

2003 Iowa Health Fact Book

The University of Iowa

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The correct bibliographic citation for this book is as follows:

The University of Iowa and the Iowa Department of Public Health. 2003 Iowa Health Fact Book.
Iowa City, IA: The University of Iowa College of Public Health. August 2003.

Welcome to the 2003 Iowa Health Fact Book!

This book is the fourth in a series of Iowa Health Fact Book biennial publications and has been produced as a collaborative effort between the The University of Iowa College of Public Health and the Iowa Department of Public Health. In it you will find information related to the current and future health of Iowans, such as data on disease incidence and mortality, health and social behaviors, health resources, and environmental factors. By compiling this type of information into one publication, we present a tool that is useful to Iowa's health care providers, health policy-makers, public health practitioners, and health researchers alike.

The Iowa Health Fact Books in 1997, 1999, and 2001 were distributed to registrants at the Governor's Conference on Public Health (Barn Raisings I, II, and III). In 1997 and 1999, it was produced as a printed book, while the 2001 version was distributed in a PDF file format on CD-ROMs. All have been available via the College of Public Health Website. This year, all participants of the Barn Raising IV, to be held in August 2003, will again receive the CD-ROM version free, and this version will also be posted on our college website. A limited number of printed copies of the 2003 edition will be available at a moderate cost for those who prefer a bound book. Note that the pages of the book can be printed from the PDF files or from the website.

The format of the 2003 Fact Book follows closely to that of the past editions, allowing users the ability to track changes over time. As we continue this effort over the years, we are in a better position to track changes longitudinally. You will notice a greater number of graphs showing trends over longer periods of time. Like the previous editions, however, we present the data in a descriptive format, without analysis and interpretation of trends. The interested reader is free to use these data in his/her own analyses, and is encouraged to do so with care and attention paid to analytic issues such as small counts and possible changes in the way the data are collected. The data source is given for each type of information presented, and those responsible for collecting the data can address any questions you may have. You will also find a list of other health information resources and their contact information in the Appendix.

We are pleased to make this rich source of health information available to the public and hope that you find it useful.

Sincerely,

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Acknowledgements

A number of individuals and their respective organizations contributed to the creation of the 2003 Iowa Health Fact Book. Their collaborative efforts are greatly appreciated, as are the effort of all others in their organizations who provided information or support for this 2003 edition of the Iowa Health Fact Book.

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Other Acknowledgements

Iowa Department of Inspections and Appeals, Health Facilities Division
Iowa Department of Public Safety
Iowa Consortium for Substance Abuse Research and Evaluation

Fact Book Conventions

Layout

In the 2003 Iowa Health Fact Book, state-wide data relating to health outcomes, social and health behaviors and health care resources are presented, generally at the county level. The data have been compiled in this book, but were collected using different methodologies by different organizations and reporting mechanisms. The time interval covered differs across the data items, mainly due to differences in data availability. Where reasonable and possible, county-specific data are presented. When it is not presented in that format, it is either because the data were too sparse (that is, a relatively small number of counties with non-zero counts) or not available at the county level. Since many of the data items presented would be expected to vary with county population size, the counties have been organized into groups based on their average annual population size between 1992 and 2000 to facilitate comparisons. Both crude and age-adjusted population rates are presented when reasonable, also to facilitate comparisons across counties. For data items in which historical counts earlier than those presented in this book are available, line graphs showing time trends by county grouping are presented as well.

Four County Groupings

Eighteen counties were grouped as having an average annual population of less than 10,000 (group 1); 45 counties had an average annual population between 10,000 and 20,000 (group 2); 26 counties were non-MSA counties with an average population over 20,000 (group 3); and 10 counties were classified as MSA counties (group 4). An MSA (Metropolitan Statistical Area) county is defined by the Census Bureau as one city with at least 50,000 inhabitants or a Census-defined urbanized area with a total metropolitan population of at least 100,000 (75,000 in New England). There were some changes in these groupings when compared to the 2001 Iowa Health Fact Book.

Small Numbers

If the number of county-specific events in a health outcome tables was less than five, we mask the count by replacing it with an asterisk (*) to protect subject confidentiality. This policy marks a change from the 2001 Iowa Health Fact Book, where numbers less than three were not reported. However, all numbers are included in the computations needed for the line graphs and other charts accompanying the health outcomes tables.

Population Standard

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

Adjustment Calculations

Both crude and age-adjusted rates have been calculated and presented in many of the data tables. Crude rates for an entity, e.g. county, are the number of events of a health outcome divided by the population at risk in the county. The age-adjusted rates used in this book are a weighted average of the age-specific rates from the targeted population (e.g., county), where the weights are the proportions of persons in the corresponding age groups of a standard population. As stated above, the Year 2000 United States population was used as the standard population.

There are no hard and fast rules as to when one should use either the crude or the adjusted rate for comparisons. 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. If a county has a relatively high proportion of elderly and the disease is associated with older individuals, crude rates will reflect that higher burden due to greater numbers of elderly. The age-adjusted rate is also useful as a county comparison index, but after putting both counties on the same playing field with respect to the age distribution in each. These rates have been adjusted to the same standard population, so the effect of differing age distributions in two counties is eliminated before the comparison is made. Hence, both are useful descriptive indices of diseases, but with differences in interpretation.

Ranks

Marking a change from the 2001 Iowa Health Fact Book, county ranks of crude and adjusted rates are presented in this year's edition. The county rank represents the ranking of the county among the 99 counties of Iowa, with a rank of "1" given to the county with the largest rate and "99" to the county with the smallest rate. In general, ranks are presented for a data table when no counts in the table are less than five; i.e. when there are no very small numbers. For the health care provider and health care facility data, ranks are not presented if the state total is less than 1,000 or if more than one county has a zero count.

Healthy People 2010 Leading Indicators

The Healthy People 2010 Leading Health Indicators have been included in the 2003 Iowa Health Fact Book 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 four of the objectives. We are still seeking state level information that is comparable for those four.

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

One objective of Healthy People initiative was the development of a 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. 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 Indicators

National Indicator (Chapter-Section)	State Definition	National Target	National Baseline/ Data Source	State Prevalence Estimate/ Data Source
<u>Physical Activity</u> 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 ¹ respondents who reported engaging in physical activity 3 or more days per week for 20 minutes per occasion.	85%	65% 2001 YRBS	74% 2001 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 ² respondents who reported engaging in physical activity for more than 30 minutes, 5 or more times per week.	50%	32% 2001 NHIS ³	20% 2002 BRFSS
<u>Overweight and Obesity</u> 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%	15% 2000 NHANES ⁴	10% 2001 YRBS
Reduce the proportion of adults who are obese. (19-2)	BRFSS respondents with BMI equal to or greater than 30.0.	15%	31% 2000 NHANES	37% 2002 BRFSS
<u>Tobacco Use</u> Reduce cigarette smoking by adolescents. (27-2b)	YRBS respondents who reported smoking cigarettes on one or more of the past 30 days.	16%	28% 2001 YRBS	30% 2001 YRBS
Reduce cigarette smoking by adults. (27-1a)	BRFSS respondents who reported having smoked 100 cigarettes in a lifetime and currently smoke.	12%	23% 2001 NHIS	23% 2002 BRFSS
<u>Substance Abuse</u> 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% National Household Survey on Drug Abuse	48% 84% 2001 YRBS

¹ Youth Risk Behavior Survey

² Behavioral Risk Factor Surveillance System

³ National Health Interview Survey

⁴ National Health and Nutrition Examination Survey

Healthy People 2010 Leading Indicators (continued)

National Indicator (Chapter-Section)	State Definition	National Target	National Baseline/ Data Source	State Prevalence Estimate/ Data Source
<u>Substance Abuse (continued)</u>				
Reduce the proportion of adults using any illicit drugs during the past 30 days. (26-10c)	Respondents from the National Household Survey who reported 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 on Drug Abuse	Ages 18-25: 14% Ages 26+: 3% 1999 National Household Survey on Drug Abuse
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 on Drug Abuse	20% 2002 BRFSS
<u>Responsible Sexual Behavior</u>				
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%	54% 58% 2001 YRBS	57% 59% 2001 YRBS
Increase the proportion of sexually active persons who use condoms. (13-6a)	Not available	50%	Not available	Not available
<u>Mental Health</u>				
Increase the proportion of adults with recognized depression who receive treatment. (18-9b)	Not available	50%	23% 1997 National Household Survey on Drug Abuse	Not available
<u>Injury and Violence</u>				
Reduce deaths caused by motor vehicle crashes. (15-15a)	Vital Records- V02-V04, V09.2, 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	15.2/ 100,000 2000 Vital Statistics	15.4/100,000 2000 Vital Statistics
Reduce homicides. (15-32)	Vital Records- V85-Y09, Y35, Y87.1, Y89.0	3.0/ 100,000	6.1/100,000 2000 Vital Statistics	2.1/100,000 2000 Vital Statistics

Healthy People 2010 Leading Indicators (continued)

National Indicator (Chapter-Section)	State Definition	National Target	National Baseline/ Data Source	State Prevalence Estimate/ Data Source
<u>Environmental Quality</u>				
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%	41% 2001 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
<u>Immunization</u>				
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%	74% 2001 National Immunization Survey	79% 2001 National Immunization Survey
Increase the proportion of noninstitutionalized adults over age 65 who are vaccinated annually against influenza and have ever been 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 have ever received a pneumonia vaccination.	90% 90%	63% 54% 2001 NHIS	73% 66% 2001 BRFSS
<u>Access to Health Care</u>				
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%	84% 2001 NHIS	90% 2002 BRFSS
Increase the proportion of persons who have a specified source of ongoing care. (1-4a)	BRFSS respondents who report having one person as a personal doctor or physician.	96%	88% 2001 NHIS	76% 2002 BRFSS
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% 2000 Vital Statistics	88% 2000 Vital Statistics