.6-71.7)
Age				
18-24	71.5	(67.7-75.3)	89.8	(87.1-92.4)
25-34	61.1	(57.3-64.9)	78.8	(75.7-81.9)
35-44	64.8	(61.4-68.3)	68.2	(64.9-71.6)
45-54	71.6	(68.6-74.8)	61.9	(58.6-65.2)
55-64	73.0	(70.1-75.8)	51.1	(47.9-54.4)
65-74	74.4	(71.8-77.0)	42.6	(39.7-45.5)
75+	73.1	(70.3-76.0)	32.1	(29.2-35.0)
Education				
Less Than H.S.	50.2	(44.6-55.8)	48.1	(42.5-53.8)
H.S. or G.E.D.	63.2	(60.9-65.5)	53.9	(51.5-56.3)
Some Post-H.S.	70.4	(68.2-72.6)	62.3	(60.0-64.5)
College Graduate	80.6	(78.7-82.5)	73.5	(71.6-75.4)
Household Income				
Less than \$15,000	49.0	(42.4-55.6)	46.0	(39.4-52.6)
\$15,000 - \$24,999	52.3	(47.2-57.0)	42.8	(37.6-48.0)
\$25,000-\$34,999	55.9	(51.1-60.7)	43.8	(39.0-48.6)
\$35,000-\$49,999	60.6	(57.1-64.2)	52.6	(49.0-59.6)
\$50,000-\$74,999	69.0	(65.8-72.2)	58.6	(55.3-61.9)
\$75,000-\$99,999	77.4	(74.4-80.5)	67.8	(64.6-71.0)
\$100,000+	81.9	(79.8-84.0)	75.7	(73.6-77.9)
Sexual Orientation				
LGBO	57.3	(51.5-63.0)	63.8	(58.3-69.4)
Non-LGBO	70.9	(69.6-72.2)	61.3	(60.0-62.7)
Veteran Status				
Veteran	66.9	(63.1-70.7)	50.2	(46.1-54.3)
Non-Veteran	69.9	(68.6-71.2)	62.9	(61.6-64.3)
Disability Status				
Adults with disabilities	58.4	(55.9-60.9)	46.6	(44.0-49.2)
No disabilities	73.8	(72.4-75.2)	67.6	(66.1-69.0)

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 States⁴³.

- In 2024, 26.5% (approximately 665,000) of adult Iowans reported ever being told by a doctor that they had some form of arthritis.
- Females (30.6%) reported a statistically higher prevalence of arthritis than males (22.5%).
- Multiracial, non-Hispanic Iowans (31.5%) and White, non-Hispanics (28.4%) reported the highest prevalence of arthritis, compared to Hispanic Iowans (9.6%).
- The prevalence of arthritis drastically increased with age, from 3.7% among 18-24 year olds to 55.9% among 75+ year olds.
- As household income level increased, the prevalence of arthritis decreased.
- Arthritis prevalence was significantly higher among veterans (41.0%) compared to non-veterans (25.2%) as well as those with disability (47.2%) compared to those without disability (19.6%).
- Among adult Iowans with a self-care disability (difficulty dressing or bathing), 68.7% reported they had arthritis, compared to 25.8% among those who did not have a self-care disability (data not shown).
- Among adult Iowans with a mobility disability (serious difficulty walking or climbing stairs), 67.3% reported they had arthritis, compared to 21.7% among those who did not have a mobility disability (data not shown).

Arthritis

Demographic Characteristics	Ever Told Arthritis	
	%	C.I. (95%)
Total	26.5	(25.4-27.7)
Sex		
Female	30.6	(29.0-32.3)
Male	22.5	(21.0-24.0)
Race/Ethnicity		
Hispanic, all races	9.6	(6.7-12.4)
Black, Non-Hispanic	24.4	(17.6-31.2)
White, Non-Hispanic	28.4	(27.2-29.6)
Other, Non-Hispanic	12.2	(6.5-17.9)
Multiracial, Non-Hispanic	31.5	(21.4-41.7)
Age Group		
18 - 24	3.7	(2.0-5.3)
25 - 34	7.7	(5.5-9.9)
35 - 44	12.6	(10.3-15.0)
45 - 54	26.7	(23.6-29.7)
55 - 64	38.2	(35.0-41.3)
65-74	49.9	(47.0-52.8)
75+	55.9	(52.8-58.9)
Education		
Less than H.S.	20.5	(16.3-24.8)
H.S. or G.E.D.	27.5	(25.5-29.4)
Some Post-H.S.	29.0	(26.9-31.0)
College Graduate	24.3	(22.5-26.1)
Household Income		
Less than \$15,000	40.9	(34.5-47.2)
\$15,000 - \$24,999	40.3	(35.2-45.3)
\$25,000 - \$34,999	32.5	(28.1-36.9)
\$35,000 - \$49,999	28.1	(25.1-31.2)
\$50,000 - \$74,999	28.9	(26.0-31.9)
\$75,000 - \$99,999	25.2	(22.3-28.1)
\$100,000+	18.6	(16.7-20.5)
Sexual Orientation		
LGBO	16.8	(12.8-20.9)
Non-LGBO	27.7	(26.5-28.9)
Veteran Status		
Veteran	41.0	(37.0-45.0)
Non-Veteran	25.2	(24.0-26.3)
Disability Status		
Adults with disabilities	47.2	(44.7-49.7)
No disabilities	19.6	(18.4-20.7)

Asthma

Asthma is a chronic inflammatory disorder of the lungs where airways become blocked or narrowed⁴⁴. Asthma can make breathing difficult and trigger coughing, wheezing, breathlessness, or chest tightness⁴⁵. Genetic, environmental, and occupational factors have been linked to developing asthma.

- In 2024, an estimated 13.6% (approximately 339,000) of Iowans reported that they had ever been diagnosed with asthma in their lifetime, and 9.4% (approximately 236,000) reported currently having asthma.
- Compared to males, females had a significantly higher rate of lifetime (15.6% vs. 11.5%) and current (11.7% vs. 7.1%) asthma.
- The prevalence of lifetime asthma decreased with age and household income.
- Compared to adults without disabilities, adults with disabilities reported significantly higher rates of both lifetime (22.0% vs. 10.56%) and current (17.0% vs. 6.8%) asthma.
- LGBO Iowans reported higher rates of ever (20.6%) and currently (17.4%) having asthma than non-LGBO Iowans (12.7% and 8.6%, respectively).

Asthma

Demographic Characteristics	Ever Told Asthma		Current Asthma	
	%	C.I. (95%)	%	C.I. (95%)
Total	13.6	(12.6-14.5)	9.4	(8.6-10.2)
Sex				
Female	15.6	(14.2-17.0)	11.7	(10.5-13.0)
Male	11.5	(10.3-12.7)	7.1	(6.1-8.1)
Race/Ethnicity				
Hispanic, all races	9.7	(7.0-12.3)	5.8	(3.7-7.9)
Black, Non-Hispanic	16.8	(11.1-22.4)	10.5	(5.8-15.2)
White, Non-Hispanic	13.5	(12.5-14.5)	9.5	(8.6-10.4)
Other, Non-Hispanic	9.2	(4.2-14.2)	*	*
Multiracial, Non-Hispanic	21.4	(12.7-30.1)	16.6	(8.7-24.4)
Age Group				
18 - 24	16.3	(13.1-19.4)	10.8	(8.1-13.1)
25 - 34	15.7	(12.8-18.6)	11.4	(8.9-13.9)
35 - 44	15.2	(12.6-17.8)	9.8	(7.4-11.7)
45 - 54	13.7	(11.4-16.1)	9.5	(7.5-11.4)
55 - 64	12.3	(10.2-14.4)	8.6	(6.9-10.4)
65-74	10.3	(8.5-12.1)	7.9	(6.3-9.6)
75+	10.6	(8.5-12.6)	7.7	(6.0-9.4)
Education				
Less than H.S.	15.4	(11.3-19.4)	10.9	(7.4-14.5)
H.S. or G.E.D.	13.7	(12.0-15.4)	9.7	(8.2-11.1)
Some Post-H.S.	14.1	(12.4-15.8)	9.8	(8.4-11.3)
College Graduate	12.3	(10.7-13.8)	8.4	(7.0-9.7)
Household Income				
Less than \$15,000	23.4	(17.7-29.1)	20.1	(14.7-25.5)
\$15,000 - \$24,999	21.7	(17.3-26.0)	15.0	(11.3-18.8)
\$25,000 - \$34,999	15.1	(11.6-18.7)	10.8	(7.8-13.9)
\$35,000 - \$49,999	16.1	(13.5-18.7)	10.2	(8.2-12.3)
\$50,000 - \$74,999	12.7	(10.4-15.0)	9.6	(7.8-11.7)
\$75,000 - \$99,999	10.7	(8.4-13.0)	6.3	(4.5-8.1)
\$100,000+	10.6	(8.9-12.3)	7.2	(5.8-8.6)
Sexual Orientation				
LGBO	20.6	(16.0-25.2)	17.4	(13.0-21.7)
Non-LGBO	12.7	(11.8-13.7)	8.6	(7.9-9.6)
Veteran Status				
Veteran	10.6	(8.0-13.3)	7.1	(4.8-9.3)
Non-Veteran	13.9	(12.9-14.9)	9.7	(8.9-10.6)
Disability Status				
Adults with disabilities	22.0	(19.9-24.2)	17.0	(15.0-18.9)
No disabilities	10.5	(9.5-11.5)	6.8	(5.9-7.6)

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 2023⁴⁶ and in Iowa in 2022 (most recent available)⁴⁷.

- In 2024, 4.5% percent of adult Iowans had ever been diagnosed with a heart attack (approximately 113,000) and 4.8% had been diagnosed with coronary heart disease (CHD; approximately 120,000).
- Males reported significantly higher rates of heart attack and CHD, compared to females.
- The prevalence of heart attack and CHD decreased as household income increased from 10.4% and 11.2% among those with incomes less than \$15,000 to 2.1% and 2.2% among those with
- Veterans and people with disabilities experience heart attack (10.9% and 10.0%) and CHD (12.2% and 10.6%) at higher rates than non-veterans (3.9% and 2.5%; 4.1% and 2.9% respectively).
- In 2024, 3.0% (approximately 76,000) 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 (5.3%) and adults with disabilities (7.5%) reported higher rates of being diagnosed with ever having a stroke compared to non-veterans (2.8%) and adults without disabilities (1.5%).

Cardiovascular Diseases

Demographic Characteristics	Ever Told Heart Attack		Ever Told Angina or Coronary Heart Disease (CHD)		Stroke	
	%	C.I. (95%)	%	C.I. (95%)	%	C.I. (95%)
Total	4.5	(4.0-5.0)	4.8	(4.3-5.3)	3.0	(2.7-3.4)
Sex						
Female	3.7	(3.1-4.3)	4.0	(3.4-4.7)	3.1	(2.5-3.6)
Male	5.4	(4.6-6.1)	5.6	(4.8-6.4)	3.0	(2.4-3.6)
Race/Ethnicity						
Non-White or Hispanic	2.1	(1.2-3.0)	1.9	(0.9-3.0)	2.0	(1.1-3.0)
White, Non-Hispanic	4.9	(4.4-5.5)	5.4	(4.8-5.9)	3.2	(2.8-3.3)
Age						
18-44	0.8	(0.4-1.1)	0.5	(0.2-0.8)	0.5	(0.2-0.7)
45-54	3.0	(1.9-4.1)	3.6	(2.4-4.9)	2.0	(1.1-3.0)
55-64	5.8	(4.3-7.2)	5.8	(4.3-7.2)	5.0	(3.5-6.4)
65-74	8.8	(7.1-10.5)	10.5	(8.7-12.3)	5.6	(4.3-7.0)
75+	14.8	(12.6-17.1)	15.7	(13.3-18.1)	8.8	(7.1-10.6)
Education						
Less Than H.S.	5.7	(3.7-7.7)	6.0	(3.7-8.2)	3.4	(1.7-5.1)
H.S. or G.E.D.	5.2	(4.3-6.1)	4.7	(3.9-5.6)	3.5	(2.8-4.2)
Some Post-H.S.	5.0	(4.1-6.0)	5.6	(4.6-6.5)	3.3	(2.6-4.1)
College Graduate	2.9	(2.2-3.6)	3.8	(3.1-4.5)	2.1	(1.6-2.7)
Household Income						
Less than \$15,000	10.4	(6.6-14.3)	11.2	(7.3-15.2)	6.8	(3.9-9.7)
\$15,000 - \$24,999	9.0	(6.5-11.4)	8.7	(6.3-11.0)	7.8	(5.1-10.4)
\$25,000 - \$34,999	6.4	(4.4-8.4)	6.9	(4.4-9.4)	4.3	(2.4-6.2)
\$35,000 - \$49,999	5.7	(4.2-7.2)	5.7	(4.2-6.7)	4.0	(2.8-5.2)
\$50,000 - \$74,999	4.0	(2.9-5.2)	5.4	(4.1-6.7)	2.2	(1.4-3.1)
\$75,000 - \$99,999	3.6	(2.4-4.8)	4.5	(3.3-5.7)	2.7	(1.7-3.6)
\$100,000+	2.1	(1.5-2.7)	2.2	(1.6-2.8)	1.2	(0.7-1.7)
Sexual Orientation						
LGBO	2.5	(1.0-4.0)	2.5	(1.1-3.9)	*	*
Non-LGBO	4.7	(4.2-5.2)	5.0	(4.4-5.5)	3.2	(2.8-3.7)
Veteran Status						
Veteran	10.9	(8.6-13.2)	12.2	(9.6-14.7)	5.3	(3.6-7.1)
Non-Veteran	3.9	(3.4-4.4)	4.1	(3.6-4.6)	2.8	(2.4-3.2)
Disability Status						
Adults w/ disabilities	10.0	(8.7-11.4)	10.6	(9.1-12.0)	7.5	(6.3-8.7)
No disabilities	2.5	(2.0-2.9)	2.9	(2.4-3.4)	1.5	(1.1-1.8)

Cancer

Cancer is the second most common cause of death in the United States, following heart disease⁴⁸. 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 people⁴⁸. Declines in the cancer death rate are largely due to reductions in smoking and vast improvements in early cancer detection and treatment methods.

- In 2024, an estimated 6.1% (approximately 152,000) of adult Iowans had ever been told by a doctor that they had skin cancer, and 8.8% (approximately 220,000) reported being told they had melanoma or some other type of cancer.

Demographic Characteristics	Ever Told Skin Cancer		Ever Told Melanoma or Any Other Types of Cancer	
	%	C.I. (95%)	%	C.I. (95%)
Total	6.1	(5.5-6.6)	8.8	(8.1-9.5)
Sex				
Female	6.6	(5.8-7.4)	9.6	(8.7-10.6)
Male	5.5	(4.7-6.2)	7.9	(7.0-8.8)
Race/Ethnicity				
Non-White or Hispanic	*	*	2.9	(1.8-4.0)
White, Non-Hispanic	6.9	(6.3-7.5)	10.0	(9.2-10.7)
Age				
18-44	0.6	(0.3-0.9)	1.8	(1.3-2.4)
45-54	5.0	(3.4-6.5)	6.4	(4.7-8.1)
55-64	8.6	(6.8-10.3)	12.3	(10.2-14.4)
65-74	12.2	(10.3-14.1)	18.5	(16.2-20.7)
75+	19.3	(16.8-21.7)	23.3	(20.7-26.0)
Education				
Less Than H.S.	3.1	(1.5-4.6)	6.0	(3.7-8.4)
H.S. or G.E.D.	5.3	(4.4-6.2)	8.2	(7.1-9.3)
Some Post-H.S.	6.6	(5.6-7.7)	9.4	(8.1-10.7)
College Graduate	7.0	(6.0-8.1)	9.4	(8.2-10.6)
Household Income				
Less than \$15,000	*	*	8.7	(5.1-12.3)
\$15,000 - \$24,999	8.2	(5.5-10.9)	8.6	(5.9-11.3)
\$25,000 - \$34,999	5.8	(3.7-7.8)	10.9	(8.3-13.5)
\$35,000 - \$49,999	5.7	(4.2-7.2)	8.9	(7.2-10.7)
\$50,000 - \$74,999	6.1	(4.7-7.5)	9.3	(7.5-11.0)
\$75,000 - \$99,999	6.4	(5.0-7.8)	8.9	(7.1-10.7)
\$100,000+	5.8	(4.6-6.9)	7.7	(6.4-8.9)
Sexual Orientation				
LGBQ	*	*	4.3	(2.2-6.4)
Non-LGBQ	6.5	(5.9-7.1)	9.4	(8.6-10.1)
Veteran Status				
Veteran	9.9	(7.6-12.2)	14.8	(12.2-17.5)
Non-Veteran	5.7	(5.1-6.3)	8.2	(7.5-8.8)
Disability Status				
Adults with disabilities	7.8	(6.6-9.0)	12.5	(11.0-14.0)
No disabilities	5.4	(4.8-6.1)	7.6	(6.8-8.3)

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 problems⁴⁹. Symptoms of COPD include coughing, wheezing, shortness of breath, chest tightness, and excess phlegm production⁵⁰. Cigarette smoke exposure is the leading cause for the development and progression of COPD⁵¹.

- In 2024, 5.9% (approximately 147,000) of adult Iowans reported ever being told by a health care provider that they had chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis.
- The prevalence of COPD increased with age and decreased with higher levels of education and household income.
- Adults with disabilities (13.3%) and veterans (12.0%) had a significantly higher prevalence rate of being diagnosed with COPD than adults without disabilities (3.3%) and non-veterans (5.3%).
- Among respondents who reported currently smoking cigarette, 15.7% reported being diagnosed with COPD. Comparatively, 4.5% of individuals who did not currently smoke cigarettes reported they had COPD (data not shown).

Demographic Characteristics	Ever Told COPD, Emphysema, or Chronic Bronchitis	
	%	C.I. (95%)
Total	5.9	(5.3-6.5)
Sex		
Female	6.0	(5.2-6.8)
Male	5.8	(4.9-6.6)
Race/Ethnicity		
Non-White or Hispanic	5.0	(3.3-6.7)
White, Non-Hispanic	6.1	(5.5-6.7)
Age		
18-44	1.9	(1.3-2.5)
45-54	3.9	(2.6-5.1)
55-64	8.8	(6.9-10.7)
65-74	13.0	(11.0-15.1)
75+	11.8	(9.7-13.9)
Education		
Less Than H.S.	9.0	(5.9-12.1)
H.S. or G.E.D.	7.4	(6.3-8.6)
Some Post-H.S.	6.1	(5.1-7.2)
College Graduate	3.1	(2.4-3.8)
Household Income		
Less than \$15,000	18.1	(13.5-22.6)
\$15,000 - \$24,999	13.0	(9.5-16.4)
\$25,000 - \$34,999	10.2	(7.4-13.1)
\$35,000 - \$49,999	8.3	(6.5-10.1)
\$50,000 - \$74,999	5.6	(4.0-7.1)
\$75,000 - \$99,999	3.3	(2.1-4.4)
\$100,000+	2.2	(1.6-2.9)
Sexual Orientation		
LGBO	3.8	(2.0-5.5)
Non-LGBO	6.1	(5.5-6.8)
Veteran Status		
Veteran	12.0	(9.3-14.7)
Non-Veteran	5.3	(4.7-5.8)
Disability Status		
Adults with disabilities	13.3	(11.7-14.9)
No disabilities	3.3	(2.7-3.8)

Depression

Depression is one of the most common mental disorders in the United States⁵². 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 2024, 19.8% (approximately 495,000) 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 (15.2%).
- Females reported a significantly higher (26.3%) rate of diagnosed depression than did males (13.3%).
- By age group, diagnosed depression decreased from the highest in 25-34 year olds (26.3%) Iowans to the lowest in those age 75 years or older (10.0%).
- By income group, diagnosed depression decreased from the highest among those earning less than \$15,000 (40.8%) to the lowest among those earning greater than or equal to \$100,000 (15.5%).
- The prevalence of a diagnosed depressive disorder was highest among adult LGBO Iowans (47.3%) – 2.7 times the prevalence rate of diagnosed depression reported among non-LGBO adults (17.5%).

Demographic Characteristics	Ever Told a Depressive Disorder	
	%	C.I. (95%)
Total	19.8	(18.7-20.9)
Sex		
Female	26.3	(24.6-28.1)
Male	13.3	(12.0-14.5)
Race/Ethnicity		
Hispanic, all races	13.7	(10.6-16.8)
Black, Non-Hispanic	10.5	(5.8-15.1)
White, Non-Hispanic	20.6	(19.4-21.8)
Other, Non-Hispanic	14.4	(8.1-20.8)
Multiracial, Non-Hispanic	29.6	(19.9-39.3)
Age Group		
18 - 24	24.6	(21.0-28.3)
25 - 34	26.3	(22.8-29.8)
35 - 44	25.6	(22.4-28.8)
45 - 54	19.8	(17.1-22.5)
55 - 64	16.0	(13.8-18.3)
65 - 74	13.7	(11.6-15.7)
75+	10.0	(8.2-11.8)
Education		
Less than H.S.	17.3	(13.1-21.5)
H.S. or G.E.D.	18.7	(16.8-20.9)
Some Post-H.S.	22.0	(20.0-24.1)
College Graduate	19.1	(17.2-21.0)
Household Income		
Less than \$15,000	40.8	(34.5-47.2)
\$15,000 - \$24,999	31.0	(26.1-35.9)
\$25,000 - \$34,999	24.6	(20.4-28.8)
\$35,000 - \$49,999	24.3	(21.1-27.5)
\$50,000 - \$74,999	17.3	(14.6-19.9)
\$75,000 - \$99,999	15.6	(12.9-18.2)
\$100,000+	15.5	(13.6-17.5)
Sexual Orientation		
LGBQ	47.3	(41.5-53.1)
Non-LGBQ	17.5	(16.4-18.6)
Veteran Status		
Veteran	19.5	(16.2-22.8)
Non-Veteran	19.9	(18.7-21.5)
Disability Status		
Adults with disabilities	37.9	(35.4-40.4)
No disabilities	13.6	(12.4-14.7)

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 States⁵³. 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 diabetes⁵⁴.

- In 2024, an estimated 11.4% (approximately 286,000) of adult Iowans reported ever being told by a health care provider that they had diabetes (excluding women told only during pregnancy).
- The prevalence of diabetes increased with age. Almost one in four adults 75 years or older reported ever having diagnosed diabetes.
- The prevalence of diabetes decreased with higher levels of household income and education.
- Veterans (21.4%) and those with disability (20.0%) had a significantly higher rate of diagnosed diabetes compared to non-veterans (10.4%) and adults without disabilities (8.2%).
- Among adult Iowans told they had diabetes, most reported being first diagnosed between ages 46 and 60 years old (37.5%) (data not shown).

Demographic Characteristics	Ever Told Diabetes	
	%	C.I. (95%)
Total	11.4	(10.6-12.2)
Sex		
Female	10.7	(9.6-11.8)
Male	12.7	(11.0-13.2)
Race/Ethnicity		
Hispanic, all races	9.3	(6.5-12.1)
Black, Non-Hispanic	10.6	(6.1-15.0)
White, Non-Hispanic	11.8	(11.0-12.7)
Other, Non-Hispanic	8.9	(4.2-13.7)
Multiracial, Non-Hispanic	*	*
Age		
18-24	1.7	(0.7-2.7)
25-34	2.0	(1.0-3.1)
35-44	5.3	(3.6-6.9)
45-54	13.5	(11.1-15.8)
55-64	16.9	(14.5-19.3)
65-74	20.7	(18.4-23.1)
75+	23.5	(20.8-26.1)
Education		
Less Than H.S.	12.6	(9.3-16.0)
H.S. or G.E.D.	11.7	(10.3-13.1)
Some Post-H.S.	12.7	(11.3-14.2)
College Graduate	9.2	(7.9-10.4)
Household Income		
Less than \$15,000	16.1	(11.7-20.6)
\$15,000 - \$24,999	18.3	(14.6-22.0)
\$25,000 - \$34,999	15.0	(11.8-18.1)
\$35,000 - \$49,999	14.0	(11.8-16.3)
\$50,000 - \$74,999	12.9	(10.8-15.0)
\$75,000 - \$99,999	9.1	(7.2-11.0)
\$100,000+	7.6	(6.3-8.9)
Sexual Orientation		
LGBQ	8.0	(5.3-10.7)
Non-LGBQ	11.8	(11.0-12.7)
Veteran Status		
Veteran	21.4	(18.3-24.5)
Non-Veteran	10.4	(9.6-11.2)
Disability Status		
Adults with disabilities	20.0	(18.2-21.9)
No disabilities	8.2	(7.4-9.0)

Kidney Disease

The kidneys are two bean-shaped organs that are responsible for filtering extra water and wastes out of the blood and making urine⁵⁵. 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 stroke⁵⁶.

- In 2024, 3.8% (approximately 94,000) of adult Iowans reported ever being told by a healthcare provider that they had kidney disease.
- The prevalence of kidney disease increased with age (1.0% among those 18-44, 9.9% among those 75+) and decreased with higher levels of income.
- Adults with disabilities (7.6%) had a higher prevalence of kidney disease compared to adults without disabilities (2.3%).

Demographic Characteristics	Ever Told Kidney Disease	
	%	C.I. (95%)
Total	3.8	(3.3-4.2)
Sex		
Female	4.3	(3.6-5.0)
Male	3.2	(2.7-3.8)
Race/Ethnicity		
Non-White or Hispanic	1.9	(1.1-2.7)
White, Non-Hispanic	4.1	(3.6-4.6)
Age		
18-44	1.0	(0.6-1.5)
45-54	2.6	(1.6-3.7)
55-64	5.1	(3.7-6.5)
65-74	7.0	(5.7-8.4)
75+	9.9	(8.1-11.8)
Education		
Less Than H.S.	3.6	(1.9-5.2)
H.S. or G.E.D.	3.5	(2.8-4.2)
Some Post-H.S.	4.6	(3.7-5.4)
College Graduate	3.1	(2.4-3.8)
Household Income		
Less than \$15,000	6.5	(3.6-9.4)
\$15,000 - \$24,999	6.2	(4.0-8.4)
\$25,000 - \$34,999	5.8	(3.9-7.7)
\$35,000 - \$49,999	4.4	(3.2-5.6)
\$50,000 - \$74,999	2.7	(1.8-3.6)
\$75,000 - \$99,999	4.0	(2.7-5.3)
\$100,000+	2.1	(1.4-2.8)
Sexual Orientation		
LGBQ	*	*
Non-LGBQ	4.0	(3.5-4.5)
Veteran Status		
Veteran	6.1	(4.3-7.8)
Non-Veteran	3.5	(3.0-3.9)
Disability Status		
Adults with disabilities	7.6	(6.4-8.8)
No disabilities	2.3	(1.6-2.3)

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