



2025 Iowa Health and Wellbeing Survey Final Report: Methodology and Data Tables

Prepared for
Iowa Department of
Health and Human Services

Prepared by
Ki H. Park
Kyle Endres
Justine Radunzel
Erin O. Heiden

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University of
Northern Iowa.
Center for Social &
Behavioral Research

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Gov. Kim Reynolds
Lt. Gov. Chris Cournoyer
Iowa Department of Health and Human Services (HHS) Director Larry Johnson Jr.

Report Contact Information:
Sarah Jacob
Iowa HHS, Division of Behavioral Health
sarah.jacob@hhs.iowa.gov

Ki Park, PhD, Assistant Director
Center for Social and Behavioral Research
University of Northern Iowa, Cedar Falls, IA 50614-0402
ki.park@uni.edu

or

Kyle Endres, PhD, Assistant Professor and Associate Director
Center for Social and Behavioral Research
University of Northern Iowa, Cedar Falls, IA 50614-0402
kyle.endres@uni.edu

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List of Acronyms

AAPOR	American Association for Public Opinion Research
ARNP	Advanced Registered Nurse Practitioner (ARNP)
ABS	Address based sampling
BHD	Behavioral Health Districts
CBD	Cannabidiol (as primary non-psychoactive component found often in hemp)
CSBR	Center for Social and Behavioral Research
HHS	Iowa Department of Health and Human Services
MICE	Multivariate imputation by chained equations
PA	Physician's assistant
QoL	Quality of Life
RR	Response rate
THC	Tetrahydrocannabinol (as primary psychoactive cannabinoid found in cannabis)
TV	Television
UNI	University of Northern Iowa
YLI	Your Life Iowa

Background and Methodology

The 2025 Iowa Health and Wellbeing Survey was conducted by the Center for Social and Behavioral Research (CSBR) at the University of Northern Iowa (UNI) and funded by the Iowa Department of Health and Human Services (Iowa HHS).

The primary purpose of this survey was to collect data from adult Iowans (age 18 and older) to assess their health and wellbeing, awareness of state programs, substance use and gambling behaviors, cancer risk perceptions, mental health, and risk of suicide. Some of these items were asked for the first time while others were included on previous statewide surveys on gambling and substance use¹.

This is the first statewide survey of Iowa adults that gathered health-related information from the newly established seven Behavioral Health Districts (BHD) in the state. The survey provides baseline data in which to evaluate changes on the various metrics. The findings from this study will be used to plan and implement services across the state to inform policy and support prevention and treatment programs.

METHODOLOGY

The survey used a stratified (by BHD) probability Address Based Sampling (ABS) frame. These addresses were randomly selected from the United States Postal Service delivery sequence file to ensure representativeness of the findings in each BHD. Four thousand addresses were randomly sampled from each of the seven BHD for a total of 28,000 addresses in the statewide sample (see Figure 1). This design allowed for a sufficient number of completed surveys in each BHD to produce both statewide and BHD-level estimates.

Selected households were invited by mail to participate (using up to 3 mailing reminders and questionnaire packets) in a concurrent mixed-mode survey (web and self-administered mail-back questionnaire). To increase response rates, respondents were offered a \$5 gift card contingent upon completion of the questionnaire (see [Appendix A](#) for the questionnaire and mailing materials).

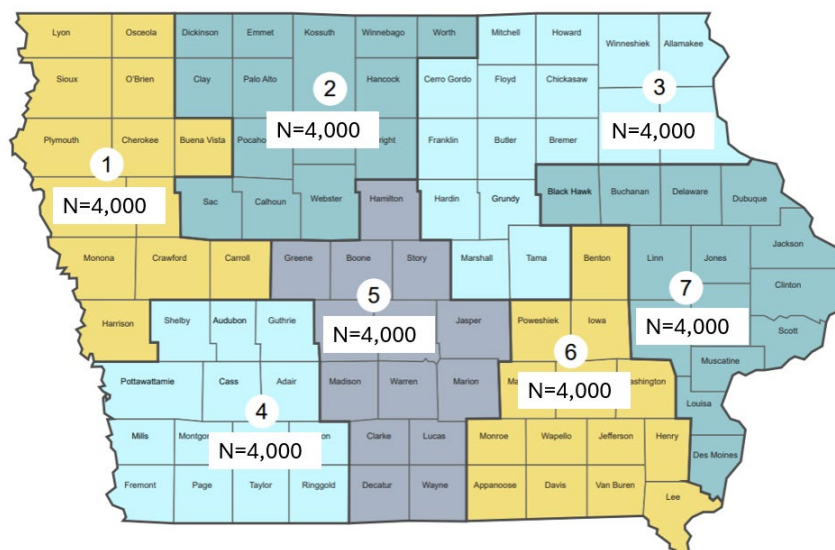


Figure 1. Number of sample addresses by BHD

¹ Park, K., Radunzel, J., Endres, K., & Losch, M.E. (2022). 2021 Iowa Health, Wellbeing, Use of Substances and Gambling Survey. Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa.

The data collection activities began on October 15, 2025, with the first mailing that contained a paper questionnaire booklet, a letter that provided a unique, address specific, shortened URL and QR code to the online survey, and postage-paid business reply envelope. Two subsequent postal mailings with reminder letters were sent on October 31st and November 13th to those who did not respond to prior mailings. The data collection ended on December 23rd for the web survey. Completed questionnaire booklets were accepted until December 30th to allow mail processing time.

MEASURES

The survey was grouped into six sections and collected information regarding wellbeing and quality of life, awareness of resources and risk perceptions, help seeking and access to care, use of substances and gambling, mental health, and demographic characteristics of the respondents. The questionnaire is provided in Appendix A.

SURVEY COMPLETIONS

The survey yielded 3,890 total completions across the state. The completions ranged from 506 in BHD5 to 676 in BHD3 (see Figure 2). There were responses from all 99 counties in Iowa ranging from 1 to 260 responses (see [Appendix B](#) for the number of completions in each county).

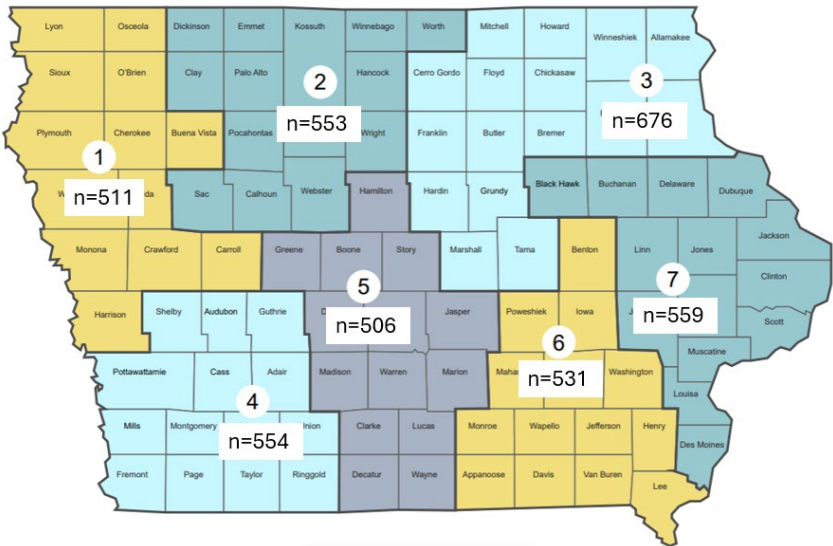


Figure 2. Survey completions by BHD

The paper questionnaires were double entered in digital text formats, compared between the text files, and cleaned where discrepancies existed. This dataset was then combined with the one from the web survey. Duplicates were removed from the combined dataset (paper and web) based on the ID numbers and date of completion. Several cases were also dropped because their responses were empty or incomplete with completion being defined as 50% of all questions being answered. The final number of respondents for the state was 3,890 after duplicate and incomplete cases were removed from the initial 3,993 total records received. The overall response rate (AAPOR RR2) was 14.6% (see Table 1) and ranged from 13.3% for BHD5 to 17.7% for BHD3.

Table 1. Survey sample, completion, and response rate (state and by BHD)

Final Dispositions	Code	Cases							Overall
		BHD 1	BHD 2	BHD 3	BHD 4	BHD 5	BHD 6	BHD 7	
<i>Interview</i>									
Complete	1.10	506	550	672	551	495	526	555	3,855
Partial	1.20	5	3	4	3	11	5	4	35
<i>Eligible, non-interview</i>									
Refusal	2.11	10	3	3	2	3	5	7	33
Breakoff	2.12	17	17	13	11	19	19	14	110
Completed, but returned after field period	2.27	1	1	1	1	0	2	2	8
<i>Unknown eligibility, non-interview</i>									
Nothing returned or completed	3.10	3,288	3,180	3,125	3,244	3,280	3,239	3,213	22,569
<i>Not eligible</i>									
Selected respondent screened out of sample	4.10	0	0	0	0	0	1	0	1
No such address	4.30	107	115	82	63	79	88	83	617
Not a housing unit (business)	4.50	0	0	0	0	0	0	1	1
Vacant/returned as undeliverable	4.60	66	131	100	125	112	114	121	769
Other vacant (returned-resident deceased)	4.63	0	0	0	0	1	1	0	2
<i>Total Sample Used</i>									
Complete interviews (1.1)	I	506	550	672	551	495	526	555	3855
Partial interviews (1.2)	P	5	3	4	3	11	5	4	35
Refusal and breakoff (2.1)	R	27	20	16	13	22	24	21	143
Non-contact (2.2)	NC	1	1	1	1	0	2	2	8
Unknown household (3.1)	UH	3,288	3,180	3,125	3,244	3,280	3,239	3,213	22,569
Not eligible (4.1, 4.3, 4.5, 4.6)	NE	173	246	182	188	192	204	205	1390
TOTAL		4,000	4,000	4,000	4,000	4,000	4,000	4,000	28,000
AAPOR RR2=(I+P)/(I+P + R+NC + UH)		13.4%	14.7%	17.7%	14.5%	13.3%	14.0%	14.7%	14.6%

UNWEIGHTED RESPONDENTS' DEMOGRAPHICS

The age of respondents was skewed toward older age groups, and there were more female (67%) than male respondents, which is typically the case for general population surveys. Most of the respondents reported that they were white (96%), and two percent of the respondents reported that they were Hispanic/Latino (see Table 2). Survey weights were generated to adjust for differential response rates by demographic groups.

Table 2. Demographic characteristics of respondents by mode of data collection

		STATE	Mode	
		Combined %	Paper %	Web %
Age	18-24	3	1	5
	25-34	10	4	18
	35-44	12	6	20
	45-54	12	8	18
	55-64	17	17	17
	65 or older	47	64	21
	<i>Total valid N</i>	<i>3,818</i>	<i>2,284</i>	<i>1,534</i>
Sex	Male	33	33	34
	Female	67	67	66
	<i>Total valid N</i>	<i>3,830</i>	<i>2,294</i>	<i>1,536</i>
Hispanic/Latino	Yes	2	1	4
	No	98	99	96
	<i>Total valid N</i>	<i>3,817</i>	<i>2,281</i>	<i>1,536</i>
Race	White	96	97	93
	Black or African American	1	1	2
	Asian	1	0	2
	Native Hawaiian or Other Pacific Islander	0	0	0
	American Indian or Alaska Native	1	1	1
	Other, please specify:	1	1	2
	<i>Total valid N</i>	<i>3,890</i>	<i>2,325</i>	<i>1,565</i>
Marital status	Married	57	56	59
	Divorced	12	13	11
	Widowed	14	20	5
	Separated	1	1	2
	Never married	11	8	16
	A member of an unmarried couple	5	3	7
	<i>Total valid N</i>	<i>3,829</i>	<i>2,293</i>	<i>1,536</i>

		STATE	Mode	
		Combined %	Paper %	Web %
Number of adults in the household	1	34	38	27
	2	56	55	57
	3	7	5	10
	4	2	1	3
	5 or more	1	0	2
	<i>Total valid N</i>	<i>3,804</i>	<i>2,275</i>	<i>1,529</i>
Education	Less than high school graduate	2	3	1
	Grade 12 or GED (high school graduate)	17	19	12
	Some education beyond high school, no degree	16	18	15
	Trade certification or vocational training	8	9	7
	Associate's or 2-year degree	13	13	14
	College graduate with a 4-year degree (e.g., BA, BS)	27	25	30
	Graduate or professional school (e.g., MA, PhD, MD, JD)	16	14	20
<i>Total valid N</i>	<i>3,829</i>	<i>2,298</i>	<i>1,531</i>	
Employment	Employed for wages	39	27	58
	Self-employed	7	7	7
	Out of work for more than 1 year	1	0	1
	Our of work for less than 1 year	1	0	2
	A homemaker	3	3	5
	A student	1	0	2
	Retired	44	59	22
	Unable to work	4	4	4
	<i>Total valid N</i>	<i>3,823</i>	<i>2,296</i>	<i>1,527</i>
Household annual income	Less than \$10,000	4	3	5
	\$10,000 to less than \$15,000	4	4	3
	\$15,000 to less than \$20,000	4	5	4
	\$20,000 to less than \$25,000	5	6	4
	\$25,000 to less than \$35,000	8	9	5
	\$35,000 to less than \$50,000	13	14	13
	\$50,000 to less than \$75,000	19	20	18
	\$75,000 to less than \$100,000	14	14	15
	\$100,000 to less than \$150,000	16	14	18
	\$150,000 or more	12	10	15
<i>Total valid N</i>	<i>3,672</i>	<i>2,168</i>	<i>1,504</i>	

		STATE	Mode	
		Combined %	Paper %	Web %
Living place	On a farm	12	13	10
	In a rural setting, not on a farm	14	14	14
	In a rural subdivision outside of city limits	4	4	5
	In a small town of less than 5,000 people	24	25	21
	In a larger town of 5,000 to less than 25,000 people	20	20	18
	In a city of 25,000 to less than 50,000 people	9	8	11
	In a city of 50,000 to less than 150,000 people	13	11	14
	In a larger city of 150,000 or more people	5	4	7
	<i>Total valid N</i>	<i>3,810</i>	<i>2,292</i>	<i>1,518</i>

CODING TEXT ENTRIES

There were 7 questions with short open-ended responses asking respondents to list the places where they have seen or heard of available resources in Iowa such as Your Life Iowa (YLI) or helplines such as 988. These text responses were reviewed and tallied into common categories, and a second coder verified these assignments. Discrepancies were addressed and a final dataset was created for analysis.

WEIGHTING AND POPULATION ESTIMATES

For analyses, the data were weighted to mirror the Iowa adult population and each of the BHDs on key characteristics including age, sex, race/ethnicity, and education.² These weighted data help adjust for any areas of over- or underrepresentation in the sample and are used to generalize the sample findings to those of the statewide and BHD population of adult Iowans. Descriptive statistics, including frequencies and distributions, are reported for the total sample and across BHDs in figures and tables by topic throughout the report. Frequency tables of survey responses can be made available upon request.

Prior to determining the weights, missing values for variables used in the weighting were imputed based on a multivariate imputation by chained equations (MICE) procedure.³ The post-stratification weights were computed with SUDAAN (see www.rti.org/sudaan; RTI International, 2012). The use of weighted data will help to adjust for the survey design effects and for any areas of over- or underrepresentation in the samples. Response rates were calculated using the American Association for Public Opinion Research (AAPOR) response rate formulas.⁴ More details about the weighting procedure are included in [Appendix C](#).

² Education was only considered in weighting at the state level.

³ Van Buuren, S., & Groothuis-Oudshoorn, K. (2011). mice: Multivariate Imputation by Chained Equations in R. *Journal of Statistical Software*, 45(3), 1–67. <https://doi.org/10.18637/jss.v045.i03>

⁴ American Association for Public Opinion Research. (2023). *Standard definitions: Final dispositions of case codes and outcome rates for surveys*. <https://aapor.org/wp-content/uploads/2023/05/Standards-Definitions-10th-edition.pdf>

Study limitations and data comparability

Survey research, like all research, has limitations. Survey data collection may be subject to coverage error, sampling error, unit-level nonresponse, item-level nonresponse, measurement error, and survey mode effects (see Weisberg 2005, 2018).⁵ In addition, other types of error may be introduced during the analysis and interpretation stages by researchers using the data.

The Iowa Health and Wellbeing Survey (IHWB) and Behavioral Risk Factor Surveillance System (BRFSS) surveys are both population-based surveys utilizing probability samples. The IHWB used randomly selected addresses, while the BRFSS utilizes randomly generated landline and cellphone numbers. Both surveys provide data on attitudes, behaviors, and experiences. Briefly the IHWB is a confidential online and mail-in survey of Iowan adults that was conducted between the months of October-December 2025; on the other hand, the BRFSS is a confidential telephone survey of adults administered throughout the whole calendar year.

The IHWB and BRFSS are complementary surveys. These surveys provide comparable, but not identical, results of select measures that overlap both surveys. Differences could be explained by different methodologies and differing questions. Because each survey provides some unique information, monitoring the results of all is necessary to fully understand behaviors and experiences. The BRFSS is used to track state progress for the state health assessment and improvement plan as well as the HHS service systems' state plans strategies and outcomes. The IHWB is used to inform Iowa HHS on overall awareness of behavioral health services, such as 988, Quitline, Your Life Iowa, among others, tracks select risk behaviors complementary to BRFSS, and establishes baseline stigma associated with seeking behavioral healthcare.

ANALYSIS PLAN

Descriptive statistics, including frequencies and distributions, were computed for all key questions for the total state sample and for each BHD sample. IBM SPSS Statistics 31 was used for initial data management and descriptive analyses. SUDAAN v 11.0.3 was used to determine the similarities and differences between state and BHD region estimates. Analyses conducted in SUDAAN have been adjusted for the design effect due to differential probabilities of selection, clustering and weighting. Further explanation of SUDAAN procedures can be found at www.rti.org/sudaan. Chi-square and descriptive procedures were conducted within SUDAAN to determine whether the response percentages differed significantly among the BHDs. The significance level was set at 0.05 (or 5%) for all statistical tests. Margin of sampling error (MOE), considering the design effect, ranged from $\pm 2.5\%$ for state estimates to $\pm 15.5\%$ for estimates using the smallest subgroups in BHDs. Differences in responses across the BHDs are mentioned within the text of the report only when the findings are statistically significant.

Percentages were rounded to the nearest whole number; therefore, percentage totals may not sum to 100% for some of the respondents' characteristics. Unless otherwise noted, percentages reported in all charts and figures and all survey items described in the report are from cued responses (i.e., closed-ended questions). Percentages and *n* counts in the tables are labeled "Valid" to indicate that they are calculated from those who responded to the questions and not from the full sample if those denominators differ. In addition, zero percent was only used when the actual value was 0, and <1% indicates the percentage in that category was below 0.5% and greater than 0%.

⁵ Weisberg, H. F. (2005). *The Total Survey Error Approach: A Guide to the New Science of Survey Research*. University of Chicago Press.

Weisberg, H. F. (2018). Total survey error. In Atkeson, L.R., and Alvarez, R.M. (Eds.), *The Oxford Handbook of Polling and Survey Methods*, 13-27.

SECTION A. Overall Health and Quality of Life

Overall health

Overall health was measured with self-reported physical and mental health status in the past 30 days. In addition, the survey asked about the latest check-up or health physical received by the respondent from a doctor, physician's assistant (PA), or nurse practitioner (ARNP).

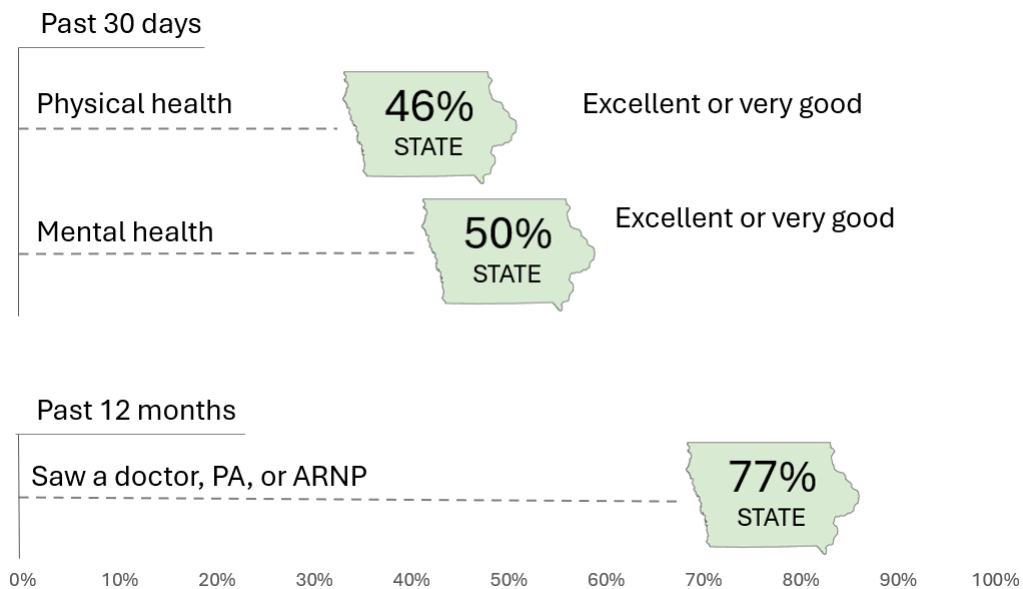


Figure 3. Overall health status in the past 30 days and last preventive care in the past 12 months

About half of adult lowans reported either 'excellent' (12%) or 'very good' (34%) physical health in the past 30 days (see Figure 3).

Similarly, about half of adult lowans indicated either 'excellent' (20%) or 'very good' (30%) mental health in the past 30 days.

About eight in 10 adult lowans (77%) saw a doctor, physician's assistant (PA), or nurse practitioner (ARNP) for a check-up, also called a health physical, within the last 12 months. In addition, about one in 10 adult lowans saw a doctor, PA or ARNP between 12-24 months (12%), or more than 24 months ago or never (12%).

The percentages for these three overall health measures by BHD are provided in Table 3.

Table 3. Overall health status and preventive care (state and by BHD)¹

Overall health status and preventive care									
		State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
During the past 30 days, how would you rate your physical health?	<i>Excellent</i>	12%	12%	13%	9%	10%	11%	13%	13%
	<i>Very good</i>	34%	33%	38%	38%	35%	36%	28%	34%
	<i>Good</i>	34%	32%	35%	35%	40%	35%	35%	33%
	<i>Fair</i>	16%	20%	12%	15%	13%	16%	21%	15%
	<i>Poor</i>	4%	3%	2%	4%	2%	2%	4%	6%
During the past 30 days, how would you rate your mental health?	<i>Excellent</i>	20%	24%	23%	22%	21%	21%	17%	17%
	<i>Very good</i>	30%	32%	32%	33%	29%	32%	28%	28%
	<i>Good</i>	29%	29%	32%	27%	28%	27%	28%	32%
	<i>Fair</i>	16%	12%	10%	13%	16%	16%	19%	19%
	<i>Poor</i>	5%	3%	4%	5%	6%	5%	7%	4%
When was the last time, if ever, you saw a doctor, physician's assistant (PA), or nurse practitioner (ARNP) for a check-up, also called a health physical?	Never	1%	1%	2%	<1%	1%	<1%	3%	2%
	More than 24 months ago	10%	8%	12%	9%	22%	10%	10%	9%
	12-24 months ago	12%	11%	10%	15%	8%	12%	12%	12%
	Within the last 12 months	77%	79%	77%	75%	69%	78%	74%	78%

¹ Note. There were no significant differences in response percentages among the BHDs for any of the health measures in Table 3.

Quality of life

Quality of life (QoL)⁶ was assessed with eight items (see Table 4). The QoL index ranges from one to five with a higher index value indicating better perceived QoL. State average QoL index value was 3.9 (see Figure 4 for BHD estimates).

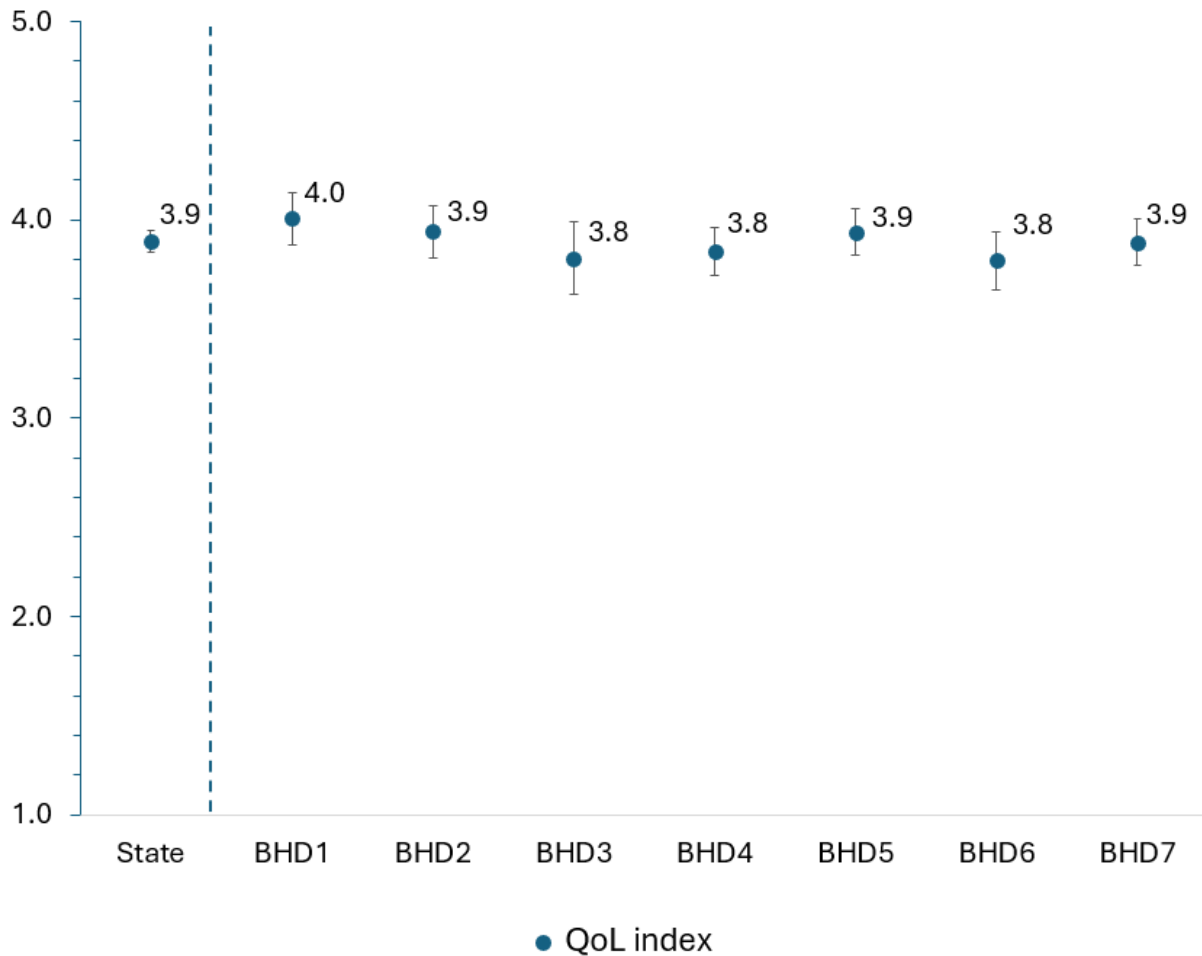


Figure 4. Average quality of life index (state and by BHD)⁷

⁶ Schmidt, S., Mühlhan, H., & Power, M. (2006). The EUROHIS-QOL 8-item index: psychometric results of a cross-cultural field study. *The European Journal of Public Health, 16*(4), 420–428. <https://doi.org/10.1093/eurpub/cki155>

⁷ The error bars in Figure 4 represent the 95% confidence intervals for the mean quality of life index.

Table 4. Quality of Life items (state and by BHD)

How dissatisfied or satisfied are you with...									
		State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
Your quality of life?	<i>Very dissatisfied</i>	4%	2%	6%	8%	2%	4%	4%	2%
	<i>Somewhat dissatisfied</i>	10%	5%	8%	7%	11%	8%	9%	14%
	<i>Neither satisfied nor dissatisfied</i>	9%	14%	11%	15%	12%	7%	14%	6%
	<i>Somewhat satisfied</i>	35%	33%	30%	30%	33%	37%	33%	38%
	<i>Very satisfied</i>	42%	45%	45%	40%	42%	44%	39%	40%
Your health?	<i>Very dissatisfied</i>	4%	3%	5%	8%	3%	5%	5%	4%
	<i>Somewhat dissatisfied</i>	15%	13%	15%	14%	15%	12%	16%	17%
	<i>Neither satisfied nor dissatisfied</i>	13%	13%	8%	14%	11%	12%	18%	13%
	<i>Somewhat satisfied</i>	42%	43%	44%	41%	49%	47%	39%	36%
	<i>Very satisfied</i>	26%	28%	28%	24%	23%	25%	22%	29%
Your ability to perform your daily living activities?	<i>Very dissatisfied</i>	4%	3%	4%	8%	3%	4%	6%	4%
	<i>Somewhat dissatisfied</i>	10%	8%	11%	16%	11%	8%	10%	11%
	<i>Neither satisfied nor dissatisfied</i>	10%	9%	6%	7%	12%	11%	13%	9%
	<i>Somewhat satisfied</i>	31%	36%	32%	32%	39%	33%	35%	26%
	<i>Very satisfied</i>	44%	44%	48%	37%	35%	44%	37%	49%
Yourself?	<i>Very dissatisfied</i>	5%	2%	5%	6%	4%	5%	8%	4%
	<i>Somewhat dissatisfied</i>	9%	6%	9%	9%	10%	6%	7%	12%
	<i>Neither satisfied nor dissatisfied</i>	11%	10%	9%	10%	14%	12%	11%	11%
	<i>Somewhat satisfied</i>	41%	40%	35%	45%	42%	42%	43%	40%
	<i>Very satisfied</i>	34%	41%	42%	30%	31%	34%	30%	34%

How dissatisfied or satisfied are you with...

		State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
Your personal relationships?	<i>Very dissatisfied</i>	5%	7%	7%	6%	2%	5%	4%	4%
	<i>Somewhat dissatisfied</i>	7%	4%	5%	9%	11%	5%	6%	7%
	<i>Neither satisfied nor dissatisfied</i>	10%	13%	13%	8%	11%	10%	10%	10%
	<i>Somewhat satisfied</i>	36%	29%	31%	29%	41%	36%	38%	39%
	<i>Very satisfied</i>	43%	46%	44%	47%	35%	44%	42%	40%
The conditions of your living place?	<i>Very dissatisfied</i>	4%	2%	4%	7%	4%	3%	3%	5%
	<i>Somewhat dissatisfied</i>	6%	9%	9%	6%	6%	7%	8%	5%
	<i>Neither satisfied nor dissatisfied</i>	8%	6%	7%	11%	7%	9%	10%	8%
	<i>Somewhat satisfied</i>	28%	32%	24%	24%	30%	27%	30%	28%
	<i>Very satisfied</i>	54%	51%	57%	52%	52%	55%	48%	55%

To what extent do you disagree or agree with the following?

		State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
I have enough energy for everyday life.	<i>Strongly disagree</i>	7%	4%	5%	8%	7%	6%	7%	8%
	<i>Somewhat disagree</i>	13%	9%	11%	19%	15%	12%	14%	14%
	<i>Neither agree nor disagree</i>	12%	11%	12%	5%	13%	12%	13%	13%
	<i>Somewhat agree</i>	37%	46%	32%	40%	39%	38%	42%	32%
	<i>Strongly agree</i>	31%	31%	39%	28%	26%	32%	24%	33%
I have enough money to meet my needs.	<i>Strongly disagree</i>	13%	8%	10%	13%	15%	12%	17%	13%
	<i>Somewhat disagree</i>	16%	14%	14%	10%	16%	17%	18%	19%
	<i>Neither agree nor disagree</i>	9%	9%	13%	11%	10%	9%	8%	8%
	<i>Somewhat agree</i>	28%	33%	29%	31%	31%	27%	25%	27%
	<i>Strongly agree</i>	34%	36%	34%	35%	28%	35%	33%	33%

SECTION B1. Awareness of Behavioral Health Services

Awareness of counseling or treatment services

The survey gauged awareness of behavioral health services. Specifically, respondents were asked about counseling or treatment services for substance use, mental health, and gambling in their area.

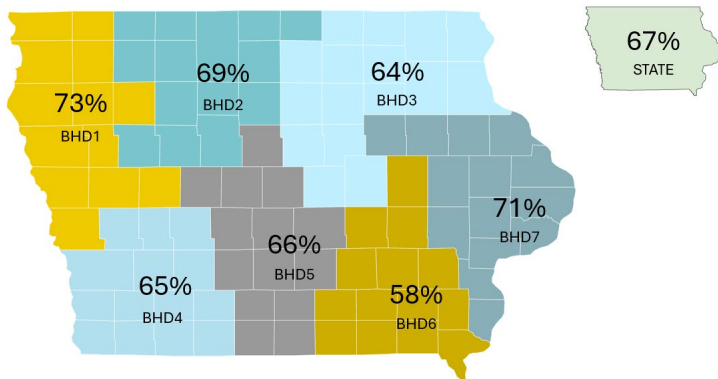


Figure 5. Awareness of substance use counseling or treatment services (state and by BHD)

Two in every three adults in the state (67%) were aware of substance use counseling or treatment services in their area. This level of awareness for each of the BHDs is shown in Figure 5.

About three in four adult lowans (76%) were aware of mental health counseling or treatment services in their area. This level of awareness for each of the BHDs is shown in Figure 6.

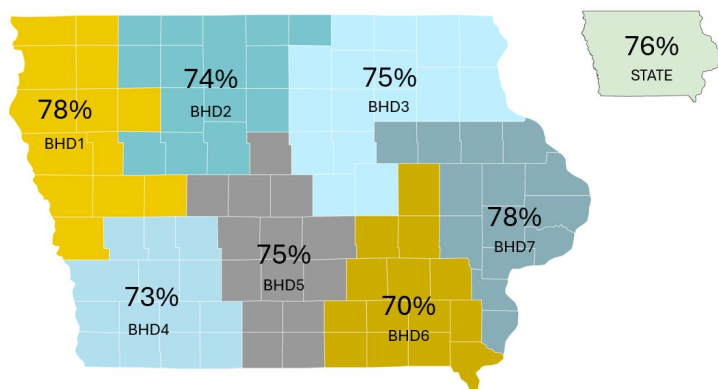


Figure 6. Awareness of mental health counseling or treatment services (state and by BHD)

About six in ten adult lowans (58%) were aware of gambling counseling or treatment services in their area. This level of awareness differed significantly across the BHDs such that the lowest level of awareness was 46% in BHD6 and the highest level of awareness was 63% in BHD7 (see Figure 7; $p \leq 0.05$).

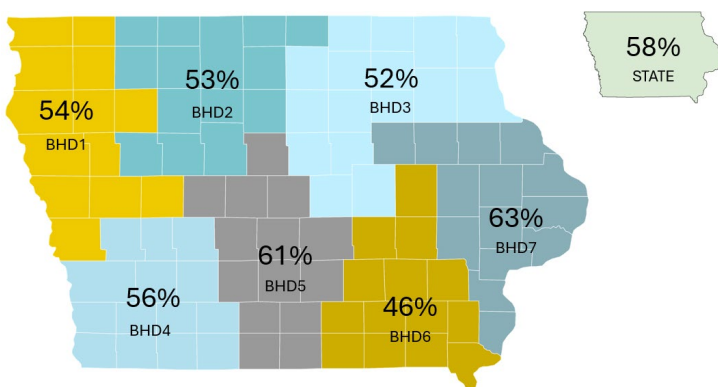


Figure 7. Awareness of gambling counseling or treatment services (state and by BHD)

Awareness of Your Life Iowa

When asked if they have ever ‘seen’ or ‘heard’ of Your Life Iowa (YLI), about one in 10 adult Iowans (9%) indicated that they have seen or heard of it (see Figure 8). While low, this is a 5-percentage point increase from the 2021 survey where 4% of respondents reported they had ever seen or heard of YLI.

A follow-up question asked where⁸ they had seen or heard about YLI; television (TV) and doctor office/family/friends were the most common responses (both at 2%). There were 11 other tallied categories with 1% or less (see [Appendix D](#) for more detailed information).

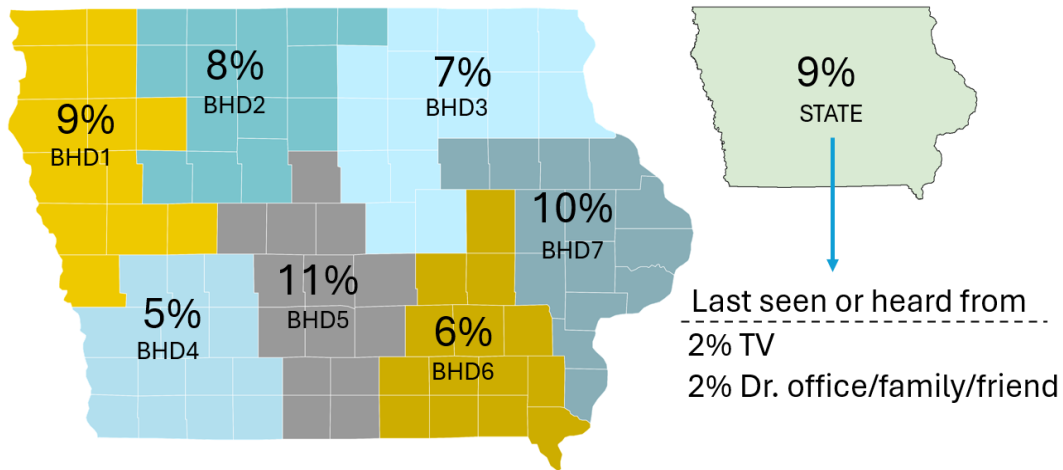


Figure 8. Ever seen or heard of Your Life Iowa (state and by BHD)

Among those who have ever seen or heard of YLI (9%), about one in five (21%) reported that they had last seen or heard of it on TV, followed by doctor’s office or family or friend (17%) and YouTube or other online sources (14%) (see Figure 9).

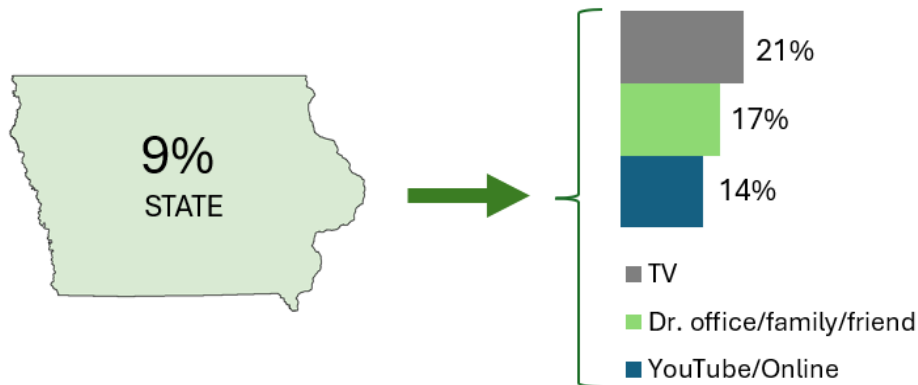


Figure 9. Most common sources where they have seen or heard of Your Life Iowa (state)

⁸ The responses were short open-ended responses which were tallied into 13 categories: Radio or podcast, TV, Billboard, Facebook or Social Media, YouTube or online (not specific), ads or commercials (not specific), a time frame reference only, print and news (not specific), location (e.g. work, school, gas station), family/friend or organization (e.g. clinics), newspaper, other, and don’t remember/don’t know.

Awareness of 1-800-BETS-OFF

About eight in 10 adult lowans (82%) reported that they have ever seen or heard of 1-800-BETS-OFF (see Figure 10). A follow-up question asked where⁹ they had last seen or heard about the problem gambling helpline.

TV (32%) and radio (15%) were the most common responses followed by on a billboard (8%), in ads (unspecified source: 8%) and in casinos (5%). There were ten other tallied categories with 4% or less.

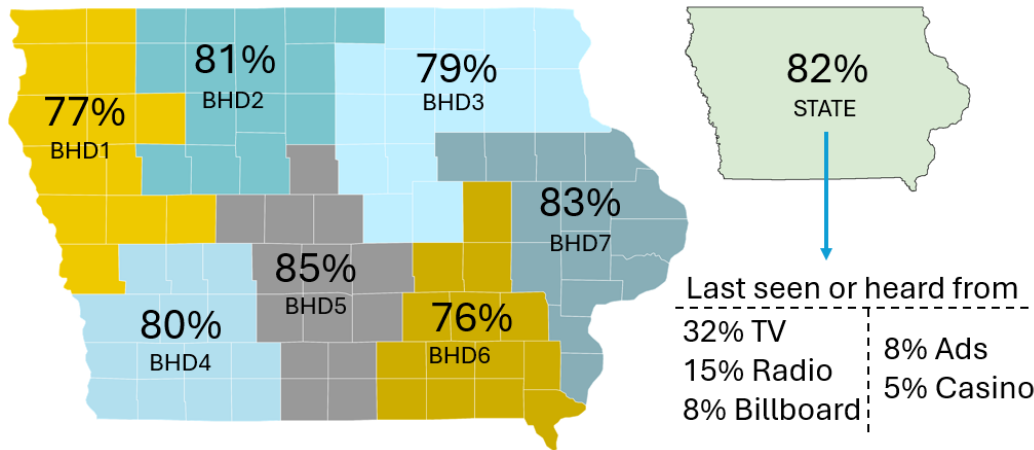


Figure 10. Seen or heard of 1-800-BETS-OFF (state and by BHD)

Among those who have ever seen or heard of 1-800-BETS-OFF (82%), about four in 10 (39%) reported that they had last seen or heard of it on TV, followed by radio (18%), ads, and billboards (10%) (see Figure 11).

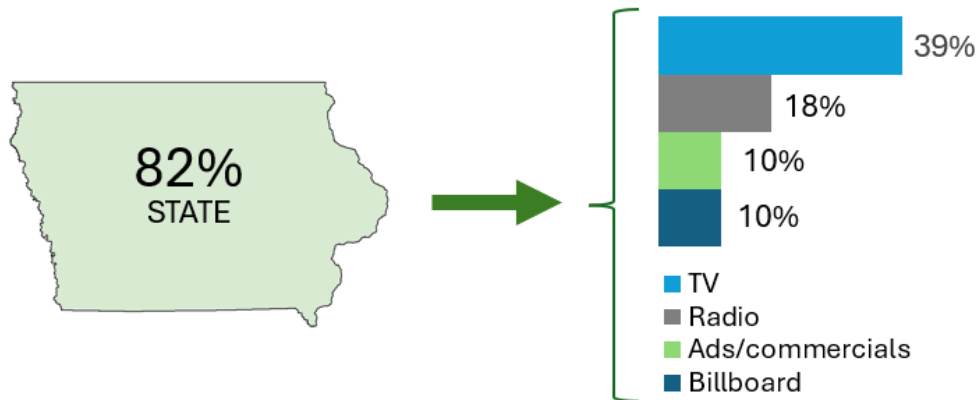


Figure 11. Most common sources where they have seen or heard of 1-800-BETS-OFF (state)

⁹ The responses were short open-ended responses which were tallied into 15 categories: Radio or podcast, TV, Billboard, Facebook or Social Media, YouTube or online (not specific), ads or commercials (not specific), a time frame reference only, print and news (not specific), location (e.g. work, school, gas station), family/friend or organization (e.g. clinics), newspaper, other, gambling apps (e.g. sports wagering apps), in casinos, and don't remember/don't know.

Awareness of Quitline Iowa for tobacco and nicotine cessation

When asked if they have ever 'seen' or 'heard' of Quitline Iowa, about four in 10 adult lowans (38%) reported that they had ever seen or heard of the web or phone coaching program for quitting tobacco and nicotine (see Figure 12).

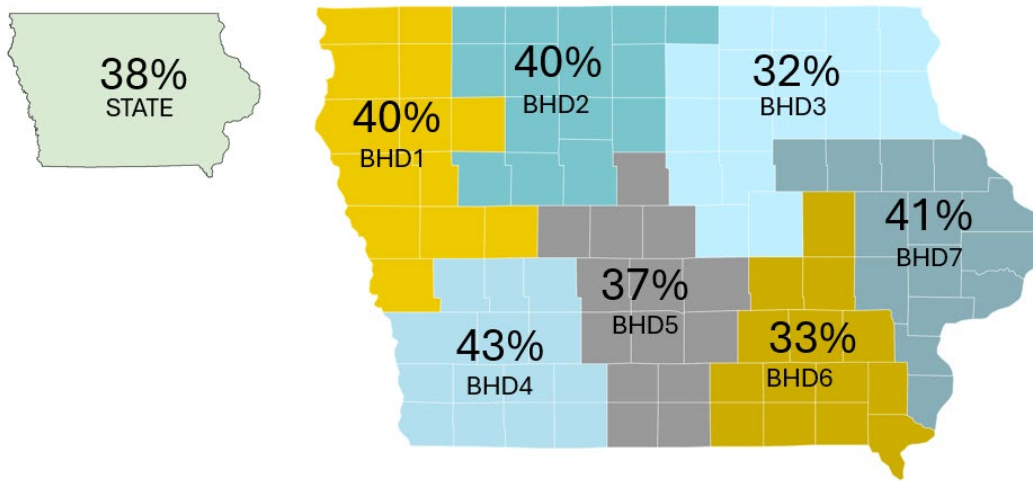


Figure 12. Seen or heard of Quitline Iowa (state and by BHD)

For those respondents who have seen or heard of Quitline Iowa (38%), a follow-up question asked if they or if someone they know had ever contacted (by phone or online) Quitline Iowa. About one in 10 reported that someone they know had contacted Quitline Iowa, and 7% of respondents reported personally contacting Quitline Iowa (see Figure 13).

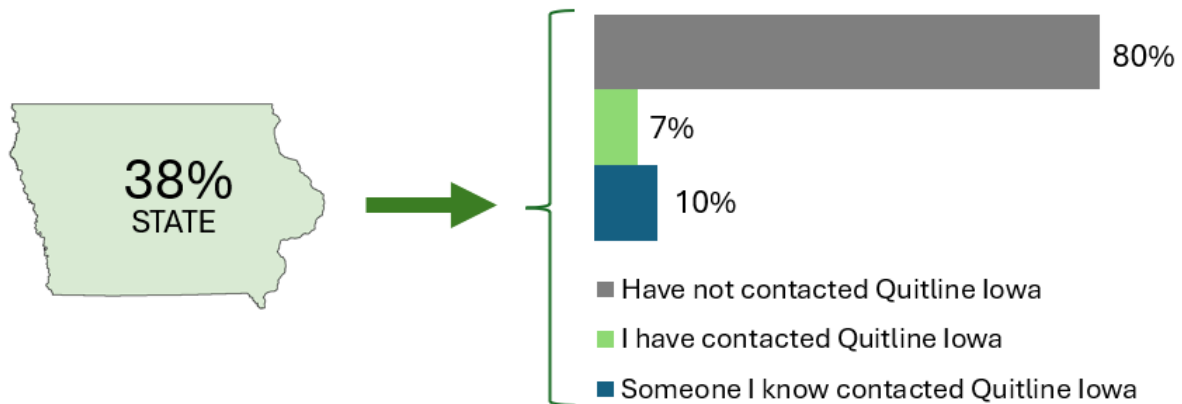


Figure 13. Contacted Quitline Iowa (state)

Awareness of 988 Suicide and Crisis Lifeline

When asked if they have ever 'seen' or 'heard' of 988 Suicide and Crisis Lifeline, about seven in 10 adult lowans (72%) reported that they have seen or heard of it (see Figure 14).

A follow-up question asked where¹⁰ they had last seen or heard about 988. TV (18%), locations throughout the community (8%), family or friends or doctor office (8%) were the most reported sources. Respondents also mentioned YouTube and Radio (both 7%). There were eight other tallied categories with 5% or less (see [Appendix D](#) for more detailed information).

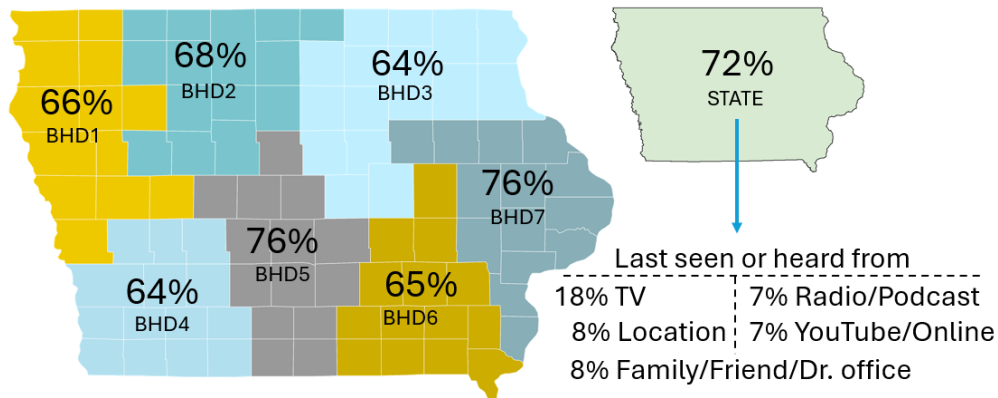


Figure 14. Seen or heard of 988 Suicide and Crisis Lifeline (state and by BHD)

Among those who have ever seen or heard of 988 Suicide and Crisis Lifeline (72%), about one in four (25%) reported that they last saw or heard of it on TV, followed by some locations such as school or work (11%), and from doctor's office, family and friend (11%) (see Figure 15).

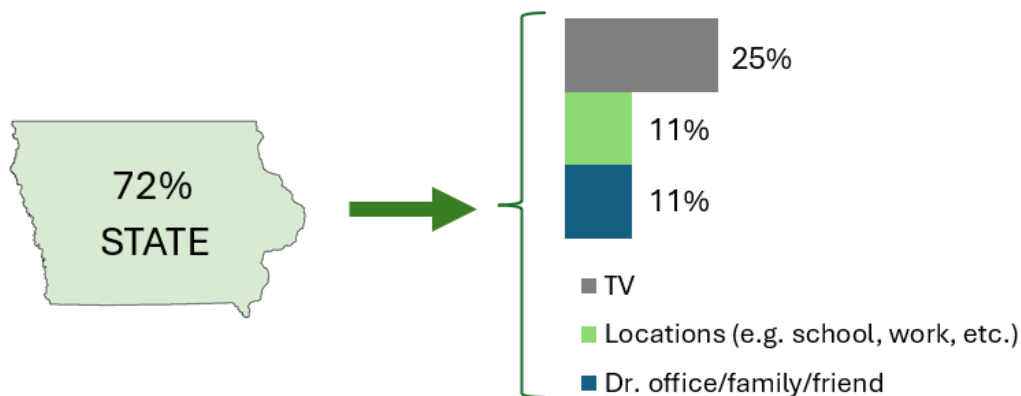


Figure 15. Most common sources where they have seen or heard of 988 Suicide and Crisis Lifeline (state)

¹⁰ The responses were short open-ended responses which were tallied into 13 categories: Radio or podcast, TV, Billboard, Facebook or Social Media, YouTube or online (not specific), ads or commercials (not specific), a time frame reference only, print and news (not specific), locations (e.g. work, school, gas station), family/friend or organization (e.g. clinics), newspaper, other, and don't remember/don't know.

A second follow-up question asked, among those who have ever seen or heard of 988 (72%), if they or someone they knew have ever contacted 988. About one in 20 respondents (4%) reported that they have personally contacted 988 and about one in 10 respondents (9%) reported someone that they know has contacted 988 (see Figure 16). The responses to the follow-up question at the BHDs are shown in the [Appendix D](#).

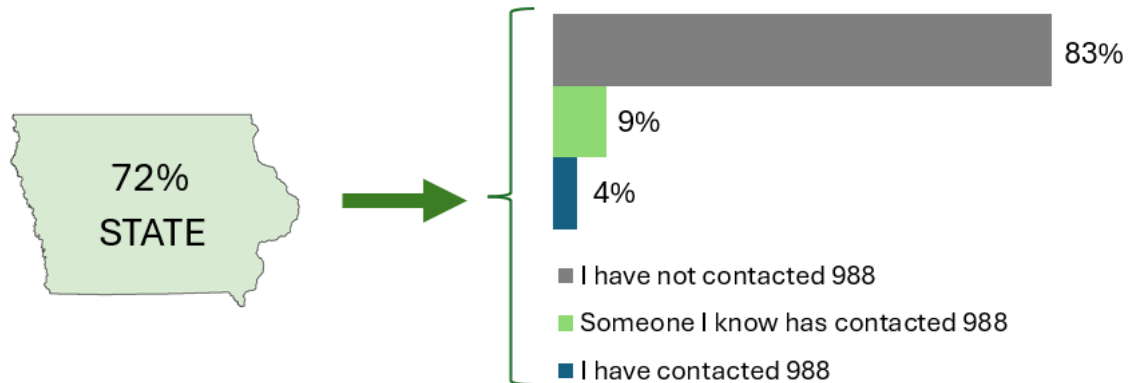


Figure 16. Ever contacted 988 Suicide and Crisis Lifeline (state)

Awareness of the State Behavioral Health Service System

The survey also asked about the awareness of the state Behavioral Health Service (BHS) System. About three in 10 adult Iowans (31%) reported that they have seen or heard of it (see Figure 17). A follow-up question asked where¹¹ they had seen or heard about the BHS system, and family or friends or doctor office (9%) and locations throughout the community (5%), were the most reported sources. Respondents also mentioned YouTube/online and TV (both 2%). There were eight other tallied categories with 1% or less (see [Appendix D](#) for more detailed information).¹²

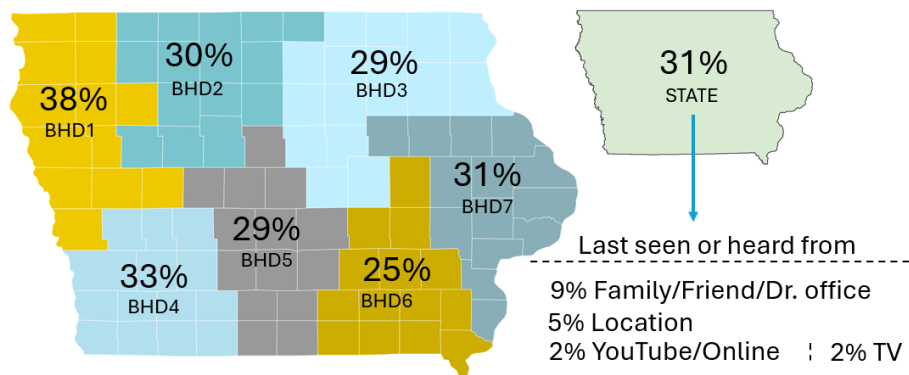


Figure 17. Seen or heard of Behavioral Health Service System (state and by BHD)

¹¹ The responses were short open-ended responses which were tallied into 13 categories: Radio or podcast, TV, Billboard, Facebook or Social Media, YouTube or online (not specific), ads or commercials (not specific), a time frame reference only, print and news (not specific), locations (e.g. work, school, building), family/friend or organization (e.g. clinics), newspaper, other, and don't remember/don't know.

¹² The **don't remember/don't know** category had 4% but is not reported as a valid response.

Among those who have ever seen or heard of Behavioral Health Service System (31%), about three in 10 (28%) reported that they last saw or heard of it at a doctor's office, or from family or friends, followed by some location such as school or work (15%), and TV, YouTube or other online sources (6%) (see Figure 18).

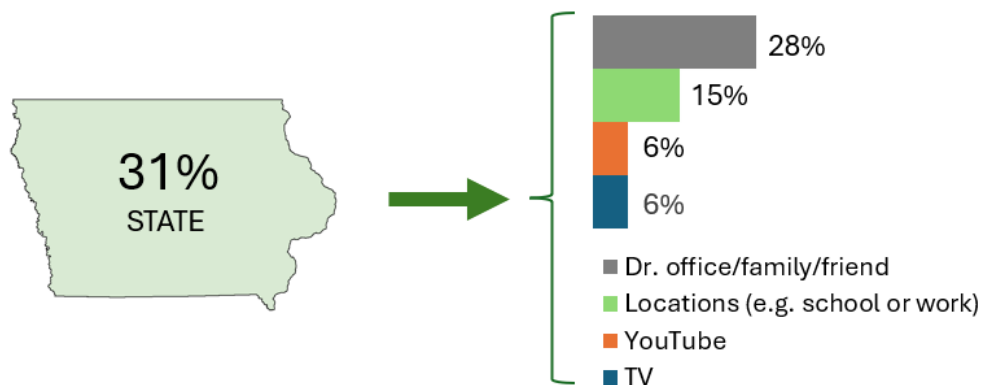


Figure 18. Most common sources where they have seen or heard of Behavioral Health Service System (state)

SECTION B2. Cancer: Perceptions of Risk and Prevention

Perceptions of risk of developing cancer

The survey asked respondents about 14 exposures and behaviors that may increase a person's risk of developing cancer. The following five exposures and behaviors had the greatest percentage of respondents indicating it was associated with a “**high risk increase**” of developing cancer: tobacco product use (75%), exposure to pesticides/herbicides (62%), exposure to occupational chemicals (61%), nicotine product use (61%), and intravenous (IV) drug use (55%) (see Figure 19 and Table 4).

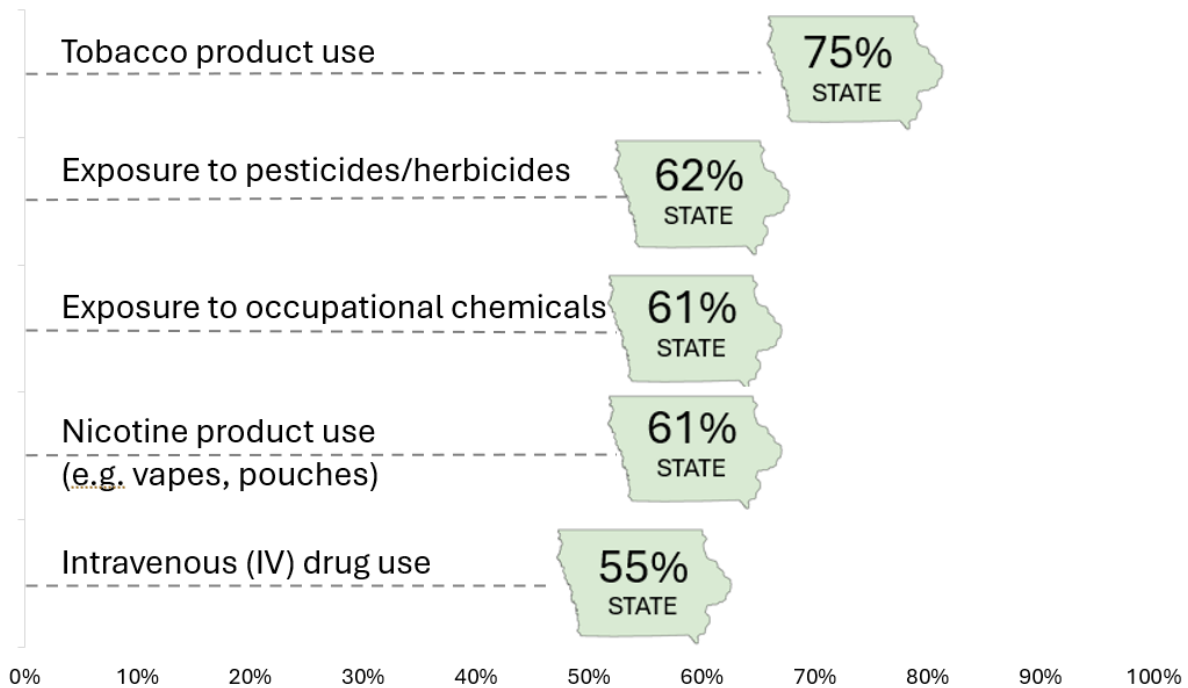


Figure 19. Top exposures and behaviors perceived by respondents as increasing a person's risk of developing cancer

The exposures and behaviors where between 25% and 50% of respondents indicated it is associated with a “high risk increase” of developing cancer included: human papillomavirus (HPV) infection (48%), exposure to ultraviolet (UV) light (46%), being overweight or obese (38%), exposure to air pollution (38%), drinking water with high nitrate levels (37%), and eating an unhealthy diet (32%). The alcohol consumption behaviors had the lowest “high risk increase” percentages: drinking liquor or spirits (19%), drinking beer (16%), and drinking wine (10%) (see Table 4).

Another way of looking at the data is to focus on the combined responses of “none” or a “low risk increase”. Figure 20 shows the five behaviors or exposures that had the highest percentage of respondents indicating they were associated with “none” or a “low risk increase” of developing cancer. These included: drinking wine (57%), drinking beer (42%), drinking liquor (38%), drinking water with high nitrate levels (21%), and eating an unhealthy diet (20%) (see Figure 20 and Table 5).

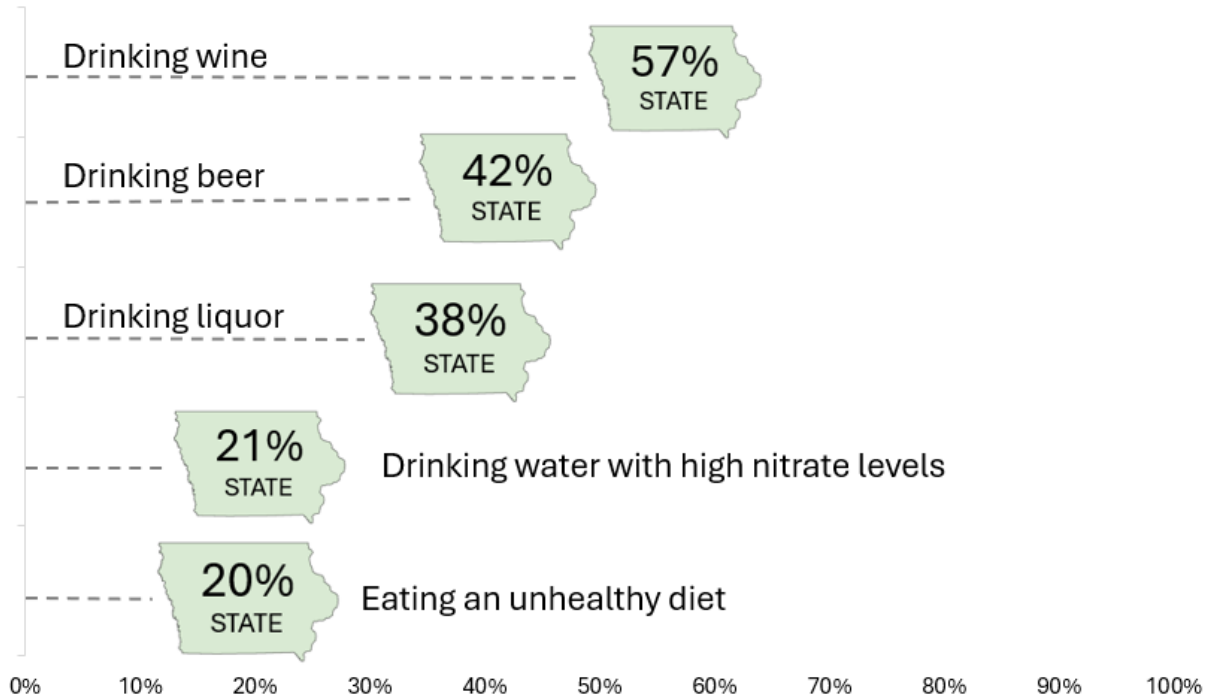


Figure 20. Exposures and behaviors with lowest perceived risk (*none* or *low*) of increasing a person’s risk of developing cancer

Table 5. Respondents' risk perceptions of developing cancer for fourteen exposures and behaviors (state and by BHD)¹

How much, if at all, do you think each of the following may increase a person's risk of developing cancer?									
	<i>Risk increase</i>	State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
Tobacco product use	<i>None</i>	3%	1%	3%	6%	3%	2%	1%	3%
	<i>Low</i>	3%	2%	3%	2%	2%	4%	3%	4%
	<i>Moderate</i>	19%	22%	20%	19%	24%	15%	22%	20%
	<i>High</i>	75%	75%	73%	72%	70%	79%	73%	73%
Exposure to pesticides/herbicides	<i>None</i>	3%	1%	4%	6%	3%	2%	2%	3%
	<i>Low</i>	6%	7%	8%	7%	8%	5%	7%	5%
	<i>Moderate</i>	29%	29%	21%	30%	27%	30%	27%	29%
	<i>High</i>	62%	63%	67%	56%	62%	63%	65%	63%
Exposure to occupational chemicals	<i>None</i>	3%	2%	4%	5%	3%	2%	1%	3%
	<i>Low</i>	5%	6%	7%	6%	5%	6%	7%	4%
	<i>Moderate</i>	31%	32%	33%	30%	33%	26%	36%	36%
	<i>High</i>	61%	61%	56%	59%	60%	67%	56%	58%
Nicotine product use (e.g. vapes, pouches)	<i>None</i>	3%	2%	3%	7%	4%	4%	2%	3%
	<i>Low</i>	6%	5%	5%	3%	5%	4%	9%	8%
	<i>Moderate</i>	30%	29%	29%	27%	37%	25%	31%	33%
	<i>High</i>	61%	64%	62%	63%	54%	67%	58%	56%
Intravenous (IV) drug use	<i>None</i>	8%	5%	9%	9%	5%	8%	6%	8%
	<i>Low</i>	11%	10%	10%	12%	12%	9%	9%	14%
	<i>Moderate</i>	26%	27%	23%	23%	29%	27%	28%	23%
	<i>High</i>	55%	58%	58%	55%	54%	56%	56%	54%
Human papillomavirus (HPV) infection	<i>None</i>	4%	4%	4%	9%	4%	4%	3%	5%
	<i>Low</i>	12%	14%	11%	10%	16%	12%	14%	12%
	<i>Moderate</i>	35%	35%	37%	31%	37%	36%	34%	36%
	<i>High</i>	48%	47%	48%	51%	43%	49%	50%	48%

How much, if at all, do you think each of the following may increase a person's risk of developing cancer?

	<i>Risk increase</i>	State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
Exposure to ultraviolet (UV) light (sun or tanning bed)	<i>None</i>	4%	3%	8%	8%	5%	5%	2%	3%
	<i>Low</i>	12%	14%	8%	11%	9%	11%	20%	11%
	<i>Moderate</i>	38%	40%	36%	41%	48%	36%	35%	37%
	<i>High</i>	46%	43%	49%	40%	38%	48%	43%	49%
Being overweight or obese	<i>None</i>	5%	2%	5%	6%	5%	3%	2%	8%
	<i>Low</i>	13%	10%	11%	13%	19%	13%	21%	12%
	<i>Moderate</i>	44%	46%	37%	43%	41%	47%	43%	42%
	<i>High</i>	38%	42%	47%	38%	36%	37%	33%	38%
Exposure to air pollution	<i>None</i>	3%	2%	6%	7%	4%	1%	2%	3%
	<i>Low</i>	14%	18%	13%	14%	15%	12%	15%	16%
	<i>Moderate</i>	45%	43%	43%	44%	44%	45%	51%	44%
	<i>High</i>	38%	37%	38%	35%	36%	42%	32%	37%
Drinking water with high nitrate levels	<i>None</i>	4%	4%	7%	10%	6%	4%	3%	3%
	<i>Low</i>	17%	18%	18%	18%	14%	13%	18%	21%
	<i>Moderate</i>	42%	47%	37%	40%	49%	45%	42%	38%
	<i>High</i>	37%	31%	38%	33%	30%	39%	37%	39%
Eating an unhealthy diet	<i>None</i>	4%	4%	7%	8%	4%	2%	3%	4%
	<i>Low</i>	16%	13%	13%	16%	17%	19%	19%	15%
	<i>Moderate</i>	48%	53%	43%	46%	43%	47%	50%	48%
	<i>High</i>	32%	31%	38%	30%	36%	32%	28%	33%
Drinking liquor or spirits	<i>None</i>	9%	7%	9%	10%	7%	9%	7%	11%
	<i>Low</i>	29%	32%	28%	26%	34%	32%	32%	24%
	<i>Moderate</i>	42%	43%	45%	44%	40%	37%	42%	46%
	<i>High</i>	19%	18%	18%	20%	18%	22%	18%	19%

How much, if at all, do you think each of the following may increase a person's risk of developing cancer?

	<i>Risk increase</i>	State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
Drinking beer	<i>None</i>	9%	7%	10%	12%	8%	10%	8%	9%
	<i>Low</i>	33%	36%	33%	26%	38%	34%	38%	30%
	<i>Moderate</i>	42%	45%	42%	45%	42%	40%	40%	43%
	<i>High</i>	16%	11%	16%	17%	12%	16%	15%	17%
Drinking wine	<i>None</i>	12%	10%	11%	13%	15%	10%	11%	13%
	<i>Low</i>	45%	52%	43%	42%	40%	46%	49%	43%
	<i>Moderate</i>	33%	30%	39%	36%	37%	34%	33%	32%
	<i>High</i>	10%	8%	7%	9%	8%	10%	6%	12%

¹ Note. There were no significant differences in response percentages among the BHDs for any of the behaviors or exposures in Table 5.

Source of information about risk of cancer

The survey asked respondents over the last year, where have they read, seen, or heard about the behaviors and exposures that increase the risk of developing cancer. Respondents were asked to select all that apply. Six out of every 10 respondents selected TV (62%) and social media (56%), followed by 53% selecting the internet (e.g. YouTube, hospital websites, etc.; Figure 21). About one in three indicated my doctor or other health care provider (35%) or the radio (33%) and about one in four identified the newspaper (28%; online or paper) as a source.

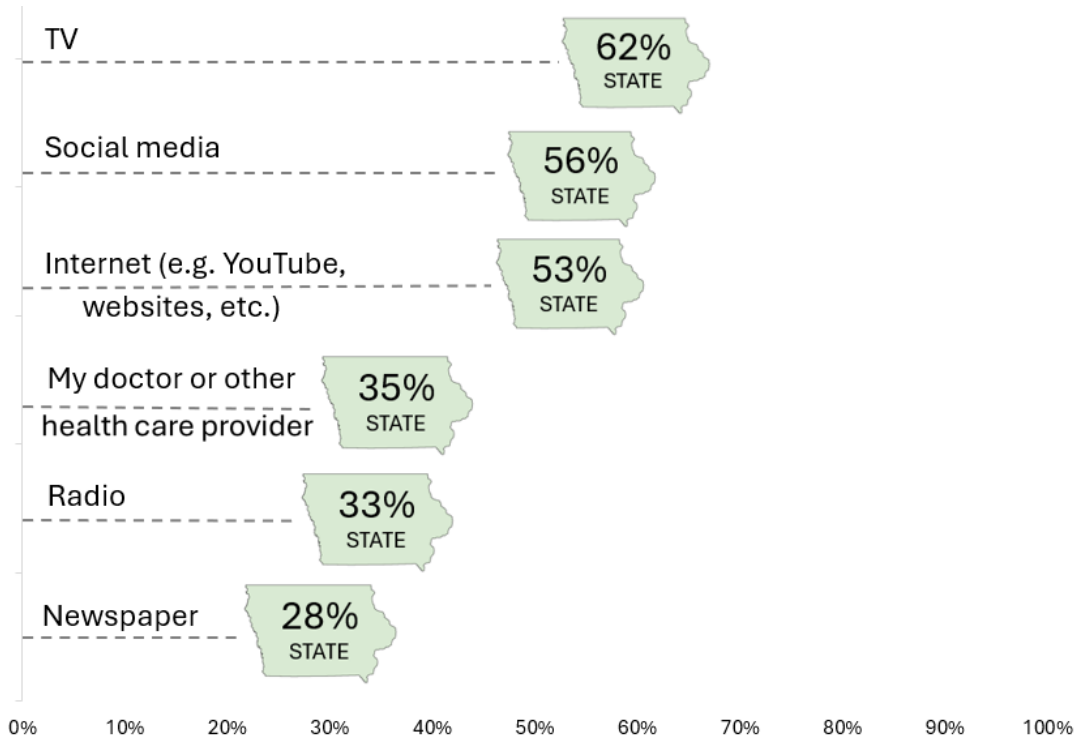


Figure 21. Sources of information where respondents may have seen or heard about the behaviors and exposures that increase the risk of developing cancer

As shown in Table 6, these percentages differed significantly across the BHDs for the following sources: social media ($p \leq .001$), internet (e.g. YouTube, websites, etc.; $p \leq .05$), and newspaper ($p \leq .05$). For example, the percentage of respondents indicating social media as a source for behaviors and exposures associated with an increased risk of cancer ranged from 45% in BHD6 to 61% in BHD5.

Additionally, one in ten adult lowans (10%) indicated that they had not read, seen, or heard anything about the risk of developing cancer in the past year (Table 6). This percentage differed significantly across the BHDs, ranging from 6% for BHD1 and BHD2 to 14% for BHD6 ($p \leq .05$).

Table 6. Source of information where respondents may have seen or heard about the behaviors and exposures that increase the risk of developing cancer (state and by BHD)

Over the last year, where have you <i>read, seen, or heard</i> about the behaviors and exposures that increase the risk of developing cancer? (check all that apply)								
	State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
TV	62%	67%	67%	61%	55%	58%	62%	64%
Social media^{***}	56%	59%	47%	47%	47%	61%	45%	60%
Internet (e.g. YouTube, websites, etc.)*	53%	58%	51%	45%	47%	57%	42%	55%
My doctor or other health care provider	35%	35%	32%	37%	30%	37%	30%	36%
Radio	33%	38%	41%	36%	30%	33%	30%	31%
Newspaper (paper or online)*	28%	30%	34%	30%	21%	25%	24%	31%
I haven't read, seen, or heard anything about the risk of developing cancer during the last year*	10%	6%	6%	8%	13%	10%	14%	11%

* $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$.

Preventive measures to avoid or reduce cancer risk

For eight behaviors and exposures, respondents were asked how likely or unlikely they are to take preventive measures in those areas to avoid or reduce their risk of developing cancer. At the state level, the four behaviors and exposures that had the highest percentage of “**very likely**” responses were (see Figure 22): 1) Eat a healthy diet (38%), 2) Quit or reduce tobacco product use (24%), 3) Limit exposure to UV light (22%), and 4) Quit or reduce nicotine product use (20%). The complete list of behaviors and exposures are shown in Table 7 (state and by BHD).

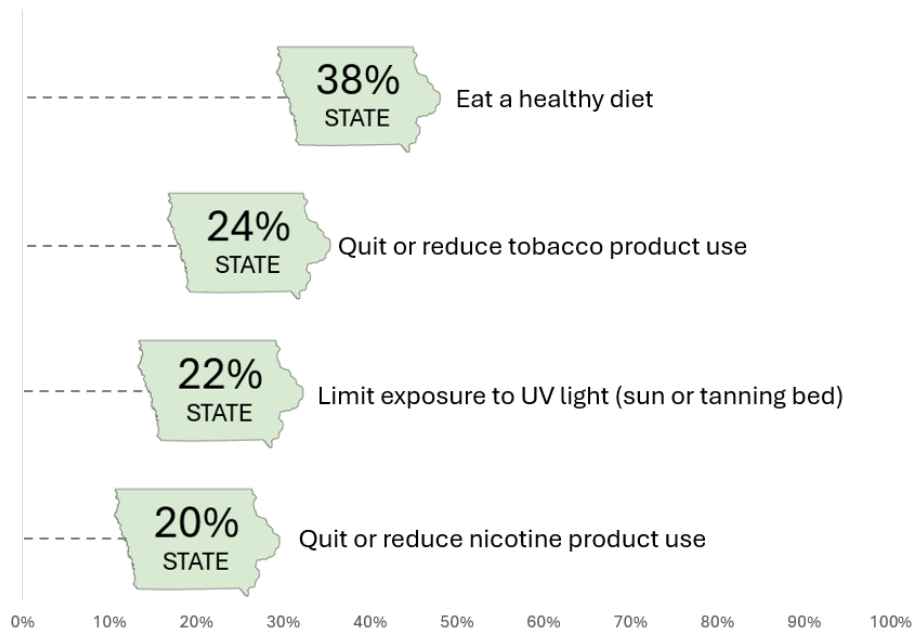


Figure 22. Most common preventive measures respondents indicated as very likely for them to take to avoid or reduce their risk of developing cancer

Table 7. Likelihood of taking preventive measures to avoid or reduce their risk of developing cancer (state and by BHD)¹

For each of the following behaviors or exposures, how likely or unlikely are you to *take preventive measures* to avoid or reduce your risk of developing cancer?

	Take preventive measure	State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
Eat a healthy diet	<i>Very or somewhat unlikely</i> ²	7%	6%	4%	11%	8%	4%	11%	7%
	<i>Neither likely nor unlikely</i>	12%	14%	8%	10%	11%	11%	15%	13%
	<i>Somewhat likely</i>	39%	40%	37%	37%	37%	39%	36%	40%
	<i>Very likely</i>	38%	35%	46%	37%	40%	40%	29%	36%
	Not applicable ³	5%	5%	7%	4%	4%	5%	8%	4%
Quit or reduce tobacco product use	<i>Very or somewhat unlikely</i> ²	7%	6%	7%	9%	5%	5%	13%	7%
	<i>Neither likely nor unlikely</i>	5%	3%	5%	3%	13%	5%	7%	3%
	<i>Somewhat likely</i>	6%	9%	9%	7%	6%	4%	6%	7%
	<i>Very likely</i>	24%	25%	20%	26%	20%	26%	21%	24%
	Not applicable ³	58%	57%	59%	55%	56%	61%	53%	59%
Limit exposure to UV light (sun or tanning bed)	<i>Very or somewhat unlikely</i> ²	12%	9%	11%	11%	11%	10%	18%	12%
	<i>Neither likely nor unlikely</i>	15%	16%	11%	17%	18%	15%	13%	15%
	<i>Somewhat likely</i>	19%	17%	20%	13%	21%	24%	18%	15%
	<i>Very likely</i>	22%	25%	23%	27%	23%	20%	24%	19%
	Not applicable ³	33%	33%	35%	33%	27%	30%	28%	38%
Quit or reduce nicotine product use (e.g. vapes or pouches)	<i>Very or somewhat unlikely</i> ²	7%	6%	7%	4%	5%	4%	13%	8%
	<i>Neither likely nor unlikely</i>	4%	3%	5%	7%	7%	3%	4%	5%
	<i>Somewhat likely</i>	7%	10%	7%	5%	13%	7%	6%	7%
	<i>Very likely</i>	20%	20%	17%	25%	15%	22%	18%	19%
	Not applicable ³	62%	61%	63%	59%	60%	64%	59%	62%

For each of the following behaviors or exposures, how likely or unlikely are you to *take preventive measures* to avoid or reduce your risk of developing cancer?

	<i>Take preventive measure</i>	State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
Quit or reduce drinking liquor or spirits	<i>Very or somewhat unlikely</i> ²	17%	15%	14%	12%	12%	19%	23%	17%
	<i>Neither likely nor unlikely</i>	15%	9%	14%	17%	15%	15%	15%	16%
	<i>Somewhat likely</i>	12%	14%	13%	12%	12%	12%	9%	11%
	<i>Very likely</i>	16%	22%	15%	20%	19%	13%	15%	15%
	<i>Not applicable</i> ³	41%	40%	44%	40%	41%	40%	39%	41%
Quit or reduce drinking wine	<i>Very or somewhat unlikely</i> ²	15%	13%	11%	15%	14%	16%	16%	16%
	<i>Neither likely nor unlikely</i>	15%	11%	13%	10%	19%	16%	17%	14%
	<i>Somewhat likely</i>	9%	10%	15%	5%	9%	12%	8%	8%
	<i>Very likely</i>	16%	19%	12%	22%	12%	15%	16%	16%
	<i>Not applicable</i> ³	45%	47%	49%	47%	46%	41%	43%	46%
Quit intravenous (IV) drug use	<i>Very or somewhat unlikely</i> ²	3%	1%	1%	6%	2%	2%	6%	4%
	<i>Neither likely nor unlikely</i>	2%	2%	2%	2%	3%	1%	2%	2%
	<i>Somewhat likely</i>	1%	2%	1%	1%	1%	2%	1%	2%
	<i>Very likely</i>	16%	18%	13%	17%	20%	17%	18%	14%
	<i>Not applicable</i> ³	77%	77%	83%	73%	74%	78%	73%	78%
Quit or reduce drinking beer	<i>Very or somewhat unlikely</i> ²	17%	12%	17%	16%	16%	17%	21%	17%
	<i>Neither likely nor unlikely</i>	14%	14%	12%	11%	14%	13%	14%	15%
	<i>Somewhat likely</i>	11%	11%	15%	12%	11%	14%	7%	9%
	<i>Very likely</i>	15%	22%	12%	20%	15%	10%	17%	15%
	<i>Not applicable</i> ³	44%	40%	44%	41%	44%	45%	40%	44%

¹ Note. There were no significant differences in response percentages among the BHDs for any of the preventive measures in Table 7.

² The “**very unlikely**” and “**somewhat unlikely**” responses were combined into one category due to low percentages.

³ The “**not applicable**” response option was available because respondents may not have had exposure or engaged in the specific behavior.

Respondents' experience with cancer

An additional question asked if the respondent or a member of the respondent's household had been diagnosed with any type of cancer. Just over one in 10 respondents (12%) reported that they have been diagnosed with cancer (see Figure 23). The percentage of respondents diagnosed with cancer differed significantly across BHDs, ranging from 9% for BHD5 to 19% for BHD3 ($p \leq .05$).

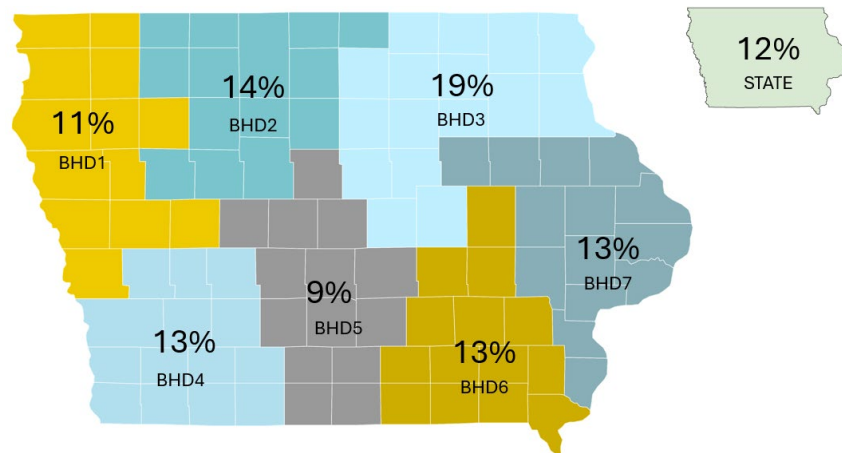


Figure 23. Respondent ever diagnosed with cancer (state and by BHD)

In addition, one in five respondents (20%) reported that someone in their household was diagnosed with cancer (see Figure 24).

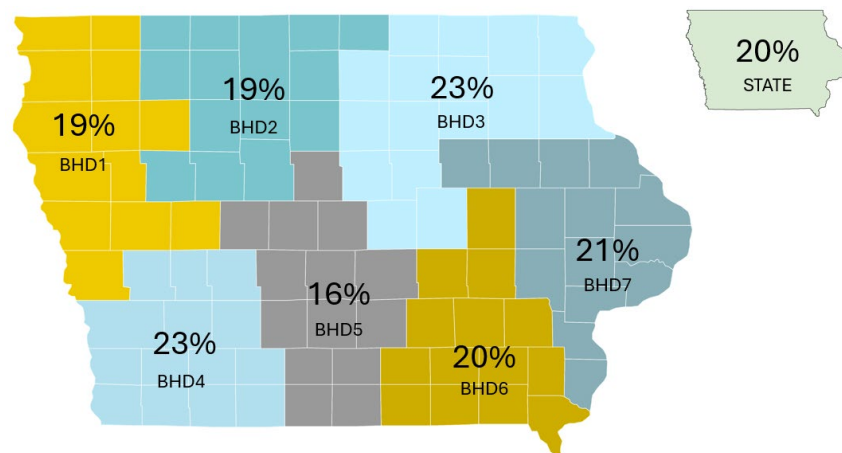


Figure 24. Household member ever diagnosed with cancer (state and by BHD)

SECTION C. Help seeking and access to care

Resources for mental health crisis or emergency

Respondents were asked how comfortable, if at all, they would feel contacting seven respective resources for assistance during a mental health crisis or emergency. At the state level, the four most common resources that respondents feel “**very comfortable**” contacting for assistance (see Figure 25) included: 1) a close friend or family member (53%), 2) a mental health provider (49%), 3) 911 (43%), and 4) 988 Suicide and Crisis Lifeline (38%). These resources were followed by local law enforcement (33%), 1-800-BETS-OFF (30%), and Your Life Iowa (YLI) (25%). The complete distribution of responses for each resource are shown in Table 8 for the state and by BHD.

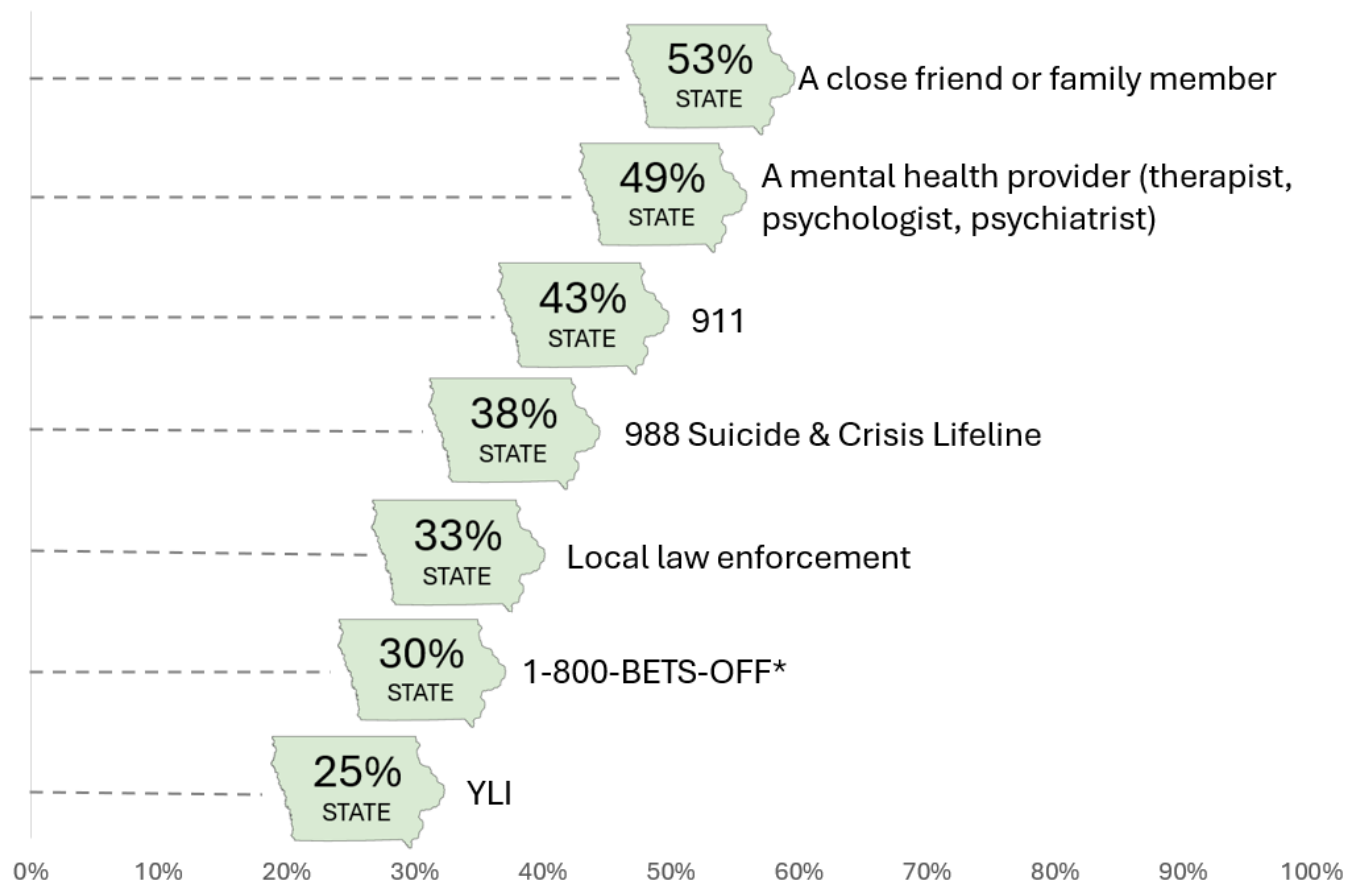


Figure 25. Resources that respondents feel ‘very comfortable’ contacting for assistance during a mental health crisis or emergency

Only one source (1-800-BETS-OFF) differed significantly across BHDs, ranging from 21% for BHD6 to 34% for BHD3 ($p \leq .05$; Table 7).

Table 8. List of resources that respondents feel comfortable contacting for assistance during a mental health crisis or emergency (state and by BHD)

If you or a loved one needed support during a mental health crisis or emergency, how comfortable, if at all, would you feel contacting each of the following for assistance?									
Support from:		State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
A close friend or family member	<i>Not at all comfortable</i>	5%	9%	8%	2%	5%	3%	6%	6%
	<i>Not very comfortable</i>	9%	9%	9%	9%	10%	9%	9%	10%
	<i>Somewhat comfortable</i>	33%	30%	33%	35%	31%	29%	42%	35%
	<i>Very comfortable</i>	53%	52%	50%	54%	55%	59%	43%	50%
A mental health provider (therapist, psychologist, psychiatrist)	<i>Not at all comfortable</i>	5%	5%	12%	3%	5%	4%	4%	5%
	<i>Not very comfortable</i>	12%	15%	12%	17%	17%	9%	15%	11%
	<i>Somewhat comfortable</i>	34%	33%	37%	36%	35%	33%	40%	31%
	<i>Very comfortable</i>	49%	47%	39%	43%	43%	53%	41%	53%
911	<i>Not at all comfortable</i>	14%	18%	16%	9%	11%	14%	13%	15%
	<i>Not very comfortable</i>	18%	15%	17%	21%	25%	14%	25%	17%
	<i>Somewhat comfortable</i>	25%	24%	21%	23%	26%	26%	29%	25%
	<i>Very comfortable</i>	43%	43%	45%	46%	38%	45%	34%	43%
988 Suicide & Crisis Lifeline	<i>Not at all comfortable</i>	8%	8%	13%	5%	7%	7%	9%	8%
	<i>Not very comfortable</i>	20%	23%	16%	21%	30%	18%	18%	18%
	<i>Somewhat comfortable</i>	35%	34%	37%	40%	34%	35%	45%	32%
	<i>Very comfortable</i>	38%	36%	33%	34%	28%	41%	28%	42%

If you or a loved one needed support during a mental health crisis or emergency, how comfortable, if at all, would you feel contacting each of the following for assistance?

Support from:		State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
Local law enforcement	<i>Not at all comfortable</i>	20%	20%	20%	15%	16%	20%	18%	23%
	<i>Not very comfortable</i>	21%	22%	21%	24%	27%	19%	27%	21%
	<i>Somewhat comfortable</i>	25%	25%	24%	28%	24%	27%	26%	24%
	<i>Very comfortable</i>	33%	33%	35%	33%	32%	35%	29%	32%
I-800-BETS-OFF*	<i>Not at all comfortable</i>	14%	11%	16%	10%	14%	13%	19%	14%
	<i>Not very comfortable</i>	20%	22%	17%	28%	29%	19%	18%	17%
	<i>Somewhat comfortable</i>	36%	35%	38%	28%	34%	36%	42%	38%
	<i>Very comfortable</i>	30%	32%	29%	34%	23%	31%	21%	31%
Your Life Iowa	<i>Not at all comfortable</i>	13%	14%	17%	10%	10%	12%	18%	13%
	<i>Not very comfortable</i>	23%	28%	24%	28%	35%	19%	24%	21%
	<i>Somewhat comfortable</i>	39%	34%	37%	38%	34%	41%	41%	40%
	<i>Very comfortable</i>	25%	24%	22%	23%	20%	29%	17%	26%

* p ≤ 0.05.

Resources for substance use crisis or emergency

Respondents were asked how comfortable, if at all, they would feel contacting five respective resources for assistance during a substance use crisis or emergency. At the state level, the three most common resources that respondents feel “**very comfortable**” contacting (see Figure 26) included: 1) a close friend or family member (52%), 2) a substance use treatment provider (46%), and 3) 911 (44%). Additionally, about three out of every 10 respondents indicated that they felt “very comfortable” contacting local law enforcement (35%) and YLI (29%). The complete distribution of responses for each resource is shown in Table 9 (state and by BHD).

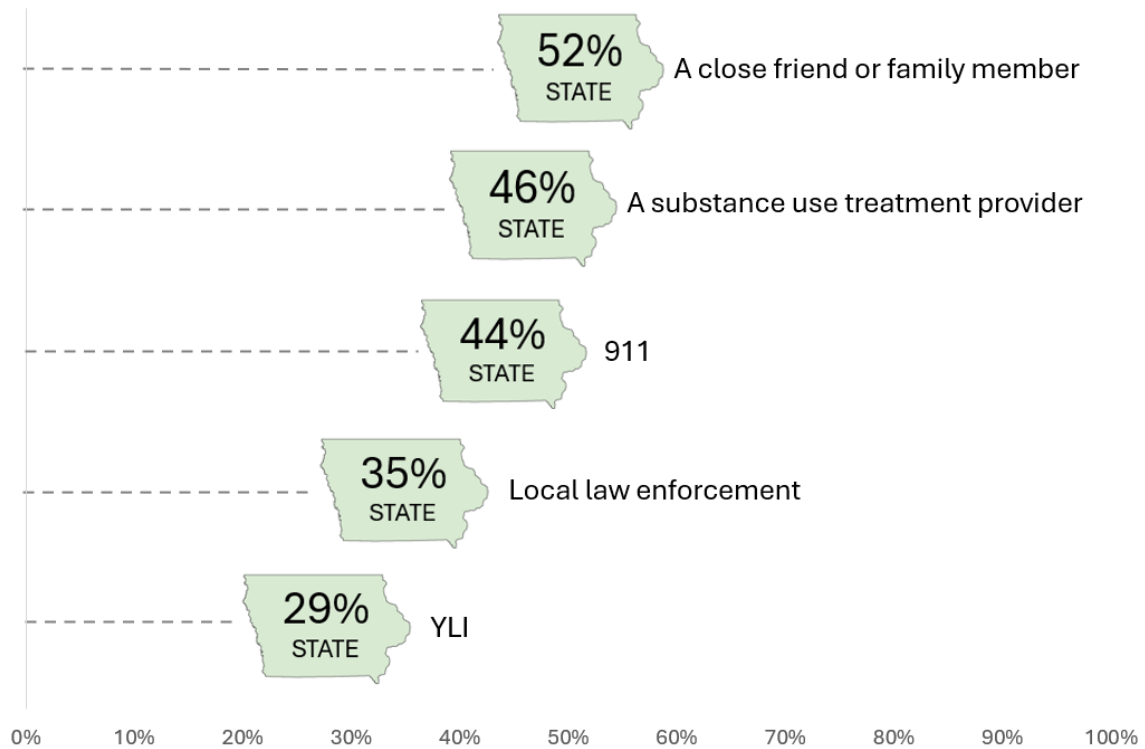


Figure 26. Resources that respondents feel ‘very comfortable’ contacting for assistance during a substance use crisis or emergency

Table 9. List of resources that respondents feel comfortable contacting for assistance during a substance use crisis or emergency (state and by BHD)¹

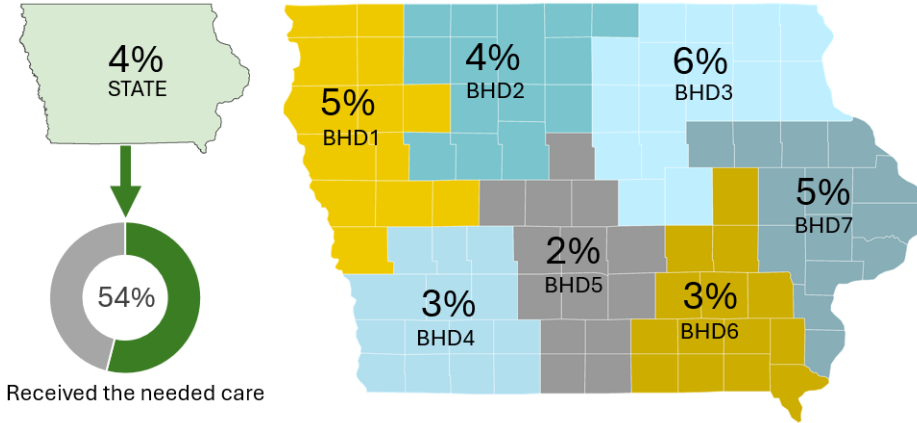
If you or a loved one needed support during a substance use crisis or emergency, how comfortable, if at all, would you feel contacting each of the following for assistance?									
		State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
A close friend or family member	<i>Not at all comfortable</i>	5%	4%	7%	4%	5%	3%	5%	6%
	<i>Not very comfortable</i>	11%	7%	11%	13%	8%	11%	12%	11%
	<i>Somewhat comfortable</i>	33%	38%	32%	31%	36%	31%	36%	33%
	<i>Very comfortable</i>	52%	51%	50%	52%	51%	56%	46%	50%
A substance use treatment provider	<i>Not at all comfortable</i>	6%	5%	7%	4%	4%	6%	14%	5%
	<i>Not very comfortable</i>	11%	6%	9%	18%	13%	9%	9%	11%
	<i>Somewhat comfortable</i>	38%	40%	46%	35%	40%	38%	34%	37%
	<i>Very comfortable</i>	46%	48%	39%	43%	43%	48%	43%	46%
911	<i>Not at all comfortable</i>	13%	12%	12%	14%	10%	11%	12%	17%
	<i>Not very comfortable</i>	14%	20%	14%	13%	20%	11%	19%	12%
	<i>Somewhat comfortable</i>	29%	24%	32%	29%	29%	31%	31%	27%
	<i>Very comfortable</i>	44%	44%	41%	43%	42%	47%	38%	44%
Local law enforcement	<i>Not at all comfortable</i>	19%	20%	15%	17%	16%	17%	17%	23%
	<i>Not very comfortable</i>	18%	18%	23%	18%	22%	16%	24%	16%
	<i>Somewhat comfortable</i>	28%	27%	29%	29%	27%	30%	27%	26%
	<i>Very comfortable</i>	35%	36%	33%	36%	34%	37%	32%	35%
Your Life Iowa	<i>Not at all comfortable</i>	14%	14%	14%	14%	12%	11%	17%	15%
	<i>Not very comfortable</i>	19%	21%	21%	21%	25%	17%	21%	17%
	<i>Somewhat comfortable</i>	39%	35%	40%	37%	38%	44%	40%	35%
	<i>Very comfortable</i>	29%	31%	25%	28%	25%	28%	22%	33%

¹ Note. There were no significant differences in response percentages among the BHDs for any of the resources in Table 9.

A time that respondents needed to talk or seek help

The survey asked if there was a time when respondents needed to talk to or seek help from a health professional for themselves or for a family member due to substance use, mental health and gambling during the past 12 months.

Alcohol

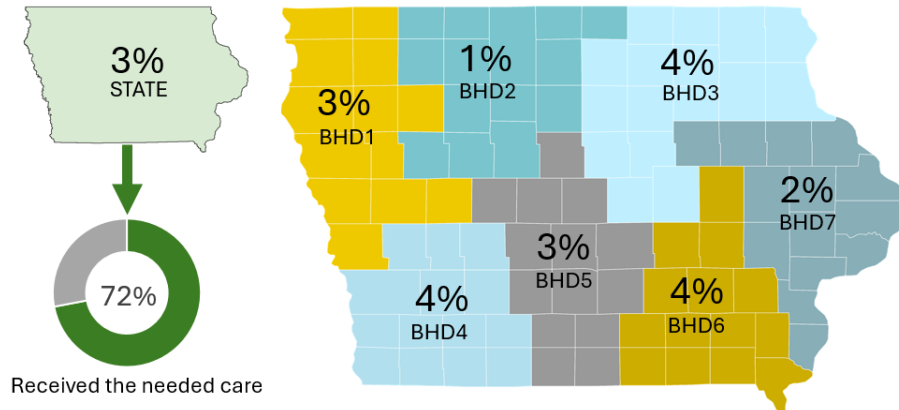


Received the needed care

Figure 27. Alcohol use: needed to talk or seek help (state and by BHD) and received the needed care (state)

About one in 20 respondents (4%) reported that they needed to talk to or seek help from a health professional for alcohol use. Among those respondents who needed to talk or seek help, just over half (54%) indicated that they received the care they were seeking (see Figure 27).

Tobacco or nicotine



Received the needed care

Figure 28. Tobacco or nicotine use: needed to talk or seek help (state and by BHD) and received the needed care (state)

Similarly, 3% of respondents reported that they needed to talk or seek help due to tobacco or nicotine use during the past 12 months. Among those respondents who needed to talk or seek help, about three in four respondents (72%) reported that they received the care they were seeking (see Figure 28).

Legal substance use (e.g. prescription opioids, medical marijuana, etc.)

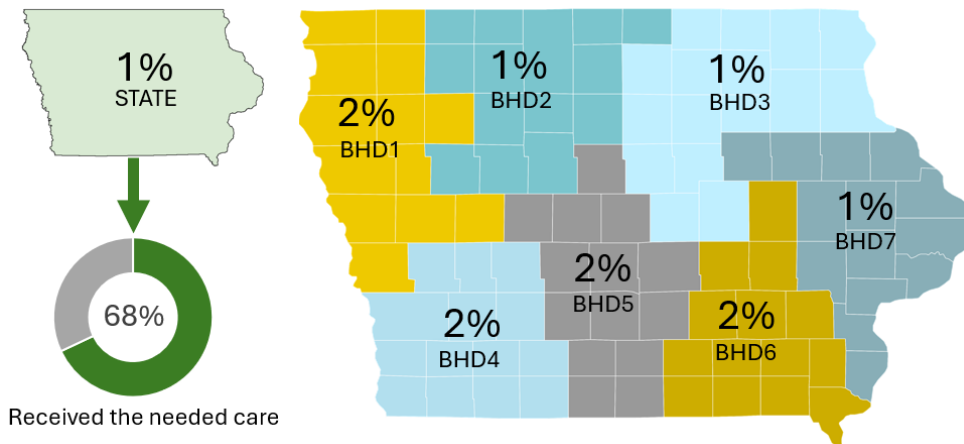


Figure 29. Legal substance use: needed to talk or seek help (state and by BHD) and received the needed care (state)

When asked if they needed to talk or seek help due to legal substance use such as prescription opioids, medical marijuana or medical THC, 1% of respondents reported they needed to talk or seek help during the past 12 months. Among those respondents who needed to talk or seek help, about two-thirds (68%) reported that they received the care they were seeking (see Figure 29).

Illegal substance use (e.g. marijuana, methamphetamine, etc.)

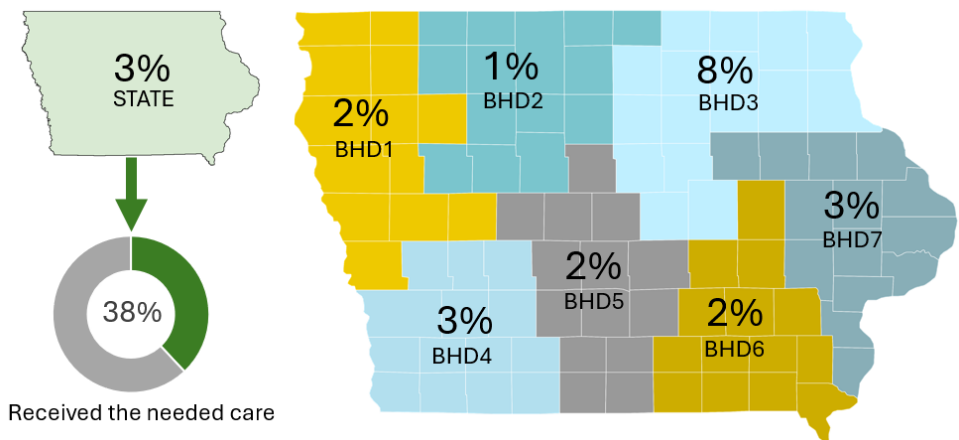


Figure 30. Illegal substance use: needed to talk or seek help (state and by BHD) and received the needed care (state)

For illegal substances, 3% of respondents reported they needed to talk or seek help due to illegal drugs or substances such as marijuana (other than CBD or medical marijuana). Among those respondents who needed to talk or seek help, about two in five respondents (38%) indicated they received the care they were seeking (see Figure 30).

Mental health (e.g. stress, depression, etc.)

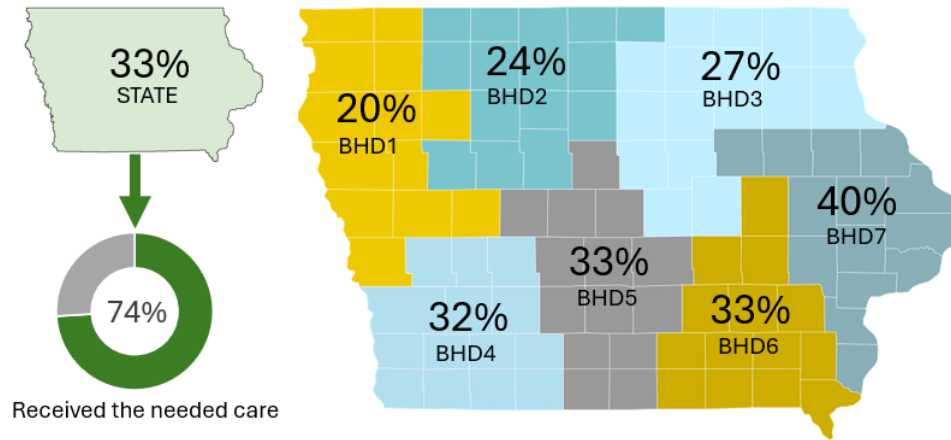


Figure 31. Mental health: needed to talk or seek help (state and by BHD) and received the needed care (state)

Mental health was the most common reason indicated by respondents for needing help from a health professional during the past 12 months. One in three respondents (33%) reported they needed to talk or seek help due to mental health such as stress, depression, problems with emotions, excessive worrying or troubling thoughts.

This percentage differed significantly across BHDs, ranging from 20% for BHD1 to 40% for BHD7 ($p \leq .001$). Among respondents who needed to talk or seek help in this area, about three in four respondents (74%) indicated they received the care they were seeking (see Figure 31).

Gambling

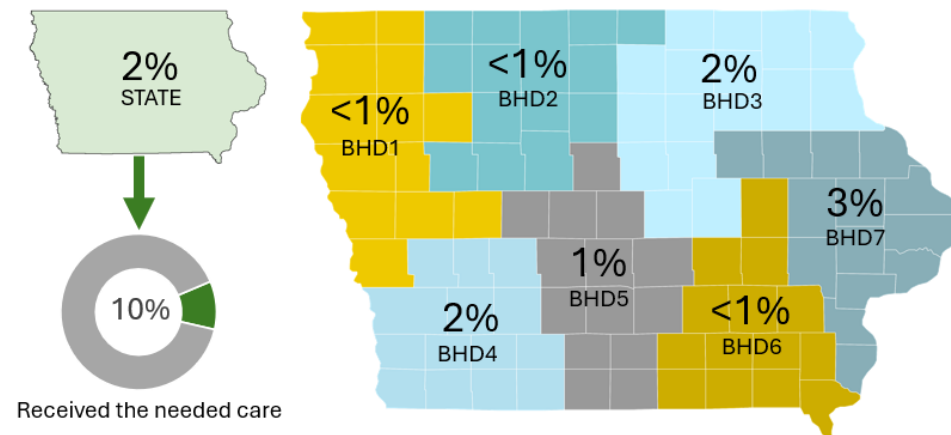


Figure 32. Gambling: needed to talk or seek help (state and by BHD) and received the needed care (state)

Two percent of respondents reported they needed to talk to or seek help from a health professional for gambling such as casino games, lottery games, sports wagering, or fantasy sports. Among those respondents who needed to talk or seek help, about one in 10 (10%) indicated they received the needed care (see Figure 32).

Awareness of naloxone and perceptions about substance use treatment services

Respondents were asked the extent they agree or disagree with four statements about naloxone and treatment services (see Figure 33). About one in five respondents reported that they **somewhat or strongly agree** that they know where to obtain (21%) and how to administer (20%) naloxone. In addition, one in four respondents reported that they **somewhat or strongly agree** how to find quality treatment for an opioid use disorder in Iowa (25%). When asked about the availability of addiction treatment services, about one in five respondents reported that they **somewhat or strongly agree** that Iowa is moving in the right direction (21%).

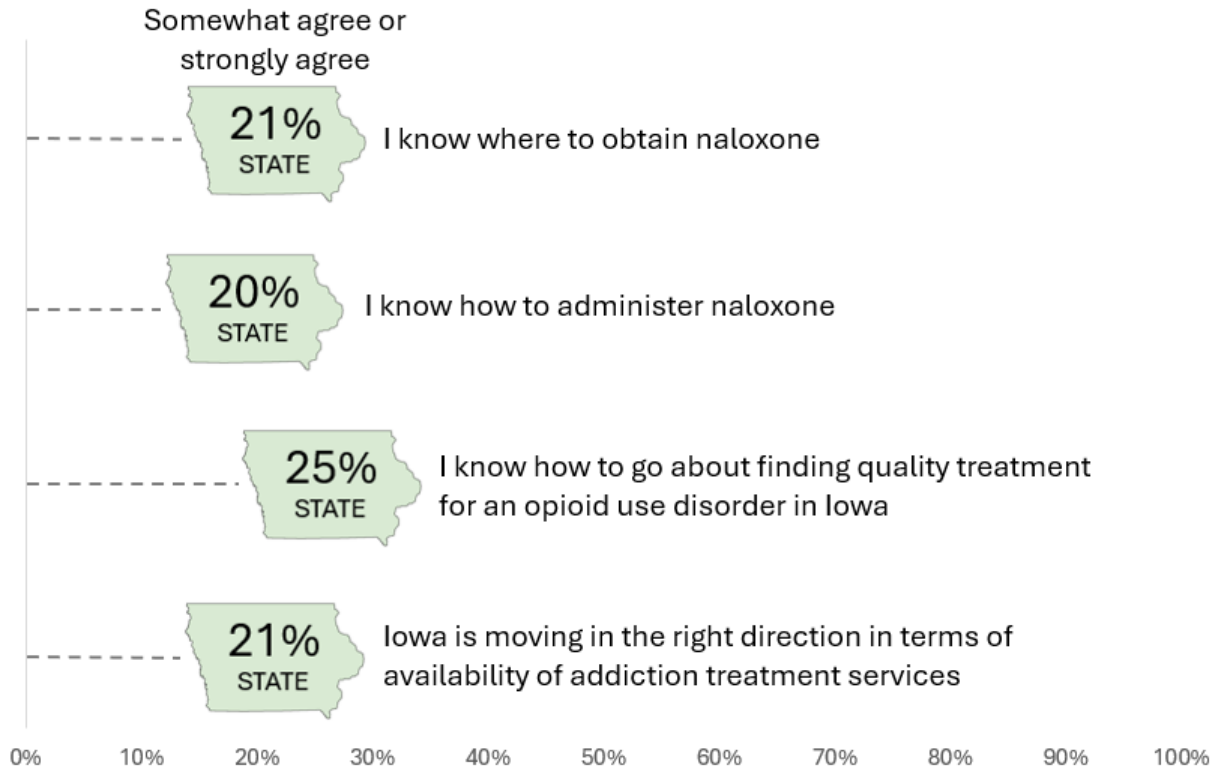


Figure 33. Awareness of naloxone and perceptions of substance use of treatment services of those who somewhat or strongly agree

The biggest difference in awareness of naloxone and perceptions of substance use treatment was in the 'strongly disagree' response option. About two thirds of respondents **strongly disagree** that they know where to obtain naloxone (62%) or how to administer naloxone (64%; Figure 34). Slightly less than half of respondents **strongly disagree** that they know how to find quality treatment for an opioid use disorder in Iowa (43%). When asked about the availability of addiction treatment services, about one in five respondents reported that they **strongly disagree** that Iowa is moving in the right direction (17%).

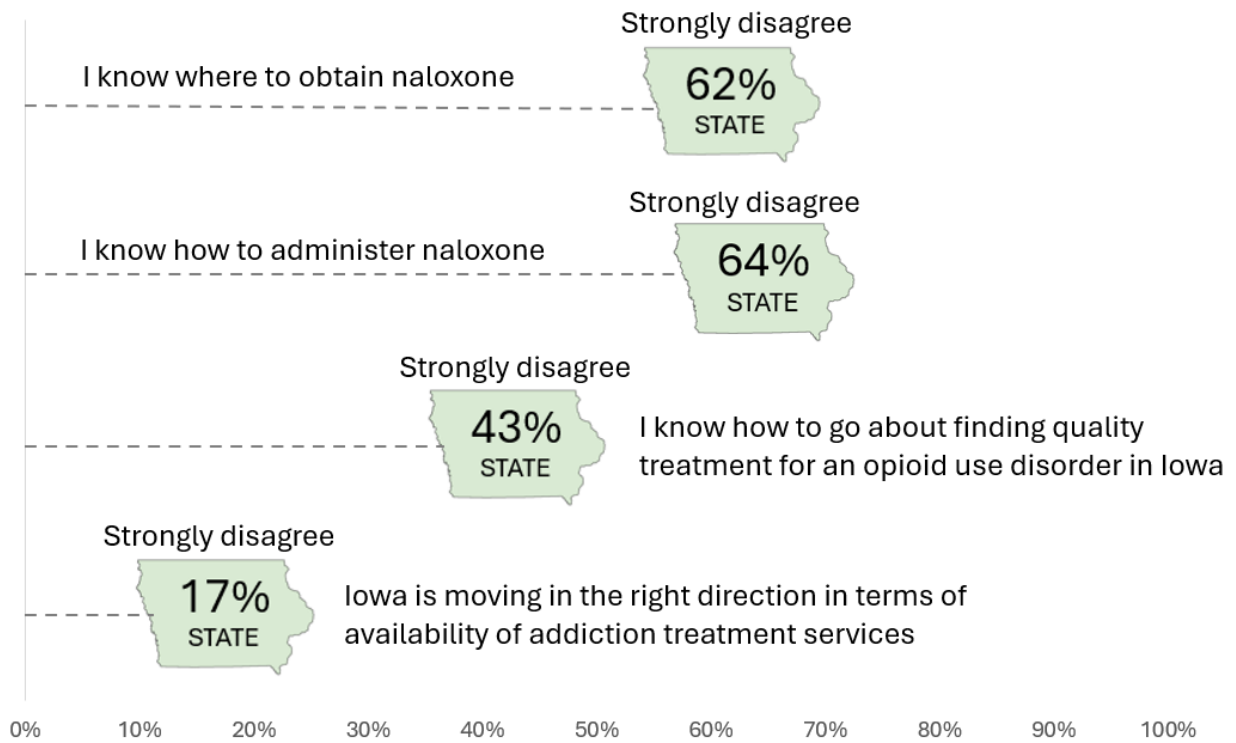


Figure 34. Awareness of naloxone and perceptions of substance use treatment of those who strongly disagree

The complete distribution of responses regarding respondents' awareness of naloxone and perceptions of substance use treatment are shown in Table 10 (state and by BHD).

Table 10. Awareness of naloxone and perceptions of substance use treatment (state and by BHD)¹

		State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
To what extent do you disagree or agree with each of the following statements?									
I know where to obtain naloxone.	<i>Strongly disagree</i>	62%	62%	68%	60%	61%	60%	60%	63%
	<i>Somewhat disagree</i>	7%	5%	7%	8%	7%	6%	7%	8%
	<i>Neither agree nor disagree</i>	11%	14%	10%	15%	10%	8%	12%	10%
	<i>Somewhat agree</i>	8%	11%	4%	7%	7%	10%	7%	8%
	<i>Strongly agree</i>	13%	8%	10%	11%	15%	16%	13%	12%
I know how to administer naloxone.	<i>Strongly disagree</i>	64%	63%	72%	60%	63%	60%	64%	66%
	<i>Somewhat disagree</i>	6%	5%	5%	11%	8%	6%	10%	5%
	<i>Neither agree nor disagree</i>	10%	11%	9%	13%	10%	9%	11%	11%
	<i>Somewhat agree</i>	7%	5%	5%	7%	5%	9%	5%	5%
	<i>Strongly agree</i>	13%	16%	9%	9%	14%	16%	9%	12%
I know how to go about finding quality treatment for an opioid use disorder in Iowa.	<i>Strongly disagree</i>	43%	43%	44%	39%	42%	40%	44%	45%
	<i>Somewhat disagree</i>	15%	14%	15%	16%	15%	16%	12%	15%
	<i>Neither agree nor disagree</i>	18%	16%	18%	19%	23%	17%	20%	16%
	<i>Somewhat agree</i>	15%	17%	12%	16%	10%	18%	14%	13%
	<i>Strongly agree</i>	10%	10%	11%	11%	10%	9%	10%	10%
Iowa is moving in the right direction in terms of availability of addiction treatment services.	<i>Strongly disagree</i>	17%	17%	16%	15%	16%	15%	17%	19%
	<i>Somewhat disagree</i>	13%	5%	11%	16%	13%	11%	17%	14%
	<i>Neither agree nor disagree</i>	49%	53%	50%	47%	54%	49%	47%	49%
	<i>Somewhat agree</i>	14%	20%	14%	15%	13%	16%	16%	11%
	<i>Strongly agree</i>	7%	5%	9%	7%	4%	8%	3%	6%

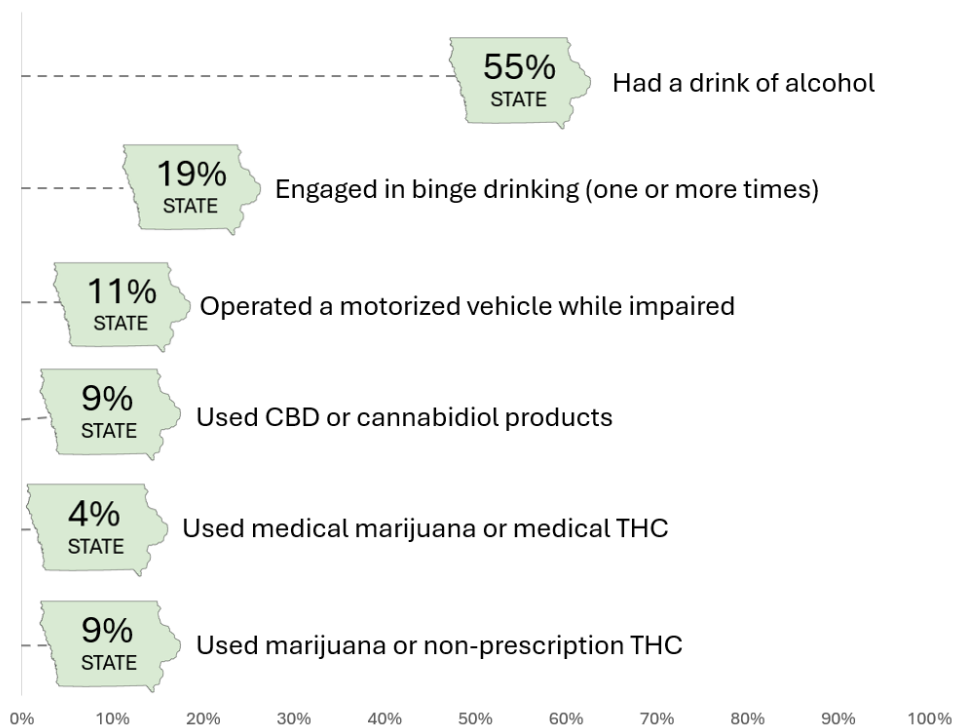
¹ Note. There were no significant meaningful differences in response percentages among the BHDs for any of the items in Table 10.

SECTION D. Use of Substance, Mental Health, and Gambling

The survey asked about respondents' substance use and behaviors. These questions asked for the number of days in the past 30 days that they used or engaged in these behaviors. Results shown below are the percentages of respondents indicating **one or more days** of substance use and/or engaging in the behaviors.

SUBSTANCE USE AND BEHAVIORS

Over half of respondents (55%) had a drink of alcohol (defined as a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor) on one or more days in the past 30 days (see Figure 35). About one in five adult respondents engaged in binge¹³ drinking (19%) in the past 30 days. About one in 10 reported they had operated a motorized vehicle while impaired (11%) during the past 30 days.



About one in 10 respondents used CBD or cannabidiol products (9%) such as CBD drinks, CBD oils, gummies, ointment, etc. The percentage of respondents who used CBD products in the past 30 days differed significantly across BHDs, ranging from 3% for BHD1 to 11% for BHD7 (Table 10; $p \leq .01$).

The use of medical marijuana or medical THC was about one in 20 adults (4%) in the state.

Figure 35. Past 30 days substance use or behavior

Use of marijuana or non-prescription THC (other than CBD, medical marijuana/THC) was about one in 10 adults (9%) in the state. Percentages for other substances shown in Table 11 for the state included: 3% for using prescription medications in ways other than directed, 3% for using over-the-counter medications in ways other than directed, 2% for using methamphetamine or meth, and 1% each for using non-prescription opioids, using any other illegal substance, or injecting a non-prescribed substance into their body.

¹³ Binge drinking was defined as if they had 5 or more drinks for males, or 4 or more drinks for females, on any occasion within a two-hour period.

Table 11. Substance use and behaviors (state and by BHD)

During the past 30 days, one or more days.								
	State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
Had a drink of alcohol	55%	46%	55%	59%	46%	56%	51%	57%
Binge drinking (one or more times)¹⁴	19%	13%	23%	20%	14%	19%	15%	23%
Operated a motorized vehicle while impaired¹⁵	11%	6%	12%	14%	8%	14%	7%	9%
Used CBD or cannabidiol products**	9%	3%	6%	9%	7%	8%	10%	11%
Used medical marijuana or medical THC	4%	2%	3%	6%	2%	4%	7%	5%
Used marijuana or non-prescription THC	9%	4%	7%	12%	5%	9%	12%	11%
Used methamphetamine or meth	2%	1%	1%	6%	2%	1%	2%	2%
Used non-prescription opioids	1%	1%	<1%	5%	<1%	<1%	<1%	1%
Used any prescription drug, whether prescribed to you or not, in ways other than directed	3%	5%	2%	6%	2%	3%	1%	3%
Use any over the counter medication in ways other than directed	3%	2%	3%	5%	1%	3%	5%	3%
Inject a non-prescribed substance into your body	1%	<1%	<1%	5%	<1%	<1%	<1%	2%
Use any other illegal substance	1%	2%	<1%	5%	1%	1%	1%	1%

** p ≤ 0.01.

¹⁴ The estimate for binge drinking was derived from the question: “During the past 30 days, how many times did you have 5 or more drinks if you are male, or 4 or more drinks if you are female, on any occasion within a two-hour period?”

¹⁵ The question included these examples: car/truck, farm equipment, boat, or an ATV.

Past substance use and recovery

About one in 10 adult respondents (8%) reported they consider themselves in recovery from past substance use (see Figure 36).

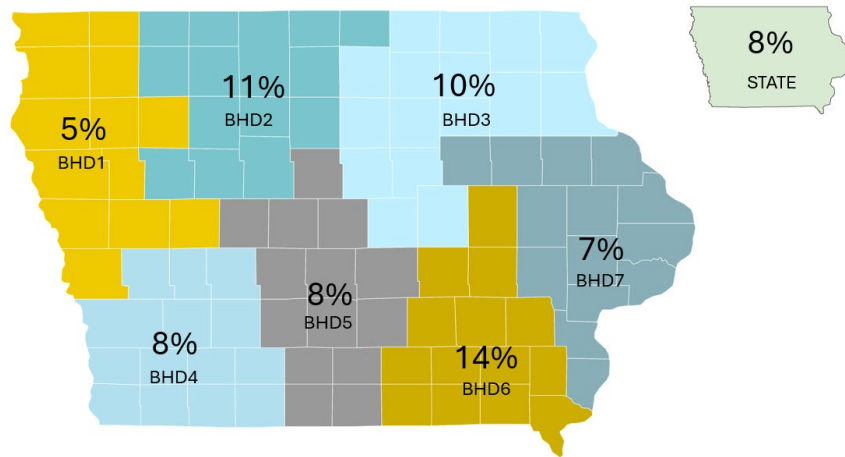


Figure 36. Recovery from past substance use or behavior (state and by BHD)

Tobacco or nicotine use

Tobacco and nicotine product use had its own set of questions as part of the substance use and behavior section. This set of questions asked about the frequency of tobacco and nicotine product use (everyday, some days, or not at all) and whether they had attempted to quit in the past 12 months.

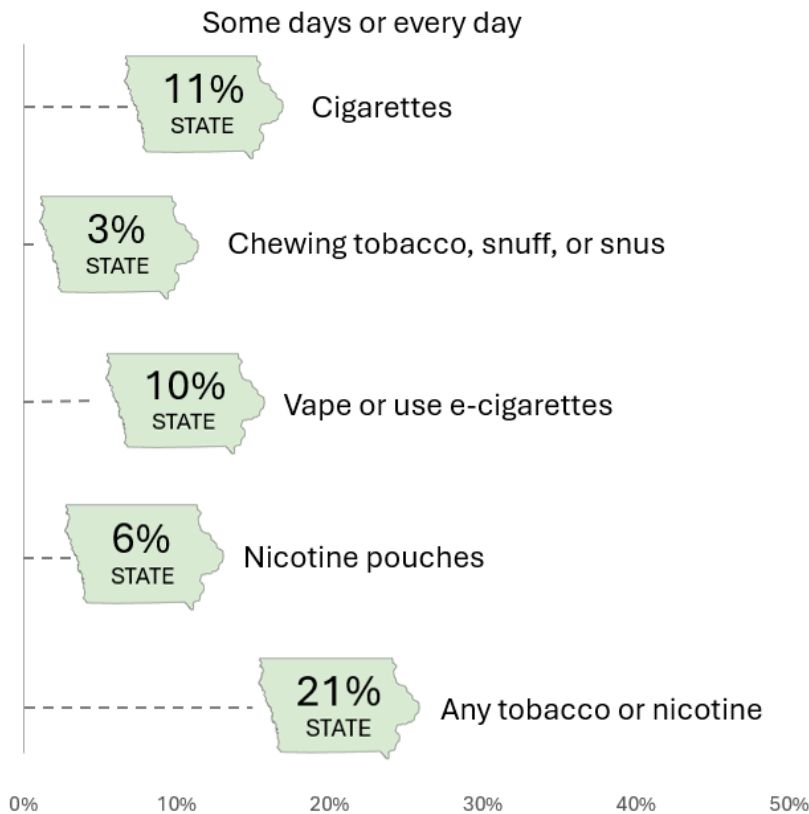


Figure 37. Current tobacco and nicotine product use

About one in ten adult respondents (11%) reported that they use cigarettes some days or every day. Similarly, one in ten adult respondents (10%) reported that they vape or use e-cigarettes some days or every day. About one in 20 adult respondents reported that they use nicotine pouches (6%) some days or every day.

The least reported tobacco or nicotine products were chewing tobacco, snuff, or snus. Three percent of adult respondents indicated that they use them some days or every day.

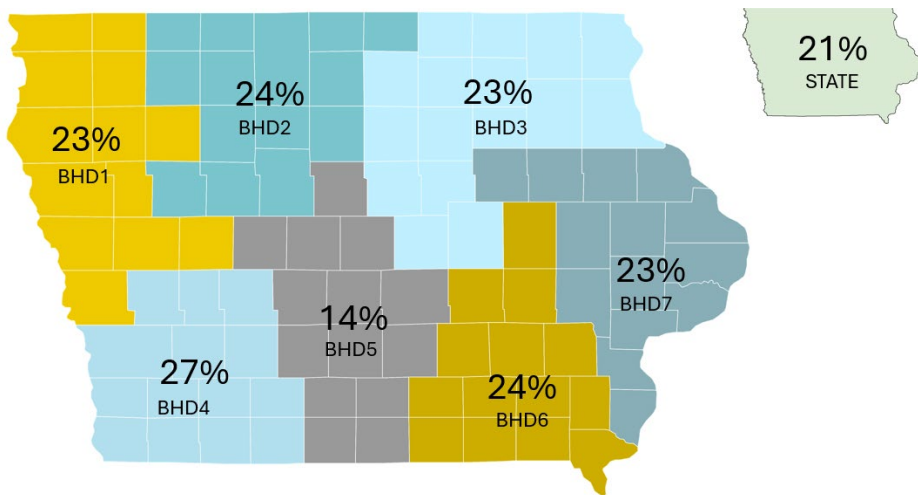
Any tobacco or nicotine products use (some days or every day for any of above products) was 21% in the state (see Figure 37).

The complete distribution of responses for use of tobacco and nicotine products are shown in Table 12 (state and by BHD).

Table 12. Current tobacco or nicotine product use (state and by BHD)¹

Do you currently use [...]?		State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
Cigarettes	<i>Every day</i>	7%	10%	9%	5%	11%	6%	8%	5%
	<i>Some days</i>	4%	7%	4%	8%	2%	2%	2%	6%
	<i>Not at all</i>	89%	83%	87%	87%	86%	92%	90%	89%
Chewing tobacco, snuff, or snus	<i>Every day</i>	2%	3%	2%	2%	<1%	<1%	1%	3%
	<i>Some days</i>	1%	1%	1%	5%	<1%	1%	<1%	<1%
	<i>Not at all</i>	97%	96%	97%	92%	99%	98%	99%	97%
Vape or use e-cigarettes	<i>Every day</i>	5%	3%	6%	4%	9%	3%	9%	6%
	<i>Some days</i>	5%	4%	2%	8%	3%	3%	6%	6%
	<i>Not at all</i>	90%	92%	93%	88%	87%	94%	85%	87%
Nicotine pouches	<i>Every day</i>	3%	1%	5%	1%	1%	2%	1%	5%
	<i>Some days</i>	3%	2%	3%	6%	1%	2%	5%	3%
	<i>Not at all</i>	94%	97%	92%	93%	97%	96%	94%	92%
Any tobacco or nicotine products (every day or some days for any of the products above)	<i>Yes</i>	21%	23%	24%	23%	27%	14%	24%	23%
	<i>No</i>	79%	77%	76%	77%	73%	86%	76%	77%

¹ *Note.* There were no significant differences in response percentages among the BHDs for any of the tobacco or nicotine products in Table 12.

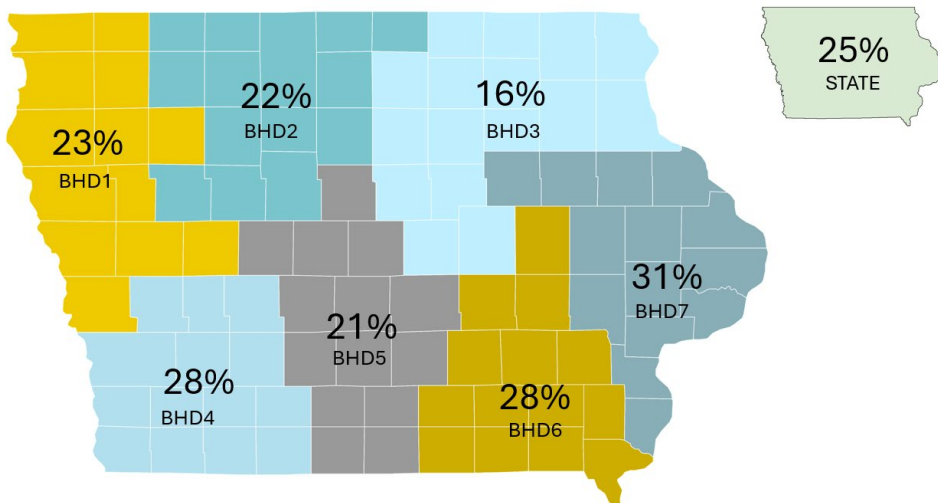


The percentage of respondents who currently use any tobacco or nicotine products did not differ significantly across the BHDs (Figure 38).

Figure 38. Current (some days or every day) use of any tobacco or nicotine products (state and by BHD)

Flavored vape or nicotine product use

One in four adult respondents (25%) reported that they have **ever used** flavored vape or nicotine products (e.g. menthol, mint, fruit, candy, or other).



The percentage of respondents who ever used flavored vape or nicotine products differed significantly across the BHDs, ranging from 16% for BHD3 to 31% for BHD7 (Figure 39; $p \leq .05$).

Figure 39. Ever used flavored vape or nicotine products (state and by BHD)

Quit attempts from tobacco and nicotine products in the past 12 months

About three in four respondents reported that they have not used tobacco or nicotine products (74%) in the past 12 months. Approximately one in 10 adult lowans reported having made a quit attempt of tobacco and/or nicotine products. This includes 4% who quit tobacco but still vape, 1% who quit tobacco but still use nicotine pouches and 5% who quit all tobacco or nicotine product use (see Figure 40).

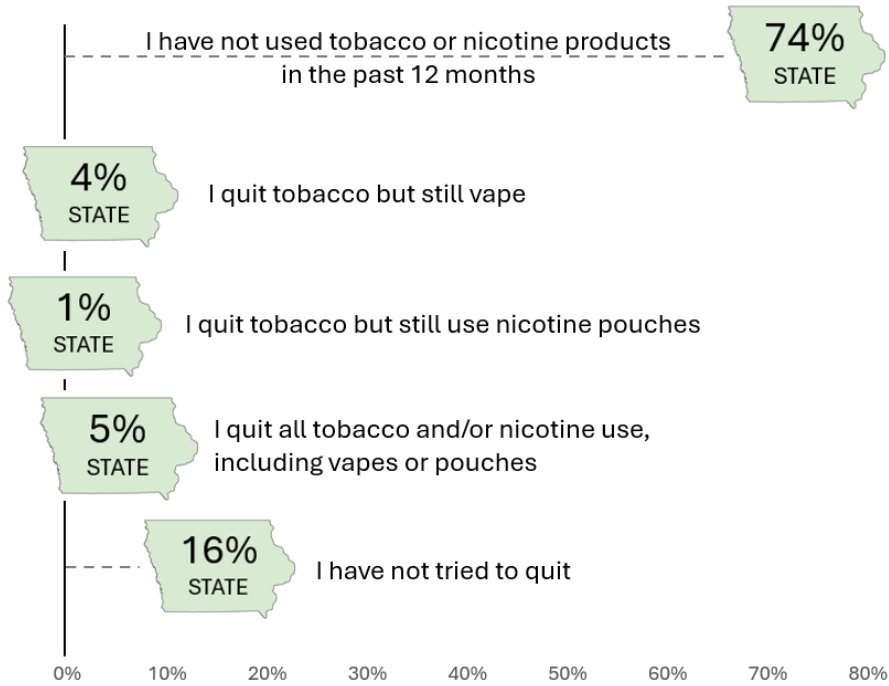


Figure 40. Use of tobacco or nicotine products and quit attempts among all respondents

Another way of looking at the responses is to assess quit attempts only among those who had used tobacco or nicotine products in the past 12 months (26%). For this subset of respondents, 60% have not tried to quit, 14% quit tobacco but still vape, 4% quit tobacco but still use nicotine pouches, and 19% quit all tobacco and nicotine products in the past 12 months (see Figure 41).

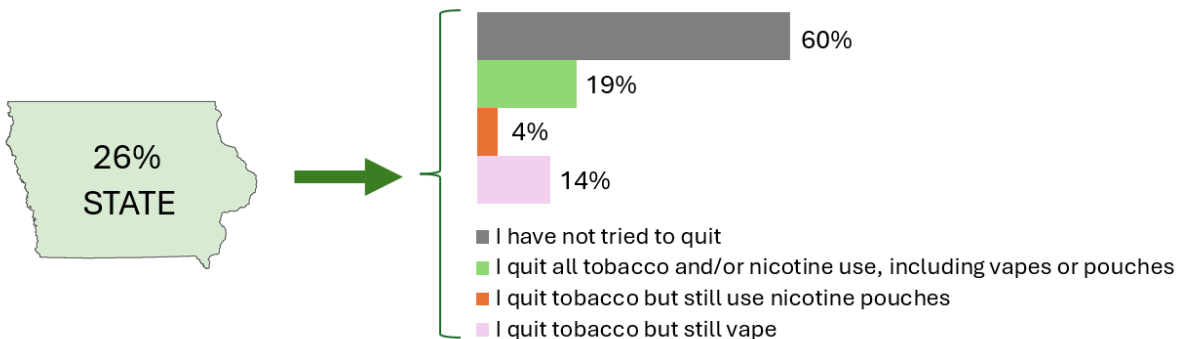


Figure 41. Use of tobacco or nicotine products and quit attempts among those who had used these products in the past 12 months

Nicotine replacement

Respondents were asked if they used nicotine replacement therapy (NRT; e.g., patch, gum, or lozenge) to reduce or quit their tobacco or nicotine use in the past year. Among all respondents, 3% reported having used NRT in the past 12 months (see Figure 42).

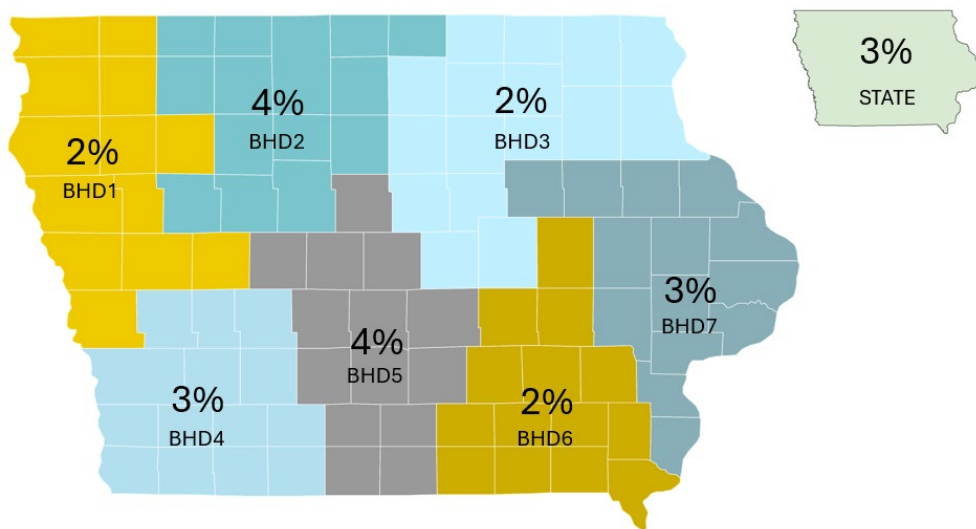


Figure 42. Use of nicotine replacement therapy (state and by BHD)

Indoor/home vaping or use of e-cigarettes

About one in seven respondents (14%) reported that someone in their household vaped or used e-cigarettes inside their home in the past 12 months (see Figure 43).

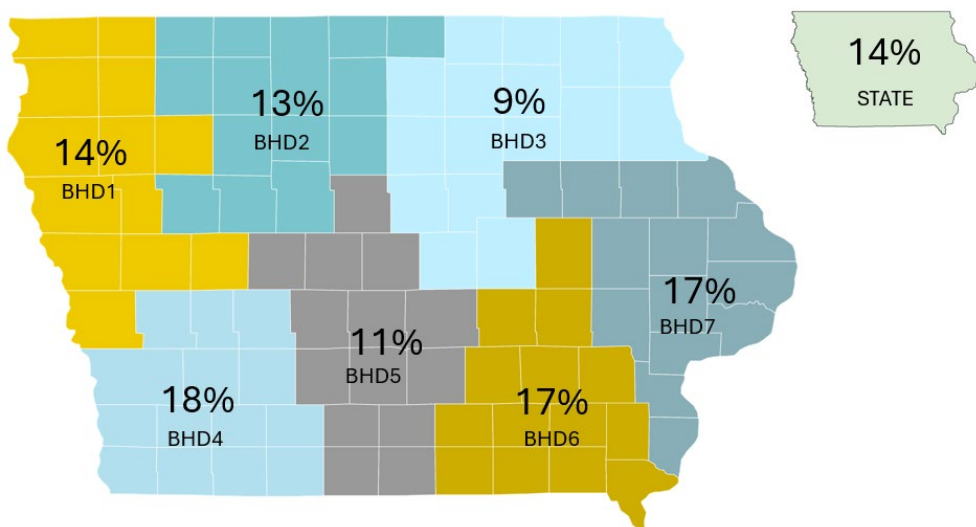


Figure 43. Indoor use of vapes or e-cigarettes (state and by BHD)

Any gambling behavior in the past 12 months

Engagement in gambling behaviors during the past 12 months was asked to all survey respondents. Specifically, respondents were asked about four different gambling types that included: casino games, lottery/number games, sports wagering, and fantasy sports contests (see Table 13). Four out of every 10 respondents (43%) indicated that they had engaged in at least one of the four gambling types in the past 12 months (see Figure 44).

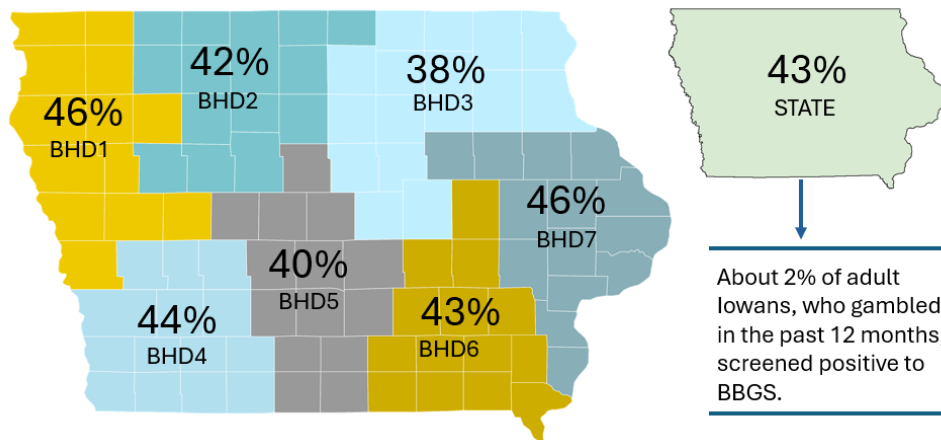


Figure 44. Any gambling behavior (state and by BHD)

For those who had engaged in at least one of the four gambling types in the past 12 months, a set of three questions based on the Brief Biosocial Gambling Screen (BBGS) asked respondents about their adverse experiences with gambling (see item D10a in [Appendix E](#) for detailed responses to the BBGS items).¹⁶ Two percent of adult respondents screened positive for indicating at least one adverse experience on the BBGS such as becoming restless, irritable or anxious when trying to stop and/or cut down on gambling.

¹⁶ BBGS items include: During the past 12 months, (a) Have you become restless, irritable or anxious when trying to stop or cut down on gambling?, (b) Have you tried to keep your family or friends from knowing how much you gamble?, and (c) Did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?

Table 13. Gambling behaviors in the past 12 months (state and by BHD)¹

	State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
Played slots, or bet or wagered on table games such as blackjack, poker, or roulette at a casino	14%	18%	18%	14%	18%	12%	13%	15%
Played Lottery games such as Powerball, Mega Millions, Scratch tickets, etc.	39%	41%	37%	35%	42%	38%	39%	39%
Participated in sports wagering through Iowa casinos' mobile apps, telephone lines, or in their sports books.	6%	4%	5%	4%	6%	3%	3%	9%
Bet or wagered money in Fantasy Sports contests through internet sites such as DraftKings or FanDuel	4%	4%	6%	3%	4%	4%	2%	6%
Any type of gambling behavior	43%	46%	42%	38%	44%	40%	43%	46%

¹ Note. There were no significant differences in response percentages among the BHDs for any of the gambling behaviors in Table 13.

Mental health

When asked if they ever felt so sad or hopeless that they stopped doing some of their usual activities, one in five respondents reported they felt so sad or hopeless (20%) in the past 30 days. This percentage differed significantly across BHDs, ranging from 13% for BHD1 to 24% for BHD7 ($p \leq .05$; Figure 45).

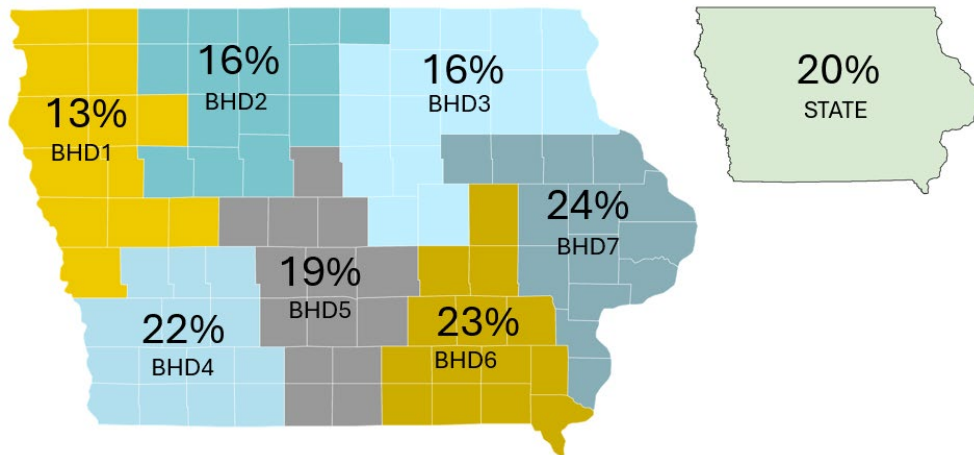


Figure 45. Respondents who felt sad or hopeless (state and by BHD)

The survey also asked a question about respondents engaging in any form of non-suicidal self-injury or self-harm. Two percent of respondents reported self-injury or self-harm during the past 30 days (see Figure 46).

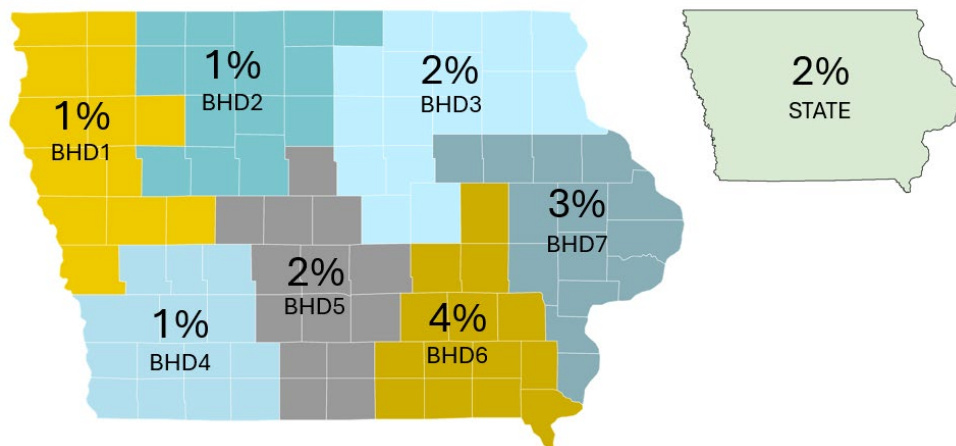


Figure 46. Respondents who engaged in any form of non-suicidal self-injury or self-harm such as cutting (state and by BHD)

When asked if respondents have thought about killing themselves during the past 30 days, 8% of respondents reported that they have had suicidal thoughts in the past 30 days.

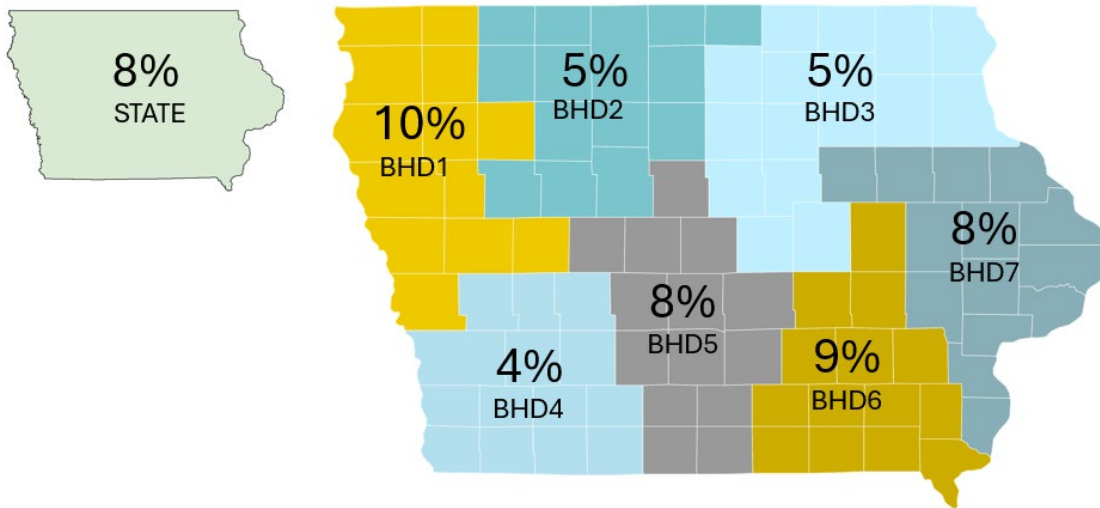


Figure 47. Respondents who reported suicidal thoughts (state and by BHD)

For those who have had suicidal thoughts (8%), a couple of follow-up questions asked if they had made a plan or attempted killing themselves. About one in five (18%) of those who have had thoughts of suicide, made a plan about how to kill themselves. Two percent of those who have had thoughts of suicide, reported they attempted killing themselves in the past 30 days (see Figure 48).

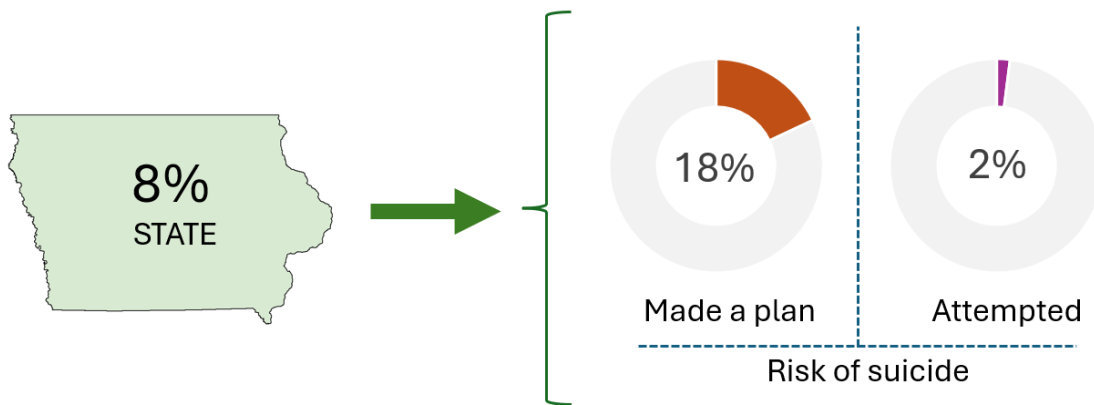


Figure 48. Made a plan or attempted suicide (state)

When asked if a doctor, nurse, or other health professional ever told them that they had a depressive disorder (including depression, major depression, dysthymia, or minor depression), three in 10 reported that they have been diagnosed with a depressive disorder (30%) in the state (see Figure 49).

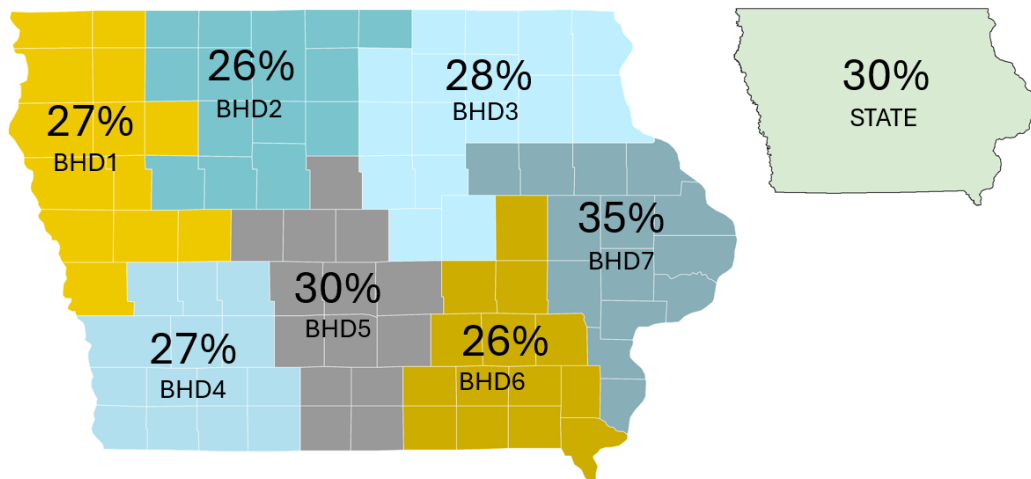


Figure 49. Respondents who were told by health care professionals that they have a depressive disorder (state and by BHD)

One in five respondents in the state considered themselves in recovery from past mental health illness (20%; see Figure 50).

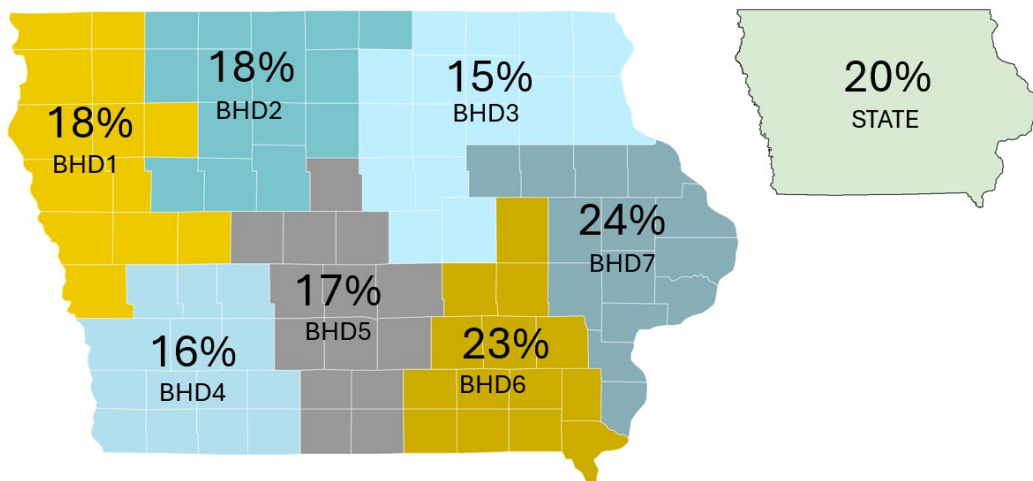


Figure 50. Respondents who consider themselves in recovery from past mental illness (state and by BHD)

Perceived stigma

Four questions assessed respondents' perceived stigma toward receiving substance use, mental health, or gambling treatment. More than half of respondents (55%) indicated that they **agree or strongly agree** that it might harm their chances when applying for jobs. About one in three (30%) reported they agree or strongly agree that they would be embarrassed or ashamed about receiving the treatment. Roughly four in 10 respondents indicated that they agree or strongly agree that they were concerned that people would not take them seriously (36%) or that they were concerned about what people at their work might think, say, or do (40%; see Figure 51). The complete distribution of responses regarding respondents' perceived stigma toward receiving treatment (state and by BHD) are shown in Table 14.

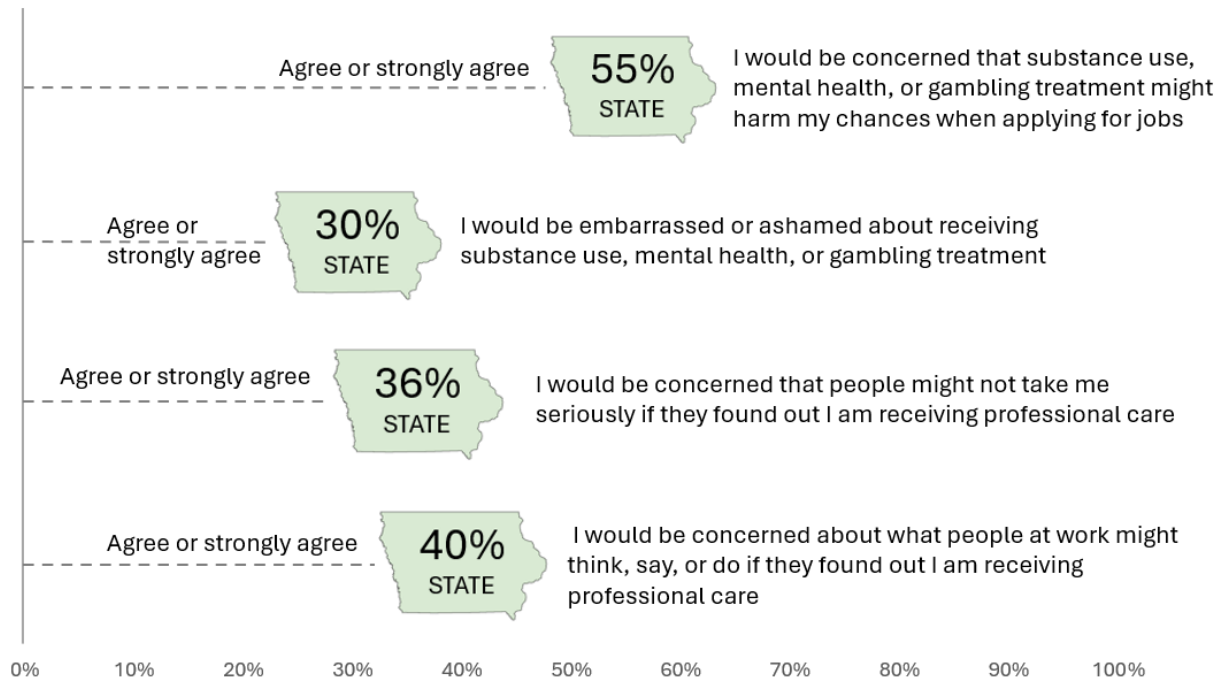


Figure 51. Respondents' perceived stigma

Table 14. Respondents' perceived stigma (state and by BHD)¹

		State	BHD1	BHD2	BHD3	BHD4	BHD5	BHD6	BHD7
To what extent do you disagree or agree with each of the following statements									
I would be concerned that substance use, mental health, or gambling treatment might harm my chances when applying for jobs	<i>Strongly disagree</i>	28%	31%	33%	22%	25%	24%	32%	30%
	<i>Disagree</i>	17%	15%	16%	19%	24%	19%	12%	16%
	<i>Agree</i>	29%	27%	29%	32%	25%	27%	28%	31%
	<i>Strongly agree</i>	26%	27%	23%	27%	26%	30%	28%	22%
I would be embarrassed or ashamed about receiving substance use, mental health, or gambling treatment	<i>Strongly disagree</i>	33%	33%	35%	31%	29%	31%	33%	36%
	<i>Disagree</i>	37%	33%	31%	37%	33%	41%	34%	38%
	<i>Agree</i>	21%	26%	21%	20%	24%	21%	25%	18%
	<i>Strongly agree</i>	9%	8%	14%	11%	13%	7%	7%	9%
I would be concerned that people might not take me seriously if they found out I am receiving professional care	<i>Strongly disagree</i>	29%	30%	36%	25%	25%	29%	25%	30%
	<i>Disagree</i>	35%	32%	30%	39%	31%	38%	37%	33%
	<i>Agree</i>	28%	30%	26%	28%	32%	25%	28%	30%
	<i>Strongly agree</i>	8%	8%	8%	7%	12%	7%	11%	7%
I would be concerned about what people at work might think, say, or do if they found out I am receiving professional care	<i>Strongly disagree</i>	30%	30%	36%	24%	26%	29%	30%	34%
	<i>Disagree</i>	30%	25%	25%	36%	26%	33%	33%	28%
	<i>Agree</i>	30%	35%	28%	32%	32%	29%	30%	28%
	<i>Strongly agree</i>	10%	9%	11%	8%	16%	9%	7%	11%

¹ Note. There were no significant differences in response percentages among the BHDs for any of the perceived stigmas in Table 14.

Summary and Conclusions

The 2025 Iowa Health and Wellbeing survey is the first statewide survey of Iowa adults implemented since the Iowa Behavioral Health Districts (BHDs) were established. As in the prior statewide survey in 2021 it asked about Iowa adults' awareness of state resources such as YLI, respondents' health status, substance use, gambling and mental health in a single survey. New topics on the 2025 survey included asking Iowans about their perceptions of cancer risk, stigma, and opioid overdose prevention and treatment. The 2025 questionnaire also included more detailed assessment of tobacco and nicotine product use.

Additionally, this year's survey has some substantial methodological differences noted in the Background and Methodology section of this report. Stratified sampling by BHD and weighting to adjust for any areas of over- or underrepresentation in the statewide and BHD samples allows us to generalize the sample findings both to those of the adult state population and within each of the BHDs. Although limitations exist in all surveys (see those noted in the Methodology section), the study design and weighting of this survey provide a rigorous foundation to ensure that the findings of the study will provide valuable information for planning and implementation of prevention and treatment programs across the state in the coming years.

This report focused on an initial descriptive analysis for the state and by BHD. Interestingly, some of the state-level estimates show marked changes from those reported in the 2021 statewide survey report¹⁷ (e.g. awareness of YLI increased from 4% in 2021 to 9% in 2025). In general, the estimates across the BHDs did not differ significantly for many of the primary topics of interest (e.g. health status, awareness of state resources, or level of perceived stigma). The few areas where significant differences in responses existed across the BHDs included:

- The percentage of respondents who indicated that they were aware of gambling counseling and treatment services in their area differed significantly across the BHDs, ranging from 46% in BHD6 to 63% in BHD7 ($p \leq 0.05$).
- The percentage of respondents who indicated that they feel "very comfortable" contacting 1-800-BETS-OFF differed significantly across BHDs, ranging from 21% for BHD6 to 34% for BHD3 ($p \leq .05$).
- The percentage of respondents who reported that they needed to talk or seek help due to mental health such as stress, depression, problems with emotions, excessive worrying or troubling thoughts differed significantly across BHDs, ranging from 20% for BHD1 to 40% for BHD7 ($p \leq .001$).
- The percentage of respondents who indicated that they felt sad or hopeless in the past 30 days differed significantly across BHDs, ranging from 13% for BHD1 to 24% for BHD7 ($p \leq .05$).
- The percentage of respondents who used CBD products in the past 30 days differed significantly across BHDs, ranging from 3% for BHD1 to 11% for BHD7 ($p \leq .01$).
- The percentage of respondents who ever used flavored vape or nicotine products differed significantly across the BHDs, ranging from 16% for BHD3 to 31% for BHD7 ($p \leq .05$).

¹⁷ Park, K.H., Radunzel, J., Endres, K., & Losch, M. (2022). *2021 Iowa Health, Wellbeing, Use of Substances and Gambling Survey*, Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa.

- The percentage of respondents who indicated that they had been diagnosed with cancer differed significantly across BHDs, ranging from 9% for BHD5 to 19% for BHD3 ($p \leq .05$).
- The sources selected by respondents about where they get information about behaviors and exposures associated with an increased risk of cancer differed significantly across the BHDs, indicating that there are some regional differences on how adult lowans get health related information. The sources with significant differences across the BHDs included:
 - The percentage of respondents who indicated social media as a source for information about behaviors and exposures associated with an increased risk of cancer ranged from 45% in BHD6 to 61% in BHD5 ($p \leq .001$).
 - The percentage of respondents who indicated internet (e.g. YouTube, websites, etc.) as a source for information about behaviors and exposures associated with an increased risk of cancer ranged from 42% in BHD6 to 58% in BHD1 ($p \leq .05$).
 - The percentage of respondents who indicated newspapers as a source for information about behaviors and exposures associated with an increased risk of cancer ranged from 21% in BHD4 to 34% in BHD2 ($p \leq .05$).
 - The percentage of respondents who indicated that they had not read, seen, or heard anything about the risk of developing cancer in the past year ranged from 6% for BHD1 and BHD2 to 14% for BHD6 ($p \leq .05$).

These descriptive findings provide an important, high-level summary, but they do not provide important detail and nuance to understand differences across groups, experiences, or indicators of important predictors of response. Future analysis and reports could focus on expanded bivariate analyses of responses by their demographic characteristics such as sex, race/ethnicity, income, or education, as well as on specific behaviors (e.g. use of alcohol) and how each behavior relates to multiple factors simultaneously. Other valuable analyses could illuminate how behavioral intentions to reduce cancer risk relate to demographic and other behavioral characteristics (e.g., substance use).

Appendices

APPENDIX A.1 QUESTIONNAIRE

2025 Iowa Health and Wellbeing Survey

SECTION A: Wellbeing & Quality of Life

A1. During the past 30 days, how would you rate your physical health?

- Excellent
- Very good
- Good
- Fair
- Poor

A2. During the past 30 days, how would you rate your mental health?

- Excellent
- Very good
- Good
- Fair
- Poor

A3. When was the last time, if ever, you saw a doctor, physician's assistant (PA), or nurse practitioner (ARNP) for a check-up, also called a health physical?

- Never
- More than 24 months ago
- 12-24 months ago
- Within the last 12 months
- Don't know/Not sure

A4. How dissatisfied or satisfied are you with...

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
a. Your quality of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your ability to perform your daily living activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your personal relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The conditions of your living place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A5. To what extent do you disagree or agree with the following?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a. I have enough energy for everyday life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have enough money to meet my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: Awareness of Resources

B1. Are you aware of counseling or treatment services available in your area for...?

	Yes	No
a. Substance use	<input type="checkbox"/>	<input type="checkbox"/>
b. Mental health	<input type="checkbox"/>	<input type="checkbox"/>
c. Gambling	<input type="checkbox"/>	<input type="checkbox"/>

B2. Have you ever seen or heard of “Your Life Iowa”?

- Yes
- No



B2a. Where did you last see or hear something about “Your Life Iowa”?

_____ (write in)

B3. Have you ever seen or heard of the gambling helpline 1-800-BETS-OFF?

- Yes
- No



B3a. Where did you last see or hear something about the gambling helpline 1-800-BETS-OFF?

_____ (write in)

B4. Have you ever seen or heard of Quitline Iowa (quitlineiowa.org or 1-800-QUIT-NOW)?

- Yes
- No

—————
 B4a. Have you or someone you know ever contacted Quitline Iowa (by phone or online)?
(Check all that apply)
 Yes, I have contacted Quitline Iowa
 Yes, someone I know has contacted Quitline Iowa
 No

B5. Have you ever seen or heard of the 988 Suicide and Crisis Lifeline?

- Yes
- No

—————
 B5a. Where did you last see or hear something about the 988 Suicide and Crisis Lifeline?
 _____ (write in)

B5b. Have you or someone you know ever contacted 988?
(Check all that apply)
 Yes, I have contacted 988
 Yes, someone I know has contacted 988
 No

B6. Have you ever seen or heard of the Iowa Behavioral Health Service System?

- Yes
- No

—————
 B6a. Where did you last see or hear something about the Iowa Behavioral Health Service System?
 _____ (write in)

B7. How much, if at all, do you think each of the following may increase a person’s risk of developing cancer?

	No risk increase	Low risk increase	Moderate risk increase	High risk increase
a. Tobacco product use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nicotine product use (e.g. vapes, pouches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drinking wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Drinking liquor or spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eating an unhealthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Being overweight or obese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Intravenous (IV) drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Human papillomavirus (HPV) infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Exposure to ultraviolet (UV) light (sun or tanning bed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Drinking water with high nitrate levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Exposure to pesticides/herbicides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Exposure to air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Exposure to occupational chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B8. Over the last year, where have you read, seen, or heard about the behaviors and exposures that increase the risk of developing cancer? (Check all that apply)

- Radio
- TV
- Newspaper (paper or online)
- Social media
- Internet (e.g. YouTube, hospital websites, etc.)
- My doctor or other health care provider
- Other, please specify: _____
- I haven't read, seen, or heard anything about the risk of developing cancer during the last year

B9. For each of the following behaviors or exposures, how likely or unlikely are you to take preventive measures to avoid or reduce your risk of developing cancer?

	Very unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Very likely	NA
a. Quit or reduce tobacco product use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Quit or reduce nicotine product use (e.g. vapes or pouches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Quit or reduce drinking beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Quit or reduce drinking wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Quit or reduce drinking liquor or spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Quit intravenous (IV) drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Limit exposure to UV light (sun or tanning bed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B10. Have you or any member of your household been diagnosed with any type of cancer? (Check all that apply)

- Yes, I have been diagnosed with cancer
- Yes, someone in my household was diagnosed with cancer
- No

SECTION C: Help Seeking and Access to Care

C1. If you or a loved one needed support during a **mental health crisis or emergency**, how comfortable, if at all, would you feel contacting each of the following for assistance?

	Not at all comfortable	Not very comfortable	Somewhat comfortable	Very comfortable
a. A mental health provider (e.g. therapist, psychologist, psychiatrist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A close friend or family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 988 Suicide & Crisis Lifeline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 911	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Local law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your Life Iowa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. 1-800-BETS-OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C2. If you or a loved one needed support during a **substance use crisis or emergency**, how comfortable, if at all, would you feel contacting each of the following for assistance?

	Not at all comfortable	Not very comfortable	Somewhat comfortable	Very comfortable
a. A substance use treatment provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A close friend or family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 911	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Local law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your Life Iowa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. During the past 12 months, was there a time when you **needed to talk to or seek help** from a health professional for yourself or a family member for each of the following:

a1. Alcohol use?

- Yes
 No



a2. Did you **get the care** you were seeking?

- Yes
 No

b1. Tobacco or nicotine use?

- Yes
 No



b2. Did you **get the care** you were seeking?

- Yes
 No

c1. Legal substances such as prescription opioids, medical marijuana or medical THC, etc.?

- Yes
 No



c2. Did you **get the care** you were seeking?

- Yes
 No

d1. Illegal drugs or substances such as marijuana (other than CBD or medical marijuana/THC), opioids, meth, etc.?

- Yes
 No



d2. Did you **get the care** you were seeking?

- Yes
 No

e1. Mental health such as stress, depression, problems with emotions, excessive worrying or troubling thoughts?

- Yes
 No



e2. Did you **get the care** you were seeking?

- Yes
 No

f1. Gambling such as casino games, lottery games, sports wagering, or fantasy sports, etc.?

- Yes
 No



f2. Did you **get the care** you were seeking?

- Yes
 No

C4. To what extent do you disagree or agree with each of the following statements?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a. I know where to obtain naloxone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I know how to administer naloxone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I know how to go about finding quality treatment for an opioid use disorder in Iowa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Iowa is moving in the right direction in terms of availability of addiction treatment services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: Use of Substances

The following questions are about alcohol use.

D1. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on **how many days**, if any, have you had a drink of alcohol?

_____ days

D2. During the past 30 days, **how many times** did you have 5 or more drinks if you are male, or 4 or more drinks if you are female, on any occasion within a two-hour period?

_____ times

D3. During the past 30 days, on how many days, if any, did you...

	Number of days
a. Operate a motorized vehicle, such as a car/truck, farm equipment, boat, or an ATV while impaired	_____ days
b. Use CBD or cannabidiol products such as CBD drinks, CBD oils, gummies, ointment, etc.	_____ days
c. Use medical marijuana or medical THC	_____ days
d. Use marijuana or non-prescription THC (other than CBD, medical marijuana/THC)	_____ days
e. Use methamphetamine or meth	_____ days
f. Use non-prescription opioids, like heroin or oxycodone	_____ days
g. Use any prescription drug, whether prescribed to you or not, in ways other than directed	_____ days
h. Use any over the counter medication in ways other than directed	_____ days
i. Inject a non-prescribed substance into your body	_____ days
j. Use any other illegal substance, please specify: _____	_____ days

D4. Do you consider yourself in recovery from past substance use?

Yes

No

The following questions are about tobacco and nicotine use.

D5. Do you currently ...

	Everyday	Somedays	Not at all
a. use cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. use chewing tobacco, snuff, or snus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. vape or use e-cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. use nicotine pouches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D6. Have you ever used a flavored vape or nicotine product (e.g. menthol, mint, fruit, candy, or other)?

- Yes
- No

D7. During the past 12 months, have you stopped using all tobacco and nicotine products for a day or longer because you were TRYING to quit? (Check all that apply)

- Not applicable, I have not used tobacco or nicotine products in the past 12 months
- Yes, I quit tobacco but still vape
- Yes, I quit tobacco but still use nicotine pouches
- Yes, I quit all tobacco and/or nicotine use, including vapes or pouches
- No, I have not tried to quit

D8. In the past 12 months, have you used nicotine replacement therapy (e.g., patch, gum, or lozenge) because you wanted to reduce or quit your tobacco or nicotine use?

- Yes
- No

D9. In the past 12 months, including yourself, is there anyone who vapes or uses e-cigarettes inside your home?

- Yes
- No

The next questions are about gambling behaviors.

D10. During the past 12 months, have you...

	Yes	No
a. Played slots, or bet or wagered on table games such as blackjack, poker, or roulette at a casino?	<input type="checkbox"/>	<input type="checkbox"/>
b. Played Lottery games such as Powerball, Mega Millions, Scratch tickets, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
c. Participated in sports wagering through Iowa casinos' mobile apps, telephone lines, or in their sports books?	<input type="checkbox"/>	<input type="checkbox"/>
d. Bet or wagered money in Fantasy Sports contests through internet sites such as DraftKings or FanDuel?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any item (a-d) in D10, please answer D10a.

D10a. During the past 12 months,...

	Yes	No
a. have you become restless, irritable or anxious when trying to stop and/or cut down on gambling?	<input type="checkbox"/>	<input type="checkbox"/>
b. have you tried to keep your family or friends from knowing how much you gambled?	<input type="checkbox"/>	<input type="checkbox"/>
c. did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E: Mental Health

The next items are about mental health, which includes suicide.

E1. During the past 30 days, did you ever feel so sad or hopeless that you stopped doing some of your usual activities?

- Yes
 No

E2. During the past 30 days, have you engaged in any form of non-suicidal self-injury or self-harm, such as cutting?

- Yes
 No

E3. During the past 30 days, have you thought about killing yourself?

- Yes
 No **[GO TO E4]**

E3a. During the past 30 days, have you made a plan about how you would kill yourself?

- Yes
 No

E3b. Have you attempted to kill yourself during the past 30 days?

- Yes
 No

E4. Has a doctor, nurse, or other health professional ever told you that you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- Yes
 No

E5. Do you consider yourself in recovery from past mental illness?

- Yes
 No

To speak with someone for information and support about gambling, mental health, substance use or tobacco use, you can call Your Life Iowa's toll-free helpline at (855) 581-8111. Or, if you prefer, a Live Chat, a directory of treatment providers and locations is available online at yourlifeiowa.org

If you need to talk, you can also call or text 988 or go to 988lifeline.org whether you're facing mental health struggles, emotional distress, alcohol or drug use concerns.

E6. To what extent do you disagree or agree with each of the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
a. I would be concerned that substance use, mental health, or gambling treatment might harm my chances when applying for jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I would be embarrassed or ashamed about receiving substance use, mental health, or gambling treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would be concerned that people might not take me seriously if they found out I am receiving professional care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would be concerned about what people at work might think, say, or do if they found out I am receiving professional care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F: Demographics

The last few questions are general background questions that will be used to ensure survey participants are representative of Iowans.

F1. What is your current age? _____ years

F2. Are you Hispanic, Latino/a, or of Spanish origin?

- Yes
- No

F3. Which one or more of the following would you say is your race? (Check all that apply)

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Other, please specify: _____

F4. What is your sex?

- Male
- Female

F5. Which of the following best describes you?

- Married
- Divorced
- Widowed
- Separated
- Never married
- A member of an unmarried couple

F6. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

_____ Number of adults

F7. What is the highest level of education you have completed?

- Less than high school graduate
- Grade 12 or GED (high school graduate)
- Some education beyond high school, no degree
- Trade certification or vocational training
- Associate's or 2-year degree
- College graduate with a 4-year degree (e.g., BA, BS)
- Graduate or professional school (e.g., MA, PhD, MD, JD)

F8. Which of the following best describes you?

- Employed for wages
- Self-employed
- Out of work for more than 1 year
- Out of work for less than 1 year
- A homemaker
- A student
- Retired
- Unable to work

F9. For the calendar year 2025, where do you expect your annual gross household income before taxes, from all sources to be?

- Less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$20,000
- \$20,000 to less than \$25,000
- \$25,000 to less than \$35,000
- \$35,000 to less than \$50,000
- \$50,000 to less than \$75,000
- \$75,000 to less than \$100,000
- \$100,000 to less than \$150,000
- \$150,000 or more

F10. Which of the following best describes where you live?

- On a farm
- In a rural setting, not on a farm
- In a rural subdivision outside of city limits
- In a small town of less than 5,000 people
- In a larger town of 5,000 to less than 25,000 people
- In a city of 25,000 to less than 50,000 people
- In a city of 50,000 to less than 150,000 people
- In a larger city of 150,000 or more people

SECTION G: Survey experience

G1. In general, how easy or difficult was it to answer the questions in this survey?

- Very difficult
- Somewhat difficult
- Neither difficult nor easy
- Somewhat easy
- Very easy

G2. During the time that you responded to this survey, did you use any digital or online tools to help you respond to any of the questions? (*Check all that apply*)

- Yes, I used a web browser app (e.g. Grammarly) to edit my responses
- Yes, I used a digital voice assistant such as Siri, Google Assistant, or Alexa
- Yes, I used an AI tool to respond
- Yes, I used a *screen reader* or other *assistive technology* products
- Yes, I used an online search engine (e.g. Google, Bing, Yahoo, etc.)
- No, I have not used any of these digital/online tools or products

APPENDIX A.2 MAILING MATERIALS

First mailing



[DATE]

Address1

Address2

Dear {{County}} Resident:

We need your help! Your household has been randomly selected to participate in a survey sponsored by the Iowa Department of Health and Human Services. **The survey will take about 15 minutes** to complete and asks about your views on health, wellbeing, use of substances, and gambling.

We are interested in your participation, regardless of how much you might know about or have experience with these topics. To ensure that our data represents adults throughout Iowa, we need hundreds of responses from Iowans like you. Findings will be used to improve healthcare in the state and to help Iowans get the services they need.

You can either participate online or by using the enclosed questionnaire booklet and postage prepaid envelope. If you prefer to complete the questionnaire online, please go to the below link or scan the QR Code. In appreciation for your willingness to participate, if you provide your email address after completing the questionnaire (on paper or online), we will email you one \$5 Amazon gift card.

If there is more than one adult 18 years or older in the household, the questionnaire should be filled out by the adult who had the most recent birthday.

Scan this code to begin the online survey

INSERT QR CODE HERE

OR type this link into your browser

[INSERT url HERE]

Responses will be kept confidential, and no individual information will be reported. Thank you for your consideration. If you have questions, please contact us at csbr@uni.edu or (319) 273-2105.

Sincerely,

A handwritten signature in black ink that reads "Kyle L. Endres".

Kyle Endres, PhD

Associate Director

Center for Social & Behavioral Research

Second mailing



[DATE]

Address1
Address2

Dear {{County}} Resident:

We need your help! Your household has been randomly selected to participate in a survey sponsored by the Iowa Department of Health and Human Services. The survey will take about 15 minutes to complete and asks about your views on health, wellbeing, use of substances, and gambling.

We are interested in your participation, regardless of how much you might know about or have experience with these topics. To ensure that our data represents adults throughout Iowa, we need hundreds of responses from Iowans like you. Findings will be used to improve healthcare in the state and to help Iowans get the services they need.

You can either participate online or by using the enclosed questionnaire booklet and postage prepaid envelope. If you prefer to complete the questionnaire online, please go to the below link or scan the QR Code. In appreciation for your willingness to participate, if you provide your email address after completing the questionnaire (on paper or online), we will email you one \$5 Amazon gift card.

If there is more than one adult 18 years or older in the household, the questionnaire should be filled out by the adult who had the most recent birthday.

Scan this code to begin the online survey

INSERT QR CODE HERE

OR type this link into your browser

[INSERT url HERE]

Responses will be kept confidential, and no individual information will be reported. Thank you for your consideration. If you have questions, please contact us at csbr@uni.edu or (319) 273-2105.

Sincerely,

Kyle Endres, PhD
Associate Director
Center for Social & Behavioral Research

Third (final) mailing



[DATE]

Address1
Address2

Dear {{County_name}} County Resident:

In recent weeks, our research team has invited Iowa adults to participate in a survey about their views on health, wellbeing, use of substances and gambling in the State of Iowa.

The survey will close soon, but there is still time to participate by going to the following link or scanning the QR Code below to complete the questionnaire. Alternatively, you can participate by using the survey booklet and postage prepaid envelope we previously sent. In appreciation for your willingness to participate, if you provide your email address after completing the questionnaire (on paper or online), we will email you one \$5 Amazon gift card.

If there is more than one adult 18 years or older in the household, the questionnaire should be filled out by the adult who had the most recent birthday.

Scan this code to begin the online survey

OR type this link into your browser

[INSERT url HERE]

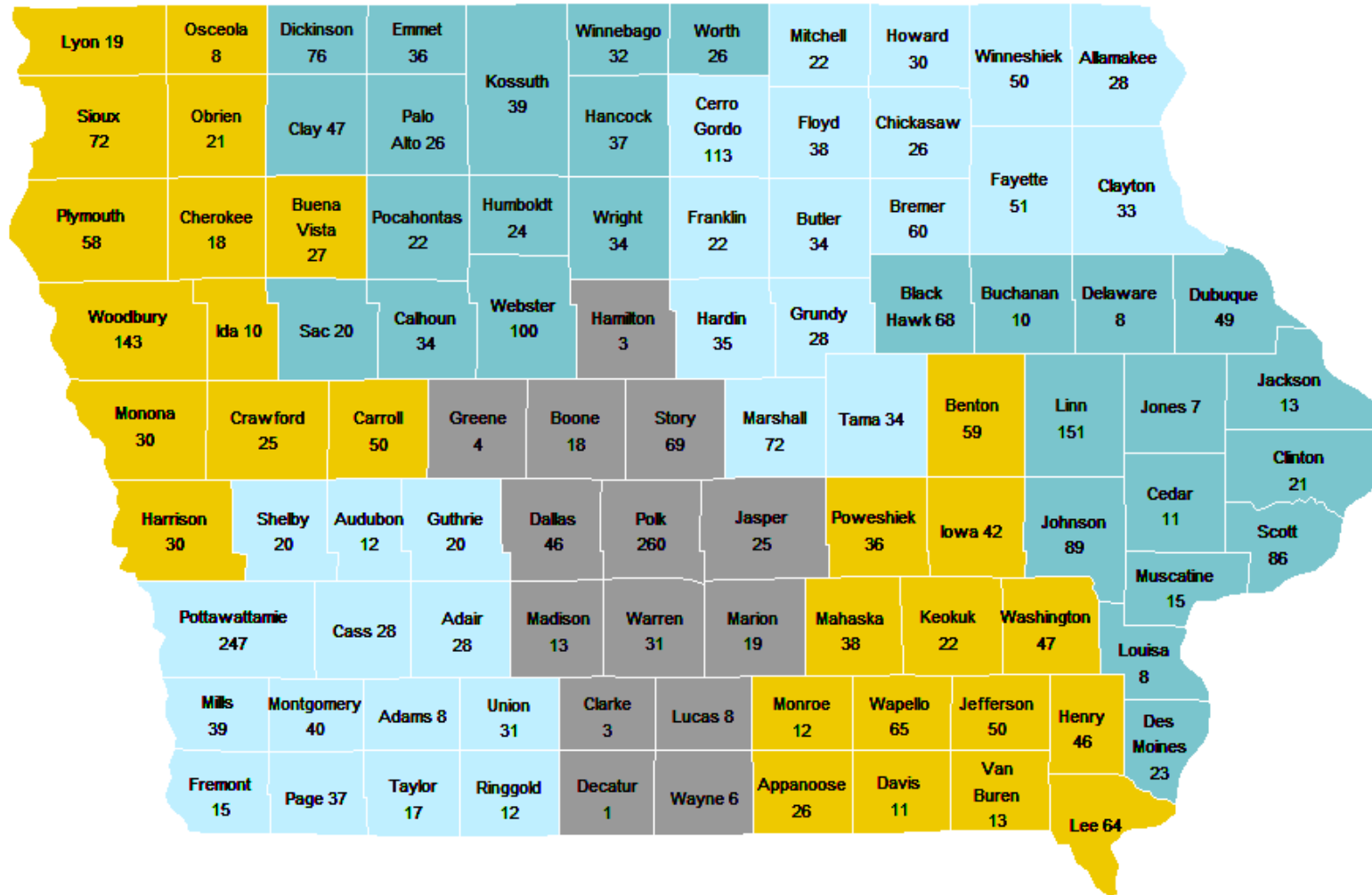
This is the last contact we will be sending you about this survey, as we are bringing this phase of the project to a close. Please take 15 minutes in the next day or so to assist Iowa HHS in learning about the health and views of Iowans like you. Responses will be kept confidential, and no individual information will be reported in study findings.

If you have any questions, please contact us at (319) 273-2105 or csbr@uni.edu.

With thanks,

Kyle Endres, PhD
Associate Director, Center for Social & Behavioral Research

APPENDIX B. SURVEY COMPLETION BY COUNTY



APPENDIX C. WEIGHTING REPORT FOR THE 2025 IOWA HEALTH AND WELLBEING SURVEY

Prepared by:

Raphael Nishimura¹⁸, and Ruyi Chen¹⁹

The weighting process for the 2025 Iowa Health and Wellbeing Survey was designed to provide nearly unbiased estimates for the adult population in the state of Iowa. It consisted of a multi-step process to account for the sample selection probabilities, unknown eligibility status and nonresponse in the survey. The weights were also calibrated to match the population with respect to selected demographic variables. This report describes in details each of the steps in the weighting process.

Design weights

The first step of the weighting process accounts for unequal selection probabilities due to the disproportionate allocation in the stratified sample design. For such, design weights were computed for every selected address as the inverse of their selection probability:

$$w_{1,hi} = \frac{1}{\pi_{hi}}$$

where π_{hi} is the selection probability for the i^{th} selected address in h^{th} behavioral health districts (BHD) stratum.

Table 1 below presents summary statistics of the design weights. As expected, the design weights sum up to the total count of addresses in the address sampling frame provided by the vendor. The Kish's weighting effect of 1.59 reflects how much variability there are in the weights, primarily due to over-sampling conducted in some strata, due to the disproportionate/equal allocation.

Table 1. Summary statistics of the design weight

Statistic	Design Weight
Minimum	18.21
1 st Quartile	21.34
Median	27.6
Mean	46.71
3 rd Quartile	98.13
Maximum	107.94
Sum	1,307,975
Std. Deviation	35.87
Coefficient of variation	0.77
Kish's weighting effect	1.59

The design weights ($w_{1,hi}$) are saved in the survey data file under the variable *dsn_weight*.

Unknown eligibility adjustment

The next step in the weighting process adjusts the design weights for addresses whose eligibility status was not possible to be determined, whether because nothing has been returned or completed, it was an undeliverable address, for some other reason. In this adjustment, the addresses in the sample were

¹⁸ Survey Research Operations, Survey Research Center, Institute for Social Research, University of Michigan

categorized into four groups: respondents, nonrespondents, ineligible addresses and addresses with unknown eligibility. Table 2 shows how each final disposition, per the American Association of Public Opinion (AAPOR) code, was classified in each of the four final outcome groups:

Table 2. Crosswalk between final disposition code and final outcome group

AAPOR	Description	Outcome
1100	Complete	Respondent
1200	Partial	Respondent
2100	Refusal, household level	Nonrespondent
2120	Refusal/Breakoff, respondent	Nonrespondent
2270	Completed, but not returned during the fielding	Nonrespondent
2310	Dead	Nonrespondent
2332	Selected Respondent Language	Nonrespondent
3100	Unknown if housing unit	Unknown eligibility
3101	Hard refusal, unknown eligibility	Unknown eligibility
3199	Nothing returned or completed	Unknown eligibility
3200	Housing unit, Unknown if eligible respondent	Unknown eligibility
3210	Undeliverable, returned, refused to receive mail	Unknown eligibility
4100	Out of sampling area	Ineligible
4300	Address not workable as it is	Ineligible
4500	Not a housing unit (e.g. business)	Ineligible
4600	Vacant (returned as undeliverable)	Ineligible
4700	No eligible respondent in the household	Ineligible

Within each BHD, the design weights of the addresses with unknown eligibility were redistributed across the other three types of addresses. That is, the unknown eligibility adjusted weight was computed as:

$$w_{2,hi} = \begin{cases} w_{1,hi} \times \frac{\sum_{i \in s_h} w_{1,hi}}{\sum_{i \in s_{KN,h}} w_{1,hi}}, & \text{if address eligibility is known} \\ 0, & \text{otherwise} \end{cases}$$

where s_h is the set corresponding to the entire sample of addresses in stratum h , and $s_{KN,h}$ is the set of addresses whose eligibility is known in the stratum h .

Table 3 displays summary statistics of the unknown eligibility adjusted weight calculated over the addresses whose eligibility status is known. These weights continue to sum up to the total count of addresses in the address sampling frame. Moreover, its Kish's weighting effect slightly increases to 1.62, indicating that not much variability was introduced in the weights at this step.

Table 3. Summary statistics of the unknown eligibility adjusted weight over the addresses whose eligibility status is known

Statistic	Unknown Eligibility Adjusted Weight
Minimum	100.2
1 st Quartile	120.6
Median	146.4
Mean	265.8
3 rd Quartile	600.2
Maximum	604.70
Sum	1,307,975
Std. Deviation	210.08
Coefficient of variation	0.79
Kish's weighting effect	1.62

The unknown eligibility adjustment factor $\left(\frac{\sum_{i \in s_h} w_{1,hi}}{\sum_{i \in s_{KN,h}} w_{1,hi}}\right)$ and the unknown eligibility adjusted weight ($w_{2,hi}$) are saved in the survey data file under the variables *ukn_adj* and *ukn_adj_weight*, correspondingly.

At this point in the weighting process, the weights for the ineligible addresses were dropped from the survey data set, as they do not belong to the target population.

Nonresponse adjustment

The third step of the weighting process involves an adjustment to account for nonresponse, in which some of the selected eligible addresses failed to complete the survey interview. This adjustment follows a similar procedure to the previous one: within stratum, the unknown eligibility adjusted weights of the nonrespondents are redistributed among the respondents:

$$w_{3,hi} = \begin{cases} w_{2,hi} \times \frac{n_{Elig,h}}{n_{Resp,h}}, & \text{if address completed the survey} \\ 0, & \text{otherwise} \end{cases}$$

where $n_{Elig,h}$ is the number of eligible addresses, respondents or nonrespondents, in stratum h , and $n_{Resp,h}$ is the number of responding addresses in the same stratum.

Summary statistics of the nonresponse adjusted weight calculated over the responding addresses are shown in Table 4. These weights sum up to 1,065,730, which should correspond to the total number of occupied housing units in Iowa. However, according to the 2024 American Community Survey 1-Year Estimate, there are about 1.3 million occupied housing units in Iowa. Such difference is probably due to some remaining nonresponse not fully corrected by the unknown eligibility or nonresponse adjustments. The Kish's weighting effect remained essentially the same at 1.63.

Table 4. Summary statistics of the nonresponse adjusted weight over responding addresses

Statistic	Nonresponse Adjusted Weight
Minimum	103.6
1 st Quartile	123.2
Median	153.3
Mean	274.0
3 rd Quartile	625.3
Maximum	626.3
Sum	1,065,730
Std. Deviation	217.21
Coefficient of variation	0.79
Kish's weighting effect	1.63

The nonresponse adjustment factor ($\frac{n_{Elig,h}}{n_{Resp,h}}$) and the nonresponse adjusted weight ($w_{3,hi}$) are saved in the survey data file under the variables *nr_adj* and *nr_adj_weight*, correspondingly.

Data management and imputation

In order to prepare the data for the next couple of steps in the weighting process, some of the variables needed to be recoded and, those with missing values, had to be imputed.

First, a single-response Race variable was created using variables F3_1, F3_2, F3_3, F3_4, F3_5, F3_6 with the following categories:

- White alone (F3_1 = 1 and all remaining variables are missing)
- Black and African American alone (F3_2 = 1 and all remaining variables are missing)
- Asian Alone (F3_3 = 1 and all remaining variables are missing)
- Native Hawaiian and Other Pacific Islander Alone (F3_4 = 1 and all remaining variables are missing)
- American Indian or Alaska Native Alone (F3_5 = 1 and all remaining variables are missing)
- Some Other Race alone (F3_6 = 1 and all remaining variables are missing)
- Two or More races (if two or more of the F3 variables is equal to one)

Then, a multivariate imputation by chained equations procedure, implemented in the {mice} package in R, was performed to imputed missing values in the following variables: Age (F1), Hispanic ethnicity (F2), Sex (F4), Number of household members (F6), Education (F7), and Race. In order to assist the imputation, the following variables were also included in the multivariate imputation by chained equations procedure: Mode, Marital status (F5), Employment (F8), Household income (F9), and Area type (F10).

The imputed variables are saved in the survey data file with a “_imp” suffix and an imputation flag, with a “_flag” suffix is available for each variable, indicating which cases contain an imputed value.

With the imputed values, the variables used in the calibration adjustment, described in details below, were recoded as follows:

- Age
 - 18-29
 - 30-44
 - 45-64
 - 65+

- Race
 - White alone
 - Black and African American alone
 - Other

- Race/ethnicity
 - Hispanic or Latino
 - Non-Hispanic White alone
 - Non-Hispanic Black and African American alone
 - Non-Hispanic Other

- Education
 - Less than high school
 - High school or some college
 - Associate's to Bachelor's
 - Master, Professional or Doctoral degree

Within-household selection adjustment

In this step of the weighting process, an adjustment is computed for each respondent to account for the within-household selection. In households with more than one eligible person, a householder was selected with equal probability to answer the survey. Therefore, the weights were adjusted by the inverse of the within-household selection probability:

$$w_{4,hi} = w_{4,hi} \times \frac{1}{1/N_{hi}}$$

where N_{hi} is the total number of eligible persons in the i^{th} address in the h^{th} stratum.

Since some respondents reported up to 30 eligible household members, in order to avoid introducing any undue variability in the weights, N_{hi} was capped at 5, that is:

$$N_{hi} = \begin{cases} N_{hi}, & \text{if } N_{hi} \leq 5 \\ 5, & \text{if } N_{hi} > 5 \end{cases}$$

Table 5 presents summary statistics of the within-household selection adjusted weights over the survey respondents. They sum up to 1,953,471, which should correspond to the total number of adults 18 years or older in Iowa. However, according to the 2024 American Community Survey 1-Year Estimate, there are about 2.5 million people 18 years or older in Iowa. Similarly to the nonresponse adjusted weight, this difference is probably due to some nonresponse not fully corrected by the weighting adjustments. The Kish's weighting effect increased substantially up to 1.95. This is expected, however, since there is quite some variability in household size, and the selection of a single respondent per household tends to produce this type of result.

Table 5. Summary statistics of the within-household selection adjusted weight over survey respondents

Statistic	Within-Household Selection Adjusted Weight
Minimum	103.6
1 st Quartile	207.2
Median	289.9
Mean	502.2
3 rd Quartile	625.3
Maximum	3,131.3
Sum	1,953,471
Std. Deviation	488.52
Coefficient of variation	0.97
Kish's weighting effect	1.95

The within household selection weight ($w_{4,hi}$) is saved in the survey data file under the variable *resp_weight*.

Calibration adjustment

In the last step of the weighting process, the survey weights are calibrated so that the weighted distribution of the sample matches the population distribution with respect to some auxiliary variables. In this case, the calibration adjustment was performed using a raking procedure implemented in the `calibrate` function of the `{survey}` package in R. The population distributions were extracted from the 2023 American Community Survey 5-Years Estimates.

The following dimensions were used in the calibration adjustment:

- Sex by BHD
- Age by BHD
- Race by BHD
- Sex
- Age

- Race/Ethnicity
- Education

Because there were some sparse and even empty sample cells in the Race by BHD dimension, all the non-White race categories were collapsed in a singles group.

Once the raking procedure finished running, the distribution of the resulting weights was reviewed to evaluate if there were any extreme values that could introduce undue variability in the survey estimates. Upon inspection, it was found that 19 respondents had extreme weights compared to the rest of the sample. Hence, the calibration adjustment was run again with an additional restriction that the weights should not exceed 10,000. In order to allow the procedure to converge, the tolerance in matching population distribution was also reduced to an order of 10^{-2} .

As it can be seen from the sample unweighted percentages in Table 6, compared to the population, the responding sample is quite skewed in different dimensions: there are disproportionately more females, older, White people, and more educated. The calibration adjustment, however, adjusts these distortions quite accurately, in terms of the percentages, even though there are some differences between the population totals and weighted sample totals.

Table 6. Population and sample (weighted and unweighted) distributions for each calibration dimension

Variable Category	Population Total	Weighted Sample Total	Population Percentage	Unweighted Sample Percentage	Weighted Sample Percentage
Sex by BHD					
Female, BHD 1	111,569	111,220	4.54%	9.10%	4.52%
Female, BHD 2	70,025	70,083	2.85%	10.10%	2.85%
Female, BHD 3	114,889	115,109	4.67%	11.67%	4.68%
Female, BHD 4	83,886	83,944	3.41%	10.21%	3.41%
Female, BHD 5	353,299	353,749	14.37%	7.99%	14.38%
Female, BHD 6	98,489	98,548	4.00%	8.61%	4.01%
Female, BHD 7	403,492	403,784	16.41%	9.13%	16.41%
Male, BHD 1	111,438	111,465	4.53%	4.04%	4.53%
Male, BHD 2	71,802	71,810	2.92%	4.11%	2.92%
Male, BHD 3	114,283	114,291	4.65%	5.71%	4.65%
Male, BHD 4	82,117	82,125	3.34%	4.04%	3.34%
Male, BHD 5	352,459	352,585	14.33%	5.01%	14.33%
Male, BHD 6	99,719	99,727	4.05%	5.04%	4.05%
Male, BHD 7	391,917	391,954	15.94%	5.24%	15.93%
Age by BHD					
18-29, BHD 1	44,634	43,878	1.81%	0.77%	1.78%
18-29, BHD 2	24,680	24,588	1.00%	1.23%	1.00%
18-29, BHD 3	40,132	40,202	1.63%	0.85%	1.63%
18-29, BHD 4	27,618	27,526	1.12%	0.62%	1.12%

18-29, BHD 5	163,946	164,016	6.67%	1.23%	6.67%
18-29, BHD 6	35,839	35,748	1.46%	0.87%	1.45%
18-29, BHD 7	180,563	180,685	7.34%	1.05%	7.34%
30-44, BHD 1	53,119	53,147	2.16%	2.60%	2.16%
30-44, BHD 2	30,876	30,813	1.26%	2.01%	1.25%
30-44, BHD 3	49,793	49,729	2.02%	2.60%	2.02%
30-44, BHD 4	37,949	37,886	1.54%	2.44%	1.54%
30-44, BHD 5	190,226	190,169	7.73%	2.78%	7.73%
30-44, BHD 6	44,775	44,712	1.82%	2.39%	1.82%
30-44, BHD 7	193,464	193,448	7.87%	2.70%	7.86%
45-64, BHD 1	71,597	71,985	2.91%	3.96%	2.93%
45-64, BHD 2	45,032	45,329	1.83%	3.73%	1.84%
45-64, BHD 3	75,360	75,656	3.06%	5.04%	3.07%
45-64, BHD 4	55,796	56,092	2.27%	4.34%	2.28%
45-64, BHD 5	214,887	215,524	8.74%	3.73%	8.76%
45-64, BHD 6	65,464	65,760	2.66%	3.78%	2.67%
45-64, BHD 7	244,545	244,842	9.94%	4.45%	9.95%
65+, BHD 1	53,658	53,675	2.18%	5.81%	2.18%
65+, BHD 2	41,237	41,163	1.68%	7.25%	1.67%
65+, BHD 3	63,888	63,813	2.60%	8.89%	2.59%
65+, BHD 4	44,639	44,565	1.82%	6.84%	1.81%
65+, BHD 5	136,698	136,624	5.56%	5.27%	5.55%
65+, BHD 6	52,130	52,055	2.12%	6.61%	2.12%
65+, BHD 7	176,837	176,763	7.19%	6.17%	7.18%

Race by BHD

White, BHD 1	189,528	189,528	7.71%	12.78%	7.70%
White, BHD 2	131,339	131,373	5.34%	13.96%	5.34%
White, BHD 3	209,659	209,692	8.52%	17.15%	8.52%
White, BHD 4	154,626	154,659	6.29%	13.98%	6.29%
White, BHD 5	600,911	600,947	24.43%	12.54%	24.42%
White, BHD 6	182,592	182,625	7.42%	13.39%	7.42%
White, BHD 7	687,340	687,376	27.95%	13.80%	27.94%
Non-White, BHD 1	33,479	33,157	1.36%	0.36%	1.35%
Non-White, BHD 2	10,487	10,520	0.43%	0.26%	0.43%
Non-White, BHD 3	19,513	19,708	0.79%	0.23%	0.80%
Non-White, BHD 4	11,377	11,410	0.46%	0.26%	0.46%
Non-White, BHD 5	104,846	105,387	4.26%	0.46%	4.28%
Non-White, BHD 6	15,616	15,650	0.63%	0.26%	0.64%
Non-White, BHD 7	108,069	108,362	4.39%	0.57%	4.40%

Sex

Female	1,235,701	1,236,437	50.24%	66.81%	50.25%
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Male	1,223,682	1,223,957	49.76%	33.19%	49.75%
Age					
18-29	515,594	516,643	20.96%	6.63%	21.00%
30-44	599,878	599,904	24.39%	17.51%	24.38%
45-64	775,234	775,187	31.52%	29.02%	31.51%
65+	568,677	568,659	23.12%	46.84%	23.11%
Race/Ethnicity					
Hispanic or Latino	140,259	141,054	5.70%	2.21%	5.73%
Non-Hispanic White alone	2,107,708	2,107,713	85.70%	95.71%	85.67%
Non-Hispanic Black or African American alone	81,847	81,867	3.33%	1.11%	3.33%
Non-Hispanic Other	129,569	129,761	5.27%	0.98%	5.27%
Education					
Less than high school	174,658	174,660	7.10%	2.13%	7.10%
High school or some college	1,299,585	1,300,312	52.84%	41.29%	52.85%
Associate's to Bachelor's	762,928	763,154	31.02%	40.41%	31.02%
Master, Professional or Doctoral degree	222,212	222,267	9.04%	16.17%	9.03%

Summary statistics of the calibrated weights over the survey respondents. These weights sum up to 2,460,394, which by design correspond to the total number of adults 18 years or older in Iowa, per 2023 American Community Survey 5-Years Estimate. The Kish's weighting effect increased drastically up to 4.13, as it has to adjust the severe skewness in the responding sample, as noted above.

Table 7. Summary statistics of the calibrated weight over survey respondents

Statistic	Calibrated Weight
Minimum	21.0
1 st Quartile	145.6
Median	274.4
Mean	632.5
3 rd Quartile	671.3
Maximum	10,000.0
Sum	2,460,394
Std. Deviation	1,118.27
Coefficient of variation	1.77
Kish's weighting effect	4.13

This final calibrated weight is saved in the survey data file under the variable *final_weight_pop*. This weight scales up to the population size. However, some users prefer to work with weights that are scaled to the sample size. For this reason, the weighting variable *final_weight_sample*, which sums up to the sample size, was also added to the survey data file.

APPENDIX D. AWARENESS OF RESOURCES AND SOURCES (STATE AND BY BHD)

IHW25-Awareness YLI by BHD

		BHD Behavioral health districts							State
		1	2	3	4	5	6	7	
B2 Have you ever seen or heard of "Your Life Iowa"?	Yes	9%	8%	7%	5%	11%	6%	10%	9%
	No	91%	92%	93%	95%	89%	94%	90%	91%
	Total	222,685	141,822	229,400	166,069	705,949	198,275	793,805	2,458,006
Source									
B2aTxt_1 Radio/podcast: Last seen or heard Your Life Iowa	Not selected	99%	98%	99%	99%	99%	99%	98%	99%
	Selected	1%	2%	1%	1%	1%	1%	2%	1%
B2aTxt_2 TV: Last seen or heard Your Life Iowa	Not selected	98%	100%	99%	99%	98%	99%	97%	98%
	Selected	2%	<1%	1%	1%	2%	1%	3%	2%
B2aTxt_3 Billboard: Last seen or heard Your Life Iowa	Not selected	100%	100%	100%	100%	99%	100%	100%	100%
	Selected	<1%	<1%	<1%	<1%	1%	<1%	<1%	<1%
B2aTxt_4 Facebook, SM: Last seen or heard Your Life Iowa	Not selected	100%	99%	100%	100%	100%	100%	100%	100%
	Selected	<1%	1%	<1%	<1%	<1%	<1%	<1%	<1%
B2aTxt_5 YouTube, Online (no specific): Last seen or heard Your Life Iowa	Not selected	100%	99%	99%	100%	99%	99%	97%	99%
	Selected	<1%	1%	1%	<1%	1%	1%	3%	1%
B2aTxt_6 Ads/commercials (no specific): Last seen or heard Your Life Iowa	Not selected	100%	100%	100%	100%	100%	99%	100%	100%
	Selected	<1%	<1%	<1%	<1%	<1%	1%	<1%	<1%
B2aTxt_7 Don't remember. DK: Last seen or heard Your Life Iowa	Not selected	98%	99%	98%	100%	97%	99%	100%	99%
	Selected	2%	1%	2%	<1%	3%	1%	<1%	1%

IHW25-Awareness YLI by BHD

BHD Behavioral health districts

		1	2	3	4	5	6	7	State
B2aTxt_8 A time frame reference only: Last seen or heard Your Life Iowa	Not selected	99%	100%	100%	98%	100%	100%	100%	100%
	Selected	1%	<1%	<1%	2%	<1%	<1%	<1%	<1%
B2aTxt_9 Journal-article-print/News (no specific): Last seen or heard Your Life Iowa	Not selected	100%	100%	100%	100%	100%	100%	100%	100%
	Selected	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
B2aTxt_10 P Locations (e.g. gas station, bathroom)/Work/School/Building): Last seen or heard Your Life Iowa	Not selected	99%	100%	100%	100%	100%	100%	98%	99%
	Selected	1%	<1%	<1%	<1%	<1%	<1%	2%	1%
B2aTxt_11 Organization, Dr. office, clinic/Family & friend: Last seen or heard Your Life Iowa	Not selected	99%	100%	99%	100%	98%	100%	98%	98%
	Selected	1%	<1%	1%	<1%	2%	<1%	2%	2%
B2aTxt_12 Newspaper: Last seen or heard Your Life Iowa	Not selected	100%	100%	100%	100%	100%	100%	100%	100%
	Selected	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
B2aTxt_13 Other: Last seen or heard Your Life Iowa	Not selected	100%	100%	100%	100%	99%	100%	100%	100%
	Selected	<1%	<1%	<1%	<1%	1%	<1%	<1%	<1%

IHW25-Awareness 1-800-BETS-OFF by BHD

		BHD Behavioral health districts							
		1	2	3	4	5	6	7	State
B3 Have you ever seen or heard of the gambling helpline 1-800-BETS-OFF?	Yes	77%	81%	79%	80%	85%	76%	83%	82%
	No	23%	19%	21%	20%	15%	24%	17%	18%
	Total	220,815	141,766	229,124	164,589	703,732	197,787	794,499	2,452,313
Source									
B3aTxt_1 Radio/podcast: Last seen or heard 1-800-BETS-OFF	Not selected	84%	85%	87%	90%	83%	84%	87%	85%
	Selected	16%	15%	13%	10%	17%	16%	13%	15%
B3aTxt_2 TV: Last seen or heard 1-800-BETS-OFF	Not selected	65%	66%	68%	67%	71%	68%	67%	68%
	Selected	35%	34%	32%	33%	29%	32%	33%	32%
B3aTxt_3 Billboard: Last seen or heard 1-800-BETS-OFF	Not selected	96%	97%	95%	89%	88%	94%	92%	92%
	Selected	4%	3%	5%	11%	12%	6%	8%	8%
B3aTxt_4 Facebook, SM: Last seen or heard 1-800-BETS-OFF	Not selected	97%	100%	99%	100%	99%	100%	98%	99%
	Selected	3%	<1%	1%	<1%	1%	<1%	2%	1%
B3aTxt_5 YouTube, Online (no specific): Last seen or heard 1-800-BETS-OFF	Not selected	92%	96%	93%	98%	97%	98%	97%	96%
	Selected	8%	4%	7%	2%	3%	2%	3%	4%
B3aTxt_6 Ads/commercials (no specific): Last seen or heard 1-800-BETS-OFF	Not selected	98%	96%	93%	95%	87%	94%	92%	92%
	Selected	2%	4%	7%	5%	13%	6%	8%	8%
B3aTxt_7 Don't remember. DK: Last seen or heard 1-800-BETS-OFF	Not selected	97%	97%	98%	97%	97%	97%	95%	97%
	Selected	3%	3%	2%	3%	3%	3%	5%	3%
B3aTxt_8 A time frame reference only: Last seen or heard 1-800-BETS-OFF	Not selected	98%	99%	99%	97%	99%	100%	98%	98%
	Selected	2%	1%	1%	3%	1%	<1%	2%	2%

IHW25-Awareness 1-800-BETS-OFF by BHD

		BHD Behavioral health districts							
		1	2	3	4	5	6	7	State
B3aTxt_9 Journal-article-print/News (no specific): Last seen or heard 1-800-BETS-OFF	Not selected	100%	96%	99%	98%	99%	99%	99%	99%
	Selected	<1%	4%	1%	2%	1%	1%	1%	1%
B3aTxt_10 Locations (e.g. gas station, bathroom)/Work/School/Building): Last seen or heard 1-800-BETS-OFF	Not selected	98%	96%	97%	97%	97%	97%	100%	98%
	Selected	2%	4%	3%	3%	3%	3%	<1%	2%
B3aTxt_11 Organization, Dr. office, clinic/Family & friend : Last seen or heard 1-800-BETS-OFF	Not selected	99%	99%	99%	100%	99%	99%	99%	99%
	Selected	1%	1%	1%	<1%	1%	1%	1%	1%
B3aTxt_12 Newspaper : Last seen or heard 1-800-BETS-OFF	Not selected	100%	99%	99%	99%	100%	100%	100%	100%
	Selected	<1%	1%	1%	1%	<1%	<1%	<1%	<1%
B3aTxt_13 Other : Last seen or heard 1-800-BETS-OFF	Not selected	100%	100%	100%	100%	100%	99%	99%	99%
	Selected	<1%	<1%	<1%	<1%	<1%	1%	1%	1%
B3aTxt_14 In a Casino/Lottery (number games): Last seen or heard 1-800-BETS-OFF	Not selected	97%	96%	95%	94%	95%	96%	94%	95%
	Selected	3%	4%	5%	6%	5%	4%	6%	5%
B3aTxt_15 Gambling apps (e.g. sport wagering app): Last seen or heard 1-800-BETS-OFF	Not selected	100%	98%	98%	100%	100%	99%	100%	99%
	Selected	<1%	2%	2%	<1%	<1%	1%	<1%	1%

IHW25-Awareness 988 Crisis Helpline by BHD

		BHD Behavioral health districts							
		1	2	3	4	5	6	7	State
B5 Have you ever seen or heard of the 988 Suicide and Crisis Lifeline?	Yes	66%	68%	64%	64%	76%	65%	76%	72%
	No	34%	32%	36%	36%	24%	35%	24%	28%
	Total	221,533	141,498	228,278	165,349	704,177	195,804	788,520	2,445,160
Source									
B5aTxt_1 Radio/podcast: Last seen or heard 988	Not selected	94%	94%	94%	94%	93%	94%	94%	93%
	Selected	6%	6%	6%	6%	7%	6%	6%	7%
B5aTxt_2 TV: Last seen or heard 988	Not selected	82%	80%	80%	81%	80%	86%	83%	82%
	Selected	18%	20%	20%	19%	20%	14%	17%	18%
B5aTxt_3 Billboard: Last seen or heard 988	Not selected	99%	97%	98%	99%	96%	99%	98%	97%
	Selected	1%	3%	2%	1%	4%	1%	2%	3%
B5aTxt_4 Facebook, SM: Last seen or heard 988	Not selected	95%	95%	96%	94%	96%	96%	95%	95%
	Selected	5%	5%	4%	6%	4%	4%	5%	5%
B5aTxt_5 YouTube, Online (no specific): Last seen or heard 988	Not selected	87%	96%	97%	93%	93%	98%	93%	93%
	Selected	13%	4%	3%	7%	7%	2%	7%	7%
B5aTxt_6 Ads/commercials (no specific): Last seen or heard 988	Not selected	99%	97%	98%	98%	98%	98%	98%	98%
	Selected	1%	3%	2%	2%	2%	2%	2%	2%
B5aTxt_7 Don't remember. DK: Last seen or heard 988	Not selected	96%	97%	96%	96%	94%	94%	94%	95%
	Selected	4%	3%	4%	4%	6%	6%	6%	5%
B5aTxt_8 A time frame reference only: Last seen or heard 988	Not selected	98%	99%	98%	97%	97%	99%	97%	98%
	Selected	2%	1%	2%	3%	3%	1%	3%	2%

IHW25-Awareness 988 Crisis Helpline by BHD

		BHD Behavioral health districts							State
		1	2	3	4	5	6	7	
B5aTxt_9 Journal-article-print/News (no specific): Last seen or heard 988	Not selected	99%	97%	98%	98%	97%	97%	96%	97%
	Selected	1%	3%	2%	2%	3%	3%	4%	3%
B5aTxt_10 Locations (e.g. gas station, bathroom)/Work/School/Building): Last seen or heard 988	Not selected	96%	91%	92%	97%	90%	92%	92%	92%
	Selected	4%	9%	8%	3%	10%	8%	8%	8%
B5aTxt_11 Organization, Dr. office, clinic/Family & friend : Last seen or heard 988	Not selected	95%	93%	93%	94%	93%	90%	90%	92%
	Selected	5%	7%	7%	6%	7%	10%	10%	8%
B5aTxt_12 Newspaper : Last seen or heard 988	Not selected	99%	99%	99%	99%	100%	99%	100%	99%
	Selected	1%	1%	1%	1%	<1%	1%	<1%	1%
B5aTxt_13 Other : Last seen or heard 988	Not selected	99%	99%	98%	98%	97%	96%	97%	97%
	Selected	1%	1%	2%	2%	3%	4%	3%	3%

IHW25-Contacted 988 Crisis Helpline by BHD (all respondents)

Have you or someone you know ever contacted 988? (Check all that apply)		BHD Behavioral health districts							State
		1	2	3	4	5	6	7	
B5b_1 Yes, I have contacted 988	Not selected	65%	67%	63%	61%	74%	60%	72%	69%
	Selected	1%	1%	1%	3%	2%	5%	5%	3%
	Not applicable*	34%	32%	36%	36%	24%	35%	24%	28%
B5b_2 Yes, someone I know has contacted 988	Not selected	61%	65%	60%	61%	71%	57%	67%	66%
	Selected	5%	3%	5%	2%	5%	7%	9%	6%
	Not applicable*	34%	32%	36%	36%	24%	35%	24%	28%
B5b_3 No	Not selected	11%	6%	10%	7%	12%	14%	16%	13%
	Selected	55%	62%	55%	57%	64%	51%	61%	59%
	Not applicable*	34%	32%	36%	36%	24%	35%	24%	28%

Note: * Not applicable are those who reported that they have never seen or heard of 988 and they were not asked this follow-up question.

IHW25-Contacted 988 Crisis Helpline by BHD (only the valid responses)

Have you or someone you know ever contacted 988? (Check all that apply)		BHD Behavioral health districts							State
		1	2	3	4	5	6	7	
B5b_1 Yes, I have contacted 988	Not selected	99%	98%	98%	96%	98%	93%	94%	96%
	Selected	1%	2%	2%	4%	2%	7%	6%	4%
B5b_2 Yes, someone I know has contacted 988	Not selected	92%	96%	93%	96%	93%	89%	88%	91%
	Selected	8%	4%	7%	4%	7%	11%	12%	9%
B5b_3 No	Not selected	17%	9%	15%	11%	16%	22%	21%	17%
	Selected	83%	91%	85%	89%	84%	78%	79%	83%

IHW25-Awareness Behavioral Health Service System by BHD

		BHD Behavioral health districts							
		1	2	3	4	5	6	7	State
B6 Have you ever seen or heard of the Iowa Behavioral Health Service System?	Yes	38%	30%	29%	33%	29%	25%	31%	31%
	No	62%	70%	71%	67%	71%	75%	69%	69%
	Total	221,878	141,780	218,088	164,489	702,641	197,608	794,141	2,440,625
Source									
B6aTxt_1 Radio/podcast: Last seen or heard Iowa Behavioral Health System	Not selected	99%	100%	99%	100%	98%	100%	100%	99%
	Selected	1%	<1%	1%	<1%	2%	<1%	<1%	1%
B6aTxt_2 TV: Last seen or heard Iowa Behavioral Health System	Not selected	99%	98%	98%	99%	97%	100%	99%	98%
	Selected	1%	2%	2%	1%	3%	<1%	1%	2%
B6aTxt_3 Billboard: Last seen or heard Iowa Behavioral Health System	Not selected	100%	100%	99%	100%	100%	100%	99%	100%
	Selected	<1%	<1%	1%	<1%	<1%	<1%	1%	<1%
B6aTxt_4 Facebook, SM: Last seen or heard Iowa Behavioral Health System	Not selected	99%	99%	99%	99%	100%	99%	100%	100%
	Selected	1%	1%	1%	1%	<1%	1%	<1%	<1%
B6aTxt_5 YouTube, Online (no specific): Last seen or heard Iowa Behavioral Health System	Not selected	96%	98%	99%	100%	98%	99%	98%	98%
	Selected	4%	2%	1%	<1%	2%	1%	2%	2%
B6aTxt_6 Ads/commercials (no specific): Last seen or heard Iowa Behavioral Health System	Not selected	99%	99%	100%	99%	98%	99%	99%	99%
	Selected	1%	1%	<1%	1%	2%	1%	1%	1%
B6aTxt_7 Don't remember. DK: Last seen or heard Iowa Behavioral Health System	Not selected	95%	98%	96%	96%	97%	96%	94%	96%
	Selected	5%	2%	4%	4%	3%	4%	6%	4%
B6aTxt_8 A time frame reference only: Last seen or heard Iowa Behavioral Health System	Not selected	97%	99%	99%	95%	100%	99%	99%	99%
	Selected	3%	1%	1%	5%	<1%	1%	1%	1%

IHW25-Awareness Behavioral Health Service System by BHD

		BHD Behavioral health districts							
		1	2	3	4	5	6	7	State
B6aTxt_9 Journal-article-print/News (no specific): Last seen or heard Iowa Behavioral Health System	Not selected	98%	97%	99%	99%	99%	100%	99%	99%
	Selected	2%	3%	1%	1%	1%	<1%	1%	1%
B6aTxt_10 Locations (e.g. gas station, bathroom)/Work/School/Building): Last seen or heard Iowa Behavioral Health System	Not selected	95%	95%	96%	96%	94%	92%	97%	95%
	Selected	5%	5%	4%	4%	6%	8%	3%	5%
B6aTxt_11 Organization, Dr. office, clinic/Family & friend : Last seen or heard Iowa Behavioral Health System	Not selected	92%	91%	94%	91%	92%	95%	89%	91%
	Selected	8%	9%	6%	9%	8%	5%	11%	9%
B6aTxt_12 Newspaper : Last seen or heard Iowa Behavioral Health System	Not selected	100%	100%	99%	98%	100%	99%	99%	100%
	Selected	<1%	<1%	1%	2%	<1%	1%	1%	<1%
B6aTxt_13 Other : Last seen or heard Iowa Behavioral Health System	Not selected	100%	100%	100%	100%	98%	100%	100%	99%
	Selected	<1%	<1%	<1%	<1%	2%	<1%	<1%	1%

APPENDIX E. BRIEF BIOSOCIAL GAMBLING SCREEN (STATE AND BY BHD)

IHW25-Gambling type and BBGS by BHD

Gambling type		BHD Behavioral health districts							Total	
		1	2	3	4	5	6	7		
<i>Any gambling in the past 12 months (aggregated)</i>		No	54%	58%	62%	56%	60%	57%	54%	57%
	Yes, any gambling		46%	42%	38%	44%	40%	43%	46%	43%
	Total		222,685	141,893	229,400	166,069	706,334	198,275	795,738	2,460,394
BBGS (among those who gambled in the past 12 months)										
D10a_1 During the past 12 months, - have you become restless, irritable or anxious when trying to stop and/or cut down on gambling?		Yes	1%	1%	6%	<1%	3%	<1%	3%	2%
	No		99%	99%	94%	100%	97%	100%	97%	98%
	Total		93,115	59,132	85,678	72,161	277,317	82,915	349,254	1,019,572
D10a_2 During the past 12 months, - have you tried to keep your family or friends from knowing how much you gambled?		Yes	4%	3%	6%	3%	5%	4%	6%	5%
	No		96%	97%	94%	97%	95%	96%	94%	95%
	Total		92,878	58,929	85,261	71,087	276,164	83,034	350,918	1,018,272
D10a_3 During the past 12 months, - did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?		Yes	1%	<1%	5%	5%	2%	1%	5%	3%
	No		99%	100%	95%	95%	98%	99%	95%	97%
	Total		98,813	58,929	85,261	71,640	279,150	83,143	350,313	1,027,248
<i>One or more BBGS items in the past 12 months</i>		No	98%	99%	97%	98%	98%	98%	97%	98%
	Yes		2%	1%	3%	2%	2%	2%	3%	2%
	Total		222,685	141,893	229,400	166,069	706,334	198,275	795,738	2,460,394