

Iowa State Factsheet ⁱ

Key Points

- Iowa ranked 7th for protective factors against childhood obesity and 5th for healthy neighborhood environments. ⁱⁱⁱ
- Obesity among low-income, preschool-aged children rose from 11 percent in 1998 to 15 percent in 2008.
- Among adults, the prevalence of obesity increased to ≥ 30 in 2 of 99 counties by 2007.
- 39 percent of adults in Iowa are overweight and 28 percent are obese.
- Iowa will spend over 3 billion dollars annually by 2018 on health care costs attributable to obesity.

There are many interacting determinants of childhood obesity. Physical activity and media time are important contributors which may have greater impact on certain groups such as young children

POSITIVE BEHAVIORS BY RACE, INCOME, INSURANCE		IA (%)	Nation (%)	Best state(%)	
% of children ages 6-17 who are physically active at least 4 days a week					
overall		65.3	64.3	72.8	VT
by race/ ethnicity	White non-Hispanic	66.5	69	74.7	NC
	Hispanic	44.6	51.8	72.2	MT
by household income	0-99% FPL	66.5	53.8	78.6	MN
	400% +	70.4	70.9	77.6	AL
by insurance status	None	74.1	54.5	81.1	HI
	Public	54.1	60	74.3	AK
	Private	67.7	67.6	75.2	VT
% of children ages 6-17 with 2 hours or less or no daily screen time					
overall		79.5	78.1	87.7	VT
by race/ ethnicity	White non-Hispanic	83.9	82.9	96.9	DC
	Hispanic	61.7	75.2	93.3	UT
by household income	0-99% FPL	65.2	68.8	82.4	UT
	400% +	88.6	86	92.5	WA
by insurance status	None	71.7	72.4	89.3	UT
	Public	66.5	70.1	86.1	WY
	Private	83.9	82.4	90.3	VT

Parent physical activity is a strong predictor of the activity of their children

% OF PARENTS PHYSICALLY ACTIVE, 4 or more days/ week		IA (%)	Nation (%)	Best state(%)	
Mother		33.7	32.9	42.9	VT
Father		47.7	44.9	57.6	HI

i. The first factsheet can be found at: <http://www.nichq.org/pdf/iowa.pdf>. It contains other data, including the obesity prevalence for all children

ii. Obesity defined as Body Mass Index (BMI) at or above the 95th percentile.

iii. For rankings, 1st is best and 50th is worst. Rankings are based on cumulative percents from 2007 National Survey of Children's Health. Protective factors = % reporting positive social skills + % always engaging in school + % in families which eat meals together every day. Neighborhood environment = % living in supportive neighborhoods + % in neighborhoods with no detracting elements (litter, graffiti, etc.) + % living in neighborhoods with parks, recreation centers and sidewalks

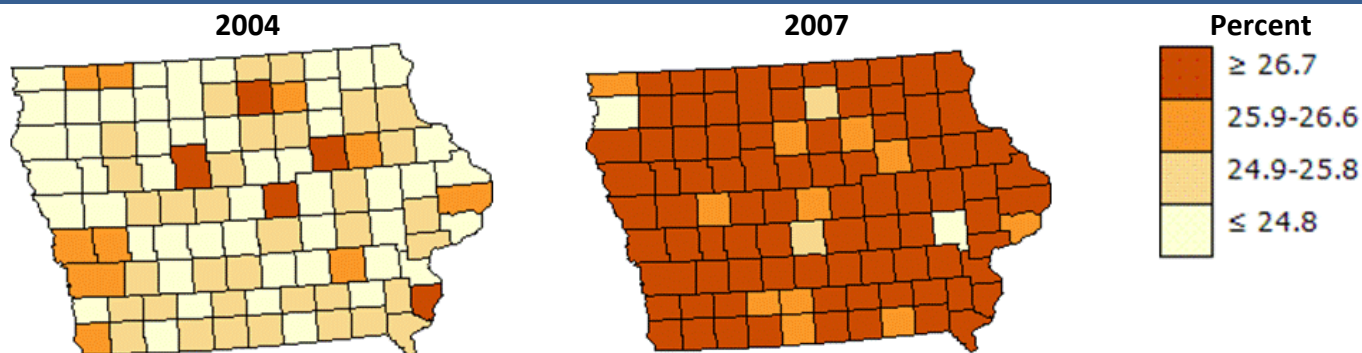
The community in which a child lives influences their daily access to healthy food and physical activity

LIVING IN HEALTHY NEIGHBORHOOD ENVIRONMENTS		IA (%)	Nation (%)	Best state(%)	
% of children living in supportive neighborhoods					
overall		89.1	83.2	92.9	UT
by race/ ethnicity	White non-Hispanic	91.4	88.8	94.7	UT
	Hispanic	80.3	76.1	90.6	VT
by household income	0-99% FPL	81.5	70.7	89.2	UT
	400% +	94.1	91.1	98	UT
% of children living in neighborhoods with NO graffiti, dilapidated housing or litter					
overall		75	71.4	78	MA
by race/ ethnicity	White non-Hispanic	76.4	75.6	81.9	CT
	Hispanic	68.8	66.5	86.8	AL
by household income	0-99% FPL	57.4	57.4	72.9	CO
	400% +	86.4	83.2	90.5	FL
% of children living in neighborhoods with parks, recreation centers, and sidewalks					
overall		72.1	65.1	87.4	UT
by race/ ethnicity	White non-Hispanic	72	62.6	95.2	DC
	Hispanic	64.8	62.7	82.1	SD
by household income	0-99% FPL	80.1	57.6	88.2	MA
	400% +	76.1	73.4	92.4	DC

Other factors in the social environment may also protect against obesity

PROTECTIVE FACTORS	IA (%)	Nation (%)	Best state(%)	
Positive social skills	94.9	93.6	97.1	MN
Usually or always engages in school	81.6	80.5	86	MA
Involved in at-least one after-school activity	88.2	80.7	90.5	MN
Family eats meals together every day	45.4	45.8	54.2	ID

AGE-ADJUSTED ESTIMATES OF THE PERCENT OF ADULTS WHO ARE OBESE IN IOWA



Data from Centers for Disease Control and Prevention: National Diabetes Surveillance System. Available online at: <http://www.cdc.gov/diabetes/statistics/index.htm>.

COST OF ADULT OBESITY IN IOWA, MILLIONS OF DOLLARS

2000 (actual)	2008 (projected)	2013 (projected)	2018 (projected)
783	852	1,370	3,088

Source: 2000 data are from Finkelstein, et al: "State-level estimates of annual medical expenditures attributable to obesity". 2008 - 2018 projected estimates are from Thorpe: "The Future Costs of Obesity: National and State Estimates of the Impact of Obesity on Direct Health Care Expenses"