



# **The 2001 Iowa Health Fact Book**

**The University of Iowa College of Public Health  
Iowa Department of Public Health**

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# The 2001 Iowa Health Fact Book

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[www.idph.state.ia.us](http://www.idph.state.ia.us)

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## *Welcome to the 2001 Iowa Health Factbook!*

*This book has been produced as a collaborative effort between the University of Iowa College of Public Health and the Iowa Department of Public Health. This joint effort produces a useful tool for Iowa health care providers, health policy makers, and public health practitioners throughout the state. The information provided herein is designed to address the needs of those who are concerned with health outcomes, behaviors, and resources.*

*This version of the Iowa Health Fact Book was preceded by Iowa Health Fact Books in 1997 and 1999 which were distributed as printed books and on the World Wide Web. Instead of printed books, the 2001 version of the Iowa Health Fact Book is being distributed in PDF format on CD-ROMs and also on the World Wide Web. All participants of the Barn Raising III, held in June 2001, will receive a CD copy compliments of the University of Iowa College of Public Health. The College is also providing a pre-printed notebook cover and spine insert for those interested in creating their own printed version of the publication.*

*Also new this year to the Fact Book is inclusion of the Healthy People 2010 Leading Health Indicators included at the end of this introductory section, as well as an expanded section on Health and Social Behaviors. The Health and Social Behaviors section now includes a variety of surveys conducted within the state that, along with the other Fact Book data, can be used to track important Leading Health Indicators. Like the previous editions, this publication makes no attempt to conduct sophisticated statistical analyses of the data presented. The data are instead presented in a descriptive format, and any formal comparisons need to be done with the usual care associated with technical concerns such as sample size, validity, and the reliability of statistics based on relatively small numbers. These limitations notwithstanding, the 2001 Iowa Health Fact Book should provide a rich source of information for describing the health and demographics of the state of Iowa.*

*We are pleased to make this important health information available to the public. The data included in this book were obtained from a number of statewide databases maintained by the The University of Iowa and Iowa Department of Public Health. Appended to the book are lists of many additional Iowa health information resources and a glossary of terms used throughout the text. We hope that this edition of the Iowa Health Fact Book will be useful to public health practitioners, researchers and policy makers within the state of Iowa.*

*Sincerely,*

*James A. Merchant, M.D., Dr. P.H.  
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# Fact Book Conventions

## Layout

In the 2001 Iowa Health Fact Book data are presented from various time periods and data sources. The reader must use care in comparing data that was collected using differing methodologies, was collected at different time points, or which may represent unequal time intervals. To facilitate meaningful and valid comparisons of county groups, counties have been grouped into population groups based on their average annual county population size between 1990 and 1998.

## Small Numbers

We do not report the number of events in the disease and injuries tables if the number is less than three. These actual numbers are used in the graphical presentations of the crude and adjusted rates found in the associated figures.

## Population Standard

The Year 2000 US Standard Million Population from the US Census Bureau has been used for adjustment purposes.

## Adjustment Calculations

Both crude and direct age-adjusted rates have been calculated for much of the data presented. Crude rates for an entity, e.g. county, are the number of events of a health outcome divided by the overall population size in the county. Age-adjusted rates, however, take the Year 2000 US population and apply it to the comparable age-specific rates in a county, thereby adjusting the county's rates to the hypothetical standard within the Year 2000 US population. If a county has a greater proportion of elderly in contrast to the Year 2000 US population, then the age-adjusted rates will tend to be lower than its crude rate. Conversely, a county with a lower fraction of elderly would have a higher adjusted rate compared to its crude rate.

There is no general rule in regards to the use of either the crude or adjusted rate. A few guidelines can, however, be noted. A crude rate for a county reflects the disease or mortality burden for a county and may be useful to the health policy makers in the county. The age-adjusted rate is more useful as a county comparison index, as counties being compared have had these rates adjusted to the same population. Hence, both are useful descriptive indices of diseases, but with differences in interpretation.

# Healthy People 2010 Leading Health Indicators

The Healthy People 2010 Leading Health Indicators have been included in the 2001 Iowa Health FactBook to help correlate important indicators of health with available data sources and results.

Healthy People 2010 includes 467 objectives that will be tracked to measure progress throughout the decade. However, to help everyone more easily understand the importance of health promotion and disease prevention and to encourage wide participation in improving health, a small set of Leading Health Indicators was selected. These Leading Health Indicators reflect the major public health concerns in the United States and were chosen based on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues.

Specific Healthy People 2010 objectives will be used to track progress on each of the Leading Health Indicators. The following table lists the specific objectives for each indicator, the national baseline figure and the source of the national rate. It also lists the state baseline figure and source for all except five of the objectives. We are still seeking state level information that is comparable for those five.

One objective of Healthy People 2000 was the development of consensus set of health status indicators for use at the national, state, and local level. Iowa has been tracking this set of health status indicators for the past decade and will continue in the current decade. Each Vital Statistics Annual Report lists these indicators with the baseline and the current status. Most also have a Healthy People 2000 objective that is listed. Priority in selecting these Health Status Indicators was given to measures for which data was readily available at the local, state, and national level. The Health Status Indicators predominantly reflect outcomes, while many of the Leading Health Indicators reflect behaviors.

## *HEALTHY PEOPLE 2010 LEADING HEALTH INDICATORS*

- Physical Activity
- Overweight and Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Health
- Immunization
- Access to Health Care

# Healthy People 2010

## Leading Health Indicators

National Indicator (Chapter-Section)	State Definition	National Target	National Baseline/ Data Source	State Prevalence Estimate/ Data Source
<b><u>Physical Activity</u></b>				
Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 minutes or more per occasion. (22-7)	YRBS <sup>1</sup> respondents who reported engaging in physical activity 3 or more days per week for 20 minutes per occasion.	85%	65% 1999 YRBS	67% 1999 YRBS
Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day. (22-2)	BRFSS <sup>2</sup> respondents who reported engaging in physical activity for more than 30 minutes, 5 or more times per week.	30%	15% 1997 NHIS	20% 1999 BRFSS
<b><u>Overweight and Obesity</u></b>				
Reduce the proportion of children and adolescents who are overweight or obese. (19-3c)	YRBS respondents who are overweight based on weight and height.	5%	11% 1999 NHANES	8% 1999 YRBS
Reduce the proportion of adults who are obese. (19-2)	Female BRFSS respondents with BMI equal to or greater than 27.3; Male BRFSS respondents with BMI greater than or equal to 27.8.	15%	23% 1999 NHANES	36% 1999 BRFSS
<b><u>Tobacco Use</u></b>				
Reduce cigarette smoking by adolescents. (27-2b)	YRBS respondents who reported smoking cigarettes on one or more of the past 30 days.	16%	35% 1999 YRBS	36% 1999 YRBS
Reduce cigarette smoking by adults. (27-1a)	BRFSS respondents who reported having smoked 100 cigarettes in a lifetime and currently smoke.	12%	24% 1999 NIHS	23% 1999 BRFSS
<b><u>Substance Abuse</u></b>				
Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days. (26-10a)	Two separate measures: YRBS respondents who reported not using any alcohol during the past 30 days; YRBS respondents who reported not using marijuana during the past 30 days.	89%	79% 1998 National Household Survey	45% 82% 1999 YRBS
<sup>1</sup> Youth Risk Behavior Survey				
<sup>2</sup> Behavioral Risk Factor Surveillance System				

# Healthy People 2010

## Leading Health Indicators *(continued)*

National Indicator (Chapter-Section)	State Definition	National Target	National Baseline/ Data Source	State Prevalence Estimate/ Data Source
<b><u>Substance Abuse (continued)</u></b>				
Reduce the proportion of adults using any illicit drugs during the past 30 days. (26-10c)	Respondents from the National Household Survey who reported using any illicit drug use during the past month including marijuana/hashish, cocaine, inhalants, hallucinogens, heroin, or any prescription-type psychotherapeutic used non-medically.	2%	6% 1998 National Household Survey	ages 18-25:14% ages 26+: 4% 1999 National Household Survey
Reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month. (26-11c)	BRFSS respondents who reported having 5 or more alcoholic beverages on 1 or more occasions during the past month.	6%	17% 1998 National Household Survey	15% 1999 BRFSS
<b><u>Responsible Sexual Behavior</u></b>				
Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active. (25-11)	Two separate measures: YRBS respondents who reported not ever having sexual intercourse; YRBS respondents who reported using a condom during their last sexual intercourse, among students who had sexual intercourse during the past 3 months.	95%	85% 1999 YRBS	58% 56% 1999 YRBS
Increase the proportion of sexually active persons who use condoms. (13-6a)	Not available	50%	23%	Not available
<b><u>Mental Health</u></b>				
Increase the proportion of adults with recognized depression who receive treatment. (18-9b)	Not available	50%	23% 1997 National Household Survey of Drug Abuse	Not available
<b><u>Injury and Violence</u></b>				
Reduce deaths caused by motor vehicle crashes. (15-15a)	Vital Records - V02-V04, VO9.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0, V82.1m V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2	9.2/ 100,000	15.6/100,000 1998 Vital Statistics	17.3/100,000 1999 Vital Statistics
Reduce homicides. (15-32)	Vital Records - V85-Y09, Y35, Y87.1, Y89.0	3.0/100,000	6.5/100,000 1998 Vital Statistics	2.0/100,000 1999 Vital Statistics

# Healthy People 2010

## Leading Health Indicators *(continued)*

National Indicator (Chapter-Section)	State Definition	National Target	National Baseline/ Data Source	State Prevalence Estimate/ Data Source
<b><u>Environmental Quality</u></b>				
Reduce the proportion of persons exposed to air that does not meet U.S. Environmental Protection Agency's health based standards for ozone. (8-1a)	Not available	0%	43% 1997 Aerometric Information Retrieval System	Not available
Reduce the proportion of nonsmokers exposed to environmental tobacco smoke. (27-10)	Not available	45%	65% 1988-94 NHANES	Not available
<b><u>Immunization</u></b>				
Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years. (14-24a)	Not available	80%	73% 1997 National Immunization Survey	Not available
Increase the proportion of noninstitutionalized adults over age 65 who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease. (14-27a,b)	Two separate measures: BRFSS respondents 65 and older who received a flu shot during the past 12 months; BRFSS respondents 65 and older who ever received a pneumonia vaccination.	90% 90%	64% 46% 1997 NHIS	70% 61% 1999 BRFSS
<b><u>Access to Health Care</u></b>				
Increase the proportion of persons under age 65 with health insurance. (1-1)	BRFSS respondents under age 65 who report having any type of health insurance	100%	83% 1997 NHIS	89% 1999 BRFSS
Increase the proportion of persons who have a specified source of ongoing care. (1-4a)	BRFSS respondents who report having a particular clinic, health center, doctors office, or other place where they usually go if they are sick or need advice about their health.	96%	87% 1997 NHIS	Available in 2002
Increase the proportion of pregnant women who begin prenatal care in the first trimester of pregnancy. (16-6a)	Birth certificate data file - women who report receiving prenatal care during the first three months of pregnancy.	90%	83% 1998 Vital Statistics	87% 1999 Vital Statistics

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