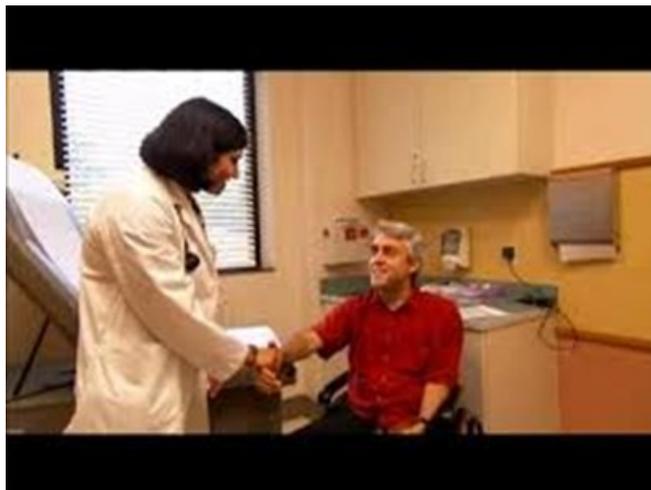


Public Health Needs Assessment of Disability in Iowa 2014

Executive Summary



ACKNOWLEDGMENTS

2014 PUBLIC HEALTH NEEDS ASSESSMENT OF DISABILITY IN IOWA

The public health needs assessment was developed in collaboration with the Iowa Department of Public Health and the University of Iowa Center for Disabilities and Development.



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This report was supported by the Cooperative Agreement Number 1U59DD000949-01 from The Centers for Disease Control and Prevention. 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.

BACKGROUND

2014 PUBLIC HEALTH NEEDS ASSESSMENT OF DISABILITY IN IOWA

According to the Centers for Disease Control and Prevention (CDC), the number of adults reporting a disability is expected to increase, along with the need for appropriate medical and public health services. CDC estimates the total number of Americans living with at least one disability is about 50 million, or 1 in 5 people.

People with disabilities (PWD) face many barriers to good health. Studies show that individuals with disabilities are more likely than people without disabilities (PWOD) to report having poorer overall health, less access to adequate health care, limited access to health insurance, skipping medical care because of cost, and engaging in risky health behaviors including smoking and physical inactivity. The CDC's findings at the national level are not different from the findings for Iowa.

The aims of this first public health needs assessment of disability are to assess the burden of disability in Iowa counties including health risk factors such as: cardiovascular diseases, obesity, stroke, or mental health issues. At the county level, determine access to preventive health care: insurance, personal doctor, and health screenings. Identify unhealthy behaviors: lack of exercise, substance abuse, and lack of seat belt use. Determine the effect of socioeconomic conditions: education, employment, and income.

The public health needs assessment of disability in Iowa used primarily two data sources: the American Community Survey (ACS) and the Behavioral Risk Factor Surveillance System (BRFSS) survey.

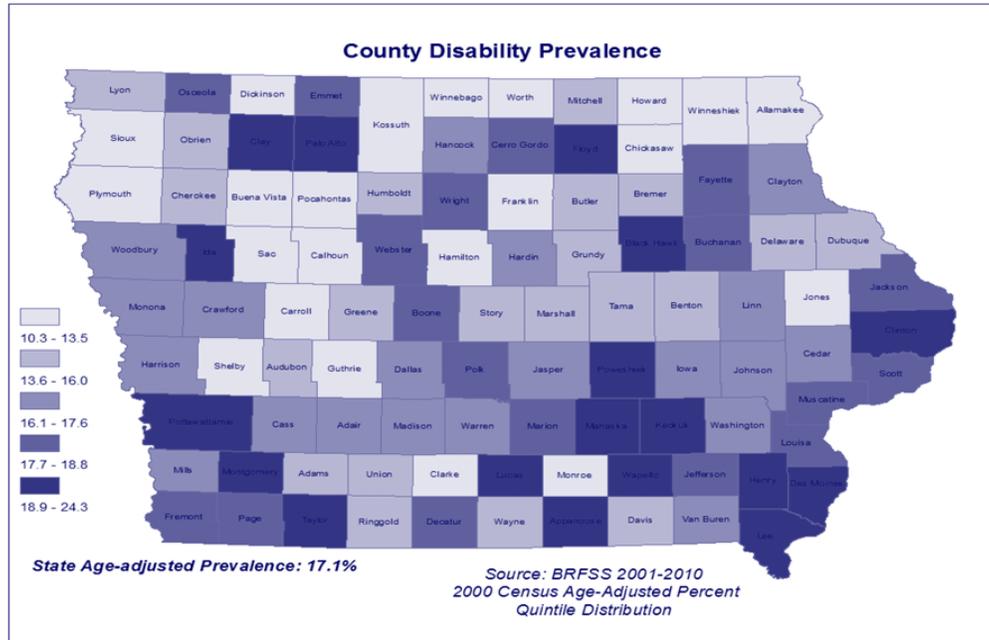
The state-level assessment was based on the 2009-2012 ACS data and publicly available BRFSS 2011 from the Disability and Health Data System (DHDS). The 2001-2010 combined BRFSS data was used for the county-level assessment.

To read the report in its entirety, please visit:

http://www.idph.state.ia.us/bh/disability_surveillance.asp

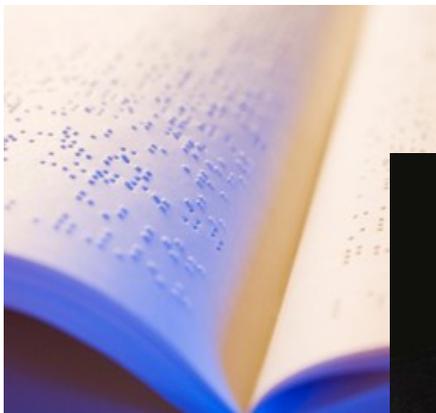
PREVALENCE

2014 PUBLIC HEALTH NEEDS ASSESSMENT OF DISABILITY IN IOWA



In Iowa, according to the 2009-2012 American Community Survey, non-metro counties had a higher age-adjusted prevalence of physical, vision, hearing, self-care, and work-related limitations/impairments compared to metro counties. The risk of multiple disabilities was 50% higher in non-metro counties.

The county distribution of age-adjusted prevalence of disability shows a cluster of higher rates in the southeastern and southwestern corners of the state (source: BRFSS 2001-2010).

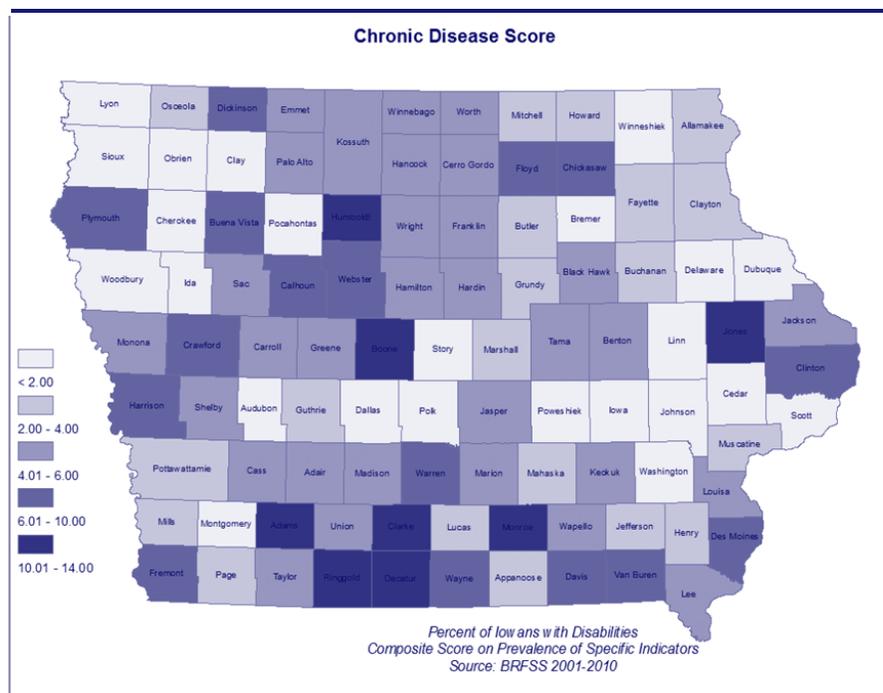


CHRONIC CONDITIONS

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Adult Iowans with disabilities, when compared to their non-disabled peers, differ in general health status and chronic disease prevalence. Specifically, a higher proportion of people with disabilities (PWD) reported the following:

- Fair to poor health within the last month (33% vs. 6%)
- At least one day in the last 30 days when physical health was not good (19% vs. 1%)
- High blood pressure (42% vs. 24%)
- Heart attack (11% vs. 3%)
- Diabetes (20% vs. 6%)
- Coronary heart disease (11% vs. 3%)
- Stroke (8% vs. 1%)
- Arthritis (57% vs. 16%)



The chronic disease score is a combination of scores from the county rankings on general health status and chronic disease prevalence. Counties with the highest combined scores are considered as areas of highest chronic disease need among PWD and indicated on the map (above) with the darkest shading.

The majority of counties with the highest level of burden (range 6-14) were located in southern Iowa.

RISK FACTORS

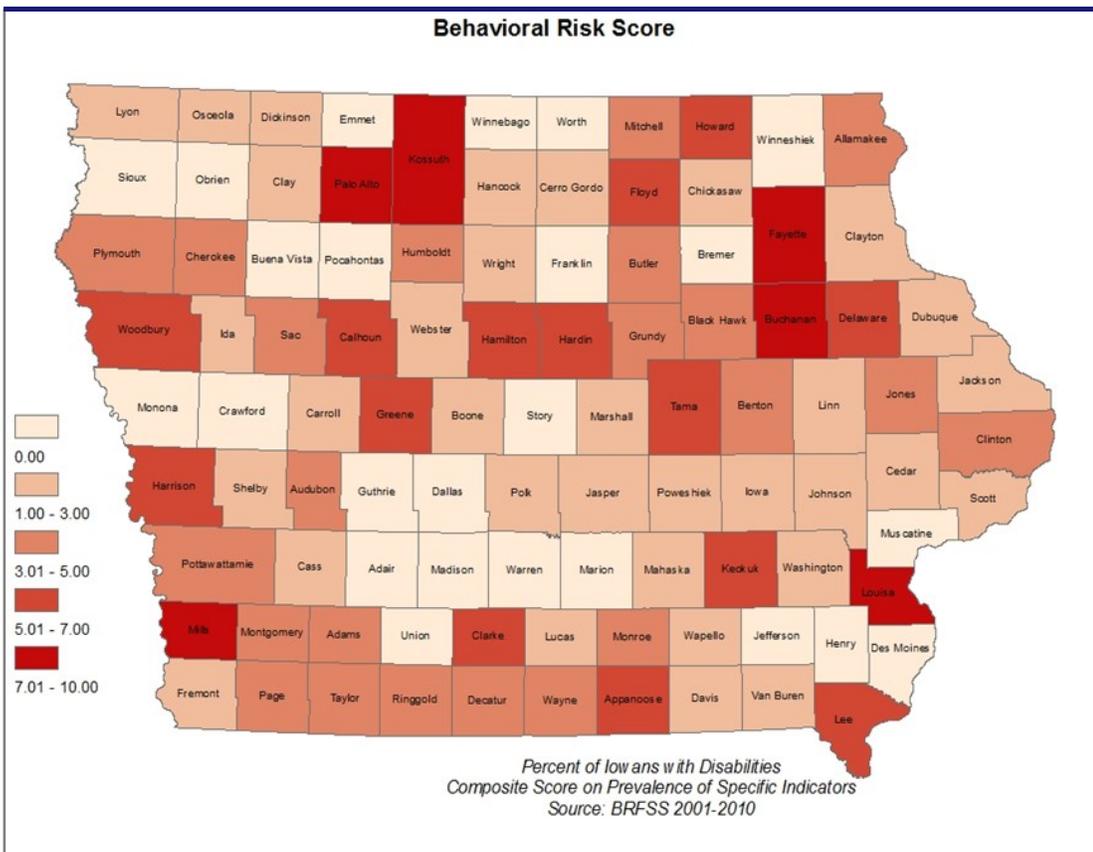
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Across the State of Iowa, people with disabilities (PWD) were significantly more likely to be smokers, have higher rates of inactivity, or be obese than people without disabilities. The risk for smoking was 62% higher among PWD.

The behavioral health risk score combines the county rankings on the indicators listed (right).

Indicator	PWD (%)	PWOD (%)
Drank any alcohol in the past 30 days	50.4	64.5
Binge drank* in the past 30 days * 5+ drinks for males (4+ drinks for females) on one occasion	17.7	25.9
Current smoker	30.8	19.0
Smokers who attempted to quit in the past 12 months	52.9	43.9
Inactive	34.0	24.5
Always use a seatbelt	88.3	86.2
Obese (BMI >= 30)	37.5	25.9
Overweight (25< BMI >30)	31.4	36.5

From BRFSS, 2011



Counties with the highest behavioral risk score (7.01-10.0), are considered areas of the highest need for behavioral health risk prevention among PWD.

The six counties with the highest level of behavioral risk were located in rural Iowa, and were primarily in the northern area of the state.

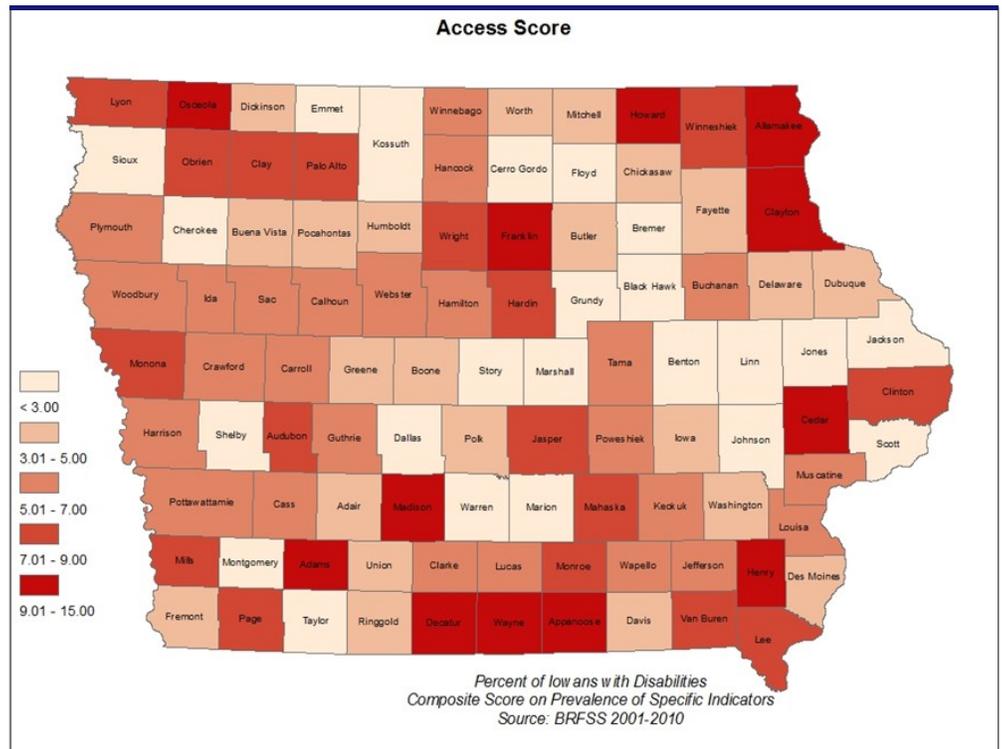
ACCESS TO SERVICES

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People with disabilities have a greater risk for chronic conditions than the general population and are more likely to engage in health-risk behaviors such as smoking and lack of physical activities. Despite being at risk, research demonstrates that PWDs are less likely to have access to primary-preventive healthcare services, either because of lack of insurance, money, or even basic transportation when compared with the general population (Thilo, Kroll, et al.)



A county-level composite scores for a gap in access to services was combined from scores for the following: no insurance coverage, lack of a personal doctor, not seeing a doctor due to cost, and not receiving preventive care (flu vaccine, mammogram, PSA test, and sigmoidoscopy/colonoscopy).



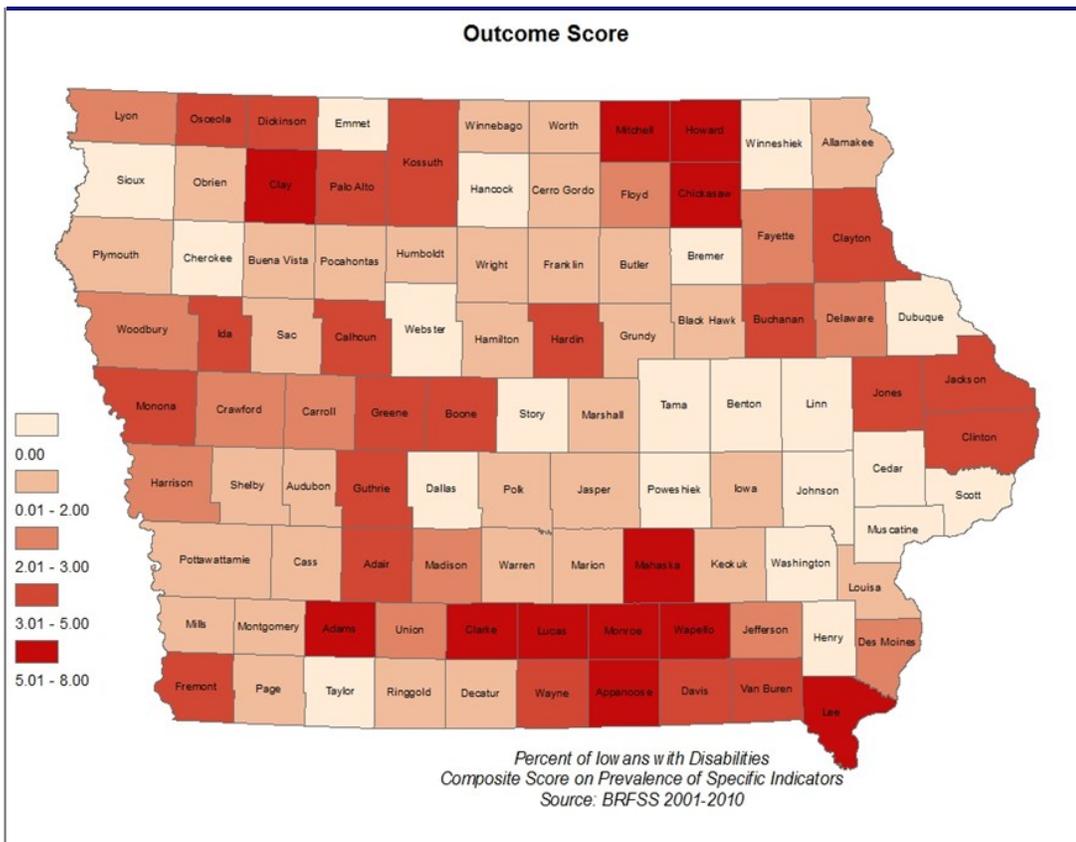
Counties having the highest combined ranking access scores (range 9.01-15.0) were considered as areas of highest access need among PWD. Those counties were primarily located in the southern area of the state and along the state periphery.

DISABILITY OUTCOMES

2014 PUBLIC HEALTH NEEDS ASSESSMENT OF DISABILITY IN IOWA

It is generally demonstrated through empirical research that PWD are more likely than people without disabilities to experience negative socioeconomic outcomes such as unemployment; when employed they experience lower incomes, higher rates of poverty, and lack of a social network. Disability may be the source of negative outcomes or the consequence of those outcomes.

Social Outcomes		PWD %	PWOD %
Income	<\$25000	44.7	20.9
Education	Finished some high school or less	15.4	9.0
	Graduated high school	66.7	66.7
	Graduated college	17.9	24.3
Marital Status	Married or a member of an unmarried couple	53.8	61.4
	Divorced or separated	15.8	9.7
	Widowed	7.8	5.6
	Never married	22.7	23.3
Employment	Employed	47.4	67.7
	Out of work	6.5	4.4
	Unable to work	15.8	0.7
	Other	30.3	27.2



Outcome scores were developed by combining county rankings for income, education, and employment.

Counties with the highest outcome score (5.01-8.0) were considered to be areas of the worst socioeconomic outcomes for PWD. Most of these counties were located in southern region of Iowa and along the state periphery.