

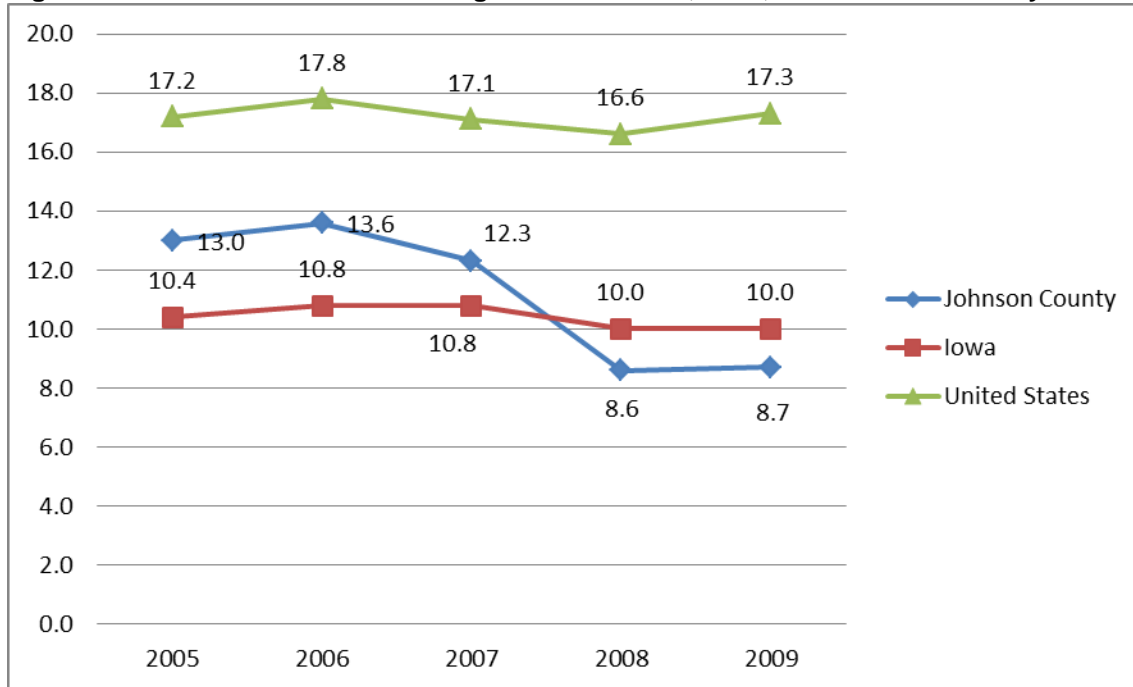
COMMUNITY ASSESSMENT DATA: ACCESS TO HEALTHCARE

Health insurance coverage is an important aspect of access to healthcare.

Insurance Coverage

The percentage of persons under age 65 without insurance rose at the state and national levels from 2008 to 2009. Starting in 2008, the Small Area Health Insurance Estimates used a different methodology for county estimates in order to improve its accuracy. For this reason, county data from 2005-7 cannot be compared with 2008-9 data. Some of the numbers in Figure 1 were changed from the 2009 needs assessment so that all data comes from the same sources to make them more comparable over time and by location.

Figure 1: Percent Uninsured under Age 65 Years: U.S., Iowa, and Johnson County 2005-2009



Source: Small Area Health Insurance Estimates (SAHIE)

Note: Johnson County data from 2005-7 cannot be compared with 2008-9 due to methodology changes.

In 2007, the percentage of uninsured by age and gender changed slightly, but within the margin of error (Tables 1 and 2). Data from 2006-7 cannot be compared with 2008-9 data due to changes in survey methodology.

Table 1: Johnson County Uninsured by Age

Age Group	2009	2008	Do Not Compare <==>	2007	2006
	Percent	Percent		Percent	Percent
Under 19yrs	4.0	4.4		5.6	5.5
18-64 yrs	10.1	10.0		14.2	15.8

Table 2: Johnson County Uninsured by Gender

Gender	2009	2008	Do Not Compare <==>	2007	2006
	Percent	Percent		Percent	Percent
Female	7.6	7.6		11.6	12.7
Male	9.8	9.7		13.0	14.6

Source for Tables 1 and 2: Small Area Health Insurance Estimates (SAHIE)

The percentage of lower-income persons that were uninsured decreased from 43 to 35 percent, but this drop is within the margin of error (Table 3). Data from 2006-7 cannot be compared with 2008-9 data due to changes in survey methodology. The percentages for 2006 were changed from the 2009 needs assessment so that they are percentage of uninsured by income level rather than percentage of uninsured in Johnson County so that comparisons can be made across income levels.

Table 3: Johnson County Uninsured by Income Level

Income	2009	2008	Do Not Compare <==>	2007	2006
	Percent	Percent		Percent	Percent
Above 200% Poverty Line	4.7	5.1		6.0	4.7
At or Below 200% Poverty Line	18.9	18.8		34.8	43.0

Source: Small Area Health Insurance Estimates (SAHIE)

The number of Medicare beneficiaries who were elderly has consistently increased at the county, state, and national levels through 2010. The number of Medicare beneficiaries who were disabled has also increased from 2004 at the county, state, and national levels, despite a small decrease in 2009 at the state and national levels. The percentage increase from 2004 to 2010 was over 25 for both elderly and disabled at the county level (Tables 4, 5). Some of the numbers from 2004-2006 were changed from the 2009 needs assessment due to the availability of data to make them comparable from year to year. For example, the US numbers now all include US areas outside of the 50 states.

Table 4: Number of Medicare Beneficiaries who are Elderly: U.S., Iowa, and Johnson County (2004- 2009)

Level	% change 2004-2010	2010	2009	2008	2007	2006	2005	2004
Johnson County	27%	10,739	10,379	10,227	9,787	9,355	8,964	8,470
Iowa	4%	441,835	438,349	436,726	432,664	427,250	421,846	425,803
US, other areas	11%	39,319,157	38,496,923	37,762,265	36,674,382	36,255,198	35,633,683	35,300,848

Source: Center for Medicare and Medicaid Services Medicare Enrollment Reports

Table 5: Number of Medicare Beneficiaries Who Are Disabled (2004--2009)

Level	% change 2004-2010	2010	2009	2008	2007	2006	2005	2004
Johnson County	31%	2,053	1,951	1,890	1,830	1,732	1,680	1,565
Iowa	18%	70,107	68,153	69,209	66,647	63,198	61,422	59,496
US, other areas	24%	7,923,554	7,624,743	7,755,066	7,335,307	6,996,857	6,708,551	6,392,527

Source: Center for Medicare and Medicaid Services Medicare Enrollment Reports

Access to Health Care Providers

Access to health care requires not only a way to pay for care, but also the ability to access providers.

2011 Update: No new data.

There was an increase in the number of people who have a medical home from 2003 to 2007 in both Iowa and the United States. Iowa children ages 0-17 years with a medical home went from 52.1% in 2003 to 66.9% in 2007, which was above the national percentages of 46.1% in 2003 and 57.5% in 2007 (Table 1).

Table 1: Percentage of Children Age 0-17 Years with a Medical Home by Survey

	NSCH		NS-CSHCN
Level	2007	2003	2005
Iowa	66.9%	52.1%	57.4%
U.S.	57.5%	46.1%	47.1%

Source: National Survey of Children's Health (NSCH), National Survey of Children with Special Health Care Needs (NS-CSHCN)

The table included on the 2009 needs assessment entitled "Number and Percentage of Johnson County Residents with a Medical Home in 2008" was removed due to an inability to find the source and because the numbers listed for each group did not match the population of Johnson County residents.

Johnson County continues to have a much higher number of primary care physicians per person than Iowa and at least 90% of the United States (Table 2). This table was not included in the 2009 needs assessment although the data was included in the text.

Table 2: Primary Care Physicians per 100,000

Level	2008	2006
Johnson County	339	375
Iowa	102	100
U.S. (90th percentile)	158	119

Source: HRSA Area Resource File cited by County Health Rankings.org

The Iowa City Free Medical Clinic serves as a means of preventive care for the uninsured. The number of visits went down in 2010 and 2011 due to a loss of funding which reduced the number of weekly clinics (Table 3).

Table 3: Number of Iowa City Free Medical Clinic Clients and Clinic Visits

	FY11	FY10	FY 09	FY 08	FY07	FY 06
Total Clients	2491	2590	2669	2585	2516	2474
Total Clinic Visits	6203	6267	6354	6118	5944	5792

The free clinic continues to see a much larger percentage of Black and Hispanic clients than in the general population of Iowa. The majority of clients who visit the clinic continue to be between the ages of 18-64 years and residents of Johnson County (Table 4-6). A limited number of patients receive vouchers for products or services outside of the free clinic, with vouchers for medications and eyeglasses/exams being the most common (Table 7). The numbers reported in Tables 4-6 were changed from number of visits reported on the 2009 needs assessments to percentages of total visits on the 2011 needs assessment to make the data easier to compare from year to year.

Table 4: Iowa City Free Medical Clinic Clients by Age Group

Age Group	FY11 %	FY10 %	FY09 %	FY08 %	FY07 %	FY 06 %
Under 18	3.9	4.2	4.8	5.6	5.2	5.4
18-24	16.3	16.4	19.4	21.8	20.3	20.7
25-34	27.1	28.1	25.4	25.4	27.6	26.1

35-44	17.9	18.1	18.3	17.5	17.8	17.9
45-64	31.6	30.1	28.9	26.9	26.2	27.4
65 and over	3.4	3.1	3.2	2.8	2.8	2.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

Table 5: Iowa City Free Medical Clinic Clients by Race/Ethnicity

Race/Ethnicity	FY11 %	FY10 %	FY09 %	FY08 %	FY07 %	FY 06 %
Asian	3.4	3.7	3.6	3.7	2.8	3.8
Black	17.4	16.5	18.0	19.6	16.2	15.6
Hispanic	28.8	27.7	28.5	24.1	26.8	24.7
No Answer	2.5	2.3	0.6	1.5	3.7	5.1
Native American	0.5	0.2	0.3	0.3	0.7	0.7
Other	2.5	2.2	2.0	2.1	1.2	1.7
White	44.9	47.4	47.1	48.7	48.6	48.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

Table 6: Iowa City Free Medical Clinic Clients by Residence

Residence	FY11 %	FY10 %	FY09 %	FY08 %	FY07 %	FY 06 %
Iowa City	58.6	60.3	59.0	60.0	59.3	56.0
Coralville	12.8	11.6	12.9	15.6	11.4	14.1
Other Johnson Co.	8.1	7.1	7.1	6.3	7.3	6.4
Cedar Co.	2.1	1.8	1.6	1.7	1.6	1.4
Jefferson Co.	0.6	1.2	1.1	0.7	0.8	1.1
Linn Co.	0.8	0.9	0.9	0.9	0.8	0.6
Muscatine Co.	7.1	6.9	7.1	5.8	5.0	4.6
Washington Co.	3.1	3.1	3.7	3.2	3.7	3.6
State of Iowa	6.3	6.8	5.8	5.3	9.6	11.8
Out of State	0.6	0.3	0.7	0.6	0.6	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

Table 7: Number of Vouchers at the Iowa City Free Medical Clinic

	FY11	FY10	FY09	FY08	FY07	FY06
Medications	90	125	172	241	339	427
Eyeglass/exams	92	72	105	108	110	64
Hearing aid	2	4	2	0	0	2
Joe's Fund	11	9	2	13	11	2

Emergency Room Use

The majority of emergency room visits resulting in an admission to the hospital (in both Iowa and the United States) continues to be from patients with Medicare or private insurance (Table 1). The percentage of uninsured among those who visit emergency departments, but are not admitted is much higher (13.7% in Iowa in 2008).

Table 1: Percent Admitted from Emergency Department by Insurance Status

Year	Iowa					United States				
	Medicare Only	Medicaid Only	Private	Uninsured	Other	Medicare Only	Medicaid Only	Private	Uninsured	Other
2008	58.2	10.1	25.3	4.6	1.7	49.8	14.9	24.8	7.4	3.1
2007	56.8	9.2	27.3	5.0	1.7	49.4	14.3	25.4	7.6	3.1
2006	58.0	9.3	26.0	5.5	1.3	50.3	13.4	25.3	7.6	3.3
2005	58.8	8.7	26.5	4.9	1.1					
2004	59.7	7.7	26.5	4.6	1.4					

Source: Healthcare Cost and Utilization Project (HCUP)

Correction from 2009 needs assessment: Some of the data has been changed from the 2009 needs assessment because the figures were from all hospital stays and not emergency department admissions.

The percentage of UIHC total revenue allocated to uncompensated care has gone up from 12.5% in 2008 to 13.5% in 2010. The percentage Mercy Hospital spent on uncompensated care has varied around 2% of total revenue spent (Table 2)

Table 2: Percentage of Total Revenue for Uncompensated Health Care by Hospital: FY2008-2010

Hospital	Year	Charity Care %	Bad Debt %	Total Uncompensated Care %	Total Uncompensated \$
Mercy	2010	0.9	1.4	2.3	\$7,623,497
	2009	0.8	1.2	2.0	\$6,735,610
	2008	0.9	1.5	2.4	\$7,478,127
UIHC	2010	12.4	1.1	13.5	\$283,412,558
	2009	11.7	1.4	13.1	\$259,996,382
	2008	10.8	1.7	12.5	\$217,452,469

Source: Iowa Hospital and Health System Financial Data: 2008-2010

African Americans and Latinos are over represented as "self-pay" patients at the UIHC emergency department (Table 3). The table was changed from the 2009 needs assessment to list percentage of total "self pay" visits to make comparison to the general population easier. However, the information does not specify if the ER visits are only Iowa residents, so any comparisons may not be reliable.

Table 3: Percent of Total "Self Pay" UIHC ER visits by Race: 2006-2010

Race	2010 %	2009 %	2008 %	2007 %	2006 %
Caucasian	63.6	51.3	45.4	50.6	44.4
No Answer/Other	7.8	25.9	39.0	34.8	43.4
African American	18.5	15.1	9.4	8.9	6.2
Hispanic/Latino	9.0	7.0	6.0	5.3	5.6
Asian	1.0	0.7	0.2	0.5	0.3
Total Visits	3806	3656	3764	3984	3476

Source: University of Iowa Health Care

Health Care Assets

2011 update: No new data

Residents of Johnson County have many health care facilities from which to choose. Table 1 lists the number of facilities available in Johnson County and the number of primary care physicians and dentists as of 2009. The University of Iowa and Mercy Hospital have a variety of different specialists that practice in Johnson County (Table 2).

Table 1: Number of Health Facilities & Providers in Johnson County - 2009

Facilities:	
Hospitals	3
Mercy Hospital Satellite Clinics	4
UIHC Community Outreach Locations	48
Total Hospital Beds	1,680
Trauma Care Facilities	2
Free Clinics	1
Nursing Facilities	9
Total Nursing Facility Beds	594
Chronic Confusion/Dementing Illness Units	1
Intermediate Care Facilities for the Mentally Retarded	1
Residential Care Facilities	1
Preventative Medicine:	
Primary Care Physicians	226
Dentists	159

Table 2: Number of Health Specialists in Johnson County - 2009

UIHC Specialties:	
Anesthesia	71
UI Heart and Vascular Center Physicians	
Cardiac Anesthesia	6
Thoracic Surgery	3
Cardiac Surgery	5
Pediatric and Congenital Cardiothoracic Surgery	1
Cardiovascular Medicine	31
Cardiovascular and Nuclear Radiology	3
Cardiovascular and CT Radiology	4
Cardiovascular and MRI	2
Vascular Surgery	5
Holden Comprehensive Cancer Center Physicians	
Radiation Oncologists	8
Body Imaging/PET/CT Scans	5
Palliative Care Program	1
Dermatologists	10
Emergency Medicine Faculty	22
Family Medicine Faculty	27
Geriatrics, Sports Medicine, Women's Services, Children's Services, and Family Care Center Mental Health Services	
Hospital Dentistry Faculty	
Oral and Maxillofacial Surgery	6
Maxillofacial Prosthodontics	1
Orthodontics	1
General Dentistry at Hospital Dentistry Institute	5
Pediatric Dentistry	3
Periodontics	1
Endodontics	2
Oral Pathology	1

Internal Medicine Faculty		
	Cardiovascular Medicine Faculty	52
	Clinical Pharmacology	3
	Endocrinology and Metabolism Faculty	11
	Gastroenterology and Hepatology	25
	General Internal Medicine	55
	Hematology, Oncology, and Blood & Bone Marrow Transplantation	29
	Immunology	26
	Infectious Disease	21
	Nephrology	23
	Pulmonary, Critical Care, and Occupational Medicine	39
	Bioinformatics and Computational Biology	2
Neurology		38
Neurosurgery		8
Obstetrics/Gynecology		51
UI Women's Health Faculty		
	UI Maternity Center	29
	Maternal Fetal Medicine	8
	Prenatal Genetics	9
	Fetal Diagnosis and Treatment	10
	Pre-Menstrual Syndrome Clinic	1
	UI Breast Health	10
	Women's Wellness and Counseling Service	6
	Colposcopy Clinic	9
	Fibroid Clinic	4
	Pediatric and Adolescent Gynecology Clinic	2
	Vulvar Vaginal Disease Clinic	3
	Center for Advanced Reproductive Care	9
	Urogynecology and Reconstructive Surgery Clinic	5
Ophthalmology and Visual Sciences Faculty		
	Carver Family Center for Macular Degeneration	7
	Contact Lens	2
	Cornea/External Disease	3
	Echography	1
	Glaucoma	6
	Heritable Eye Disease	4
	Medical Image Analysis	1
	Molecular and Cellular Ophthalmology	6
	Neuro-Ophthalmology	6
	Ocular Pathology	2
	Oculoplastic, Lacrimal& Orbital Surgery & Ophthalmic Oncology	2
	Optometry	3
	Pediatric Ophthalmology	4
	Primary Eye Care	10
	Refractive Surgery	3
	Retina	6
	Uveitis	1
	Vascular Disease	1
	Vision Rehabilitation	1
	Visual Fields	1
Orthopaedics and Rehabilitation Faculty		28
	Specialties: Amputees, clubfoot, congenital dislocation of the hip, hand reconstruction, hip and knee reconstruction, metabolic diseases, neck and back, neuromuscular diseases, physical medicine and rehabilitation, scoliosis, sports medicine, trauma and tumors	
Otolaryngology (Head and Neck) Faculty		
	Facial Plastics, General Plastic Surgery	2
	General Otolaryngology	2

	Head and Neck Oncology	4
	Laryngology	2
	Neurotology	2
	Pediatric Otolaryngology	3
	Rhinology and Sinus Surgery	2
Pathology Faculty		63
Pediatrics Faculty		
	General Pediatrics	19
	Allergy-Pulmonary	6
	Cardiology	12
	Critical Care	5
	Developmental and Behavioral Medicine	6
	Endocrinology	4
	Gastroenterology	5
	Genetics	6
	Hematology-Oncology	4
	Infectious Diseases	3
	Neonatology	16
	Nephrology, Dialysis and Transplantation	4
	Neurology	7
	Nutrition	3
	Pediatric Surgery	3
	Psychology	6
	Rheumatology	2
Psychiatry Faculty		30+
	Medical psychiatry, child and adolescent psychiatry, child psychiatry school, neuropsychology, eating disorders, mood disorders, chemical dependency	
Radiology Faculty		
	Body Imaging	7
	Breast Imaging	5
	Cardiovascular & Pulmonary Imaging	4
	Interventional Neuroradiology	2
	Musculoskeletal Radiology	4
	Neuroradiology	10
	Nuclear Medicine	6
	Pediatric Radiology	3
	Vascular and Interventional Radiology	3
	Veteran's Administration Medical Center	2
Surgery Faculty		
	Acute Care Surgery	10
	Gastrointestinal Surgery, Minimally-invasive, and Bariatric Surgery	9
	Pediatric Surgery	3
	Plastic and Reconstructive Surgery	2
	Surgical Oncology and Endocrine Surgery	6
	Transplantation and Hepatobiliary Surgery	5
	Vascular Surgery	5
Urology Faculty		16

Mercy Hospital Specialties:

Breast Imaging, Cancer care, Diabetes education, Digestive services, Ear/Nose/Throat, Emergency Care, Family Birth Care, Heart & Vascular Care, Home Care, Hospitalist Program, Maternity Care, Mental Health, Mercy Lifeline, Mercy Hospice Care, Mercy On Call, Obstetrics, Occupational Health, Orthopedic Care, Ostomy/Wound Care, Plastic Surgery, Primary Care/Family Medicine, Pulmonary Care, Radiology, Respiratory Care, Robotic Surgery, Urology Services, Vascular Screenings, Weight Management Program

COMMUNITY ASSESSMENT DATA: Substance Use

Drug-Related Mortality

Iowans have consistently had lower rates of alcohol related motor vehicle deaths, drug-induced deaths, and cirrhosis deaths compared to the United States population. The Johnson County rate of alcohol-related vehicle deaths is smaller than the state or the U.S., but the rates may not be very reliable due to the small numbers.

The national rate of alcohol-related deaths involving blood alcohol content of .08 or greater has gone down each year from 2005-2009, while the rates at the state and county levels have fluctuated. Table 1a lists motor vehicle deaths using blood alcohol content of .08 or greater (instead of .01+ which was used in the 2009 needs assessment as shown in Table 1b) to correspond with the Healthy People 2020 objective. The national rate of drug-induced deaths decreased slightly from 2006 to 2007 after seven years of increases while Iowa rates continued to increase. Cirrhosis and drug-induced death rates continue to be higher in males at both the state and national levels (Tables 1, 2, and 3).

Table 1: Number and Rate of Alcohol-Related Motor Vehicle Deaths at County, State, and National Level, 2004-2008 (Blood Alcohol Content .01+)

Level	2008		2007		2006		2005		2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Johnson County	4	3.1	1	0.8	2	1.6	2	1.6	2	1.7
Iowa	113	3.8	139	4.7	139	4.7	112	3.8	105	3.6
U.S.	13,826	4.6	15,534	5.2	15,970	5.4	15,985	5.4	15,311	5.2

Source: Fatal Analysis Reporting System Encyclopedia; National Highway Traffic Safety Administration

Table 1b: Number and Rate of Alcohol-Related Motor Vehicle Deaths at County, State, and National Level, 2005-2009 (Blood Alcohol Content .08+)

Level	2009		2008		2007		2006		2005	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Johnson County	3	2.3	3	2.3	1	0.8	1	0.1	2	1.7
Iowa	96	3.2	89	3.0	108	3.6	119	4.0	94	3.2
United States	10,839	3.5	11,711	3.8	13,041	4.3	13,491	4.5	13,582	4.6

Source: Fatal Analysis Reporting System Encyclopedia; National Highway Traffic Safety Administration

Table 2: Drug-Induced Death Rates (Age Adjusted Per 100,000 Persons)

Level	Subgroup	2007	2006	2005	2004	2003	2002	2001	2000	1999
Iowa	Female	5.4	5.6	4.9	4.4	3.1	3.3	2.7	2.2	1.6
	Male	8.7	8.1	5.4	4.6	4.6	3.5	3.5	3.3	2.5
	TOTAL	7.1	6.9	5.1	4.5	3.8	3.4	3.1	2.7	2.0
United States	Female	9.3	9.0	8.1	7.6	7	6.3	5.1	4.6	4.4
	Male	15.8	16.4	14.4	13.3	12.8	11.7	10.1	9.5	9.4
	TOTAL	12.6	12.7	11.3	10.4	9.9	9	7.6	7	6.8

Source: Data 2010

Table 3. Cirrhosis Death Rates (Age Adjusted Per 100,000 Persons)

Level	Subpopulation	2007	2006	2005	2004	2003	2002	2001	2000	1999
Iowa	Female	4.9	3.5	4.7	4.2	4.1	4.3	4.7	3.8	3.8
	Male	9.7	6.6	8.3	7.4	8.6	9.6	9.1	8.6	10
	TOTAL	7.2	5	6.5	5.7	6.3	6.8	6.8	6.1	6.7
United States	Female	5.9	5.8	5.8	5.8	6	6.3	6.2	6.2	6.1
	Male	12.7	12.1	12.4	12.5	13	12.9	13.2	13.4	13.5
	TOTAL	9.1	8.8	9	9	9.3	9.4	9.5	9.5	9.6

Source: Data 2010

Note: The years listed were listed incorrectly on 2010 report

Risk Behaviors

Alcohol continues to be the most commonly used substance among Iowans and United States, followed by tobacco and then marijuana. Substance use is consistently highest among 18-25 year olds in both Iowa and the United States. Iowa has slightly higher rates of alcohol use, abuse, and dependence as well as tobacco use compared to the United States. Iowans also reported needing but not receiving treatment for alcohol more frequently than persons in the United States in general. The United States continues to have higher rates of marijuana and other illicit substances compared to Iowa. **The same differences between Iowa and the United States exist for the 2007-8 averages except that the percentage of Iowans 12 and over that used cigarettes in the past month dropped below the national percentage (Tables 4a and 4b).**

Table 4: Percent of Substance Use, Abuse, and Dependence by Age and Location, 2006-2007 (2 yr. avg.)

	12-17 Iowa	18-25 Iowa	26+ Iowa	Total Iowa	Total US
Illicit Drug Use in Past Month	8.0	12.4	3.5	5.2	8.1
Marijuana Use in Past Month	5.6	10.5	2.4	3.8	5.9
Other Illicit Drug Use in Past Month	3.8	6.1	1.8	2.6	3.8
Alcohol use in past month	17.1	65.9	54.9	52.6	51.0
Binge alcohol use in past month	10.7	49.4	25.7	27.5	23.2
Tobacco use in past month	14.5	43.4	30.2	30.5	29.1
Cigarette use in past month	11.7	37.4	24.7	25.1	24.6
Marijuana Use in Past Year	10.7	19.8	4.6	7.3	10.2
Cocaine Use in Past Year	1.4	5.7	1.1	1.8	2.4
Nonmedical Use of Pain Relievers in Past year	5.7	10.2	2.5	3.9	5.1
Alcohol dependence or abuse in past year	7.2	20.4	7.5	9.2	7.6
Alcohol dependence in past year	2.6	8.4	3.3	3.9	3.4
Illicit drug dependence or abuse in past year	3.9	5.9	1.1	2.1	2.8
Illicit drug dependence in past year	2.3	4.2	0.9	1.5	1.9
Dependence or abuse of alcohol or other drugs in past year	9.2	22.1	8.2	10.2	9.1
Needing but not receiving treatment for illicit drugs in past year	3.6	5.6	1.0	1.9	2.5
Needing but not receiving treatment for alcohol in past year	6.9	19.7	7.1	8.8	7.2

Source: National Survey on Drug Use and Health (NSDUH)

Table 4b: Percent of Substance Use, Abuse, and Dependence by Age and Location, 2007-2008 (2 yr. avg.)

	12-17 Iowa	18-25 Iowa	26+ Iowa	Total Iowa (12+)	Total US (12+)
Illicit Drug Use in Past Month	7.1	10.0	2.6	4.1	8.0
Marijuana Use in Past Month	5.0	8.5	2.1	3.2	6.0
Other Illicit Drug Use in Past Month	3.1	4.7	1.1	1.8	3.6
Alcohol Use in Past Month	15.3	66.4	56.8	54.0	51.4
Binge Alcohol Use in Past Month	10.5	48.6	25.5	27.2	23.3
Tobacco Use in Past Month	12.6	41.5	28.6	28.8	28.5
Cigarette Use in Past Month	10.3	34.7	23.5	23.7	24.1
Marijuana Use in Past Year	9.6	18.0	3.7	6.2	10.2

Cocaine Use in Past Year	1.1	4.1	0.6	1.2	2.2
Nonmedical Use of Pain Relievers in Past Year	5.8	8.3	2.1	3.3	4.9
Alcohol Dependence or Abuse in Past Year	6.3	18.5	6.7	8.3	7.4
Alcohol Dependence in Past Year	2.4	6.7	3.0	3.5	3.5
Illicit Drug Dependence of Abuse in Past Year	3.6	4.9	0.9	1.7	2.8
Illicit Drug Dependence in Past Year	2.2	3.9	0.8	1.3	1.9
Dependence of Abuse of Alcohol or Other Drugs in Past Year	8.1	20.4	7.2	9.1	9.0
Needing but not receiving treatment for Illicit Drugs in Past Year	3.0	4.5	0.8	1.5	2.5
Needing but not receiving treatment for Alcohol in Past Year	5.9	17.8	6.4	7.9	7.1

Source: National Survey on Drug Use and Health (NSDUH)

In 2007, Iowans in grades 9-12 reported a lower percentage on multiple measures related to substance use and related consequences. The difference was statistically significant for lifetime use of cocaine, inhalants, ecstasy, and steroids as well as monthly use of cocaine. Iowans reported a higher percentage of driving after drinking in the last month (12.6%) but the difference was not statistically significant. Over a quarter of Iowan high school students reported that they rode with a driver who had been drinking alcohol. Eighteen percent of Iowans grade 9-12 reported using alcohol or drugs before the last time they had sex (Table 5). Data from the 2009 Youth Risk Behavior Surveillance System Survey is not available for Iowa because the response rate was not high enough to allow reliable results.

Table 5: Substance Use and Related Consequences among Youth (Grades 9-12) by Location, 2007

Measure	Iowa	US	Iowa Students Are At*
Unintentional Injuries and Violence			
In the last 30 days, rode with a driver who had been drinking alcohol	26.5	29.1	Equal risk
In the last month drove after drinking	12.6	10.5	Equal risk
Alcohol and Other Drug Use			
Ever used cocaine	5.2	7.2	Less risk
Used cocaine in past month	1.7	3.3	Less risk
Ever used inhalants	9.8	13.3	Less risk
Ever used heroin	1.4	2.3	Equal risk
Ever used meth	3.6	4.4	Equal risk
Ever used ecstasy	3	5.8	Less risk
Ever used steroids	1.8	3.9	Less risk
Ever inject drugs	1.1	2	Equal risk
Sexual Behaviors			
Alcohol or drugs before last sex	18	22.5	Equal risk

*Equal or less risk is determined by statistically significant differences between groups.

Source: Youth online High School YRBSS

The percentage of Iowans reporting rates of alcohol use, heavy drinking, binge drinking, and daily smoking was the same or higher than at least half of the United States from 2006 to 2008. In 2010, the percentage of Iowans reporting smoking everyday and being a current smoker was lower than the median percentage of the United States (Table 6).

Table 6: Percent of Adults Using Alcohol and Tobacco by Year and Location, 2001-2010

Year	Alcohol Last Month		Heavy Drinkers*		Binge Drinking		Smoke Everyday		Current Smokers	
	Iowa %	US Median %	Iowa %	US Median %	Iowa %	US Median %	Iowa %	US Median %	Iowa %	US Median %
2001	57.8	55.8	4.7	5.1			17.0	17.4	22.1	23.2
2002	58.3	58.1	6.2	5.9			18.8	17.8	23.2	23.2
2003	60.0	59.4	6.0	5.8			16.2	16.9	21.7	22.0
2004	56.9	57.1	5.6	4.9			16.3	15.8	20.8	20.9
2005	55.5	56.2	5.6	4.9			16.1	15.3	20.4	20.6
2006	56.4	55.4	5.6	4.9	20.6	15.4	17.1	14.9	21.4	20.1
2007	56.7	54.8	5.5	5.2	19.9	15.8	14.5	14.5	19.8	19.8
2008	58.0	54.5	5.4	5.1	20.2	15.6	14.1	13.4	18.8	18.4
2009	57.4	54.4	5.3	5.1	18.5	15.8	13.4	12.8	17.2	17.9
2010	55.4	54.6	5.2	5.0	16.9	15.1	12.1	12.4	16.1	17.3

Source: Behavioral Risk Factor Surveillance System (BRFSS) prevalence and trends data

The number of youth in the United States who reported in that they rode with a driver that was drinking, drove when drinking, smoked cigarettes, drank alcohol, drank heavily, smoke marijuana, and used substances before having sex the last time was lower in 2009 than in 1997 (Table 7).

Table 7: Substance Use among United States Youth, by Percent (Grades 9-12), 1997-2009

Measure	2009	2007	2005	2003	2001	1999	1997
Rode with driver that was drinking	28.3	29.1	28.5	30.2	30.7	33.1	36.6
Drove when drinking	9.7	10.5	9.9	12.1	13.3	13.1	17.0
Current cigarette use	11.6	20.0	23.0	21.9	28.5	34.8	36.4
Current alcohol use	41.0	44.7	43.3	44.9	47.1	50.0	50.8
Episodic heavy drinking	26.1	26.0	25.5	28.3	29.9	31.5	33.4
Current marijuana use	11.5	19.7	20.2	22.4	23.9	26.7	26.2
Used substances before last sex	18.0	22.5	23.3	25.4	25.6	24.8	24.7

Source: Youth Risk Behavioral Surveillance System (YRBSS)

Johnson County statistics show that Johnson County youth were at a lower or equal risk to state youth in most substance use behaviors in 2008 (Table 8). **The biggest changes from 2008 to 2010 were the decreases in reported tobacco, alcohol, and marijuana among Johnson County 11th grade students.**

Table 8: Current Substance Use Behaviors (Past 30 Days) in Johnson County and Iowa Youth, 2008

Measure	Johnson County			Iowa		
	Grade 6	Grade 8	Grade 11	Grade 6	Grade 8	Grade 11
Drove after drinking or using drugs	0%	1%	7%	1%	2%	10%
Tobacco use	1%	3%	19%	2%	7%	24%
Alcohol use	4%	9%	32%	5%	16%	36%
Marijuana use	0%	2%	16%	1%	3%	13%
Amphetamine use	0%	1%	3%	0%	1%	2%
Cocaine use	1%	1%	2%	0%	1%	2%
Inhalant use	1%	3%	2%	3%	4%	2%
Methamphetamines	0%	1%	1%	0%	1%	1%
Over the Counter Medications (Taken Differently than Directions)	2%	3%	7%	2%	4%	7%
Prescription Medication (Without a Doctor's Prescription)	1%	3%	7%	2%	4%	7%
Steroid Use	0%	1%	1%	0%	1%	1%

Source: Iowa Youth Survey

Table 8b: Current Substance Use Behaviors (Past 30 Days) in Johnson County and Iowa Youth, 2010

Measure	Johnson County			Iowa		
	Grade 6	Grade 8	Grade 11	Grade 6	Grade 8	Grade 11
Drove after drinking or using drugs	1%	1%	8%	1%	2%	8%
Tobacco use	2%	4%	15%	2%	7%	22%
Alcohol use	4%	8%	27%	5%	13%	32%
Marijuana use	1%	3%	13%	1%	4%	13%
Amphetamine use	1%	1%	3%	0%	1%	3%
Cocaine use	1%	1%	2%	0%	1%	2%
Inhalant use	1%	3%	2%	2%	3%	2%
Methamphetamines	1%	1%	1%	0%	1%	1%
Over the Counter Medications (Taken Differently than Directions)	2%	3%	5%	2%	3%	5%
Prescription Medication (Without a Doctor's Prescription)	2%	3%	7%	2%	3%	7%
Steroid Use	1%	1%	1%	1%	1%	1%

Source: Iowa Youth Survey

COMMUNITY ASSESSMENT DATA: Nutrition, Physical Activity and Obesity

Nutrition

Youth

2011 Update: The trend continues with Johnson County youth eating more fruits and vegetable servings than Iowa youth.

Table 1: Average Daily Fruit Consumption by Johnson County and Iowa Youth, 2010

Average Servings of Fruit	Johnson County				Iowa			
	Grade 6	Grade 8	Grade 11	All Grades	Grade 6	Grade 8	Grade 11	All Grades
I do not usually eat fruit everyday	17%	18%	20%	18%	22%	25%	30%	26%
1-2 servings	53%	56%	59%	56%	52%	54%	56%	54%
3-4 servings	23%	19%	17%	20%	20%	17%	13%	16%
5 or more servings	7%	7%	4%	6%	7%	5%	3%	5%

Source: Iowa Youth Survey 2010

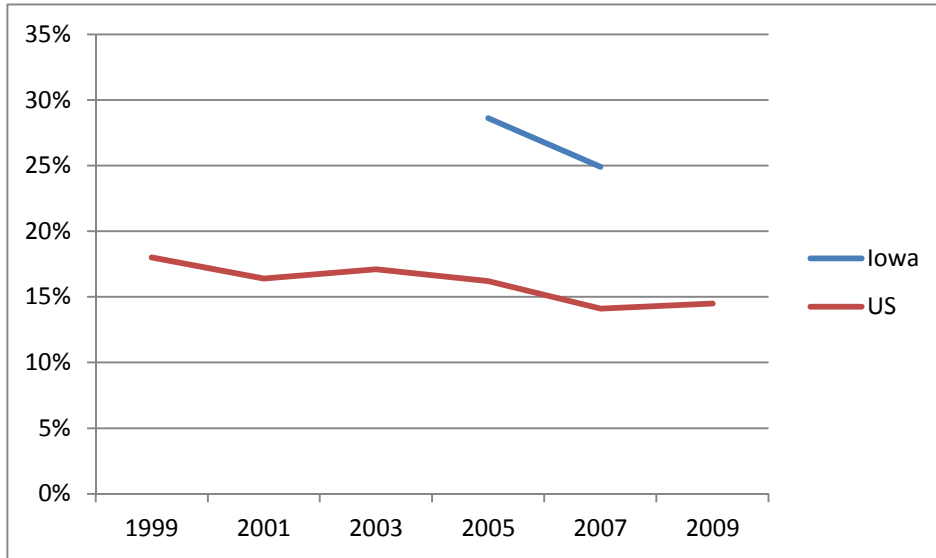
Table 2: Average Daily Vegetable Consumption by Johnson County and Iowa Youth, 2010

Average Servings of Vegetables	Johnson County				Iowa			
	Grade 6	Grade 8	Grade 11	All Grades	Grade 6	Grade 8	Grade 11	All Grades
I do not usually eat vegetables every day	7%	5%	6%	6%	9%	8%	7%	8%
1-2 servings	67%	72%	75%	71%	66%	70%	75%	71%
3-4 servings	21%	18%	8%	19%	19%	17%	14%	16%
5 or more	6%	5%	3%	5%	6%	4%	3%	4%

Source: Iowa Youth Survey, 2010

2011 Update: State and national data on high school youth indicate that the percentage of youth who drink three or more glasses of milk per day is continuing to decrease over time. Iowans are more likely to meet this goal than the national average (Figure 1).

Figure 1: Percent of Youth Who Drink Three or More Glasses of Milk per Day (grades 9-12)



Source: US Youth Data

Adults

2011: There are no updates for nutrition behaviors in Iowa adults for 2010.

Physical Activity

Youth

2011 Update: There has been an increase in the number of Johnson County youth (grades 6, 8, and 11) who participated in physical activity for at least 60 minutes on at least 5 days last week. In 2009, 52% of youth met this recommendation whereas in 2010 58% met this recommendation.

Table 1: Johnson County Students' Days of Physical Activity for One Hour or More (Past Week)

Days	Grade 6	Grade 8	Grade 11	All Grades
0	4%	3%	7%	5%
1	7%	4%	6%	6%
2	10%	7%	8%	8%
3	12%	10%	15%	13%
4	13%	11%	9%	11%
5	16%	17%	16%	16%
6	10%	11%	12%	11%
7	29%	37%	26%	31%

Source: Iowa Youth Survey, 2010

2011 Update: There has not been any updated data for high school lowans meeting the recommendation for physical activity or attending daily PE classes. The US numbers are increasing in both of these areas.

Table 2: Percent of High School Youth Meeting the Recommendation for Physical Activity

	Iowa	US
2007	50.00%	34.70%
2009	NA	37.00%

Table 3: Percent of High School Youth Who Attend Daily PE Classes

	Iowa	US
2007	20.00%	30.30%
2009	NA	33.30%

Source (Table 2,3): US Youth Data

Adults

2010 Update: There have been no updates in the Iowa data for the percent of adults meeting the physical activity recommendation for health.

Obesity

Youth

2010 Update: There have been no updates in the Iowa rates for overweight and obese youth.

Table 1. Percent of Youth Who Are Overweight

	Iowa	US
1999	NA	14.40%
2001	NA	13.60%
2003	NA	14.80%
2005	14.80%	15.70%
2007	13.50%	15.80%
2009	NA	15.80%

Source: US Youth Data

Table 2. Percent of Youth Who Are Obese

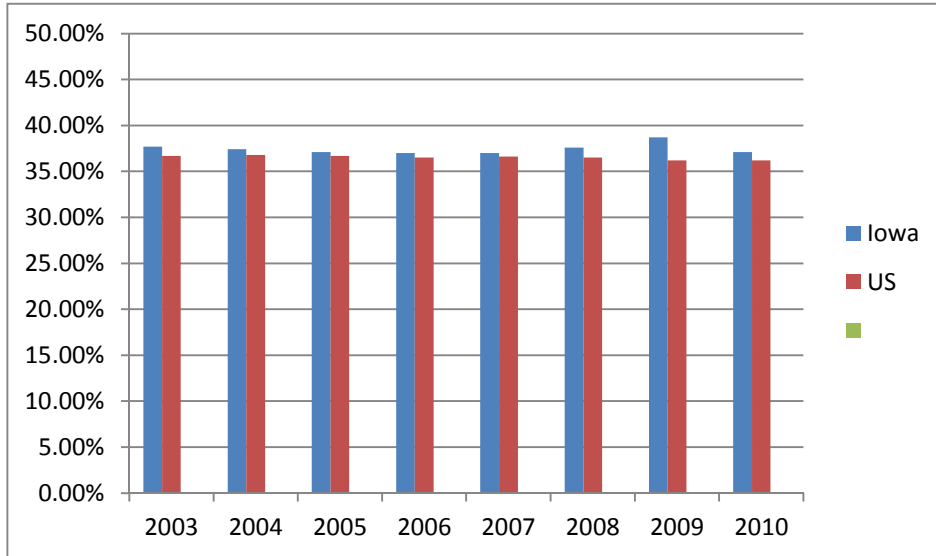
	Iowa	US
1999	NA	10.70%
2001	NA	10.50%
2003	NA	12.10%
2005	12.20%	13.10%
2007	11.30%	13.00%
2009	NA	12.00%

Source: US Youth Data

Adults

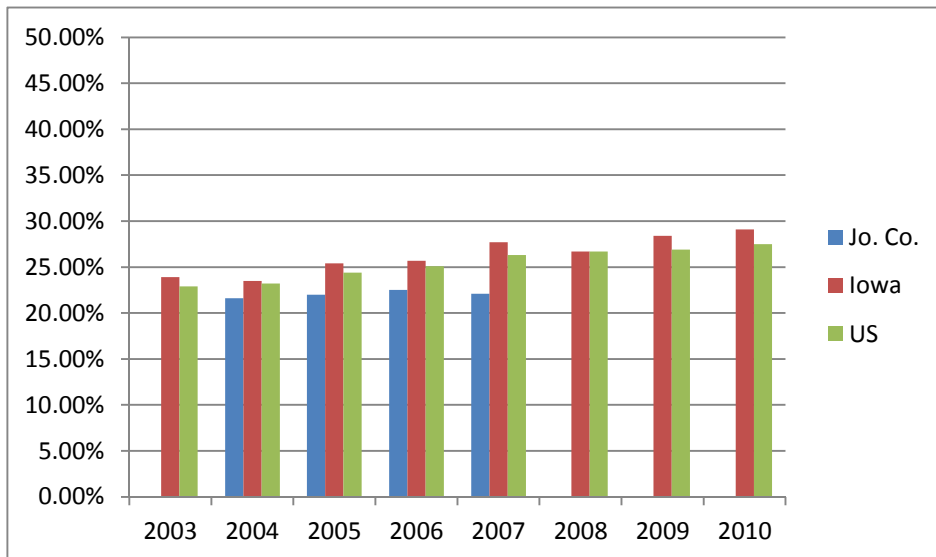
2011 Update: Iowans are still slightly more overweight and obese than US adults. The percent of overweight Iowans is slightly less than it was last year.

Figure 1: Percent of Adults Who Are Overweight



Source: CDC BRFSS

Figure 2: Percent of Adults Who Are Obese



Source: CDC BRFSS

Mental Health

Prevalence of Mental Illness or Distress

Statistics for specific mental illness prevalence were available at the national level only. Over 30 percent of people reported having a mental illness in the last 12 months. Anxiety disorders were the most commonly reported category of mental illness (19.1%), with specific phobias being the most frequently reported anxiety disorder. Impulse-control disorders and mood disorders were both reported by approximately 10 percent of people. Women reported most commonly specific phobias and major depressive disorder while men reported social and specific phobias most commonly. In a 12 month period, women are more likely to be diagnosed with an anxiety or mood disorder, while men are more likely to report an impulse-control disorder. Specific and social phobia was the most commonly reported illnesses among all age groups (Table 1).

Table 1: 12-Month Prevalence of Mental Disorders by Sex and Age Group

12-month	Sex			Age			
	Total	Female	Male	18-29	30-44	45-59	60+
	%	%	%	%	%	%	%
Anxiety Disorders							
Panic disorder	2.7	3.8	1.6	2.8	3.7	3.1	0.8
Generalized Anxiety disorder	2.7	3.4	1.9	2	3.5	3.4	1.5
Specific phobia	9.1	12.2	5.8	10.3	9.7	10.3	5.6
Social phobia	7.1	8	6.1	9.1	8.7	6.8	3.1
PTSD	3.6	5.2	1.8	4	3.5	5.3	1
OCD	1.2	1.8	0.5	1.5	1.4	1.1	0.5
<i>Any anxiety disorder</i>	19.1	23.4	14.3	22.3	22.7	20.6	9
Mood Disorders							
Major depressive disorder	6.8	8.6	4.9	8.3	8.4	7	2.9
Dysthymia	1.5	1.9	1	1.1	1.7	2.3	0.5
Bipolar I - II	2.8	2.8	2.9	4.7	3.5	2.2	0.7
<i>Any mood disorder</i>	9.7	11.6	7.7	12.9	11.9	9.4	3.6
Impulse-Control Disorders							
Oppositional-defiant disorder	1	1.1	0.9	1.2	0.8	-	-
Conduct disorder	1	0.4	1.7	1.4	0.8	-	-
ADD/ADHD	4.1	3.9	4.3	3.9	4.2	-	-
<i>Any impulse control disorder</i>	10.5	9.3	11.7	11.9	9.2	-	-
Any Disorder							
<i>Any</i>	32.4	34.7	29.9	43.8	36.9	31.1	15.5

Source: National Comorbidity Survey-Replication (NCS-R)

A higher percentage of 18-25 year olds reported serious psychological distress in the last year than persons 26 or older at the national, regional, and state levels. Eighteen to 25 year olds also reported the highest percentage of major depressive episodes in the past year when compared with 12-17 year olds and those 26 and older (Tables 2 and 3).

The most recent complete data available continues to show the trend of 18 to 25 year olds reporting more distress and disorder than other age categories.

Table 2: Percent Having Serious Psychological Distress in Past Year: 2004-2007

Region	18 or older			18 - 25			26 or older		
	2004 - 5	2005 - 6	2006-7	2004 - 5	2005 - 6	2006-7	2004 - 5	2005 - 6	2006-7
U.S.	11.63	11.29	11.1	19.39	18.14	17.76	10.27	10.1	9.95
Midwest	12	11.8	11.54	19.74	18.66	18.53	10.61	10.57	10.31
Iowa	11.75	11.3	11.36	17.41	17.2	18.6	10.71	10.27	10.05

Source: National Survey on Drug Use and Health (NSDUH)

Table 3: Percent Having at Least One Major Depressive Episode in Past Year: 2004-2007

Region	18 or older			12-17			18-25			26 or older		
	04-05	05-06	06-07	04-05	05-06	06-07	04-05	05-06	06-07	04-05	05-06	06-07
U.S.	7.65	7.25	7.34	8.88	8.36	8.04	9.93	9.36	8.96	7.25	6.88	7.05
Midwest	7.98	7.77	7.65	8.69	8.3	8.17	10.2	9.75	9.57	7.58	7.41	7.31
Iowa	7.35	6.99	7.51	8.01	8.29	7.86	9.01	9.08	9.93	7.05	6.61	7.07

Source: NSDUH

Suicide is not always caused by an underlying mental illness, but many persons who attempt suicide also have a mental illness. The percent of youth who considered suicide or made a plan to commit suicide went down both in Iowa and the United States from 1997 to 2007. The percent of Iowa youth who reported actually attempting suicide went down from 1997 to 2007, while the percent of U.S. youth attempting suicide went up and down during that time (Table 4).

No significant change in the national percentages occurred between 2007 and 2009. New Iowa data is not available due to low response rate in 2009.

Table 4: The Number of Youth Considering, Planning, or Attempting Suicide by Location, 1997 to 2009

Year	Site	Considered Suicide %	Made a Plan %	Attempted Suicide %
1997	IA	23.0 (20.1–26.0)	18.6 (16.2–21.3)	9.0 (7.7–10.5)
1999		—	—	—
2001		—	—	—
2003		—	—	—
2005		16.2 (13.9–18.9)	13.0 (10.4–16.1)	7.2 (5.6–9.1)
2007		12.3 (10.4–14.5)	9.6 (8.0–11.5)	6.7 (5.0–8.9)
2009		--	--	--
1997	US	20.5 (18.3–22.9)	15.7 (14.4–17.0)	7.7 (6.8–8.7)
1999		19.3 (18.0–20.6)	14.5 (13.1–16.1)	8.3 (7.3–9.4)
2001		19.0 (17.7–20.5)	14.8 (13.7–16.0)	8.8 (8.0–9.7)
2003		16.9 (16.2–17.6)	16.5 (13.2–20.5)	8.5 (7.4–9.6)
2005		16.9 (15.9–17.8)	13.0 (12.1–13.9)	8.4 (7.6–9.3)
2007		14.5 (13.4–15.6)	11.3 (10.4–12.3)	6.9 (6.3–7.6)
2009		13.8 (13.1-14.6)	10.9 (10.0-11.8)	6.3 (5.7-7.0)

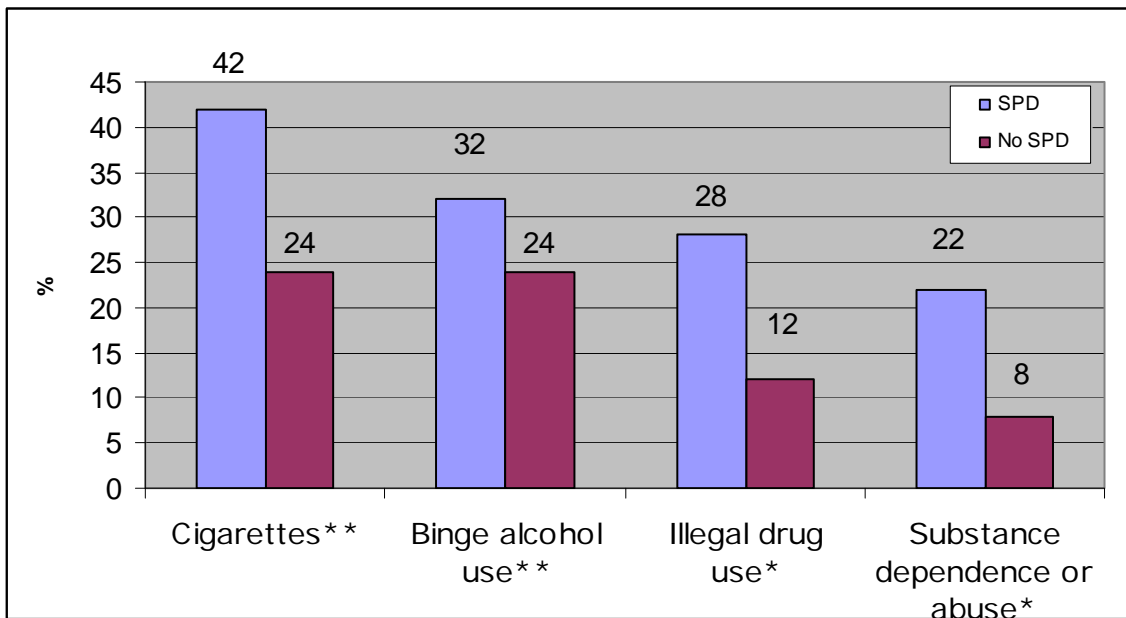
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Source: Youth Risk Behavior Study (YRBS)

For adult suicide data, see Suicide section of this report.

Adults who reported having serious psychological distress in the last year reported higher rates of cigarette smoking, binge alcohol use, illegal drug use, and substance abuse than those who did not report psychological distress (Figure 1).

Figure 1: Serious Psychological Distress and Substance Use or Abuse Among Adults: 2007



*past year use

**past month use

Source: NSDUH

Race and Ethnicity

Black, Hispanic, and those who identified as an “other” race/ethnicity had the highest percentage of students who felt so hopeless every day for two or more weeks that they stopped doing usual activities. This data was available only for the United States, but not for Iowa due to the small number of Iowa respondents that were not white (Table 5).

In 2009, Black and Hispanic students continued to report more hopelessness than White students did. However, the overall percentage of U.S. youth who reported 2 weeks or more of hopelessness in the past year decreased significantly between 2007 and 2009 (from 28.5% to 26.1%).

Table 5: Percentage of Students Who Felt so Hopeless Almost Every Day for 2 or More Weeks in a Row That They Stopped Doing Some Usual Activities During the 12 Months Before the Survey, by Race and Location

Year	Site	Total	White	Black	Hispanic	Other
1999	IA	—	—	—	—	—
2001		—	—	—	—	—
2003		—	—	—	—	—
2005		25.3 (21.7–29.2)	23.9 (20.2–27.9)	N/A	N/A	N/A
2007		22.1 (19.4–25.1)	21.0 (18.2–24.2)	N/A	N/A	N/A
2009		--	--	--	--	--
1999	US	28.3 (27.1–29.5)	24.9 (23.8–26.1)	28.9 (26.7–31.2)	37.0 (33.3–40.9)	33.8 (30.0–37.8)
2001		28.3 (26.9–29.7)	26.5 (24.7–28.5)	28.8 (26.6–31.2)	34.0 (31.7–36.5)	32.0 (28.1–36.2)
2003		28.6 (26.9–30.3)	26.2 (24.1–28.4)	26.3 (23.8–28.9)	35.4 (32.2–38.6)	35.2 (29.2–41.6)
2005		28.5 (27.2–29.7)	25.8 (24.1–27.6)	28.4 (25.9–31.0)	36.2 (33.8–38.8)	33.4 (28.8–38.3)
2007		28.5 (27.1–29.8)	26.2 (24.5–28.0)	29.2 (27.4–31.1)	36.3 (33.8–38.8)	27.2 (23.0–31.7)
2009		26.1 (24.8–27.5)	23.7 (22.1–25.3)	27.7 (25.1–30.4)	31.6 (29.8–33.4)	--

Legend: '—'=No data available

Source: YRBS

Mental Health Treatment

The Midwest region had the highest rates of persons reporting an unmet need for mental health treatment as did persons with an annual income under \$20,000 and persons receiving government assistance. Non-metro areas had the highest rate of unmet need in 2006, and small metro areas had the highest in 2007.

The highest unmet need for mental health treatment has consistently been in people with a yearly family income of under \$20,000 dollars and those who receive government assistance. Geographical region and county type do not appear to have much effect on these rates, with approximately 5% of the population across the board reporting unmet need.

However, the total percentage of unmet need recently increased significantly from 4.7% in 2008 to 5.3% in 2009. Also of note are significant increases in unmet need between 2008 and 2009 in certain categories: inhabitants of in the Western United States and of large metro areas, those who make at least \$75,000 dollars a year, and those who do not receive any government assistance.

Table 6: Unmet Need for Mental Health Treatment/Counseling in the Past Year among Persons Aged 18 or Older

Characteristic	2006	2007	2008	2009
Total	4.8	4.9	4.7	5.3*
Geographic Region				
Northeast	4.9	4.4	4.4	4.6
Midwest	5.2	5.1	5.3	5.4
South	4.7	4.9	4.4	5
West	4.3	5.1	4.9	6.2*
County Type				
Large Metro	4.4	4.8	4.5	5.3*
Small Metro	5.0	5.3	5	5.3
Nonmetro	5.5	4.7	4.8	5.1
Family Income				
Less Than \$20,000	7	7.2	7.8	8.5
\$20,000 - \$49,999	4.8	4.8	5	4.8
\$50,000 - \$74,999	3.5	4.7*	4	4.8
\$75,000 or More	4	3.8	3.2	4.4*
Government Assistance				
Yes	8	9.1	8.6	9.3
No	4.2	4.2	4.1	4.6*

NOTE: Mental Health Treatment/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use.

*= statistically significant change from previous year.

Source: NSDUH

Johnson County Mental Health and Disability Services reports the number of persons served with mental illness each year. The number has gone up and down since 2000, but has most often been around 1200 persons served, or about 1 percent of the population. These rates do not necessarily represent the actual prevalence of mental illness in the general population as they are affected by eligibility and mental health funding (Table 7).

Note: Corrected prior table number reference (incorrectly referred to as Table 8 in last report). Year columns in Table 7 are in reverse order from last report.

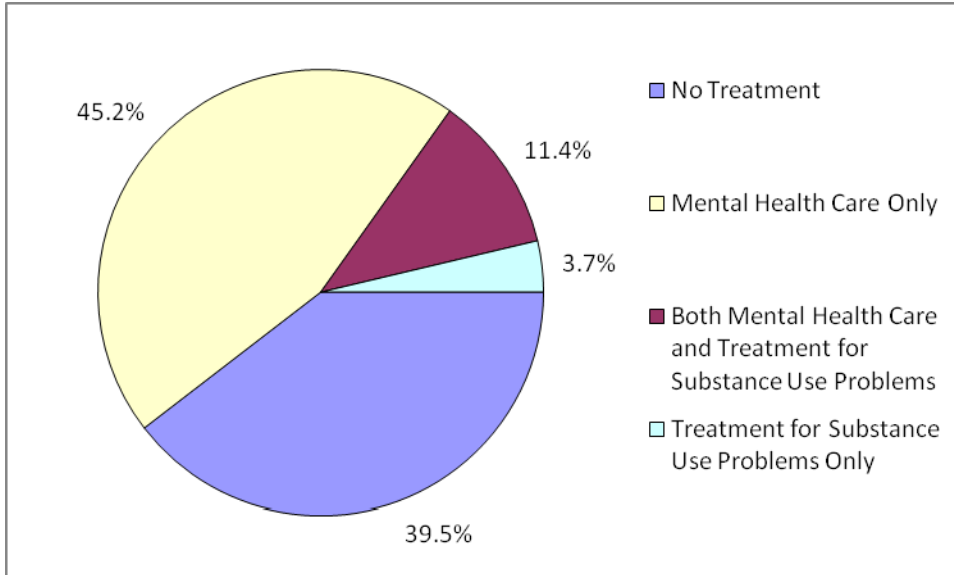
Table 7: Number and Rate (out of 100) of Children and Adults with Mental Illness Served in Johnson County, 2000-2010

	2000		2002		2004		2006		2008		2010	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Johnson County	1232	1.1	1221	1.1	1250	1.0	1062	0.8	1214	0.9	1407	1.1

Source: Iowa Department of Public Health, Mental Health and Disability Services

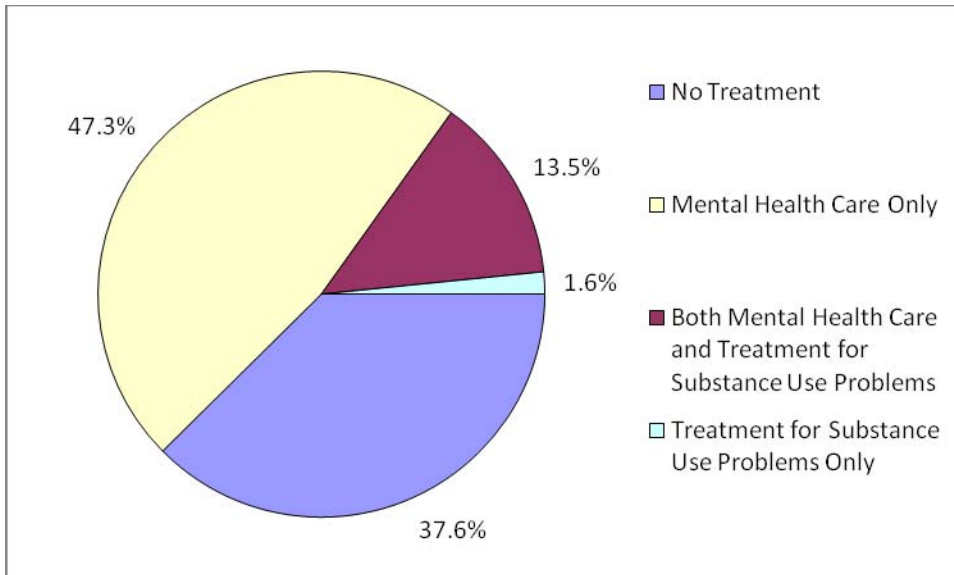
Of the 2.5 million adults in the United States with a co-occurring serious mental illness and substance use disorder in 2008, only 11.4 percent received treatment for both in the past 12 months. Almost 40% received no treatment at all in 2008 (Figure 2). Of the 2.8 million U.S. adults having both serious mental illness and substance use disorder in 2009, 13.5% received treatment for both conditions, and 37.6% received no treatment (Figure 2B).

Figure 2: Past Year Mental Health Care and Treatment for Substance Use Problems among Adults Aged 18 or Older with Both Serious Mental Illness and a Substance Use Disorder: 2008



Source: NSDUH

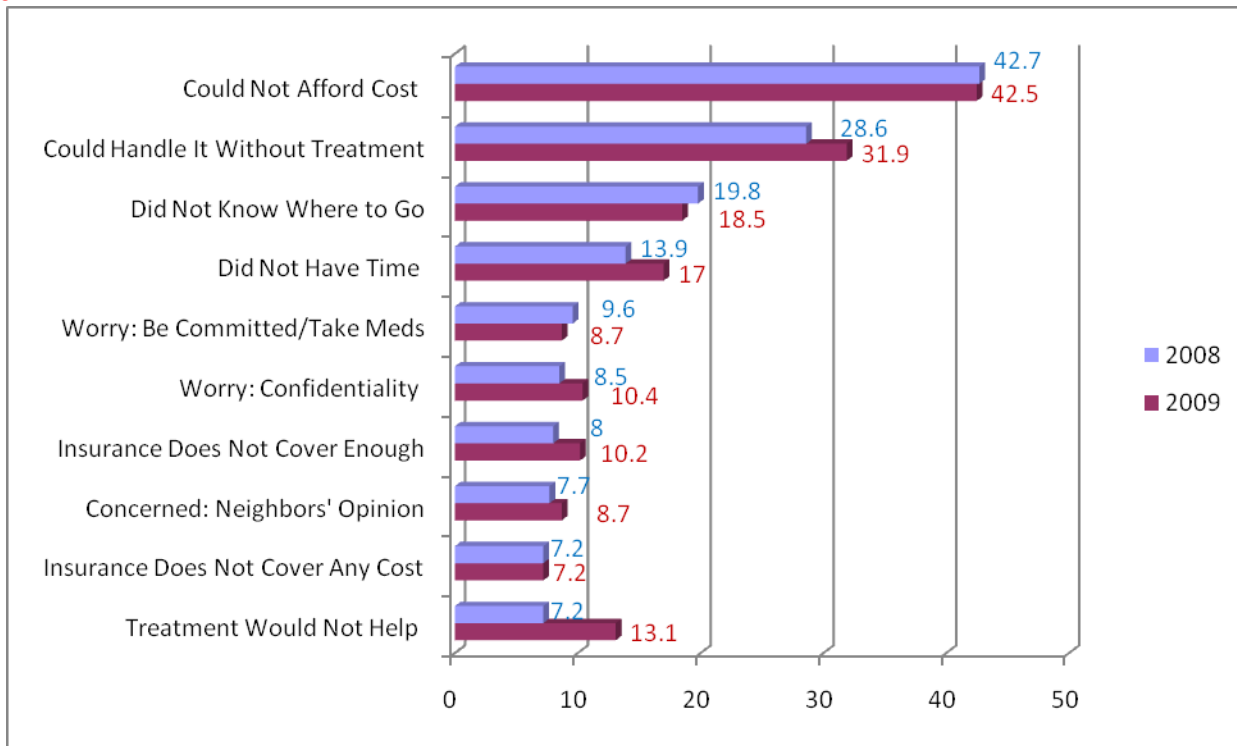
Figure 2B: Past Year Mental Health Care and Treatment for Substance Use Problems among Adults Aged 18 or Older with Both Serious Mental Illness and a Substance Use Disorder: 2009



Source: NSDUH

Adults aged 18 or older with an unmet need for mental health care identified several reasons for not receiving mental health services. The top reasons in 2008 were that they could not afford the cost (42.7%), because they felt they could handle the problem without treatment at the time (28.6%), because they did not know where to go for services (19.8), and because they did not have the time (13.9%) (Figure 3). **In 2009, the same reasons headed the list for why people did not receive treatment: 42.5% could not afford the cost, 31.9% could handle the problem without treatment, 18.5% did not know where to go, and 17% did not have time. One of the lowest ranked reasons for not receiving treatment in 2008, not feeling that treatment would help, significantly increased from 7.2% in 2008 to 13.1% in 2009.**

Figure 3: Reasons for Not Receiving Mental Health Services in the Past Year among Adults Aged 18 or Older with an Unmet Need for Mental Health Care Who Did Not Receive Mental Health Services: 2008 and 2009



Source: NSDUH

Sources

National Comorbidity Survey-Replication (NCS-R), 2005. http://www.hcp.med.harvard.edu/ncs/ftpd/ncs-r_12-month_Prevalence_Estimates.pdf

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005-2007. <http://oas.samhsa.gov>

CDC's Youth Risk Behavior Survey 1997-2009. <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>

Johnson County Mental Health and Disability Services. http://www.johnson-county.com/dept_mhds.aspx?id=425

Iowa Department of Public Health, Mental Health and Disability Services. www.dhs.state.ia.us/mhdd

Iowa Department of Public Health, Center for Health Statistics. 2008 Vital Statistics of Iowa. p. 12. http://www.idph.state.ia.us/apl/common/pdf/health_statistics/2008/vital_stats_2008.pdf

Suicide

Suicide rates in Johnson County have varied in the past decade. There are not enough deaths to calculate reliable age-adjusted rates at the county level. Iowa's suicide deaths declined slightly between 2003 and 2006, although the rates per population were still consistently higher than the national level (Figure 1). According to Vital Statistics of Iowa reports, Iowa's yearly suicides increased in 2008 to 376, and decreased again to 356 in 2009. U.S. deaths from suicide (all ages combined) numbered 36,035 in 2008, or about 1.5% of all deaths (Tables 1 and 2). From 2002 to 2006, almost half of suicides in Johnson County were in the 45-64 age group, while over one-third of those who died were aged 25-44 (Table 3). In Johnson County from 2002 to 2006, 77% of suicide deaths were in males (Table 4). State and national data reveals that men are more likely to have completed suicide attempts, although women have more suicide attempts overall (Figure 3). In the U.S., Whites and Native Americans have highest rates of suicide. Suicide is one of top three leading causes of death for 15-24 year olds and for 25-44 year olds in Iowa.

Mortality

Table 1: Number of Deaths at County, State, and National Level, 2003-2009

Level	2009		2008	
	#	% of Deaths	#	% of Deaths
Johnson Co.	19	3.1%	18	2.9%
Iowa	356	1.3%	376	1.3%
U.S.	--	--	36,035	1.5%

Level	2007		2006		2005		2004		2003	
	#	% of Deaths	#	% of Deaths	#	% of Deaths	#	% of Deaths	#	% of Deaths
Johnson Co.	6	1.2%	12	2.2%	7	1.3%	14	2.7%	6	1.2%
Iowa	322	1.2%	330	1.2%	331	1.2%	339	1.3%	350	1.3%
U.S.	34,598	1.4%	33,300	1.4%	32,637	1.3%	32,439	1.4%	31,484	1.3%

Legend: -- = not available

Note: 2007 U.S. Data corrected from last report.

Source: Vital Statistics of Iowa and National Vital Statistics Reports

Table 2: Death Rates at County, State, and National Level, 2003-2009

Level	2009		2008	
	Crude Rate	Age-Adj Rate	Crude Rate	Age-Adj Rate
Johnson Co.	14.5	--	14.1	--
Iowa	11.8	--	12.5	--
U.S.	--	--	11.9	11.6

Level	2007		2006		2005		2004		2003	
	Crude Rate	Age-Adj Rate	Crude Rate	Age-Adj Rate	Crude Rate	Age-Adj Rate	Crude Rate	Age-Adj Rate	Crude Rate	Age-Adj Rate
Johnson Co.	4.8	--	10.2	9.8*	6	7.4*	12.1	13.6*	5.2	5.9*
Iowa	10.8	--	11.1	11.1	11.2	11.1	11.5	11.5	11.9	11.9
U.S.	11.5	11.3	11.1	10.9	11	10.9	11	10.9	10.8	10.7

Legend: -- = not available

*unreliable data

Note: 2007 data corrected from last report.
Source: Vital Statistics of Iowa and National Vital Statistics Reports