

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

IOWA BRFSS BRIEF: 2021 SURVEY FINDINGS

Iowa Behavioral Risk Factor Surveillance
System (BRFSS)
Bureau of Public Health Performance
Division of Public Health

Published October 2022



Citation & Acknowledgements

Permission is granted for the use and reproduction of this publication provided that all reproductions contain appropriate reference to the source through the inclusion of the following citation:

Iowa Department of Health and Human Services, Division of Public Health, Bureau of Public Health Performance. *Iowa BRFSS Brief: 2021 Survey Findings*. Des Moines: Iowa Dept. of Health and Human Services. Published October 2022. Web. <https://www.idph.iowa.gov/brfss>

Governor: Kim Reynolds
Lieutenant Governor: Adam Gregg
Iowa HHS Director: Kelly Garcia

Report Contact Information:

Eliza Daly, Iowa BRFSS Coordinator
eliza.daly@idph.iowa.gov
(515) 322-3213
<https://www.idph.iowa.gov/brfss>

Olivia Diggs, Iowa BRFSS Epidemiologist
olivia.diggs@idph.iowa.gov
(515) 201-9370
<https://www.idph.iowa.gov/brfss>

This publication was supported in part through Cooperative Agreement CDC-RFA-DP20-2007 from the Centers of Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Population Health Surveillance Branch (PHSB). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

The Iowa BRFSS program greatly appreciates the Iowa Department of Health and Human Services (Iowa HHS) programs and other organizations who provided supplemental funding to help conduct and analyze the 2021 survey.

Data was collected for the 2021 Iowa Behavioral Risk Factor Surveillance Survey by the University of Northern Iowa, Center for Social and Behavioral Research (CSBR). The authors are grateful to Dr. Mary Losch (CSBR Director), Rodney Muilenburg (CSBR Data Collection and Grants Manager), other CSBR staff, and the many BRFSS interviewers for conducting the survey.

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

Table of Contents

Introduction.....	3
Methodology.....	4
Questionnaire Design	4
Sampling Process	4
Interview Process.....	4
Weighting of the Data.....	4
Analysis of the Data.....	4
Demographics of the 2021 Iowa BRFSS Respondents.....	5
Health Status Indicators.....	6
General Health Status	6
Quality of Life.....	7
Health Insurance Coverage.....	8
Access to Health Care.....	9
Disability	10
Food Insecurity	11
Fruit and Vegetable Consumption	12
Physical Activity	13
Weight Status: Overweight and Obesity.....	14
Risk Behavior Indicators	15
Adverse Childhood Experiences (ACEs).....	15
Alcohol Consumption	16
Cigarette Smoking.....	17
E-Cigarette Use	18
Gambling.....	19
Marijuana Use.....	20
Prescription Opioid Use.....	21
Clinical Preventive Practices	22
Routine Checkup in Past Year	22
Cholesterol Screening and Awareness	23
HIV Testing.....	24
Hypertension Awareness and Medication Use	25
Immunizations	26
COVID-19 Vaccination.....	27
Chronic Conditions	28
Asthma.....	28
Arthritis	29
Cardiovascular Diseases.....	30
Cancer.....	31
Chronic Obstructive Pulmonary Disease (COPD).....	32
Depression.....	33
Diabetes.....	34
Kidney Disease.....	35
References	36

Introduction

This brief presents estimates from the 2021 Iowa Behavioral Risk Factor Surveillance Survey, an annual state landline and cell phone survey of Iowa residents aged 18 and older. Iowa Behavioral Risk Factor Surveillance data contributes to the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) that is conducted within every state, the District of Columbia, and several U.S. territories¹. The BRFSS is the largest continuously running telephone survey in the world. The Iowa BRFSS is an important tool for data-driven decision making in public health. The BRFSS measures adult health by reaching out directly to adult Iowans to learn more about health status indicators, risk behaviors, demographics, health care accessibility, clinical preventive practices, and chronic conditions.

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

All of the results from the 2021 IA BRFSS presented within this brief have been weighted as described in the methods section and can be interpreted as prevalence estimates among the Iowa adult population. Due to the BRFSS methodology changes that took place in 2011, these estimates should only be compared to Iowa BRFSS estimates from 2011-2021 and not to Iowa BRFSS estimates from years prior to 2011.

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

One of the biggest strengths of the BRFSS is its ability to track changes in health over time. This brief focuses on the data collected during calendar year 2021. The authors of this brief would like to acknowledge that the COVID-19 pandemic had many unique impacts on health overall during this time. The estimates found from the 2021 BRFSS may be unique to this particular time period, and also offer insights into how the health of adult Iowans was affected during the pandemic.

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

Methodology

Questionnaire Design

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

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

Sampling Process

The BRFSS uses two sampling frames: one for landline telephones, and the other for cell phones. Content of the landline and cell phone surveys is the same. Respondents are randomly selected from household residents 18 years of age or older; only those living in households are surveyed, omitting residents of institutions, nursing homes, and group homes. The sample of landline telephone numbers was selected using a list-assisted, random-digit-dialed (RDD) methodology with a disproportionate stratification. This sampling methodology is designed to improve the probability that all households in Iowa with telephones have a chance of inclusion in the study. The sample of cell phone numbers were randomly selected from dedicated cellular telephone banks sorted on the basis of area code and exchange. The landline and cell phone samples are also stratified into six geographic regions. These are the same regions that are used by the public health resource and emergency planning groups within the state⁴. Geographic regions are represented at the same proportion as their population within the state. In 2021, a seventh stratum was drawn from census tracts throughout the state containing a relatively high percentage of African American or Hispanic residents in an effort to better represent minority groups in Iowa.

Interview Process

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

For 2021, the average interviewing time for all completed landline (full and partial) English and Spanish interviews was 30.18 minutes. The average time for completed English interviews (n=1,980) was 30.07 minutes and the average time for completed Spanish interviews (n=26) was 39.00 minutes. The average interviewing time for all completed cell phone (full and partial) English and Spanish interviews for 2021 was 27.81 minutes. The average time for completed English interviews (n=7,489) was 27.37 minutes and the average time for completed Spanish interviews (n=527) was 34.09 minutes. The response rate, defined as completed interviews + partial completes divided by all eligible households called, was 52% for landline and 53% for cell phones.

Weighting of the Data

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

Analysis of the Data

All percentages presented in this report represent weighted data with the exception of the sample profile found on page 5. The tables in this brief present prevalence estimates (the proportion/percent of individuals reporting a specific characteristic) and an associated 95% confidence interval (95% CI). If the 95% CIs for two estimates from different subpopulations or survey years did not overlap, they were considered to have a statistically significant difference. Unless otherwise indicated, respondents who answered that they did not know or refused to answer were not included in the calculation of estimates. For comparison purposes, the median estimates from all 50 states and the District of Columbia were used as national estimates. Due to the BRFSS methodology changes that were implemented in 2011, the 2021 Iowa BRFSS estimates provided within this report should only be compared to estimates from 2011-2021 and not to estimates from years prior to 2011.

Demographics of the 2021 Iowa BRFSS Respondents

In 2021, 9,625 respondents including 4,786 males and 4,839 females aged 18 years or older completed the Iowa BRFSS survey interview. The following table presents the distribution of this respondent sample by:

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

Demographic Characteristics	Number of Respondents	Percentage (%)
Total	9,625	100
Age		
18-24	792	8.2
25-34	1,035	10.8
35-44	1,282	13.3
45-54	1,345	14.0
55-64	1,705	17.7
65-74	1,861	19.3
75+	1,453	15.1
Unknown ^a	152	0.8
Sex		
Female	4,839	50.3
Male	4,786	49.7
Race/Ethnicity		
Hispanic, all races	838	8.7
Black, Non-Hispanic	195	2.0
White, Non-Hispanic	8,063	83.8
Other, Non-Hispanic ^b	197	2.1
Multiracial, Non-Hispanic	98	1.0
Unknown ^a	234	2.4
Education Level		
Less Than H.S.	671	7.0
H.S. Graduate or G.E.D.	2,987	31.0
Some Post-H.S.	2,771	28.8
College Graduate	3,150	32.7
Unknown ^a	46	0.5
Annual Household Income		
Less than \$15,000	456	4.7
\$15,000 - \$24,999	753	7.8
\$25,000 - \$34,999	968	10.1
\$35,000 - \$49,999	1,207	12.5
\$50,000 - \$74,999	1,496	15.6
\$75,000+	2,924	30.4
Unknown ^a	1,821	18.9
Disability Status^c		
Adults with disabilities	2,406	25.0
Adults with no disabilities	7,112	73.9
Unknown ^a	107	1.1
Veteran Status		
Veteran	1,058	11.0
Non-Veteran	8,504	88.4
Unknown ^a	63	0.7
Sexual Orientation		
Bisexual	227	2.4
Lesbian or Gay	113	1.2
Other	116	1.2
Straight	8,600	89.3
Unknown ^a	569	5.9

^a Unknown includes participants who responded with “Don’t Know” or refused to answer.

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

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

Health Status

Indicators

General Health Status

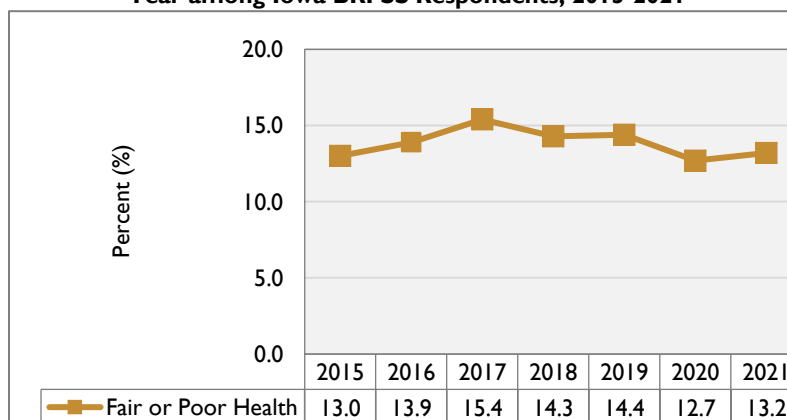
In the BRFSS, general health status is defined by how adults respond to the following question: “Would you say that in general your health is excellent, very good, good, fair or poor?” General health status has been found to be a significant predictor of mortality, though it may predict mortality less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

- In 2021, 13.2% of Iowans reported their general health as fair or poor. For comparison, the U.S. median for adults reporting fair or poor health is slightly higher at 14.8%.
- The percentage of racial/ethnic minorities experiencing fair or poor general health is high, with almost 1 in 5 (18.7%) non-White or Hispanic persons reporting fair or poor general health.
- Among adults with less than a high school education, the prevalence of reporting fair or poor general health was 30.5%.
- Over one-third (37.4%) of adult Iowans with a household income level of less than \$15,000 per year reported fair or poor general health.
- Adults with disabilities (32.8%) reported a significantly higher prevalence of fair or poor general health than adults without disabilities (7.0%).

Demographics Characteristics	General Health Status ^a			
	Good or Better		Fair or Poor	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	86.8	(86.0-87.7)	13.2	(12.3-14.0)
Sex				
Female	86.5	(85.3-87.8)	13.5	(12.2-14.7)
Male	87.1	(86.0-88.3)	12.8	(11.6-14.0)
Race/Ethnicity				
Hispanic, all races	77.8	(73.5-82.1)	22.1	(17.8-26.4)
Black, Non-Hispanic	84.2	(78.0-90.4)	15.7	(9.5-21.8)
White, Non-Hispanic	87.9	(87.0-88.8)	12.1	(11.2-13.0)
Other, Non-Hispanic	84.3	(77.7-91.0)	15.7	(9.0-22.3)
Multiracial, Non-Hispanic	80.4	(70.3-90.6)	19.6	(9.4-29.8)
Age				
18-24	91.9	(89.4-94.4)	8.1	(5.6-10.6)
25-34	90.8	(88.7-93.0)	9.2	(7.0-11.3)
35-44	90.0	(87.9-92.0)	10.0	(8.0-12.0)
45-54	85.9	(83.6-88.3)	14.1	(11.7-16.4)
55-64	83.6	(81.4-85.8)	16.4	(14.2-18.6)
65-74	84.8	(82.6-86.9)	15.2	(13.1-17.4)
75+	77.8	(74.9-80.6)	22.2	(19.4-25.1)
Education				
Less Than H.S.	69.4	(64.5-74.3)	30.5	(25.6-35.3)
H.S. or G.E.D.	84.7	(83.1-86.3)	15.3	(13.7-16.9)
Some Post-H.S.	87.9	(86.4-89.4)	12.1	(10.6-13.6)
College Graduate	93.3	(92.3-94.3)	6.7	(5.7-7.7)
Household Income				
Less than \$15,000	62.5	(56.4-68.7)	37.4	(31.3-43.6)
\$15,000 - \$24,999	71.1	(66.7-75.6)	28.8	(24.4-33.3)
\$25,000 - \$34,999	78.7	(75.2-82.3)	21.3	(17.7-24.8)
\$35,000 - \$49,999	86.8	(84.5-89.2)	13.2	(10.8-15.5)
\$50,000 - \$74,999	92.0	(90.4-93.6)	8.0	(6.4-9.6)
\$75,000+	94.5	(93.5-95.6)	5.5	(4.5-6.5)
Sexual Orientation & Gender Identity				
LGBT+	82.9	(78.4-87.3)	17.1	(12.7-21.6)
Non-LGBT	87.0	(86.1-87.9)	13.0	(12.1-13.9)
Veteran Status				
Veteran	84.6	(81.8-87.4)	15.4	(12.6-18.2)
Non-Veteran	87.1	(86.2-88.0)	12.9	(12.0-13.8)
Disability Status				
Adults with disabilities	67.1	(64.6-69.7)	32.8	(30.3-35.3)
No disabilities	93.0	(92.2-93.8)	7.0	(6.2-7.7)

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

Prevalence of Self-Reported Fair or Poor General Health Status by Year among Iowa BRFSS Respondents, 2015-2021



Quality of Life

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

Poor Physical Health Indicator:

Frequent Physical Distress (FPD)^a:

- In 2021, approximately 9.2% of Iowans reported experiencing FPD, which is comparable to the 2020 rate of reported FPD (8.9%).
- The highest prevalence of FPD occurred among those with a low household income. Over one-quarter, 26.2%, of Iowans with a household income of less than \$15,000 reported having 14 or more poor physical health days.
- Almost one quarter of adults with a disability reported FPD (24.4%), compared to 4.5% of those without a disability who reported FPD.

Poor Mental Health Indicator:

Frequent Mental Distress (FMD)^b:

- In 2021, 13.9% of Iowans reported experiencing FMD, which is the highest rate reported to date.
- Approximately one out of three (32.1%) Iowa adults with an annual household income of less than \$15,000 reported FMD.
- Iowans with disabilities are at great risk of FMD (30.5%), compared to adults who do not have disabilities (8.8%).
- The highest rate of FMD was reported among those identifying as lesbian, gay, bisexual, transgender, or something else (LGBT+). FMD was more prevalent among respondents identifying as LGBT+ (42.3%) than among respondents identifying as non-LGBT (11.9%).

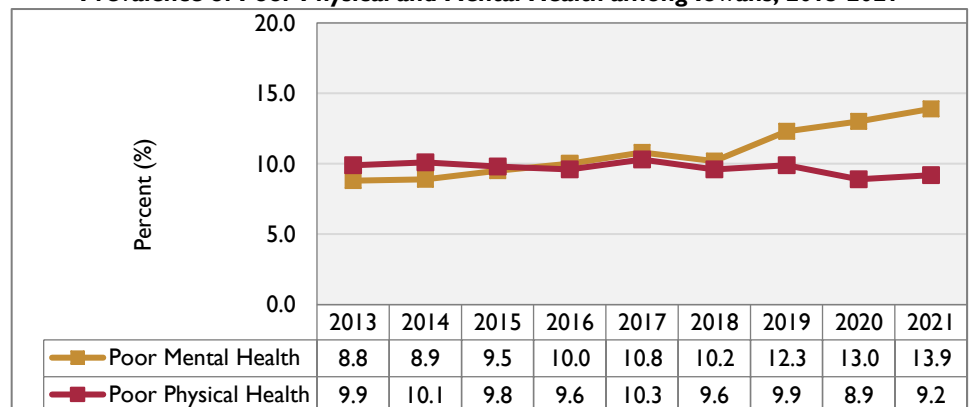
Demographics Characteristics	Poor Physical Health ^a		Poor Mental Health ^b	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	9.2	(8.5-9.9)	13.9	(12.9-14.9)
Sex				
Female	10.0	(8.9-11.1)	17.9	(16.3-19.5)
Male	8.4	(7.4-9.4)	9.8	(8.6-10.9)
Race/Ethnicity				
Hispanic, all races	10.8	(7.7-13.9)	10.3	(7.4-13.2)
Black, Non-Hispanic	11.6	(6.1-17.2)	20.2	(12.9-27.5)
White, Non-Hispanic	9.0	(8.2-9.7)	13.6	(12.5-14.6)
Other, Non-Hispanic	*	*	15.0	(7.7-22.3)
Multiracial, Non-Hispanic	*	*	28.5	(16.7-40.4)
Age				
18-24	5.5	(3.3-7.8)	25.0	(20.9-29.1)
25-34	5.1	(3.5-6.8)	19.6	(16.5-22.7)
35-44	7.0	(5.2-8.8)	12.4	(10.3-14.6)
45-54	11.4	(9.2-13.6)	13.1	(10.9-15.4)
55-64	11.5	(9.6-13.3)	11.8	(9.9-13.7)
65-74	10.9	(9.1-12.6)	8.3	(6.8-9.9)
75+	15.4	(12.9-18.0)	5.2	(3.8-6.6)
Education				
Less Than H.S.	15.1	(11.4-18.7)	15.3	(11.3-19.3)
H.S. or G.E.D.	11.4	(10.0-12.9)	15.9	(14.0-17.8)
Some Post-H.S.	8.9	(7.6-10.3)	15.0	(13.1-16.8)
College Graduate	5.4	(4.5-6.3)	9.8	(8.5-11.2)
Household Income				
Less than \$15,000	26.2	(20.3-32.0)	32.1	(25.8-38.4)
\$15,000 - \$24,999	17.1	(13.7-20.6)	21.4	(17.3-25.5)
\$25,000 - \$34,999	12.7	(9.8-15.6)	20.3	(16.4-24.2)
\$35,000 - \$49,999	9.2	(7.1-11.3)	14.8	(11.9-17.7)
\$50,000 - \$74,999	7.2	(5.6-8.8)	11.2	(9.1-13.3)
\$75,000+	4.8	(3.8-5.7)	9.8	(8.3-11.3)
Sexual Orientation & Gender Identity				
LGBT+	10.6	(6.8-14.3)	42.3	(36.0-48.5)
Non-LGBT	9.2	(8.5-10.0)	11.9	(11.0-12.9)
Veteran Status				
Veteran	10.4	(8.2-12.7)	10.0	(7.5-12.5)
Non-Veteran	9.1	(8.3-9.9)	14.3	(13.2-15.3)
Disability Status				
Adults with disabilities	24.4	(22.1-26.7)	30.5	(27.9-33.2)
No disabilities	4.5	(3.9-5.2)	8.8	(7.8-9.7)

^a Among all adults, frequent physical distress is the proportion reporting 14 or more days of poor physical health, which includes physical illness and injury, during the past 30 days.

^b Among all adults, frequent mental distress is the proportion reporting 14 or more days of poor mental health, which includes stress, depression, and problems with emotions during the past 30 days.

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

Prevalence of Poor Physical and Mental Health among Iowans, 2013-2021



Health Insurance Coverage

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

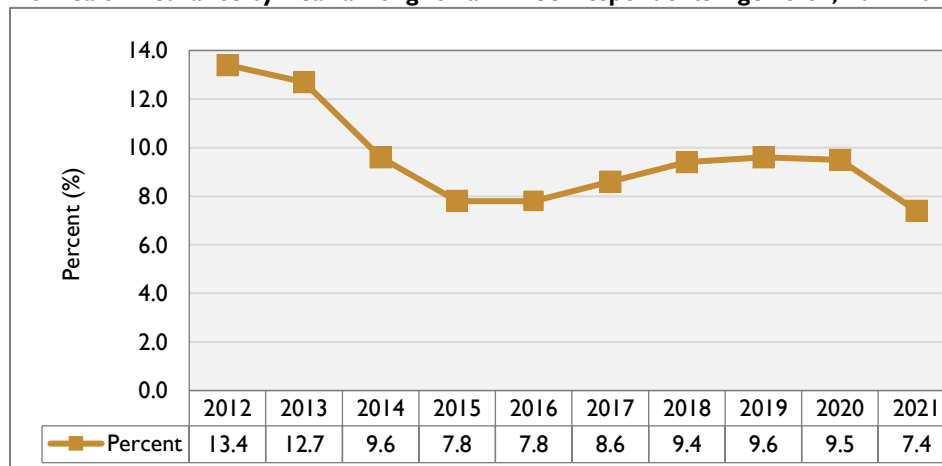
- In 2021, 7.4% of adult Iowans age 18-64 reported that they did not have health insurance coverage. This is a decrease from the rate of Iowan adults aged 18-64 reporting no health insurance in 2020 (9.5%) and the lowest percentage reported to date.
- Males (8.9%) reported a significantly higher prevalence of no health insurance coverage than females (5.8%).
- About two out of five Hispanic adult Iowans (39.6%) reported having no health insurance, which is significantly higher than the other racial/ethnic groups analyzed.
- Among the age groups analyzed, those aged 25-34 reported the highest rate of no health insurance coverage (10.7%).
- The prevalence of no health insurance coverage decreased with higher education levels. Among those with less than a high school education, 34.7% reported having no health insurance coverage. The prevalence rate among those with an annual household income of \$75,000 or more was 1.8%.
- There were no significant differences in lack of health insurance coverage among the following groups: LGBT+ and non-LGBT, veteran and non-veteran, and adults with disabilities and adults without disabilities.

Demographic Characteristics	No Health Insurance Coverage, ages 18-64 ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	7.4	(6.5-8.2)
Sex		
Female	5.8	(4.7-6.9)
Male	8.9	(7.6-10.2)
Race/Ethnicity		
Hispanic, all races	39.6	(34.2-45.0)
Black, Non-Hispanic	*	*
White, Non-Hispanic	4.5	(3.7-5.2)
Other or Multiracial, Non-Hispanic	5.6	(2.4-8.9)
Age		
18-24	7.9	(5.5-10.4)
25-34	10.7	(8.5-13.0)
35-44	8.7	(6.7-10.8)
45-54	6.2	(4.5-7.8)
55-64	3.4	(2.4-4.4)
Education		
Less Than H.S.	34.7	(28.8-40.7)
H.S. or G.E.D.	7.8	(6.2-9.3)
Some Post-H.S.	4.6	(3.4-5.8)
College Graduate	2.2	(1.5-3.0)
Household Income		
Less than \$15,000	11.4	(6.9-15.9)
\$15,000 - \$24,999	18.5	(13.3-23.8)
\$25,000 - \$34,999	12.1	(8.6-15.6)
\$35,000 - \$49,999	10.8	(7.7-13.9)
\$50,000 - \$74,999	6.0	(4.1-7.9)
\$75,000+	1.8	(1.0-2.6)
Sexual Orientation & Gender Identity		
LGBT+	9.0	(5.3-12.7)
Non-LGBT	6.9	(6.1-7.8)
Veteran Status		
Veteran	4.0	(1.4-6.6)
Non-Veteran	7.6	(6.7-8.5)
Disability Status		
Adults with disabilities	7.8	(5.7-9.8)
No disabilities	6.9	(5.9-7.8)

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

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

No Health Insurance by Year among Iowa BRFSS Respondents Age 18-64, 2012-2021



Access to Health Care

Regular and reliable access to health care services can prevent disease and disability, detect and treat illnesses, increase quality of life, reduce the likelihood of premature death⁸. Two indicators related to health care access include not having a personal health care provider and having had a time during the past 12 months when an individual needed to see a doctor but could not because of the cost.

- In 2021, 14.5% of adult Iowans reported they did not have a personal health care provider. For comparison, the U.S. median for this measure is 15.9%.
- In 2021, 6.0% reported not seeing the doctor within the past 12 months due to cost, which is lower than the national median of 8.7% for this measure.
- Younger adult Iowans reported a higher prevalence of not having a personal health care provider than older adult Iowans.
- Non-White and/or Hispanic Iowans reported not having a personal health care provider (31.3%) and not being able to access health care due to the cost (12.9%) at higher rates than those reporting non-Hispanic White race and ethnicity (11.7% and 5.0% respectively).
- The prevalence of both of these indicators decreased with higher education and household income levels.
- Not having health insurance is a significant barrier to accessing health care. Of those who did not have health insurance, 63.1% reported not having a personal health care provider, and 32.9% not seeing the doctor within the past 12 months due to cost.

Demographic Characteristics	No Personal Health Care Provider ^a		No Health Care Access Due to Cost ^b	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	14.5	(13.5-15.4)	6.0	(5.4-6.7)
Sex				
Female	8.2	(7.1-9.3)	6.6	(5.6-7.6)
Male	20.9	(19.3-22.4)	5.5	(4.6-6.4)
Race/Ethnicity				
Hispanic, all races	42.9	(37.8-47.9)	15.8	(12.2-19.4)
Black, Non-Hispanic	27.8	(20.2-35.2)	10.6	(5.58-15.7)
White, Non-Hispanic	11.7	(10.7-12.7)	5.0	(4.3-5.63)
Other or Multiracial, Non-Hispanic	19.9	(13.9-25.8)	11.1	(6.6-15.5)
Age				
18-24	28.7	(24.6-32.7)	8.1	(5.6-10.6)
25-34	24.5	(21.3-27.7)	10.4	(8.1-12.8)
35-44	18.5	(15.8-21.2)	7.3	(5.5-9.0)
45-54	11.5	(9.2-13.8)	6.8	(5.1-8.5)
55-64	6.8	(5.3-8.3)	4.6	(3.3-5.9)
65+	4.7	(3.8-5.6)	1.9	(1.2-2.7)
Education				
Less Than H.S.	33.4	(28.2-38.6)	12.6	(9.2-16.1)
H.S. or G.E.D.	17.8	(15.9-19.8)	6.7	(5.4-8.0)
Some Post-H.S.	11.1	(9.6-12.7)	6.2	(5.0-7.4)
College Graduate	9.0	(7.7-10.2)	3.2	(2.4-3.9)
Household Income				
Less than \$15,000	20.5	(14.9-26.1)	11.2	(7.2-15.3)
\$15,000 - \$24,999	18.3	(14.5-22.1)	11.6	(8.5-14.8)
\$25,000 - \$34,999	16.6	(13.2-20.0)	10.7	(7.8-13.5)
\$35,000 - \$49,999	17.5	(14.4-20.6)	10.0	(7.5-12.5)
\$50,000 - \$74,999	14.6	(12.0-17.1)	4.7	(3.2-6.2)
\$75,000+	9.7	(8.3-11.1)	2.4	(1.7-3.2)
Sexual Orientation & Gender Identity				
LGBT+	16.4	(11.8-21.0)	13.3	(9.0-17.5)
Non-LGBT	13.8	(12.8-14.8)	5.4	(4.7-6.0)
Veteran Status				
Veteran	11.8	(9.2-14.4)	2.9	(1.4-4.5)
Non-Veteran	14.7	(13.7-15.8)	6.4	(5.7-7.1)
Disability Status				
Adults with disabilities	12.6	(10.6-14.6)	11.8	(9.9-13.7)
No disabilities	14.8	(13.7-16.0)	4.2	(3.6-4.9)
Health Insurance				
Insured	11.0	(10.1-12.0)	4.4	(3.8-5.1)
Not insured	63.1	(57.5-68.7)	32.9	(27.3-38.6)

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

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

Disability

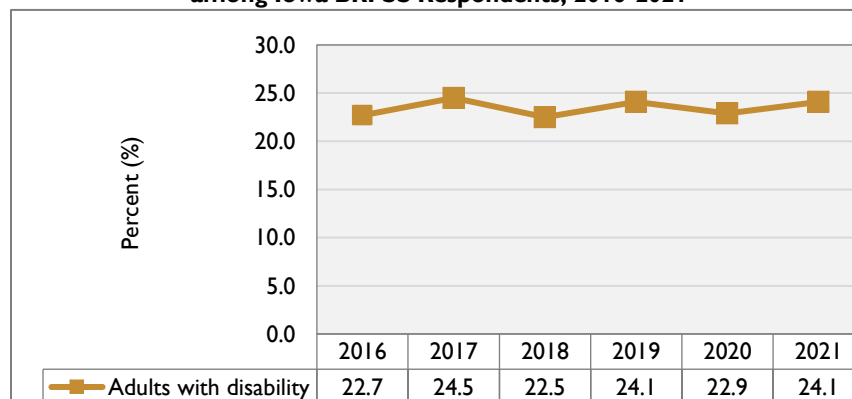
Disability is often used as an umbrella term for any conditions of the mind or body that cause impairments, activity limitations, or participation restrictions⁹. Some disabilities may be hidden or not easy to see. People with disabilities account for a very diverse group with a wide range of needs. Two people with the same type of disability can be affected in very different ways.

- In 2021, an estimated 24.1% of adults in Iowa reported disability (having serious difficulty hearing, visual impairment, difficulty concentrating, remembering, or making decisions, difficulty walking or climbing stairs, difficulty dressing or bathing, or difficulty doing errands alone).
- Females (24.8%) and males (23.4%) reported comparable rates of disability.
- About two out of five Multiracial, non-Hispanic (39.3%) Iowans reported disability.
- The prevalence of disability increased with age. For adults aged 75 years and older, almost half (47.5%) reported disability.
- The prevalence of disability decreased with higher education and household income levels. Over half (54.8%) of Iowans with a household income of less than \$15,000 per year reported disability, and 36.3% of those with less than a high school education reported disability.
- Adult Iowans who identified as LGBT+ (44.7%) reported a significantly higher rate of disability than non-LGBT adults (22.4%).
- Veterans (34.0%) reported a significantly higher prevalence of disability than did non-veterans (23.0%).

Demographic Characteristics	Disability ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	24.1	(23.0-25.2)
Sex		
Female	24.8	(23.1-26.4)
Male	23.4	(21.8-24.9)
Race/Ethnicity		
Hispanic, all races	20.4	(16.1-24.7)
Black, Non-Hispanic	23.6	(16.5-30.6)
White, Non-Hispanic	23.9	(22.7-25.1)
Other, Non-Hispanic	27.4	(18.6-36.1)
Multiracial, Non-Hispanic	39.3	(26.3-52.3)
Age		
18-24	23.2	(19.2-27.2)
25-34	17.0	(14.0-19.9)
35-44	15.7	(13.2-18.2)
45-54	20.3	(17.6-23.0)
55-64	24.0	(21.4-26.6)
65-74	30.0	(27.3-32.7)
75+	47.5	(44.1-50.9)
Education		
Less Than H.S.	36.3	(30.9-41.6)
H.S. or G.E.D.	29.9	(27.7-32.0)
Some Post-H.S.	23.7	(21.7-25.7)
College Graduate	14.7	(13.2-16.2)
Household Income		
Less than \$15,000	54.8	(48.2-61.3)
\$15,000 - \$24,999	41.7	(36.9-46.5)
\$25,000 - \$34,999	34.3	(30.1-38.5)
\$35,000 - \$49,999	25.2	(21.9-28.5)
\$50,000 - \$74,999	19.6	(17.0-22.1)
\$75,000+	13.0	(11.4-14.5)
Sexual Orientation & Gender Identity		
LGBT+	44.7	(38.4-51.0)
Non-LGBT	22.4	(21.3-23.6)
Veteran Status		
Veteran	34.0	(30.3-37.6)
Non-Veteran	23.0	(21.8-24.2)

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

Prevalence of Adults with Disability by Year among Iowa BRFSS Respondents, 2016-2021



Food Insecurity

Food insecurity is defined as the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways¹⁰. According to the USDA, there was an estimated 33.8 million people living in food-insecure households in 2021¹¹.

- In 2021, 12.2% of adults in Iowa reported that they struggled to afford food in the last year, and 14.3% of Iowa adults reported that they struggled to afford balanced meals. These are both increases from the rates reported in 2020 (10.3% and 12.1%, respectively).
- There were significant differences in food insecurity by race/ethnicity. More than a quarter of Hispanic (28.0%) and a third of Black, non-Hispanic (33.6%) Iowans reported struggling to afford food, compared to 10.0% of White, non-Hispanic adults.
- Food insecurity was highest among those with lower education and household income levels; it significantly decreased as education and household income grew. The highest rates of food insecurity were reported among individuals with household incomes of less than \$15,000: 37.5% struggled to afford food when needed, and 44.7% struggled to afford balanced meals.
- Adult Iowans identifying as LGBT+ reported a higher prevalence of struggling to afford food when needed (28.3%) and struggling to afford balanced meals (36.2%), compared to non-LGBT Iowans (11.0% and 12.7% respectively).
- Adults with disabilities reported a higher prevalence of struggling to afford food when needed (23.7%) and struggling to afford balanced meals (25.7%), compared to adults without disabilities (8.5% and 10.7% respectively).

Demographic Characteristics	Not Enough Money to Buy More Food When Needed, Past 12 Months ^a		Could Not Afford to Eat Balanced Meals, Past 12 Months ^b	
	Often or Sometimes True			
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	12.2	(11.2-13.2)	14.3	(13.2-15.3)
Sex				
Female	14.7	(13.1-16.2)	16.5	(14.9-18.1)
Male	9.6	(8.4-10.8)	12.0	(10.7-13.3)
Race/Ethnicity				
Hispanic, all races	28.0	(22.7-33.3)	36.3	(30.7-42.0)
Black, Non-Hispanic	33.6	(24.5-42.8)	37.3	(27.9-46.6)
White, Non-Hispanic	10.0	(9.0-11.0)	11.5	(10.5-12.6)
Other or Multiracial, Non-Hispanic	21.8	(15.2-28.3)	25.4	(18.2-32.5)
Age				
18-24	24.7	(20.2-29.2)	29.4	(24.7-34.0)
25-34	19.0	(15.7-22.2)	21.9	(18.5-25.3)
35-44	13.3	(10.8-15.8)	15.1	(12.5-17.7)
45-54	10.6	(8.5-12.8)	13.6	(11.2-16.1)
55-64	7.7	(6.0-9.4)	9.0	(7.2-10.8)
65+	5.1	(4.0-6.2)	5.6	(4.5-6.7)
Education				
Less Than H.S.	26.1	(20.9-31.2)	30.2	(24.9-35.5)
H.S. or G.E.D.	15.7	(13.7-17.7)	18.0	(15.9-20.1)
Some Post-H.S.	11.9	(10.1-13.7)	14.0	(12.1-15.9)
College Graduate	4.7	(3.7-5.6)	5.9	(4.8-7.0)
Household Income				
Less than \$15,000	37.5	(30.6-44.3)	44.7	(37.8-51.7)
\$15,000 - \$24,999	28.1	(23.2-33.0)	32.7	(27.5-37.8)
\$25,000 - \$34,999	22.1	(17.9-26.4)	23.7	(19.4-28.0)
\$35,000 - \$49,999	15.4	(12.2-18.6)	18.3	(14.9-21.6)
\$50,000 - \$74,999	8.4	(6.3-10.4)	10.5	(8.2-12.8)
\$75,000+	3.0	(2.1-3.9)	3.7	(2.8-4.6)
Children Younger than 18 in the Home				
No children	10.6	(9.4-11.7)	12.7	(11.5-13.9)
1 or 2 children	14.5	(12.3-16.7)	17.7	(15.3-20.2)
3+ children	17.7	(13.8-21.6)	16.9	(13.1-20.6)
Sexual Orientation & Gender Identity				
LGBT+	28.3	(22.2-34.4)	36.2	(29.9-42.6)
Non-LGBT	11.0	(10.1-12.0)	12.7	(11.7-13.7)
Veteran Status				
Veteran	5.3	(3.5-7.2)	7.8	(5.3-10.2)
Non-Veteran	12.9	(11.8-14.0)	15.0	(13.8-16.1)
Disability Status				
Adults with disabilities	23.7	(21.1-26.2)	25.7	(23.0-28.3)
No disabilities	8.5	(7.5-9.5)	10.7	(9.6-11.8)

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

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

Fruit and Vegetable Consumption

Eating a diet rich in fruits and vegetables can help reduce the risk of heart disease, diabetes, some cancers, and other chronic conditions¹². The 2020-2025 Dietary Guidelines for Americans recommend adding in fruits and vegetables to the diet as part of a healthy dietary pattern¹³. They encourage that adults consume 1½-2½ cups of fruits¹⁴ and 2-4 cups of vegetables¹⁵ each day.

- In 2021, an estimated 58.5% of adult Iowans reported consuming at least one fruit per day, while 77.0% reported consuming at least one vegetable per day.
- Males reported significantly lower levels of both fruit (54.0%) and vegetable (74.3%) consumption, compared to females (62.9% and 79.7% respectively).
- Fruit and vegetable consumption typically increased with age, education, and household income.
- There were no significant differences in fruit or vegetable consumption by sexual orientation & gender identity, or by veteran status.
- Adults with disabilities reported significantly lower levels of fruit (55.9%) and vegetable (73.5%) consumption, compared to adults without disabilities (59.4% and 78.2% respectively).

Demographic Characteristics	Fruits (At least 1/Day) ^a		Vegetables (At least 1/Day) ^b	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	58.5	(57.2-59.9)	77.0	(75.8-78.2)
Sex				
Female	62.9	(61.0-64.9)	79.7	(78.1-81.3)
Male	54.0	(52.0-55.9)	74.3	(72.6-76.0)
Race/Ethnicity				
Hispanic, all races	66.7	(61.4-71.9)	57.0	(51.5-62.4)
Black, Non-Hispanic	64.6	(56.1-73.2)	66.1	(57.2-75.0)
White, Non-Hispanic	57.6	(56.2-59.1)	78.6	(77.4-79.8)
Other, Non-Hispanic	60.9	(51.4-70.3)	73.8	(64.9-82.8)
Multiracial, Non-Hispanic	58.6	(45.2-71.9)	74.7	(62.9-86.4)
Age				
18-24	51.3	(46.6-56.1)	69.0	(64.5-73.4)
25-34	58.4	(54.4-62.3)	78.0	(74.7-81.2)
35-44	55.5	(52.0-59.0)	77.1	(74.1-80.1)
45-54	54.6	(51.1-58.0)	77.2	(74.3-80.1)
55-64	55.9	(52.9-58.9)	78.5	(76.0-81.0)
65+	68.3	(66.2-70.4)	79.3	(77.4-81.2)
Education				
Less Than H.S.	57.8	(52.1-63.5)	61.0	(55.4-66.6)
H.S. or G.E.D.	53.9	(51.4-56.4)	72.2	(70.0-74.5)
Some Post-H.S.	56.3	(53.9-58.8)	79.2	(77.2-81.3)
College Graduate	66.7	(64.6-68.8)	83.9	(82.2-85.6)
Household Income				
Less than \$15,000	53.0	(46.3-59.8)	64.2	(57.7-70.6)
\$15,000 - \$24,999	53.1	(47.9-58.3)	70.6	(65.9-75.2)
\$25,000 - \$34,999	60.4	(56.0-64.7)	75.5	(71.6-79.4)
\$35,000 - \$49,999	58.5	(54.6-62.3)	76.8	(73.5-80.0)
\$50,000 - \$74,999	57.0	(53.7-60.3)	78.1	(75.3-81.0)
\$75,000+	60.0	(57.7-62.3)	82.2	(80.4-84.1)
Children Younger than 18 in the Home				
No children	58.4	(56.8-60.0)	76.4	(75.0-77.8)
1 or 2 children	58.8	(55.9-61.7)	76.7	(74.2-79.2)
3+ children	59.1	(54.3-63.9)	81.8	(78.0-85.5)
Sexual Orientation & Gender Identity				
LGBT+	57.4	(51.1-63.6)	75.3	(69.7-80.9)
Non-LGBT	58.8	(57.4-60.2)	77.2	(76.0-78.4)
Veteran Status				
Veteran	58.7	(54.8-62.7)	79.7	(76.4-83.0)
Non-Veteran	58.5	(57.1-60.0)	76.7	(75.5-78.0)
Disability Status				
Adults with disabilities	55.9	(53.1-58.7)	73.5	(70.9-76.0)
No disabilities	59.4	(57.8-60.9)	78.2	(76.8-79.5)

^a Among all adults, the proportion who reported consuming at least one fruit per day, including fruit juice.

^b Among all adults, the proportion who reported consuming at least one vegetable per day.

Physical Activity

A lifestyle that includes regular physical activity has been shown to reduce the risk of many diseases including cardiovascular disease, diabetes, certain cancers, osteoporosis, and other debilitating conditions¹⁶. Regular physical activity can help to strengthen bones and muscles, improve mental health and quality of sleep, and increase general quality of life¹⁶.

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

- In 2021, an estimated 75.3% of adult Iowans reported any leisure-time physical activity in the last month. This is similar to the national median of 76.3%.
- Males (77.4%) reported a higher rate of leisure-time physical activity compared to females (73.2%).
- Hispanic (58.1%) adult Iowans reported the lowest rates of leisure-time physical activity among the racial/ethnic groups analyzed.
- The prevalence of leisure-time physical activity decreased with age. The highest prevalence of leisure-time physical activity when looking at age groups was among 18-24 year olds (83.2%).
- Leisure-time physical activity drastically increased with higher education and household income levels.
- Adult Iowans with disabilities (62.2%) reported a lower rate of leisure-time physical activity than did Iowans without disabilities (79.6%).
- There were no significant differences in leisure-time physical activity based on sexual orientation and gender identity or veteran status.

Demographics Characteristics	Any Leisure-Time Physical Activity in Last Month ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	75.3	(74.1-76.4)
Sex		
Female	73.2	(71.5-74.8)
Male	77.4	(75.9-78.9)
Race/Ethnicity		
Hispanic, all races	58.1	(53.1-63.2)
Black, Non-Hispanic	73.6	(66.1-81.1)
White, Non-Hispanic	76.3	(75.1-77.5)
Other, Non-Hispanic	74.7	(66.4-82.9)
Multiracial, Non-Hispanic	78.7	(68.7-88.8)
Age Group		
18 - 24	83.2	(79.8-86.7)
25 - 34	81.0	(78.0-83.9)
35 - 44	78.8	(75.9-81.7)
45 - 54	73.6	(70.6-76.5)
55 - 64	73.2	(70.6-75.8)
65-74	71.5	(68.9-74.1)
75+	61.3	(58.0-64.6)
Education		
Less than H.S.	50.1	(44.7-55.6)
H.S. or G.E.D.	68.3	(66.2-70.5)
Some Post-H.S.	78.5	(76.6-80.4)
College Graduate	86.4	(85.0-87.8)
Household Income		
Less than \$15,000	61.0	(54.8-67.2)
\$15,000 - \$24,999	64.2	(59.6-68.8)
\$25,000 - \$34,999	65.9	(61.7-70.0)
\$35,000 - \$49,999	72.4	(69.0-75.7)
\$50,000 - \$74,999	78.7	(76.1-81.3)
\$75,000+	84.4	(82.8-86.0)
Sexual Orientation & Gender Identity		
LGBT+	77.2	(72.2-82.3)
Non-LGBT	75.2	(74.1-76.4)
Veteran Status		
Veteran	75.4	(72.2-78.7)
Non-Veteran	75.3	(74.1-76.5)
Disability Status		
Adults with disabilities	62.2	(59.6-64.8)
No disabilities	79.6	(78.4-80.9)

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

Weight Status: Overweight and Obesity

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

- In 2021, an estimated 34.3% of adult Iowans classified as overweight, and 36.4% were classified as obese.
- For comparison, the U.S. median for adults classified as overweight was 34.3% and the U.S. median for adults classified as obese was 33.9%.
- Iowa is one of 19 states with an obesity rate of over 35%.
- According to the BMI calculation, Black, non-Hispanic adult Iowans (41.6%) reported the highest prevalence of obesity compared to the other racial/ethnic groups analyzed. However, prevalence rates of obesity did not significantly differ among different racial/ethnic groups in Iowa.
- While the prevalence of overweight status typically increased with age, the prevalence of obesity increased through the 45-54 age group and then decreased among older adults.
- Among adults with lower household incomes, more were obese than overweight. For adult Iowans with less than a \$15,000 annual household income, the prevalence of obesity was 46.1% and the prevalence of overweight status was 26.8%.
- Adults with disabilities (45.8%) reported a higher rate of obesity than adults without disabilities (33.4%).

Demographic Characteristics	Overweight ^a		Obesity ^b	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	34.3	(33.0-35.6)	36.4	(35.1-37.7)
Sex				
Female	29.4	(27.6-31.2)	36.5	(34.5-38.4)
Male	38.9	(37.0-40.7)	36.3	(34.5-38.1)
Race/Ethnicity				
Hispanic, all races	36.4	(31.0-41.8)	36.3	(30.7-41.9)
Black, Non-Hispanic	29.2	(21.1-37.3)	41.6	(32.8-50.5)
White, Non-Hispanic	34.6	(33.2-36.0)	36.6	(35.2-38.0)
Other, Non-Hispanic	27.3	(18.8-35.8)	28.0	(19.2-36.9)
Multiracial, Non-Hispanic	33.9	(21.8-46.0)	33.1	(20.3-45.9)
Age				
18-24	28.0	(23.8-32.2)	21.7	(17.8-25.7)
25-34	32.6	(28.9-36.4)	37.8	(33.9-41.7)
35-44	34.6	(31.2-38.0)	41.7	(38.2-45.2)
45-54	34.2	(30.9-37.5)	44.6	(41.1-48.0)
55-64	38.0	(35.1-41.0)	37.4	(34.5-40.4)
65-74	34.9	(32.1-37.6)	39.3	(36.4-42.2)
75+	38.3	(35.0-41.6)	28.8	(25.6-32.0)
Education				
Less Than H.S.	30.2	(24.8-35.6)	40.8	(34.9-46.8)
H.S. or G.E.D.	33.0	(30.7-35.3)	37.0	(34.6-39.4)
Some Post-H.S.	35.0	(32.6-37.4)	37.7	(35.3-40.1)
College Graduate	35.9	(33.8-38.1)	32.7	(30.6-34.9)
Household Income				
Less than \$15,000	26.8	(21.1-32.5)	46.1	(39.3-52.8)
\$15,000 - \$24,999	34.3	(29.5-39.1)	33.3	(28.5-38.0)
\$25,000 - \$34,999	29.2	(25.3-33.2)	37.9	(33.5-42.3)
\$35,000 - \$49,999	35.8	(32.1-39.5)	38.0	(34.3-41.8)
\$50,000 - \$74,999	35.4	(32.2-38.5)	37.7	(34.5-40.9)
\$75,000+	36.7	(34.5-38.9)	36.2	(34.0-38.5)
Sexual Orientation & Gender Identity				
LGBT+	25.0	(19.6-30.4)	45.0	(38.6-51.4)
Non-LGBT	35.2	(33.8-36.5)	36.0	(34.6-37.4)
Veteran Status				
Veteran	41.6	(37.7-45.4)	37.0	(33.2-40.8)
Non-Veteran	33.4	(32.1-34.8)	36.3	(34.9-37.8)
Disability Status				
Adults with disabilities	28.9	(26.4-31.4)	45.8	(43.0-48.6)
No disabilities	36.2	(34.7-37.7)	33.4	(31.9-34.9)
Has Children Younger than 18 in the Home				
Yes	33.8	(31.4-36.2)	37.6	(35.1-40.0)
No	34.4	(32.9-36.0)	35.9	(34.3-37.4)

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

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

Risk Behavior Indicators

Adverse Childhood Experiences (ACEs)

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

- In 2021, 38.5% of adult Iowans reported 0 ACEs, while 19.1% of adult Iowans reported 4+ ACEs.
- Females (22.2%) reported a significantly higher prevalence of 4+ ACEs compared to males (16.0%).
- The prevalence of reporting 4+ ACEs decreased with age and household income.
- Those who identified as LGBT+ (46.5%) reported a significantly higher prevalence of 4+ ACEs compared to non-LGBT (17.3%) Iowans.
- Adults with disabilities (29.9%) reported a significantly higher prevalence of 4+ ACEs compared to adults without disabilities (15.8%).
- The prevalence of depression, frequent mental distress, and frequent physical distress increased as the number of ACEs reported increased. Those reporting six or more ACEs were at the highest risk for poor mental and physical health.

Demographics Characteristics	Reported 0 ACEs ^a		Reported 4+ ACEs ^a	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	38.5	(37.1-39.9)	19.1	(17.9-20.3)
Sex				
Female	38.8	(36.7-40.8)	22.2	(20.3-24.0)
Male	38.2	(36.2-40.2)	16.0	(14.4-17.6)
Race/Ethnicity				
Hispanic, all races	36.8	(30.9-42.8)	19.5	(14.6-24.4)
Black, Non-Hispanic	34.5	(24.2-44.8)	18.6	(10.4-26.7)
White, Non-Hispanic	38.7	(37.2-40.2)	18.7	(17.3-20.0)
Other or Multiracial, Non-Hispanic	38.7	(29.6-47.7)	24.3	(16.5-32.1)
Age				
18-24	26.1	(21.3-30.9)	31.3	(26.1-36.5)
25-34	26.4	(22.6-30.2)	27.4	(23.4-31.4)
35-44	34.0	(30.2-37.7)	22.2	(19.0-25.5)
45-54	34.6	(31.1-38.2)	19.3	(16.4-22.1)
55-64	42.2	(39.0-45.5)	15.8	(13.4-18.2)
65-74	50.2	(47.1-53.3)	11.1	(9.2-13.1)
75+	58.3	(54.5-62.0)	5.3	(3.5-7.2)
Education				
Less Than H.S.	40.0	(33.7-46.2)	21.7	(16.4-27.0)
H.S. or G.E.D.	36.9	(34.3-39.4)	21.3	(18.9-23.7)
Some Post-H.S.	36.6	(34.0-39.1)	20.4	(18.1-22.7)
College Graduate	42.0	(39.6-44.4)	14.6	(12.9-16.4)
Household Income				
Less than \$15,000	33.1	(25.6-40.6)	32.2	(24.9-39.5)
\$15,000 - \$24,999	34.3	(28.9-39.7)	26.0	(20.7-31.2)
\$25,000 - \$34,999	35.5	(30.9-40.0)	23.3	(18.8-27.7)
\$35,000 - \$49,999	38.5	(34.4-42.5)	20.1	(16.3-23.9)
\$50,000 - \$74,999	35.6	(32.3-38.9)	21.1	(18.0-24.2)
\$75,000+	38.5	(36.1-40.9)	16.4	(14.5-18.3)
Sexual Orientation & Gender Identity				
LGBT+	19.3	(14.1-24.4)	46.5	(39.5-53.5)
Non-LGBT	39.7	(38.2-41.1)	17.3	(16.1-18.5)
Disability Status				
Adults with disabilities	30.2	(27.4-32.9)	29.9	(27.0-32.9)
No disabilities	40.9	(39.2-42.6)	15.8	(14.4-17.1)

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

Percent of Mental and Physical Health Measures by Number of Adverse Childhood Experiences (ACEs), 2021

ACEs Reported	Depression ^b		Frequent Mental Distress (FMD) ^c		Frequent Physical Distress (FPD) ^d	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
0	7.8	(6.6-9.0)	6.6	(5.3-7.8)	7.9	(6.6-9.2)
1	14.0	(11.6-16.4)	8.5	(6.6-10.3)	7.7	(6.1-9.3)
2 or 3	20.2	(17.7-22.8)	13.7	(11.5-16.0)	8.1	(6.4-9.7)
4 or 5	32.0	(27.2-36.7)	26.6	(22.0-31.3)	8.7	(6.3-11.1)
6 or more	45.2	(39.7-50.7)	38.0	(32.5-43.5)	16.3	(12.2-20.3)

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

^c Among all adults, frequent mental distress is the proportion reporting 14 or more days of poor mental health, which includes stress, depression, and problems with emotions during the past 30 days.

^d Among all adults, frequent physical distress is the proportion reporting 14 or more days of poor physical health, which includes physical illness and injury, during the past 30 days.

Alcohol Consumption

In the United States, alcohol is the top mind-altering substance used¹⁸. The BRFSS survey defines a standard drink as one 12-ounce beer, one 5-ounce glass of wine, or a drink with one shot of hard liquor. In BRFSS analyses, binge drinking is defined as consuming 5 or more alcoholic drinks for men and 4 or more alcoholic drinks for women on one occasion. BRFSS defines heavy drinking as consuming more than 14 drinks per week for men and more than 7 drinks per week for women.

- In 2021, 56.7% of Iowans reported that they had at least one drink of alcohol in the past 30 days.
- In 2021, 20.1% of Iowans reported binge drinking in the previous month, and 7.0% reported heavy drinking in the past month.
- Heavy drinking decreased from 8.3% in 2020 to 7.0% in 2021, but the decrease was not statistically significant.
- Binge and heavy drinking were significantly more prevalent among males than females.
- White non-Hispanic adults had the highest rates of binge drinking (21.2%) and heavy drinking (7.5%), compared to Hispanic adult Iowans (15.4% and 2.8% respectively).
- Binge drinking decreased significantly with age.
- Almost two out of five males aged 25-34 (39.6%) engaged in recent binge drinking in 2021, which was the highest percentage across the analyzed age and sex categories.
- Binge drinking was highest among the household income category of \$75,000+ (28.1%).
- Binge drinking was higher among adults without disabilities (21.4%) compared to adults with disabilities (16.1%).
- Binge (26.0%) and heavy drinking (10.2%) rates were higher among Iowans who reported poor mental health.
- In 2021, Iowa ranked 5th highest for adult binge drinking and tied for 8th highest for adult heavy drinking in the nation.

Demographics Characteristics	Binge Drinking ^a		Heavy Drinking ^b	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	20.1	(19.0-21.2)	7.0	(6.3-7.7)
Sex				
Female	14.3	(12.8-15.8)	5.6	(4.7-6.5)
Male	26.1	(24.4-27.8)	8.5	(7.5-9.5)
Race/Ethnicity				
Hispanic, all races	15.4	(11.9-19.0)	2.8	(1.3-4.3)
Black, Non-Hispanic	11.8	(6.1-17.5)	*	*
White, Non-Hispanic	21.2	(19.9-22.4)	7.5	(6.7-8.3)
Other or Multiracial, Non-Hispanic	16.8	(10.8-22.9)	6.7	(3.0-10.4)
Age Group				
18 - 24	30.3	(25.9-34.6)	6.7	(4.4-8.9)
25 - 34	29.1	(25.5-32.6)	7.6	(5.6-9.6)
35 - 44	25.9	(22.8-28.9)	9.9	(7.8-11.9)
45 - 54	25.4	(22.5-28.4)	8.4	(6.5-10.3)
55 - 64	15.4	(13.2-17.6)	7.2	(5.6-8.8)
65-74	8.0	(6.4-9.6)	5.9	(4.5-7.3)
75+	2.1	(1.2-3.0)	2.4	(1.4-3.4)
Education				
Less than H.S.	14.2	(10.3-18.0)	5.6	(3.2-8.0)
H.S. or G.E.D.	19.2	(17.2-21.2)	6.9	(5.7-8.1)
Some Post-H.S.	22.1	(20.0-24.2)	8.0	(6.6-9.3)
College Graduate	20.4	(18.6-22.3)	6.4	(5.3-7.5)
Household Income				
Less than \$15,000	16.1	(10.8-21.4)	8.2	(4.0-12.4)
\$15,000 - \$24,999	13.5	(9.6-17.4)	3.9	(1.9-5.9)
\$25,000 - \$34,999	16.6	(13.1-20.2)	6.2	(4.2-8.2)
\$35,000 - \$49,999	17.2	(14.1-20.3)	7.5	(5.4-9.6)
\$50,000 - \$74,999	19.3	(16.7-21.9)	8.6	(6.8-10.4)
\$75,000+	28.1	(26.0-30.3)	8.4	(7.1-9.6)
Sexual Orientation & Gender Identity				
LGBT+	24.6	(18.9-30.2)	6.3	(3.2-9.5)
Non-LGBT	19.9	(18.7-21.1)	7.2	(6.4-7.9)
Veteran Status				
Veteran	19.1	(15.8-22.4)	8.7	(6.3-11.0)
Non-Veteran	20.2	(19.0-21.4)	6.9	(6.2-7.6)
Disability Status				
Adults with disabilities	16.1	(14.0-18.3)	7.0	(5.6-8.4)
No disabilities	21.4	(20.1-22.8)	7.1	(6.3-7.9)
Reporting Poor Mental Health^c				
Yes	26.0	(22.3-29.6)	10.2	(7.8-12.6)
No	19.3	(18.1-20.5)	6.5	(5.8-7.3)

^a Among all adults, the proportion reporting consumption of five or more drinks per occasion (for males) or four or more drinks per occasion (for women) at least once in the previous month.

^b Among all adults, the proportion reporting alcohol consumption of more than 14 drinks per week (for men) or 7 drinks per week (for women) in the previous month.

^c Frequent mental distress is the proportion reporting 14 or more days of poor mental health, which includes stress, depression, and problems with emotions during the past 30 days.

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

Cigarette Smoking

Smoking harms nearly every organ of the body, and can lead to disease and disability¹⁹. Cigarette smoking is the leading cause of preventable death in the United States, responsible for more than 480,000 deaths per year²⁰.

- In 2021, an estimated 14.6% of adult lowans reported that they currently smoked cigarettes on a regular basis. This is comparable to the U.S. median of 14.4%.
- Males (16.1%) reported statistically higher rates of smoking than females (13.3%).
- Multiracial, non-Hispanic lowans (26.1%) reported the highest prevalence of cigarette smoking, followed by Black, non-Hispanic (20.0%), Other, non-Hispanic (16.1%), White, non-Hispanic (14.6%), and Hispanic Iowa adults (9.5%).
- Smoking rates were highest among the 35-44 (19.9%) and 45-54 (19.1%) age groups.
- The prevalence of cigarette smoking decreased as level of education increased. About a quarter (25.4%) of adult lowans with less than a high school education reported current cigarette smoking, compared to 6.6% of college graduates.
- Adult lowans with higher household incomes reported lower rates of current cigarette smoking. About 29.3% of adults with incomes below \$15,000 reported current smoking, compared to 10.3% of adults with household incomes above \$75,000.
- There was a decrease in current cigarette smoking rates among LGBT+ lowans from 2020 (25.2%) to 2021 (16.1%).
- Adults with disabilities (21.0%) reported a significantly higher prevalence of smoking cigarettes than did adults without disabilities (12.6%).
- Attempts to quit cigarette smoking in the last year were highest among younger adult lowans between the ages of 18 and 24 (60.5%), and lowest among lowans 65-74 years old (35.7%) and those aged 75 years and older (36.9%).

Demographic Characteristics	Current Cigarette Smoking ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	14.6	(13.7-15.6)
Sex		
Female	13.3	(12.0-14.6)
Male	16.1	(14.7-17.4)
Race/Ethnicity		
Hispanic, all races	9.5	(6.4-12.7)
Black, Non-Hispanic	20.0	(13.1-27.1)
White, Non-Hispanic	14.6	(13.6-15.6)
Other, Non-Hispanic	16.1	(9.9-22.3)
Multiracial, Non-Hispanic	26.1	(15.3-36.8)
Age Group		
18 - 24	6.3	(4.2-8.4)
25 - 34	18.9	(15.8-21.9)
35 - 44	19.9	(17.2-22.6)
45 - 54	19.1	(16.4-21.8)
55 - 64	18.5	(16.1-20.8)
65 - 74	11.3	(9.3-13.2)
75+	4.7	(3.3-6.1)
Education		
Less than H.S.	25.4	(20.5-30.2)
H.S. or G.E.D.	20.3	(18.3-22.2)
Some Post-H.S.	13.6	(12.0-15.2)
College Graduate	6.6	(5.5-7.7)
Household Income		
Less than \$15,000	29.3	(23.5-35.0)
\$15,000 - \$24,999	25.6	(21.3-30.0)
\$25,000 - \$34,999	21.2	(17.6-24.9)
\$35,000 - \$49,999	17.2	(14.4-20.1)
\$50,000 - \$74,999	13.1	(11.0-15.3)
\$75,000+	10.3	(8.9-11.7)
Sexual Orientation & Gender Identity		
LGBT+	16.1	(11.8-20.5)
Non-LGBT	14.4	(13.4-15.4)
Veteran Status		
Veteran	15.8	(12.8-18.8)
Non-Veteran	14.5	(13.5-15.5)
Disability Status		
Adults with disabilities	21.0	(18.8-23.2)
No disabilities	12.6	(11.5-13.6)

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

E-Cigarette Use

E-cigarette use, also known as vaping, has rapidly increased among youth and young adult populations in recent years²¹. E-cigarettes use a battery to heat up a special liquid into an aerosol that users can inhale. The liquid is often flavored. Most e-cigarettes contain nicotine, the highly addictive and harmful chemical found in other tobacco products, plus other harmful substances besides nicotine like carcinogens and heavy metals²².

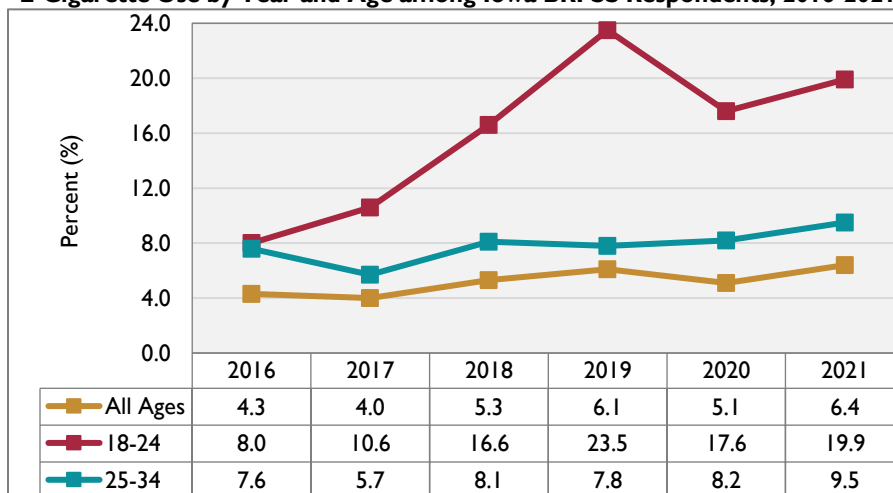
- In 2021, an estimated 6.4% of adult Iowans reported that they currently smoked e-cigarettes on a regular basis. This is comparable to the national median of 6.7%.
- E-cigarette use was highest among the 18-24 age group (19.9%). This rate is almost double the next highest rate, 9.5%, which was reported among the 25-34 age group.
- Reported e-cigarette use was significantly higher among adults who identified as LGBT+ (17.9%) compared to non-LGBT adults (5.4%).
- Adults with disabilities (10.2%) reported e-cigarette use at a significantly higher rate compared to adults without disabilities (5.1%).
- There were no significant differences in reported e-cigarette use by veteran (6.4%) and non-veteran (6.3%) status.

Demographic Characteristics	Current E-Cigarette Use ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	6.4	(5.6-7.1)
Sex		
Female	6.4	(5.3-7.5)
Male	6.4	(5.4-7.3)
Race/Ethnicity		
Hispanic, all races	3.5	(1.9-5.2)
Black, Non-Hispanic	*	*
White, Non-Hispanic	6.4	(5.5-7.2)
Other or Multiracial, Non-Hispanic	10.3	(5.3-15.2)
Age Group		
18 - 24	19.9	(16.2-23.6)
25 - 34	9.5	(7.2-11.7)
35 - 44	6.6	(4.8-8.4)
45 - 54	3.5	(2.3-4.7)
55 - 64	2.4	(1.4-3.3)
65+	1.3	(0.7-1.9)
Education		
Less than H.S.	5.1	(2.6-7.7)
H.S. or G.E.D.	8.9	(7.3-10.5)
Some Post-H.S.	7.4	(6.0-8.8)
College Graduate	2.6	(1.8-3.4)
Household Income		
Less than \$15,000	7.6	(3.7-11.5)
\$15,000 - \$24,999	8.9	(5.7-12.2)
\$25,000 - \$34,999	10.7	(7.6-13.9)
\$35,000 - \$49,999	6.2	(4.2-8.3)
\$50,000 - \$74,999	7.6	(5.6-9.5)
\$75,000+	4.4	(3.3-5.5)
Sexual Orientation & Gender Identity		
LGBT+	17.9	(12.6-23.1)
Non-LGBT	5.4	(4.7-6.1)
Disability Status		
Adults with disabilities	10.2	(8.3-12.1)
No disabilities	5.1	(4.3-5.9)

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

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

E-Cigarette Use by Year and Age among Iowa BRFSS Respondents, 2016-2021



Gambling

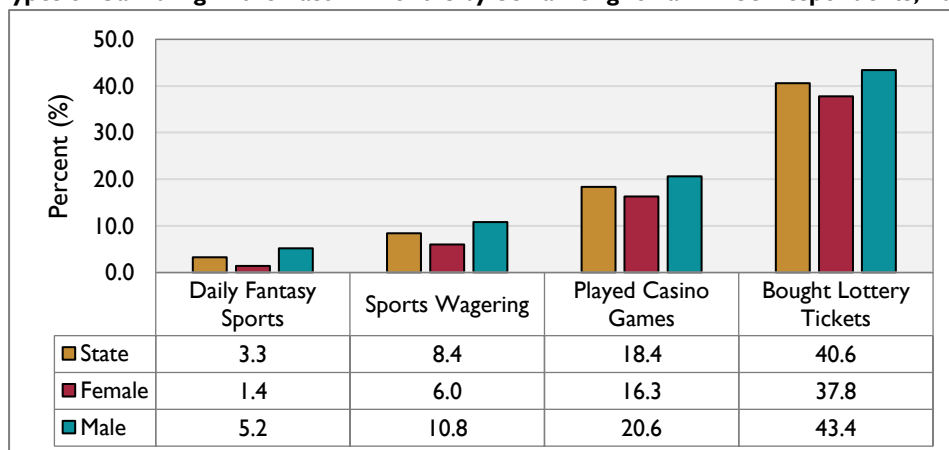
Gambling encompasses activities where an individual risks money or something of value on an unknown outcome in the hopes of gaining something of values (e.g., money, prizes, or possessions). Gambling can stimulate the brain’s reward system much in the same way that drugs or alcohol do and can become addictive²³. Problem gambling, or gambling addiction, includes all gambling behavior patterns that compromise, disrupt or damage personal, family or vocational pursuits²⁴.

- In 2021, an estimated 48.8% of adult Iowans reported any gambling (participating in sports wagering, daily fantasy sports, casino games, or buying lottery tickets) in the past year.
- Males (53.0%) reported a higher prevalence rate of gambling than females (44.7%).
- In general, gambling increased with age, to a peak in the 45-54 age group (56.2%) and then began to decline with more advanced age.
- Gambling prevalence was lowest among those with household incomes of less than \$15,000 (36.4%) and those with household incomes of \$15,000-\$24,999 (37.0%). The highest rate of gambling was reported among those with a household income of \$75,000 or more (55.4%).
- Non-LGBT (49.3%) adult Iowans reported a higher rate of gambling than did Iowans who identified as LGBT+ (42.7%).
- Veterans (54.2%) reported a significantly higher rate of gambling than non-veterans (48.2%) did.
- There were no significant differences in reported gambling by disability status: 46.0% among adults with disabilities and 49.7% among adults without disabilities.

Demographic Characteristics	Any Gambling in Past 12 Months ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	48.8	(47.4-50.2)
Sex		
Female	44.7	(42.6-46.7)
Male	53.0	(51.0-55.0)
Race/Ethnicity		
Hispanic, all races	32.4	(26.9-37.9)
Black, Non-Hispanic	44.9	(35.0-54.8)
White, Non-Hispanic	50.3	(48.8-51.9)
Other, Non-Hispanic	43.3	(32.7-54.0)
Multiracial, Non-Hispanic	40.7	(26.8-54.5)
Age Group		
18 - 24	30.9	(26.1-35.7)
25 - 34	52.6	(48.3-56.8)
35 - 44	55.5	(51.8-59.3)
45 - 54	56.2	(52.5-59.8)
55 - 64	56.0	(52.8-59.2)
65-74	46.6	(43.6-49.6)
75+	34.7	(31.2-38.2)
Education		
Less than H.S.	37.2	(31.3-43.1)
H.S. or G.E.D.	48.2	(45.5-50.8)
Some Post-H.S.	53.3	(50.7-55.9)
College Graduate	47.1	(44.7-49.4)
Household Income		
Less than \$15,000	36.4	(29.4-43.3)
\$15,000 - \$24,999	37.0	(31.7-42.3)
\$25,000 - \$34,999	53.0	(48.3-57.7)
\$35,000 - \$49,999	46.5	(42.4-50.6)
\$50,000 - \$74,999	50.5	(47.1-54.0)
\$75,000+	55.4	(53.0-57.8)
Sexual Orientation & Gender Identity		
LGBT+	42.7	(36.2-49.2)
Non-LGBT	49.3	(47.8-50.8)
Veteran Status		
Veteran	54.2	(50.0-58.5)
Non-Veteran	48.2	(46.7-49.7)

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

Types of Gambling in the Past 12 Months by Sex among Iowa BRFSS Respondents, 2021



Marijuana Use

Marijuana, also called cannabis, is the most commonly used federally illegal drug in the United States²⁵. Certain states have legalized the use of recreational and/or medical marijuana use in recent years. As of 2022, recreational marijuana use is illegal in the state of Iowa. However, Iowa has a regulated medical cannabidiol (CBD) program for Iowa residents with serious medical conditions.

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

- In 2021, an estimated 7.0% of adult Iowans reported that they had used marijuana at least once in the past month.
- Reported marijuana use was higher among males than females for any past month use and for daily marijuana use.
- Reported marijuana use was highest among younger adults, with 16.7% of adults ages 18-24 reporting any marijuana use in the past month.
- The rate of adults aged 65 and older who reported any marijuana use in the past month almost doubled in the last year, from 1.5% in 2020 to 2.9% in 2021.
- Among those who identified as LGBT+, 17.8% reported any past month marijuana use, which is almost triple the rate among non-LGBT Iowa adults (6.3%).
- Adults with disabilities (10.8%) reported a significantly higher prevalence of marijuana use in the past month compared to adults without disabilities (5.7%).

Demographic Characteristics	Any Past Month Marijuana Use (1+ Days) ^a		Daily Past Month Marijuana Use (20+ Days) ^b	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	7.0	(6.2-7.8)	3.2	(2.6-3.7)
Sex				
Female	5.3	(4.3-6.4)	2.3	(1.6-3.0)
Male	8.7	(7.5-9.9)	4.1	(3.2-4.9)
Race/Ethnicity				
Hispanic, all races	4.7	(2.1-7.4)	*	*
Black, Non-Hispanic	14.2	(7.2-21.1)	*	*
White, Non-Hispanic	6.7	(5.9-7.5)	2.7	(2.2-3.2)
Other or Multiracial, Non-Hispanic	11.9	(5.9-17.9)	*	*
Age Group				
18 - 24	16.7	(12.8-20.5)	6.9	(4.4-9.5)
25 - 34	10.1	(7.5-12.6)	5.6	(3.7-7.6)
35 - 44	8.1	(6.1-10.1)	3.5	(2.1-4.9)
45 - 54	5.0	(3.3-6.6)	2.2	(1.0-3.5)
55 - 64	4.3	(3.0-5.6)	1.9	(1.0-2.7)
65+	2.9	(2.1-3.7)	1.1	(0.6-1.5)
Education				
Less than H.S.	7.8	(4.5-11.1)	*	*
H.S. or G.E.D.	8.0	(6.4-9.5)	3.9	(2.8-5.0)
Some Post-H.S.	7.6	(6.1-9.1)	3.7	(2.7-4.8)
College Graduate	4.9	(3.8-6.0)	1.5	(0.9-2.1)
Household Income				
Less than \$15,000	11.4	(6.9-15.9)	*	*
\$15,000 - \$24,999	9.4	(5.6-13.2)	*	*
\$25,000 - \$34,999	9.4	(6.5-12.3)	5.1	(2.9-7.3)
\$35,000 - \$49,999	7.7	(5.3-10.2)	4.3	(2.4-6.3)
\$50,000 - \$74,999	7.0	(5.1-8.9)	2.8	(1.5-4.1)
\$75,000+	5.8	(4.6-7.1)	2.4	(1.6-3.3)
Sexual Orientation & Gender Identity				
LGBT+	17.8	(12.7-23.0)	10.0	(6.0-13.9)
Non-LGBT	6.3	(5.5-7.1)	2.7	(2.2-3.2)
Veteran Status				
Veteran	5.3	(3.2-7.3)	2.7	(1.4-4.1)
Non-Veteran	7.1	(6.3-8.0)	3.2	(2.6-3.8)
Disability Status				
Adults with disabilities	10.8	(8.9-12.7)	6.0	(4.4-7.6)
No disabilities	5.7	(4.9-6.6)	2.3	(1.7-2.8)

^a Among all adults, the proportion reporting marijuana or cannabis use at least once in the past 30 days.

^b Among all adults, the proportion reporting marijuana or cannabis use at least 20 or more days in the past 30 days.

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

Prescription Opioid Use

The opioid epidemic has grown in the United States for over two decades, resulting in a crisis of substance use and addiction. An estimated 136 people in the U.S. die every day from an opioid overdose²⁶. In 2021, 258 Iowans died from opioid overdoses²⁷. Opioid medications can be prescribed to treat pain. With prolonged use, pain-relieving effects may lessen and the body can develop dependence. Opioid dependence causes withdrawal symptoms, which makes it difficult to stop using them. Addiction occurs when dependence interferes with daily life.

- In 2021, an estimated 15.3% of adult Iowans reported taking any prescription opioid pain relievers. An estimated 18,151 (0.9%) of all adult Iowans reported taking opioids either more frequently or in higher doses than directed, or when it was not prescribed to them.
- Those with lower household incomes (less than \$35,000) reported a higher prevalence of prescription opioid use (18.6%) compared to those making \$35,000 or more (14.6%).
- Adults identifying as LGBT+ (21.6%) reported a higher prevalence of prescription opioid use in the past year compared to non-LGBT Iowans (14.8%).
- Adults with disabilities (26.4%) reported a higher prevalence of using prescription opioids in the past year compared to adults with no disabilities (11.9%). Adults with disabilities also reported a higher prevalence of opioid misuse or abuse (2.1% vs. 0.5% respectively).
- Insured adults (15.9%) reported higher rates of any past year prescription opioid use - almost 3x higher – as compared to uninsured adults (5.6%).

Demographic Characteristics	Any Past Year Prescription Opioid Use ^a		Any Past Year Prescription Opioid Misuse or Abuse ^b	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	15.3	(14.2-16.3)	0.9	(0.6-1.1)
Sex				
Female	12.5	(11.1-13.8)	0.7	(0.4-1.0)
Male	18.0	(16.4-19.6)	1.1	(0.7-1.5)
Race/Ethnicity				
Non-White or Hispanic	11.4	(8.4-14.3)	*	*
White, Non-Hispanic	15.7	(14.5-16.8)	0.9	(0.6-1.1)
Age Group				
18 - 35	14.9	(12.6-17.3)	1.2	(0.6-1.8)
36+	15.4	(14.3-16.6)	0.8	(0.5-1.0)
Education				
Less than H.S. & H.S. or G.E.D.	14.9	(13.1-16.7)	1.1	(0.6-1.6)
Some Post-H.S. & College Graduate	15.4	(14.1-16.7)	0.8	(0.5-1.1)
Household Income				
Less than \$35,000	18.6	(16.1-21.2)	1.5	(0.8-2.2)
\$35,000+	14.6	(13.3-15.9)	0.8	(0.5-1.1)
Sexual Orientation & Gender Identity				
LGBT+	21.6	(16.1-27.1)	*	*
Non-LGBT	14.8	(13.8-15.9)	0.8	(0.6-1.1)
Veteran Status				
Veteran	15.6	(12.5-18.6)	*	*
Non-Veteran	15.2	(14.1-16.3)	0.8	(0.6-1.1)
Disability Status				
Adults with disabilities	26.4	(23.8-28.9)	2.1	(1.3-2.9)
No disabilities	11.9	(10.8-13.0)	0.5	(0.3-0.7)
Health Insurance				
Insured	15.9	(14.8-17.0)	0.9	(0.6-1.1)
Not insured	5.6	(2.4-8.8)	*	*

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

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

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

Clinical Preventive Practices

Routine Checkup in Past Year

Routine checkups with a healthcare provider are an important aspect of preventative health care. People who see their healthcare provider regularly and have routine screenings are more likely to receive an early diagnosis if they develop a medical condition, and this can contribute to better outcomes and a longer lifespan²⁸.

- In 2021, an estimated 75.8% of adult lowans reported that they had a routine medical checkup within the past year. This was similar to the U.S. median of 75.6%.
- Females (82.4%) reported a significantly higher prevalence of having a routine checkup in the past year than males (69.0%).
- An estimated 78.7% of Black, non-Hispanic lowans, 76.6% of White, non-Hispanic lowans, and 75.4% of Other or Multiracial, non-Hispanic lowans reported having a routine medical checkup in the past year, whereas 62.3% of Hispanic lowans reported having a routine medical checkup.
- Generally, the prevalence of having a routine medical checkup within the past year increased with age.
- Veterans and adults with disabilities (81.3% and 80.7%, respectively) had significantly higher rates of having a routine medical checkup within the past year compared to non-veterans and adults without disabilities (75.1% and 74.4%, respectively).
- Insured adults (78.3%) had a significantly higher prevalence of a routine medical checkup in the past year compared to adults without health insurance (36.0%).

Demographic Characteristics	Had a Routine Checkup within the Past Year ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	75.8	(74.6-76.9)
Sex		
Female	82.4	(80.8-83.9)
Male	69.0	(67.2-70.7)
Race/Ethnicity		
Hispanic, all races	62.3	(57.3-67.3)
Black, Non-Hispanic	78.7	(71.7-85.7)
White, Non-Hispanic	76.6	(75.3-77.8)
Other or Multiracial, Non-Hispanic	75.4	(69.0-81.8)
Age		
18-24	66.5	(62.2-70.9)
25-34	63.3	(59.7-67.0)
35-44	67.7	(64.5-70.9)
45-54	74.3	(71.3-77.3)
55-64	82.2	(79.9-84.4)
65+	90.3	(88.9-91.6)
Education		
Less Than H.S.	65.9	(60.5-71.3)
H.S. or G.E.D.	73.4	(71.2-75.6)
Some Post-H.S.	77.3	(75.3-79.4)
College Graduate	79.2	(77.4-81.0)
Household Income		
Less than \$15,000	77.5	(72.0-83.1)
\$15,000 - \$24,999	75.7	(71.4-80.0)
\$25,000 - \$34,999	76.3	(72.3-80.2)
\$35,000 - \$49,999	72.6	(69.0-76.1)
\$50,000 - \$74,999	73.9	(70.9-76.9)
\$75,000+	75.0	(73.0-77.1)
Sexual Orientation and Gender Identity		
LGBT+	74.2	(68.8-79.6)
Non-LGBT	76.4	(75.1-77.6)
Veteran Status		
Veteran	81.3	(78.2-84.3)
Non-Veteran	75.1	(73.8-76.3)
Disability Status		
Adults with disabilities	80.7	(78.4-83.0)
No disabilities	74.4	(73.0-75.8)
Health Insurance		
Insured	78.3	(77.2-79.5)
Not insured	36.0	(30.5-41.6)

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

Cholesterol Screening and Awareness

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

- In 2021, an estimated 82.8% of adult Iowans reported that their cholesterol had been checked within the past five years. Among adults who reported having their cholesterol checked, 35.4% reported that they had been told their cholesterol was high.
- Females (87.7%) reported a higher rate of having their cholesterol checked recently, compared to males (77.9%). However, reports of having high cholesterol were similar among females (35.7%) and males (35.1%).
- Having cholesterol checked and reports of having high cholesterol significantly increased with age.
- Non-LGBT adults had a higher prevalence of having had their cholesterol checked in the last five years (83.9%) and to have been told they have high cholesterol (36.4%), compared to LGBT+ adults (74.5% had their cholesterol checked recently, 25.4% had been told they have high cholesterol).
- Rates for having cholesterol recently checked did not differ for veterans/non-veterans, but veterans (45.0%) did report a higher rate of high cholesterol compared to non-veterans (34.2%).
- Rates for having cholesterol checked did not differ by disability status, however adults with disabilities (47.2%) reported a higher rate of high cholesterol compared to adults without disabilities (31.8%).
- Insured adults (85.8%) had a significantly higher prevalence of having had their cholesterol checked within the last 5 years compared to adults without health insurance (45.6%). Insured adults also reported having high cholesterol (36.3%) at a higher rate compared to uninsured adults (20.9%).

Demographic Characteristics	Cholesterol Checked within the Past 5 Years ^a		Ever Told High Cholesterol ^b	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	82.8	(81.7-84.0)	35.4	(34.1-36.7)
Sex				
Female	87.7	(86.2-89.1)	35.7	(33.8-37.5)
Male	77.9	(76.2-79.6)	35.1	(33.2-37.0)
Race/Ethnicity				
Hispanic, all races	71.4	(66.4-76.3)	27.8	(22.4-33.1)
Black, Non-Hispanic	77.7	(69.9-85.4)	21.6	(14.0-29.2)
White, Non-Hispanic	83.9	(82.7-85.1)	36.5	(35.0-37.9)
Other, Non-Hispanic	81.7	(73.8-89.6)	28.7	(19.1-38.3)
Multiracial, Non-Hispanic	74.4	(61.1-87.7)	28.5	(15.2-41.8)
Age				
18-24	52.8	(47.2-58.3)	6.7	(2.9-10.5)
25-34	65.9	(62.0-69.8)	10.9	(7.9-13.9)
35-44	80.1	(77.2-83.0)	22.8	(19.7-26.0)
45-54	87.1	(84.6-89.5)	33.5	(30.2-36.8)
55-64	93.8	(92.3-95.2)	43.3	(40.3-46.3)
65-74	95.6	(94.3-96.9)	54.2	(51.3-57.1)
75+	96.6	(95.4-97.9)	56.7	(53.2-60.1)
Education				
Less Than H.S.	72.8	(67.2-78.3)	38.7	(32.4-45.0)
H.S. or G.E.D.	78.6	(76.3-80.8)	38.1	(35.6-40.6)
Some Post-H.S.	83.9	(81.9-85.8)	35.8	(33.4-38.2)
College Graduate	89.0	(87.5-90.5)	31.8	(29.7-33.9)
Household Income				
Less than \$15,000	79.3	(73.7-85.0)	39.5	(32.5-46.6)
\$15,000 - \$24,999	82.0	(77.8-86.3)	38.7	(33.4-44.1)
\$25,000 - \$34,999	80.5	(76.7-84.3)	38.0	(33.5-42.5)
\$35,000 - \$49,999	80.8	(77.5-84.2)	38.0	(34.0-41.9)
\$50,000 - \$74,999	81.8	(78.9-84.7)	33.5	(30.3-36.8)
\$75,000+	86.8	(85.0-88.6)	31.4	(29.3-33.6)
Sexual Orientation and Gender Identity				
LGBT+	74.5	(68.5-80.5)	25.4	(19.4-31.4)
Non-LGBT	83.9	(82.7-85.1)	36.4	(35.0-37.8)
Veteran Status				
Veteran	89.8	(87.2-92.4)	45.0	(40.9-49.1)
Non-Veteran	82.1	(80.9-83.3)	34.2	(32.8-35.6)
Disability Status				
Adults with disabilities	85.2	(83.0-87.4)	47.2	(44.3-50.2)
No disabilities	82.3	(81.0-83.6)	31.8	(30.3-33.3)
Health Insurance				
Insured	85.8	(84.7-86.9)	36.3	(34.9-37.7)
Not insured	45.6	(39.5-51.8)	20.9	(15.0-26.8)

^a Among all adults, the proportion reporting that they have had their blood cholesterol checked within the past five years.

^b Among adults who have had their blood cholesterol checked, the proportion reporting that a doctor, nurse, or other health professional had told them that their cholesterol was high.

HIV Testing

An estimated 1.2 million people in the United States have HIV (human immunodeficiency virus), and about 13% of those people are unaware of their status³¹. Nearly 40% of new HIV infections are transmitted by people who don't know they have the virus³². People who get tested and learn they have HIV can get antiretroviral therapy treatment and remain healthy for years. Knowing your HIV status can also help prevent future HIV transmission. It is recommended that everyone between the ages of 13 and 64 get tested for HIV at least once in their lifetime as part of routine care.

- In 2021, 25.9% of Iowan adults reported ever being tested for HIV. This is lower than the national median of 34.9%.
- Black, non-Hispanic Iowans (45.5%) and Multiracial, non-Hispanic Iowans (43.5%) reported a higher prevalence of HIV testing compared to Hispanic (28.7%) and White, non-Hispanic (24.5%).
- Adult Iowans who identified as LGBT+ (41.9%) reported significantly higher rates of HIV testing than non-LGBT adults (24.8%).
- Veterans (39.4%) reported a higher prevalence of HIV testing compared to non-veterans (24.6%).
- Adults with disabilities (29.8%) reported a higher prevalence rate for HIV testing than adults without disabilities (24.8%).

Demographic Characteristics	Ever Tested for HIV ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	25.9	(24.7-27.2)
Sex		
Female	27.4	(25.6-29.3)
Male	24.4	(22.8-26.0)
Race/Ethnicity		
Hispanic, all races	28.7	(23.9-33.4)
Black, Non-Hispanic	45.5	(36.8-54.1)
White, Non-Hispanic	24.5	(23.2-25.8)
Other, Non-Hispanic	31.2	(22.3-40.0)
Multiracial, Non-Hispanic	43.5	(30.2-56.9)
Age Group		
18 - 24	17.2	(13.7-20.8)
25 - 34	37.5	(33.7-41.4)
35 - 44	41.2	(37.7-44.7)
45 - 54	33.4	(30.1-36.7)
55 - 64	21.8	(19.2-24.4)
65-74	14.8	(12.7-17.0)
75+	8.1	(6.3-9.9)
Education		
Less than H.S.	26.6	(21.6-31.5)
H.S. or G.E.D.	22.7	(20.6-24.8)
Some Post-H.S.	26.9	(24.6-29.1)
College Graduate	28.4	(26.3-30.5)
Household Income		
Less than \$15,000	31.5	(25.4-37.5)
\$15,000 - \$24,999	27.3	(22.8-31.8)
\$25,000 - \$34,999	26.5	(22.5-30.5)
\$35,000 - \$49,999	25.7	(22.2-29.2)
\$50,000 - \$74,999	25.4	(22.4-28.4)
\$75,000+	27.4	(25.2-29.6)
Sexual Orientation & Gender Identity		
LGBT+	41.9	(35.7-48.2)
Non-LGBT	24.8	(23.5-26.0)
Veteran Status		
Veteran	39.4	(35.4-43.5)
Non-Veteran	24.6	(23.3-25.8)
Disability Status		
Adults with disabilities	29.8	(27.2-32.4)
No disabilities	24.8	(23.4-26.2)
Health Insurance		
Insured	26.5	(25.2-27.8)
Not insured	30.1	(24.5-35.6)

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

Hypertension Awareness and Medication Use

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

- In 2021, 31.4% of adult Iowans reported ever being told by a health care provider that they had high blood pressure (HBP). Of those who adult Iowans with HBP, 78.4% reported that they were currently taking prescription medicine for their blood pressure.
- Black, non-Hispanic Iowans (35.4%) reported the highest rate of being told they had HBP, followed closely by White, non-Hispanic Iowans (32.5%). Rates of taking prescription medicine for HBP did not statistically differ between Black non-Hispanic and White non-Hispanic adult Iowans (71.3% and 80.3% respectively).
- Reports of having high blood pressure and taking prescription medicine for it significantly increased with age.
- Rates of high blood pressure decreased with greater levels of education and household income.
- LGBT+ Iowans (24.7%) reported significantly lower rates of having HBP compared to non-LGBT Iowans (32.3%). Of those who reported having HBP, LGBT+ Iowans (57.7%) reported lower rates of taking prescription medicine to manage their blood pressure compared to Non-LGBT Iowans (80.1%).
- Veterans (44.2%) and adults with disabilities (46.4%) reported significantly higher rates of having high blood pressure compared to non-veterans (30.1%) and adults without disabilities (26.6%).
- The rate of having a high blood pressure diagnosis was 2x higher for those with health insurance (32.9%) compared to those without insurance (14.8%). Those with health insurance (80.1%) also reported taking prescription HBP medication at a significantly higher rate compared to those without insurance (27.9%).

Demographic Characteristics	Ever Told High Blood Pressure ^a		Currently Taking Prescription Medicine for High Blood Pressure	
	%	C.I. (95%)	%	C.I. (95%)
Total	31.4	(30.2-32.5)	78.4	(76.5-80.3)
Sex				
Female	29.1	(27.5-30.7)	83.3	(80.7-85.9)
Male	33.7	(32.0-35.4)	74.1	(71.4-76.9)
Race/Ethnicity				
Hispanic, all races	15.8	(12.2-19.5)	61.1	(48.9-73.2)
Black, Non-Hispanic	35.4	(27.5-43.3)	71.3	(58.9-83.8)
White, Non-Hispanic	32.5	(31.3-33.8)	80.3	(78.3-82.2)
Other, Non-Hispanic	24.3	(16.7-31.9)	55.8	(37.9-73.7)
Multiracial, Non-Hispanic	24.5	(13.7-35.3)	*	*
Age				
18-24	7.6	(5.3-10.0)	*	*
25-34	14.0	(11.4-16.6)	21.1	(13.5-28.8)
35-44	19.3	(16.7-22.0)	62.2	(55.0-69.4)
45-54	31.2	(28.1-34.3)	77.6	(72.6-82.6)
55-64	42.5	(39.6-45.4)	86.4	(83.3-89.4)
65-74	51.8	(49.0-54.6)	90.4	(88.0-92.7)
75+	62.4	(59.2-65.6)	95.0	(93.3-96.6)
Education				
Less Than H.S.	33.9	(28.7-39.0)	81.4	(74.4-88.3)
H.S. or G.E.D.	34.6	(32.5-36.8)	81.4	(78.3-84.6)
Some Post-H.S.	32.4	(30.2-34.5)	75.5	(71.9-79.1)
College Graduate	25.7	(23.9-27.5)	77.4	(74.0-80.9)
Household Income				
Less than \$15,000	39.6	(33.4-45.8)	77.1	(68.5-85.6)
\$15,000 - \$24,999	42.1	(37.2-46.9)	75.3	(68.3-82.2)
\$25,000 - \$34,999	33.3	(29.4-37.1)	79.2	(73.4-85.1)
\$35,000 - \$49,999	33.1	(29.7-36.5)	81.5	(76.4-86.7)
\$50,000 - \$74,999	32.3	(29.4-35.2)	80.8	(76.4-85.2)
\$75,000+	26.4	(24.5-28.3)	75.1	(71.3-79.0)
Sexual Orientation and Gender Identity				
LGBT+	24.7	(19.8-29.6)	57.7	(46.4-69.1)
Non-LGBT	32.3	(31.0-33.5)	80.1	(78.2-82.0)
Veteran Status				
Veteran	44.2	(40.4-48.0)	80.7	(75.8-85.6)
Non-Veteran	30.1	(28.8-31.3)	78.0	(75.9-80.1)
Disability Status				
Adults with disabilities	46.4	(43.7-49.1)	80.2	(77.1-83.3)
No disabilities	26.6	(25.3-27.9)	77.6	(75.0-80.1)
Health Insurance				
Insured	32.9	(31.7-34.1)	80.1	(78.1-82.0)
Not insured	14.8	(10.8-18.7)	27.9	(16.6-39.2)

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

^b Among adults who have high blood pressure (HBP), the proportion reporting that they currently take prescription medicine for their HBP.

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

Immunizations

Influenza, or the flu, is a contagious respiratory illness caused by viruses that infect the nose, throat and lungs. It can cause mild to severe illness, and sometimes can lead to death³⁵. The best way to prevent the flu is by getting a flu vaccination each year. Pneumonia is a lung disease caused by bacteria, viruses, and other infectious agents such as fungi. Pneumonia is frequently a complication of influenza. CDC recommends pneumococcal vaccination for all children younger than two years old and all adults 65 years or older³⁶. In certain situations, older children and other adults should also get pneumococcal vaccines.

- In 2021, an estimated 50.8% of adult Iowans reported receiving a flu vaccine in the past year. An estimated 35.3% of Iowan adults reported ever receiving a pneumonia vaccine.
- Females reported significantly higher rates of having these vaccines (57.3% flu; 40.1% pneumonia) compared to males (44.2% flu; 30.3% pneumonia).
- The prevalence of having a flu vaccine in the past year increased with age, higher household income, and higher education.
- The prevalence of ever having a pneumonia vaccine decreased with higher levels of household income.
- Veterans (61.7%) and adults with disabilities (54.6%) reported a higher rate of having a flu vaccine in the past year compared to non-veterans (49.6%) and adults without disabilities (49.7%).
- Those with health insurance reported significantly higher rates of receiving a flu vaccine in the past year (53.4%) and a pneumonia vaccine ever in their lifetime (36.8%), when compared to those without insurance (16.1% for flu, 11.4% for pneumonia vaccine).

Demographic Characteristics	Had Influenza (Flu) Vaccine in Past Year ^a		Ever Had Pneumococcal (Pneumonia) Vaccine ^b	
	%	C.I. (95%)	%	C.I. (95%)
Total	50.8	(49.4-52.1)	35.3	(34.0-36.6)
Sex				
Female	57.3	(55.3-59.2)	40.1	(38.2-42.0)
Male	44.2	(42.3-46.0)	30.3	(28.6-32.0)
Race/Ethnicity				
Hispanic, all races	34.0	(29.2-38.9)	17.2	(12.8-21.7)
Black, Non-Hispanic	29.7	(22.1-37.3)	24.5	(17.1-31.9)
White, Non-Hispanic	53.0	(51.5-54.4)	37.3	(35.9-38.7)
Other, Non-Hispanic	53.5	(43.8-63.1)	20.4	(11.5-29.4)
Multiracial, Non-Hispanic	36.7	(23.4-49.9)	35.0	(21.5-48.5)
Age				
18-24	33.7	(29.3-38.1)	29.0	(24.1-34.0)
25-34	38.8	(35.0-42.6)	13.9	(10.8-17.0)
35-44	40.5	(37.1-43.9)	13.7	(11.0-16.3)
45-54	45.7	(42.4-49.1)	18.9	(16.2-21.7)
55-64	57.9	(54.9-60.8)	30.9	(28.1-33.8)
65-74	70.4	(67.8-73.1)	71.8	(69.2-74.5)
75+	77.0	(74.1-79.9)	80.3	(77.5-83.1)
Education				
Less Than H.S.	34.2	(29.0-39.4)	29.7	(24.4-35.1)
H.S. or G.E.D.	44.8	(42.4-47.1)	37.4	(35.0-39.8)
Some Post-H.S.	50.8	(48.4-53.2)	38.1	(35.7-40.6)
College Graduate	62.5	(60.3-64.6)	31.1	(29.1-33.1)
Household Income				
Less than \$15,000	44.0	(37.6-50.4)	42.9	(36.1-49.6)
\$15,000 - \$24,999	45.5	(40.5-50.4)	43.5	(38.4-48.6)
\$25,000 - \$34,999	47.8	(43.4-52.2)	42.4	(37.9-46.8)
\$35,000 - \$49,999	48.1	(44.2-51.9)	40.4	(36.6-44.2)
\$50,000 - \$74,999	49.3	(46.0-52.5)	33.0	(30.0-36.0)
\$75,000+	54.8	(52.5-57.2)	26.1	(24.0-28.2)
Sexual Orientation & Gender Identity				
LGBT+	46.3	(40.0-52.5)	36.7	(30.3-43.2)
Non-LGBT	51.6	(50.2-53.0)	35.5	(34.1-36.8)
Veteran Status				
Veteran	61.7	(57.9-65.5)	52.6	(48.5-56.7)
Non-Veteran	49.6	(48.2-51.1)	33.5	(32.2-34.9)
Disability Status				
Adults with disabilities	54.6	(51.9-57.4)	51.8	(49.0-54.6)
No disabilities	49.7	(48.1-51.2)	30.1	(28.7-31.5)
Health Insurance				
Insured	53.4	(52.0-54.8)	36.8	(35.5-38.2)
Not insured	16.1	(11.8-20.4)	11.4	(6.8-15.9)

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

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

COVID-19 Vaccination

In December 2020, the Food and Drug Administration (FDA) gave emergency use authorization to the first COVID-19 vaccines for distribution in the United States. Since December 2020, millions of COVID-19 vaccines have been administered³⁷. The vaccines have gone through – and continue to go through – extensive safety monitoring.

Important Note: Data collection for the 2021 COVID-19 vaccination questions began in July 2021, halfway through the 2021 BRFSS data collection year.

- In 2021, an estimated 75.4% of adult Iowans reported receiving at least one COVID-19 vaccination.
- The prevalence of Iowans reporting that they had received at least one COVID-19 vaccination significantly increased with age. Adults aged 75+ reported the highest rate (93.7%), compared to just over half (55.3%) of 18-24 year olds.
- Rates for Iowans who had been vaccinated with at least one COVID-19 dose did not significantly differ by household income level; however, significant differences were observed by education level. While 88.4% of college graduates reported receiving at least one COVID-19 vaccination, only 59.0% of Iowans with less than a high school education reported the same.
- Veterans (83.2%) reported a significantly higher rate of having received at least once COVID-19 vaccine compared to non-veterans (74.2%).
- COVID-19 vaccination status for at least one vaccine did not significantly differ by sexual orientation and gender identity or by disability status.
- Iowans with health insurance (77.1%) reported a higher rate of receiving at least one COVID-19 vaccine compared to Iowans without health insurance (50.4%). (Note: COVID-19 vaccines have been free of charge for all people living in the U.S. regardless of their health insurance status).

Demographic Characteristics	Had Received at Least One COVID-19 Vaccination ^a	
	%	C.I. (95%)
Total	75.4	(73.6-77.1)
Sex		
Female	79.4	(77.0-81.8)
Male	71.3	(68.7-73.9)
Race/Ethnicity		
Hispanic, all races	63.2	(56.0-70.4)
Black, Other, or Multiracial, Non-Hispanic	76.3	(74.4-78.2)
White, Non-Hispanic	71.4	(63.5-79.2)
Age		
18-24	55.3	(48.3-62.3)
25-34	58.7	(52.6-64.7)
35-44	66.6	(62.0-71.2)
45-54	76.1	(74.9-83.2)
55-64	79.1	(74.9-83.2)
65-74	84.7	(81.3-87.6)
75+	93.7	(91.2-96.1)
Education		
Less Than H.S.	59.0	(50.9-67.1)
H.S. or G.E.D.	66.6	(63.2-70.0)
Some Post-H.S.	76.6	(73.5-79.8)
College Graduate	88.4	(86.3-90.6)
Household Income		
Less than \$15,000	71.6	(62.8-80.4)
\$15,000 - \$24,999	72.4	(65.8-79.0)
\$25,000 - \$34,999	74.3	(68.7-80.0)
\$35,000 - \$49,999	75.1	(69.9-80.3)
\$50,000 - \$74,999	76.0	(71.7-80.3)
\$75,000+	77.5	(74.5-80.5)
Sexual Orientation & Gender Identity		
LGBT+	75.7	(68.0-83.4)
Non-LGBT	75.3	(73.5-77.1)
Veteran Status		
Veteran	83.2	(78.7-87.7)
Non-Veteran	74.5	(72.6-76.4)
Disability Status		
Adults with disabilities	79.5	(76.1-82.9)
No disabilities	74.2	(72.1-76.3)
Health Insurance		
Insured	77.1	(75.2-78.9)
Not insured	50.4	(41.5-59.3)

^a Among adults, the proportion reporting that they had received a COVID-19 vaccination.

Chronic Conditions

Asthma

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

- In 2021, an estimated 13.1% of Iowans reported that they were ever diagnosed with asthma in their lifetime, and 9.1% reported that they currently have asthma.
- Iowa's prevalence rate for lifetime asthma (13.1%) was lower than the U.S. median (14.9%). The prevalence rate for current asthma in Iowa (9.1%) was comparable to the U.S. median (9.8%).
- Compared to males, females had a significantly higher rate of lifetime (15.1% females; 11.1% males) and current (11.4% females; 6.8% males) asthma.
- The prevalence of both lifetime and current asthma significantly decreased with age and higher household income levels.
- Iowa veterans (10.6% lifetime asthma; 6.3% current asthma) reported lower rates of asthma compared to non-veterans (13.4% lifetime asthma; 9.5% current asthma).
- Adults with disabilities reported significantly higher rates of both lifetime (21.4% adults with disabilities, 10.6% without disabilities) and current (16.1% adults with disabilities; 7.0% without disabilities) asthma.
- There were no significant differences in prevalence of lifetime or current asthma by health insurance status.

Demographic Characteristics	Ever Told Asthma ^a		Current Asthma ^b	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	13.1	(12.2-14.1)	9.1	(8.3-9.9)
Sex				
Female	15.1	(13.7-16.5)	11.4	(10.2-12.7)
Male	11.1	(9.9-12.3)	6.8	(5.8-7.7)
Race/Ethnicity				
Hispanic, all races	8.4	(5.4-11.4)	5.1	(2.9-7.4)
Black, Non-Hispanic	23.3	(16.0-30.6)	17.8	(11.0-24.7)
White, Non-Hispanic	12.7	(11.7-13.7)	8.8	(8.0-9.7)
Other, Non-Hispanic	16.2	(9.2-23.1)	11.3	(5.6-16.9)
Multiracial, Non-Hispanic	28.7	(16.9-40.5)	19.5	(9.2-29.7)
Age Group				
18 - 24	18.3	(14.6-21.9)	10.7	(7.7-13.6)
25 - 34	15.7	(12.9-18.5)	9.7	(7.4-12.1)
35 - 44	15.0	(12.5-17.5)	10.1	(7.9-12.2)
45 - 54	12.8	(10.7-15.0)	9.8	(7.8-11.8)
55 - 64	10.6	(8.8-12.5)	9.2	(7.5-11.0)
65-74	8.4	(6.8-9.9)	6.4	(5.0-7.7)
75+	10.9	(8.8-12.9)	7.9	(6.1-9.7)
Education				
Less than H.S.	14.3	(10.4-18.3)	9.8	(6.5-13.1)
H.S. or G.E.D.	12.0	(10.4-13.6)	8.7	(7.3-10.1)
Some Post-H.S.	15.4	(13.5-17.2)	10.6	(9.0-12.1)
College Graduate	11.2	(9.8-12.6)	7.6	(6.4-8.8)
Household Income				
Less than \$15,000	27.6	(21.4-33.8)	25.7	(19.6-31.8)
\$15,000 - \$24,999	17.8	(14.0-21.6)	14.2	(10.8-17.7)
\$25,000 - \$34,999	17.3	(13.8-20.8)	11.8	(9.0-14.7)
\$35,000 - \$49,999	11.9	(9.2-14.5)	8.7	(6.4-11.0)
\$50,000 - \$74,999	10.6	(8.6-12.6)	7.3	(5.7-9.0)
\$75,000+	10.9	(9.4-12.4)	6.9	(5.7-8.2)
Veteran Status				
Veteran	10.6	(8.1-13.1)	6.3	(4.5-8.2)
Non-Veteran	13.4	(12.4-14.4)	9.5	(8.6-10.3)
Disability Status				
Adults with disabilities	21.4	(19.0-23.8)	16.1	(14.0-18.2)
No disabilities	10.6	(9.6-11.6)	7.0	(6.2-7.9)
Health Insurance				
Insured	13.3	(12.3-14.3)	9.4	(8.5-10.2)
Not insured	12.2	(7.9-16.4)	6.3	(3.2-9.3)

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

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

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

Arthritis

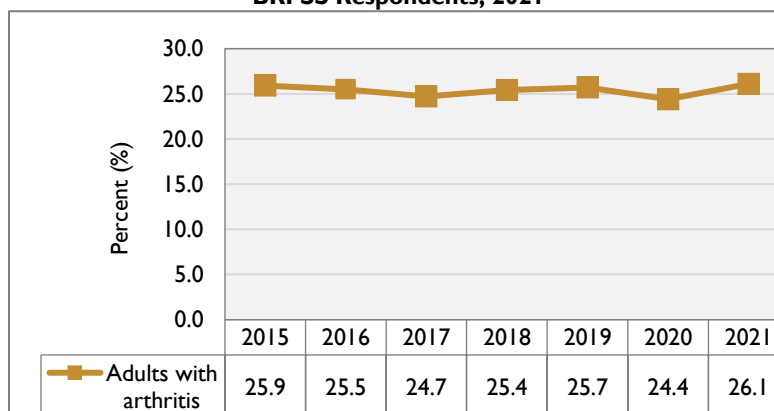
Arthritis encompasses a group of over 100 different rheumatic diseases and conditions that result in pain and reduction of functionality in and around the joints. It is the leading cause of work disability in the United States⁴⁰.

- In 2021, 26.1% of adult lowans reported ever being told by a doctor that they had some form of arthritis, which is the highest reported rate to date. Iowa's rate was similar to the national median of 26.7%.
- Females (30.2%) reported a statistically higher prevalence of arthritis than males (21.9%).
- White, non-Hispanic lowans reported the highest prevalence of arthritis (28.1%), compared to Hispanic lowans (7.3%).
- The prevalence of arthritis drastically increased age. The demographic group reporting the highest prevalence of arthritis was adults lowans age 75 years and older (52.5%).
- As household income level increased, the prevalence of arthritis decreased.
- Arthritis prevalence was higher among veterans (36.4%) compared to non-veterans (25.0%).
- Among adult lowans with a self-care disability (difficulty dressing or bathing), 65.3% reported they had arthritis, compared to 25.4% among those who did not have a self-care disability.
- Among adult lowans with a mobility disability (serious difficulty walking or climbing stairs), 65.6% reported they had arthritis, compared to 21.9% among those who did not have a mobility disability.

Demographic Characteristics	Ever Told Arthritis ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	26.1	(25.0-27.2)
Sex		
Female	30.2	(28.6-31.8)
Male	21.9	(20.5-23.3)
Race/Ethnicity		
Hispanic, all races	7.3	(5.0-9.6)
Black, Non-Hispanic	20.6	(14.2-27.1)
White, Non-Hispanic	28.1	(26.9-29.3)
Other, Non-Hispanic	12.2	(6.4-18.1)
Multiracial, Non-Hispanic	18.7	(8.8-28.7)
Age Group		
18 - 24	2.9	(1.3-4.5)
25 - 34	5.5	(3.9-7.1)
35 - 44	16.2	(13.7-18.8)
45 - 54	27.9	(24.9-30.9)
55 - 64	37.3	(34.4-40.1)
65-74	49.3	(46.5-52.1)
75+	52.5	(49.1-55.8)
Education		
Less than H.S.	24.9	(20.2-29.5)
H.S. or G.E.D.	26.8	(24.9-28.7)
Some Post-H.S.	28.8	(26.8-30.8)
College Graduate	22.2	(20.5-23.9)
Household Income		
Less than \$15,000	35.0	(29.0-41.1)
\$15,000 - \$24,999	34.4	(29.9-38.8)
\$25,000 - \$34,999	32.3	(28.5-36.1)
\$35,000 - \$49,999	27.2	(24.1-30.3)
\$50,000 - \$74,999	27.4	(24.6-30.1)
\$75,000+	20.4	(18.7-22.2)
Sexual Orientation & Gender Identity		
LGBT+	16.3	(12.5-20.1)
Non-LGBT	27.2	(26.1-28.4)
Veteran Status		
Veteran	36.4	(32.8-40.1)
Non-Veteran	25.0	(23.9—26.1)
Health Insurance		
Insured	27.7	(26.5-28.8)
Not insured	11.0	(6.9-15.1)

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

Prevalence of Adults with Arthritis by Year among Iowa BRFSS Respondents, 2021



Cardiovascular Diseases

Cardiovascular disease (CVD) is an umbrella term covering disorders of both the heart (cardio) and blood vessels (vascular) in the body. CVD most often refers to heart disease and stroke. Heart disease includes coronary heart disease and heart attacks. Heart disease was the leading cause of death in the United States⁴¹ and for Iowans in 2021⁴².

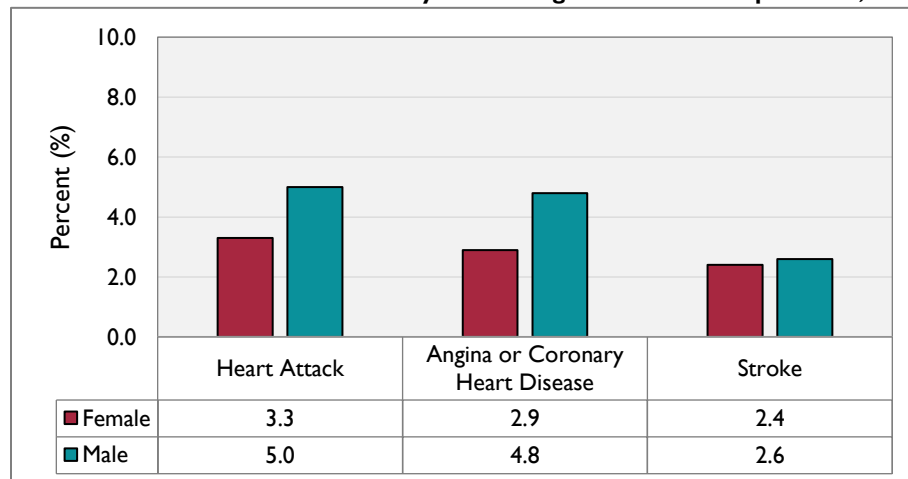
- In 2021, an estimated 4.1% of adult Iowans had ever been told by a doctor that they had a heart attack, 3.8% had ever been told they had angina or coronary heart disease (CHD), and 2.5% had ever been told they had a stroke.
- Males reported a significantly higher rate of heart attack and CHD compared to females.
- The prevalence of a heart attack, CHD and stroke increased with age and decreased with higher education and household income levels.
- Veterans had higher rates of being diagnosed with each of the three diseases compared to non-veterans.
- Adults with disabilities reported higher rates of being diagnosed with each of the three diseases, compared to adults without disabilities.

Demographic Characteristics	Ever Told Heart Attack ^a		Ever Told Angina or Coronary Heart Disease (CHD) ^b		Ever Told Stroke ^c	
	%	C.I. (95%)	%	C.I. (95%)	%	C.I. (95%)
Total	4.1	(3.6-4.6)	3.8	(3.4-4.2)	2.5	(2.1-2.8)
Sex						
Female	3.3	(2.6-3.9)	2.9	(2.3-3.4)	2.4	(1.9-2.9)
Male	5.0	(4.3-5.7)	4.7	(4.1-5.4)	2.5	(2.1-3.1)
Race/Ethnicity						
Non-White or Hispanic	2.4	(1.3-3.6)	1.8	(1.0-2.7)	1.7	(0.8-2.7)
White, Non-Hispanic	4.3	(3.8-4.8)	4.8	(4.1-5.5)	2.6	(2.1-3.1)
Age						
18-44	0.6	(0.3-0.9)	*	*	0.6	(0.3-0.9)
45-54	3.2	(2.0-4.4)	2.1	(1.2-3.0)	1.5	(0.7-2.3)
55-64	6.4	(4.9-7.9)	4.7	(3.5-6.0)	3.0	(2.1-4.0)
65-74	7.6	(6.0-9.2)	7.6	(6.1-9.1)	4.7	(3.5-5.9)
75+	12.8	(10.5-15.1)	14.6	(12.2-17.0)	8.6	(6.7-10.5)
Education						
Less Than H.S.	5.7	(3.4-8.0)	3.6	(1.7-5.5)	*	*
H.S. or G.E.D.	4.9	(4.0-5.8)	5.0	(4.1-5.9)	3.7	(2.9-4.5)
Some Post-H.S.	4.4	(3.6-5.3)	3.8	(3.0-4.5)	2.2	(1.7-2.8)
College Graduate	2.4	(1.8-2.9)	2.6	(2.1-3.2)	1.5	(1.1-2.0)
Household Income						
Less than \$15,000	7.9	(4.6-11.2)	6.7	(3.6-9.7)	6.5	(3.7-9.3)
\$15,000 - \$24,999	8.6	(5.9-11.3)	6.8	(4.6-9.0)	4.3	(2.6-6.0)
\$25,000 - \$34,999	5.0	(3.3-6.6)	4.5	(3.0-6.0)	3.1	(2.0-4.3)
\$35,000 - \$49,999	4.6	(3.2-6.0)	4.3	(2.9-5.6)	2.6	(1.6-3.6)
\$50,000 - \$74,999	3.4	(2.5-4.4)	3.4	(2.5-4.4)	1.6	(0.9-2.3)
\$75,000+	2.7	(2.0-3.4)	2.6	(2.0-3.3)	1.5	(1.0-2.0)
Veteran Status						
Veteran	9.3	(7.2-11.4)	9.5	(7.4-11.6)	4.6	(3.1-6.1)
Non-Veteran	3.5	(3.1-4.0)	3.2	(2.8-3.6)	2.3	(1.9-2.6)
Disability Status						
Adults with disabilities	9.8	(8.4-11.3)	9.5	(8.0-10.9)	6.6	(5.4-7.8)
No disabilities	2.3	(1.9-2.8)	2.1	(1.7-2.5)	1.3	(1.0-1.5)
Health Insurance						
Insured	4.3	(3.8-4.9)	4.1	(3.6-4.6)	2.5	(2.1-2.9)
Not insured	*	*	*	*	*	*

Among all adults, the proportion ever told by a doctor, nurse, or other health professional that: ^a they had a heart attack or myocardial infarction, ^b they had angina or coronary heart disease, or ^c they had a stroke.

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

Cardiovascular Disease Prevalence by Sex among Iowa BRFSS Respondents, 2021



Cancer

Cancer is the second most common cause of death in the United States, following heart disease⁴³. Although cancer is a common disease, more and more people are surviving cancer. Death rates for all cancer types have declined 31% since 1991, when the cancer death rate peaked at 215 deaths from cancer per 100,000 people⁴⁴. Declines in the cancer death rate are largely due to reductions in smoking and vast improvements in early cancer detection and treatment methods.

- In 2021, an estimated 6.6% of adult Iowans had ever been told by a doctor that they had skin cancer, and 7.5% reported being told they had some other type of cancer other than skin cancer.
- Iowa's prevalence rates for skin cancer (6.6%) and other cancer (7.5%) were both aligned with the national medians (6.6% skin cancer, 7.5% other cancer) among U.S. adults.
- White, non-Hispanic Iowans reported a higher prevalence rate of other cancer (8.1%) compared to non-White or Hispanic Iowans (3.3%).
- The prevalence of skin cancer and other types of cancer increased with age.
- Veterans reported a higher prevalence rate of cancer (13.8% for skin cancer, 12.7% for other cancer) than non-veterans (5.8% for skin cancer and 6.9% for other cancer).
- Adults with disabilities reported a higher prevalence rate of cancer (10.4% for skin cancer, 13.0% for other cancer) than adults without disabilities (5.5% for skin cancer, 5.9% for other cancer).

Demographic Characteristics	Ever Told Skin Cancer ^a		Ever Told Any Other Types of Cancer ^b	
	Prevalence Rate (%)	C.I. (95%)	Prevalence Rate (%)	C.I. (95%)
Total	6.6	(6.1-7.2)	7.5	(6.9-8.1)
Sex				
Female	6.6	(5.8-7.4)	8.9	(7.9-9.8)
Male	6.7	(5.9-7.4)	6.1	(5.3-6.8)
Race/Ethnicity				
Non-White or Hispanic	*	*	3.3	(1.9-4.6)
White, Non-Hispanic	7.5	(6.9-8.1)	8.1	(7.4-8.8)
Age				
18-24	*	*	*	*
25-34	*	*	*	*
35-44	*	*	3.5	(2.3-4.7)
45-54	4.3	(2.9-5.7)	4.0	(2.7-5.2)
55-64	10.0	(8.2-11.9)	10.4	(8.5-12.2)
65-74	13.7	(11.7-15.7)	16.0	(14.0-18.1)
75+	21.7	(19.0-24.3)	20.9	(18.2-23.6)
Education				
Less Than H.S.	3.7	(1.8-5.7)	7.3	(4.8-9.8)
H.S. or G.E.D.	6.5	(5.5-7.4)	7.6	(6.6-8.7)
Some Post-H.S.	7.0	(5.9-8.1)	8.2	(7.0-9.3)
College Graduate	7.3	(6.3-8.3)	6.6	(5.6-7.5)
Household Income				
Less than \$15,000	4.5	(2.3-6.8)	6.9	(4.1-9.8)
\$15,000 - \$24,999	6.4	(4.4-8.4)	10.3	(7.6-13.1)
\$25,000 - \$34,999	6.9	(5.1-8.6)	8.8	(6.6-11.0)
\$35,000 - \$49,999	7.4	(5.6-9.1)	8.7	(6.8-10.6)
\$50,000 - \$74,999	7.7	(6.1-9.2)	7.4	(5.9-8.9)
\$75,000+	6.0	(5.0-6.9)	5.5	(4.6-6.4)
Veteran Status				
Veteran	13.8	(11.4-16.3)	12.7	(10.4-15.1)
Non-Veteran	5.8	(5.3-6.4)	6.9	(6.3-7.6)
Disability Status				
Adults with disabilities	10.4	(8.9-11.9)	13.0	(11.3-14.7)
No disabilities	5.5	(4.9-6.1)	5.9	(5.3-6.6)
Health Insurance				
Insured	7.2	(6.6-7.8)	8.0	(7.4-8.7)
Not insured	*	*	*	*

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

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

Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease, or COPD, refers to a group of chronic inflammatory lung diseases that causes airflow blockage and breathing-related problems⁴⁵. Symptoms of COPD include coughing, wheezing, shortness of breath, chest tightness, and excess phlegm production⁴⁶. Cigarette smoke exposure is the leading cause for the development and progression of COPD⁴⁷.

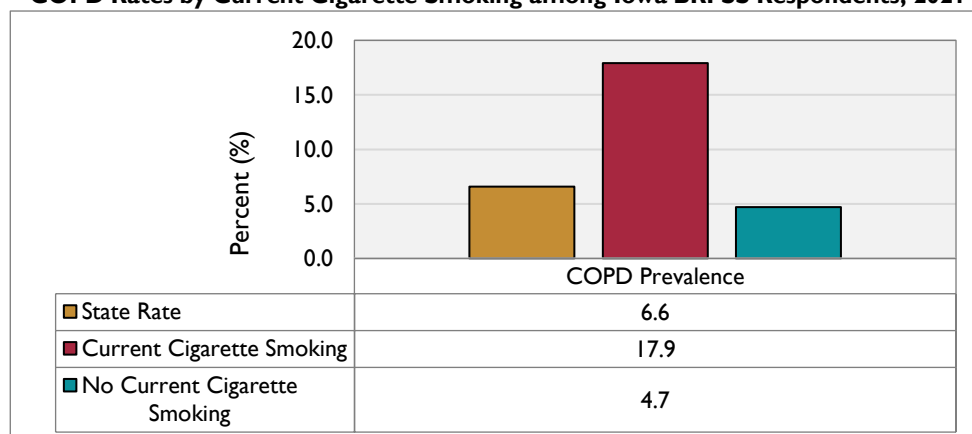
- In 2021, an estimated 6.6% of adult Iowans reported ever being told by a health care provider that they had chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis. This is slightly higher than the national median of 6.1%.
- The prevalence of COPD increased with age and decreased with higher levels of education and household income.
- Iowa veterans (9.9%) reported a higher prevalence COPD than non-veterans (6.2%).
- Adults with disabilities (16.8%) had a significantly higher prevalence rate of being diagnosed with COPD than adults without disabilities (3.5%).
- Among respondents who were current cigarette smokers, 17.9% reported being diagnosed with COPD, compared to 4.7% among non-current cigarette smokers.

Demographic Characteristics	Ever Told COPD, Emphysema, or Chronic Bronchitis ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	6.6	(5.9-7.2)
Sex		
Female	7.1	(6.2-8.1)
Male	6.0	(5.1-6.8)
Race/Ethnicity		
Non-White or Hispanic	3.4	(2.0-4.8)
White, Non-Hispanic	7.0	(6.3-7.7)
Age		
18-24	*	*
25-34	2.4	(1.2-3.7)
35-44	3.1	(1.8-4.4)
45-54	6.6	(4.9-8.2)
55-64	9.8	(8.0-11.6)
65-74	11.5	(9.7-13.3)
75+	14.0	(11.6-16.5)
Education		
Less Than H.S.	12.3	(8.9-15.6)
H.S. or G.E.D.	8.4	(7.2-9.5)
Some Post-H.S.	6.6	(5.5-7.7)
College Graduate	2.9	(2.2-3.5)
Household Income		
Less than \$15,000	21.0	(15.7-26.2)
\$15,000 - \$24,999	14.1	(10.8-17.5)
\$25,000 - \$34,999	8.5	(6.5-10.6)
\$35,000 - \$49,999	7.3	(5.5-9.2)
\$50,000 - \$74,999	5.2	(3.8-6.5)
\$75,000+	3.0	(2.3-3.8)
Veteran Status		
Veteran	9.9	(7.7-12.2)
Non-Veteran	6.2	(5.6-6.8)
Disability Status		
Adults with disabilities	16.8	(14.8-18.7)
No disabilities	3.5	(3.0-4.1)
Health Insurance		
Insured	6.9	(6.2-7.6)
Not insured	*	*

^a Among all adults, the proportion reporting ever being told by a doctor that they had chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis.

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

COPD Rates by Current Cigarette Smoking among Iowa BRFSS Respondents, 2021



Depression

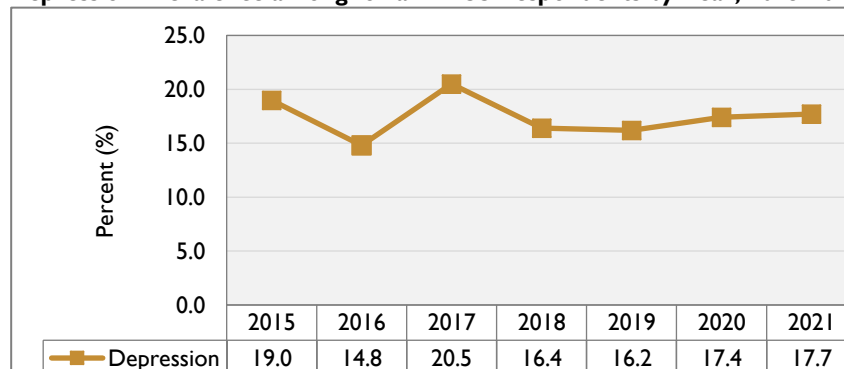
Depression is one of the most common mental disorders in the United States⁴⁸. Depressive symptoms can affect how someone feels, thinks, and handles daily activities. Physical health and mental health are interconnected. Poor physical health can lead to poor mental health, and poor mental health can lead to poor physical health. Depression may occur with other mental disorders and other illnesses, such as diabetes, cancer, heart disease, and chronic pain. Depression can make these conditions worse, and vice versa. Sometimes, medications taken for these illnesses cause side effects that contribute to symptoms of depression.

- In 2021, an estimated 17.7% of adult Iowans reported that they had ever been told they had a depressive disorder (including depression, major depression, dysthymia, or minor depression). Iowa's rate (17.7%) for adults diagnosed with a depressive disorder is lower than the national median of 20.5%.
- Females reported a significantly higher (23.3%) rate of diagnosed depression than did males (12.0%).
- One out of four Multiracial, non-Hispanic (25.4%) adults in Iowa reported ever being diagnosed with a depressive disorder.
- Diagnosed depression was more prevalent among younger Iowans and those with lower annual household incomes.
- The prevalence of a diagnosed depressive disorder was highest among adult LGBT+ Iowans (43.2%) by a significant amount. This is almost three times higher than the rate of depression reported among non-LGBT adults (15.7%).
- Adults with disabilities (37.0%) reported a significantly higher rate of depression at more than three times the prevalence rate of adults without disabilities (12.1%).

Demographic Characteristics	Ever Told a Depressive Disorder ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	17.7	(16.7-18.8)
Sex		
Female	23.3	(21.7-25.0)
Male	12.0	(10.8-13.2)
Race/Ethnicity		
Hispanic, all races	9.7	(6.6-12.8)
Black, Non-Hispanic	10.0	(5.2-14.8)
White, Non-Hispanic	18.4	(17.2-19.5)
Other, Non-Hispanic	17.8	(10.8-24.8)
Multiracial, Non-Hispanic	25.4	(14.2-36.6)
Age Group		
18 - 24	23.4	(19.5-27.3)
25 - 34	20.5	(17.4-23.6)
35 - 44	20.5	(17.8-23.2)
45 - 54	18.1	(15.4-20.8)
55 - 64	15.8	(13.7-17.9)
65-74	15.0	(13.0-17.0)
75+	9.3	(7.3-11.3)
Education		
Less than H.S.	16.3	(12.1-20.6)
H.S. or G.E.D.	17.2	(15.4-19.1)
Some Post-H.S.	19.5	(17.5-21.4)
College Graduate	16.5	(14.9-18.2)
Household Income		
Less than \$15,000	34.3	(28.2-40.4)
\$15,000 - \$24,999	25.4	(21.1-29.7)
\$25,000 - \$34,999	22.8	(18.9-26.8)
\$35,000 - \$49,999	17.5	(14.5-20.5)
\$50,000 - \$74,999	18.6	(15.9-21.3)
\$75,000+	14.0	(12.4-15.6)
Sexual Orientation & Gender Identity		
LGBT+	43.2	(37.1-49.3)
Non-LGBT	15.7	(14.7-16.7)
Veteran Status		
Veteran	12.7	(10.1-15.4)
Non-Veteran	18.3	(17.2-19.4)
Disability Status		
Adults with disabilities	37.0	(34.3-39.7)
No disabilities	12.1	(11.1-13.1)

^a Among all adults, the proportion who reported ever being told by a doctor, nurse, or other health professional they had a depressive disorder, including depression, major depression, dysthymia, or minor depression.

Depression Prevalence among Iowa BRFSS Respondents by Year, 2015-2021



Diabetes

Diabetes is a chronic health condition that affects the body's ability to turn food into energy. It is the 8th leading cause of death in the United States⁴⁹. Insulin is a hormone that helps control the body's blood sugar levels and metabolism. If someone has diabetes, their body either does not make enough insulin (type 1 diabetes), or it cannot use the insulin it makes as well as it should (type 2 diabetes). More than 37 million Americans have diabetes, and approximately 90-95% of them have type 2 diabetes⁵⁰.

- In 2021, an estimated 9.7% of adult Iowans reported ever being told by a health care provider that they had diabetes (excluding women told only during pregnancy). The U.S. median for adults with a diabetes diagnosis was slightly higher (10.9%).
- The prevalence of diabetes was similar by sex.
- Black, non-Hispanic Iowans (12.4%) reported the highest prevalence of diabetes, followed by Other or Multiracial, non-Hispanic (10.8%), White, non-Hispanic (9.7%), and Hispanic (8.5%) adults. Differences by race/ethnicity were not significantly different from each other.
- The prevalence of diabetes increased with age. Those aged 75+ (20.0%) reported the highest prevalence of diabetes followed by those aged 65-74 (17.9%).
- The prevalence of diabetes decreased with higher levels of household income and education.
- Iowa veterans (17.5%) had a significantly higher prevalence of being diagnosed with diabetes than non-veterans (8.8%).
- The rate of adults with disabilities who had been diagnosed with diabetes (17.4%) was over 2x higher than the rate of diabetes for adults without disabilities (7.2%).
- Those with health insurance (10.1%) reported a diabetes diagnosis at almost double the prevalence rate of those without health insurance (5.3%).
- Among adult Iowans who had been told they had diabetes, most reported being first diagnosed between ages 46-60 years old (40.6%).

Demographic Characteristics	Ever Told Diabetes ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	9.7	(9.0-10.4)
Sex		
Female	8.9	(7.9-9.8)
Male	10.6	(9.6-11.6)
Race/Ethnicity		
Hispanic, all races	8.5	(5.5-11.6)
Black, Non-Hispanic	12.4	(7.2-17.7)
White, Non-Hispanic	9.7	(8.9-10.4)
Other or Multiracial, Non-Hispanic	10.8	(6.2-15.4)
Age		
18-24	*	*
25-34	2.6	(1.4-3.8)
35-44	4.8	(3.3-6.3)
45-54	10.8	(8.8-12.9)
55-64	14.1	(12.1-16.1)
65-74	17.9	(15.7-20.1)
75+	20.0	(17.3-22.8)
Education		
Less Than H.S.	13.3	(9.7-16.9)
H.S. or G.E.D.	11.0	(9.7-12.4)
Some Post-H.S.	9.5	(8.3-10.7)
College Graduate	7.5	(6.4-8.5)
Household Income		
Less than \$15,000	18.1	(13.2-23.0)
\$15,000 - \$24,999	14.7	(11.3-18.0)
\$25,000 - \$34,999	13.5	(10.8-16.2)
\$35,000 - \$49,999	10.8	(8.7-12.9)
\$50,000 - \$74,999	9.0	(7.4-10.6)
\$75,000+	6.2	(5.2-7.2)
Sexual Orientation & Gender Identity		
LGBT+	8.5	(5.5-11.4)
Non-LGBT	9.8	(9.0-10.5)
Veteran Status		
Veteran	17.5	(14.7-20.3)
Non-Veteran	8.8	(8.1-9.5)
Disability Status		
Adults with disabilities	17.4	(15.5-19.4)
No disabilities	7.2	(6.5-7.9)
Health Insurance		
Insured	10.1	(9.3-10.8)
Not insured	5.3	(2.7-7.9)
Age diabetes diagnosed		
1-15 years old	5.0	(2.9-7.1)
16-30 years old	11.8	(8.9-14.7)
31-45 years old	25.1	(21.7-28.5)
46-60 years old	40.6	(36.7-44.4)
61+ years old	17.5	(14.8-20.3)

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

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

Kidney Disease

The kidneys are two bean-shaped organs that are responsible for filtering extra water and wastes out of the blood and making urine⁵¹. Kidney disease is a condition where the kidneys are damaged and cannot filter blood as well as healthy kidneys. This can lead to toxic waste and extra fluid accumulating in the body, and may lead to high blood pressure, heart disease, and stroke⁵².

- In 2021, an estimated 2.5% of adult Iowans reported ever being told by a health care provider that they had kidney disease. This was comparable to the national median of 3.0%.
- The prevalence of kidney disease increased with age. For example, 8.9% of Iowans aged 75+ reported kidney disease compared to 0.6% of 18-44 year olds.
- The prevalence of kidney disease decreased with increasing levels of household income.
- Adults with disabilities (6.7%) had a higher prevalence of kidney disease compared to adults without disabilities (1.3%).

Demographic Characteristics	Ever Told Kidney Disease ^a	
	Prevalence Rate (%)	C.I. (95%)
Total	2.5	(2.2-2.9)
Sex		
Female	2.9	(2.3-3.4)
Male	2.2	(1.7-2.7)
Race/Ethnicity		
Hispanic	2.7	(1.2-4.2)
Black, Other, & Multiracial, Non-Hispanic	*	*
White, Non-Hispanic	2.8	(2.4-3.2)
Age		
18-44	0.6	(0.2-0.9)
45-54	2.3	(1.3-3.2)
55-64	3.2	(2.2-4.1)
65-74	4.0	(3.0-5.1)
75+	8.9	(6.8-10.9)
Education		
Less Than H.S.	3.6	(1.7-5.5)
H.S. or G.E.D.	2.8	(2.1-3.4)
Some Post-H.S.	2.7	(2.0-3.3)
College Graduate	1.8	(1.3-2.3)
Household Income		
Less than \$15,000	5.1	(2.5-7.8)
\$15,000 - \$24,999	5.0	(3.0-7.1)
\$25,000 - \$34,999	3.8	(2.3-5.3)
\$35,000 - \$49,999	2.9	(1.8-4.0)
\$50,000 - \$74,999	1.8	(1.1-2.5)
\$75,000+	1.1	(0.7-1.5)
Veteran Status		
Veteran	3.4	(2.1-4.7)
Non-Veteran	2.5	(2.1-2.8)
Disability Status		
Adults with disabilities	6.7	(5.5-7.9)
No disabilities	1.3	(1.0-1.6)
Health Insurance		
Insured	2.7	(2.3-3.1)
Not insured	*	*

^a Among all adults, the proportion reporting ever being told by a doctor, nurse, or other health professional that they had kidney disease.

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

References

1. Centers for Disease Control and Prevention (2022). *Behavioral Risk Factor Surveillance System*. <https://www.cdc.gov/brfss/index.html>
2. Iowa Department of Public Health, Bureau of Public Health Performance. (2019). *Healthy Iowans 2017-2021: Iowa's Health Improvement Plan*. <https://idph.iowa.gov/healthy-iowans/plan>
3. Office of Disease Prevention and Health Promotion (n.d.). *Healthy People 2030 Objectives and Data*. U.S. Department of Health and Human Services. <https://health.gov/healthypeople/objectives-and-data/browse-objectives>
4. Iowa Department of Public Health, Bureau of Public Health Performance. (n.d.). *Local Public Health Services (LPHS)*. https://idph.iowa.gov/Portals/1/userfiles/261/2020_01_09%20RCHC%20Region%20Map.pdf
5. Woo, H., & Zajacova, A. (2017). Predictive Strength of Self-Rated Health for Mortality Risk Among Older Adults in the United States: Does It Differ by Race and Ethnicity?. *Research on aging*, 39(7), 879–905. <https://doi.org/10.1177/0164027516637410>
6. Centers for Disease Control and Prevention. (2021). *Health Related Quality of Life (HRQOL)*. <https://www.cdc.gov/hrqol/index.htm>
7. Garfield, R., & Orgera, K. (2019, January 25). *The Uninsured and the ACA: A Primer - Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act*. Kaiser Family Foundation. <https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-how-does-lack-of-insurance-affect-access-to-care/>
8. Office of Disease Prevention and Health Promotion (n.d.). *Access to Health Services*. *Healthy People 2020*. U.S. Department of Health and Human Services. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Access-to-Health-Services#:~:text=Access%20to%20health%20services%20affects,illnesses%20or%20other%20health%20conditions>
9. World Health Organization. (2001). *International Classification of Functioning, Disability, and Health (ICF)*. <https://www.who.int/classifications/international-classification-of-functioning-disability-and-health>
10. United States Department of Agriculture. (2021). *Food Security in the U.S: Measurement*. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/measurement/#insecurity>
11. United States Department of Agriculture. (2021). *Food Security in the U.S: Key Statistics & Graphics*. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/#insecure>
12. Centers for Disease Control and Prevention. (2022). *Poor Nutrition*. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/nutrition.htm>
13. United States Department of Agriculture and United States Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*. 9th Edition. December 2020. https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf
14. United States Department of Agriculture. (n.d.). *MyPlate: Daily Fruit Table*. <https://www.myplate.gov/eat-healthy/fruits>
15. United States Department of Agriculture. (n.d.). *MyPlate: Daily Vegetable Table*. <https://www.myplate.gov/eat-healthy/vegetables>
16. Centers for Disease Control and Prevention. (2021). *Benefits of Physical Activity*. <https://www.cdc.gov/physicalactivity/basics/pa-health/index.htm>
17. Centers for Disease Control and Prevention. (2020). *Behavioral Risk Factor Surveillance System ACE Data*. <https://www.cdc.gov/violenceprevention/aces/ace-brfss.html>
18. American Addiction Centers. (2020). *How Alcohol Lowers Inhibitions*. <https://www.alcohol.org/effects/inhibitions/>
19. Centers for Disease Control and Prevention. (2021). *Smoking & Tobacco Use Fast Facts*. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm
20. U.S. Department of Health and Human Services. (2014). *The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General*. https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf_NBK179276.pdf
21. Centers for Disease Control and Prevention. (2022). *Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults*. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html
22. American Lung Association. (2020). *What's in an E-Cigarette?* <https://www.lung.org/quit-smoking/e-cigarettes-vaping/whats-in-an-e-cigarette>
23. Mayo Clinic. (2016). *Compulsive Gambling*. <https://www.mayoclinic.org/diseases-conditions/compulsive-gambling/symptoms-causes/syc-20355178>
24. National Council on Problem Gambling. (n.d.). *What is Problem Gambling?* <https://www.ncpgambling.org/help-treatment/faq/#:~:text=What%20is%20problem%20gambling%3F,personal%2C%20family%20or%20vocational%20pursuits.>
25. Centers for Disease Control and Prevention. (2021). *Marijuana and Public Health*. <https://www.cdc.gov/marijuana/index.htm>
26. Centers for Disease Control and Prevention. (2021). *Drug Overdose: Understanding the Epidemic*. <https://www.cdc.gov/drugoverdose/epidemic/index.html>
27. Iowa Department of Justice, Office of the Attorney General. (2022). *Opioid Settlement Information*. <https://www.iowaattorneygeneral.gov/newsroom/opioid-settlement-information#:~:text=Last%20year%2C%20258%20Iowans%20died,the%20death%20toll%20from%20worsening.>
28. Johns Hopkins Medicine. (n.d.). *Routine Screenings*. <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/routine-screenings>
29. Mayo Clinic. (2021). *High Blood Cholesterol*. <https://www.mayoclinic.org/diseases-conditions/high-blood-cholesterol/symptoms-causes/syc-20350800>
30. Centers for Disease Control and Prevention. (2020). *Getting Your Cholesterol Checked*. https://www.cdc.gov/cholesterol/cholesterol_screening.htm
31. United States Department of Health and Human Services. (2021). *HIV Basics: U.S. Statistics*. <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>

32. Li, Z., Purcell, D.W., Sansom, S.L., Hayes, D., & Hall H.I. (2019). Vital Signs: HIV Transmission Along the Continuum of Care — United States, 2016. *MMWR Morbidity and Mortality Weekly Report*; 68(11), 267-272. <http://dx.doi.org/10.15585/mmwr.mm6811e1>
33. Mayo Clinic. (2021). *High Blood Pressure (Hypertension)*. <https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/symptoms-causes/syc-20373410>
34. Centers for Disease Control and Prevention (2021). *High Blood Pressure Symptoms and Causes*. <https://www.cdc.gov/bloodpressure/about.htm>
35. Centers for Disease Control and Prevention (2021). *Seasonal Flu Vaccines*. <https://www.cdc.gov/flu/prevent/flushot.htm>
36. Centers for Disease Control and Prevention (2022). *Pneumococcal Vaccination*. <https://www.cdc.gov/vaccines/vpd/pneumo/index.html>
37. Mayo Clinic. (2022). *History of COVID-19: Outbreaks and vaccine timeline*. <https://www.mayoclinic.org/coronavirus-covid-19/history-disease-outbreaks-vaccine-timeline/covid-19>
38. Mayo Clinic. (2022). *Asthma Overview*. <https://www.mayoclinic.org/diseases-conditions/asthma/symptoms-causes/syc-20369653>
39. Centers for Disease Control and Prevention (2022). *Asthma*. <https://www.cdc.gov/asthma/default.htm>
40. Centers for Disease Control and Prevention (2021). *Arthritis*. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/arthritis.htm#:~:text=In%20the%20United%20States%2C%2024,for%20of%20arthritis%20is%20osteoarthritis>.
41. Centers for Disease Control and Prevention (2022). *Heart Disease Facts*. <https://www.cdc.gov/heartdisease/facts.htm>
42. Iowa Department of Public Health, Bureau of Health Statistics. (2021). *2021 Vital Statistics of Iowa*. <https://idph.iowa.gov/health-statistics/data>
43. Murphy, S.L., Kochanek, K.D., Xu, J.Q., & Arias, E. (2021). Mortality in the United States, 2020. *National Center for Health Statistics Data Brief*, no 427. <https://dx.doi.org/10.15620/cdc:112079>
44. American Cancer Society. (2021). *Facts & Figures 2021 Reports Another Record-Breaking 1-Year Drop in Cancer Deaths*. <https://www.cancer.org/latest-news/facts-and-figures-2021.html>
45. Mayo Clinic. (2020). *COPD Overview*. <https://www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc-20353679>
46. Centers for Disease Control and Prevention (2021). *Basics About COPD*. <https://www.cdc.gov/copd/basics-about.html>
47. Centers for Disease Control and Prevention (2022). *Smoking and COPD*. <https://www.cdc.gov/tobacco/campaign/tips/diseases/copd.html>
48. National Institute of Mental Health. (n.d.). *Depression Overview*. <https://www.nimh.nih.gov/health/topics/depression>
49. Centers for Disease Control and Prevention (2021). *Leading Causes of Death?* <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>
50. Centers for Disease Control and Prevention (2021). *Type 2 Diabetes*. <https://www.cdc.gov/diabetes/basics/type2.html>
51. National Institute of Diabetes and Digestive and Kidney Diseases. (2021). *Kidney Disease Statistics for the United States*. <https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease>
52. Mayo Clinic. (2021). *Chronic Kidney Disease*. <https://www.mayoclinic.org/diseases-conditions/chronic-kidney-disease/symptoms-causes/syc-20354521>