

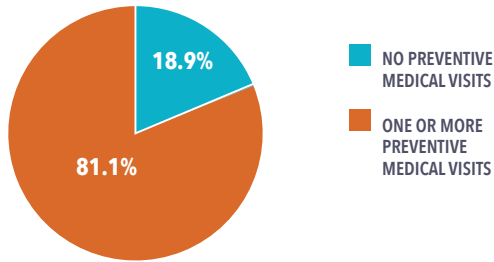
PREVENTIVE MEDICAL CARE FOR ADOLESCENTS

Annual preventive medical visits improve adolescent health by providing opportunities to discuss healthy habits and behaviors, managing chronic conditions, and preventing illness.



About 81% of adolescents received a preventive medical visit in 2016-2017.

ADOLESCENTS AGES 12-17 WITH A PREVENTIVE MEDICAL VISIT (2016-2017)¹

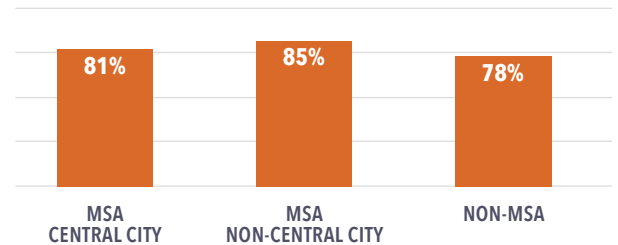


HEALTH DISPARITY

Adolescents in Non-Metropolitan Statistical Areas (Non-MSA) were least likely to receive a preventive medical visit, when compared to adolescents in the MSA (central city, non-central city).

PERCENTAGE OF ADOLESCENTS WITH A PREVENTIVE MEDICAL VISIT BY LOCATION (2016-2017)²

**% represents residence and urban-rural*



HOSPITAL ADMISSIONS DUE TO INJURY

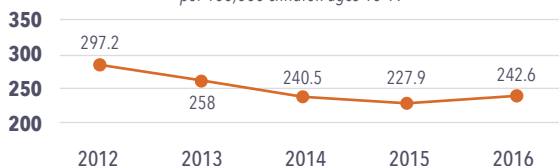
For children ages 0-19 in the United States, **injuries are the leading cause of death**. Most injuries are unintentional and can be prevented. According to the Centers for Disease Control and Prevention, **child injury is one of the most under-recognized public health problems in the US**.



The rate of hospitalization for non-fatal injuries decreased from 297.2 (per 100,000 children) in 2012 to 242.6 in 2016.

HOSPITALIZATIONS FOR NON-FATAL INJURIES²

per 100,000 children ages 10-19

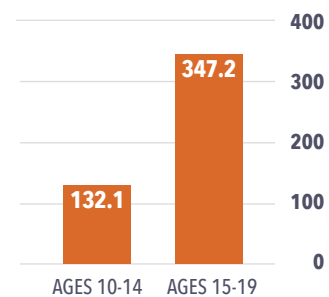


HEALTH DISPARITY

In 2016, the rate of hospitalization for children ages 15-19 was more than double that of children ages 10-14.

RATE OF HOSPITALIZATION²

per 100,000 children



PHYSICAL ACTIVITY

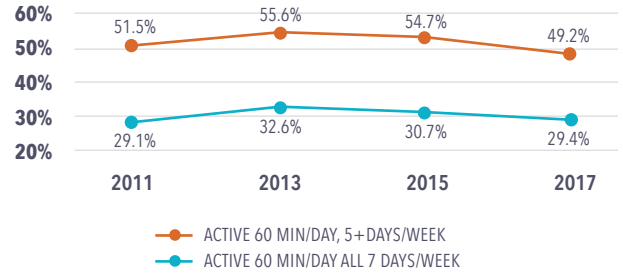
AMONG ADOLESCENTS (AGES 12-18)

Regular physical activity among adolescents ages 12-18 can help improve cardiorespiratory fitness, build strong bones and muscles, control weight, reduce symptoms of anxiety and depression, and reduce the risk of developing health conditions.³



More students reported being active (60 active minutes/day) for five or more days a week than for all seven days per week. Additionally, the activity level of students remained relatively stable from 2011 to 2017.

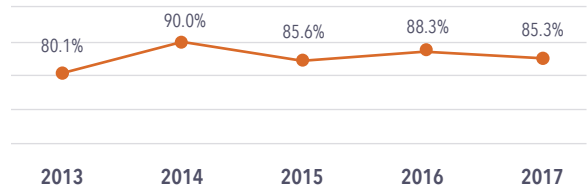
PHYSICAL ACTIVITY OF STUDENTS AGES 12-18⁴



PHYSICAL ACTIVITY AMONG ADULTS

The percent of adults ages 18-24 who reported being physically active increased from 2013 to 2017 with some fluctuations each year in between.

ADULTS AGES 18-24 PHYSICAL ACTIVITY



SMOKING HOUSEHOLDS

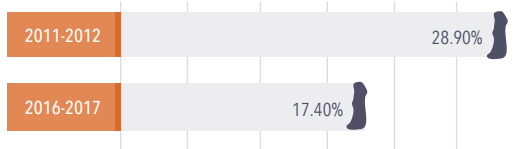
AND CHILDREN'S HEALTH

Secondhand smoke (SHS) negatively affects children's health by increasing lower respiratory tract infections and asthma, and by decreasing pulmonary function. **There is no safe level of exposure to SHS.**⁵



In Iowa, **the percentage of children living in household with someone who smokes has decreased** by approximately 12% (from 29% in 2011 to 17% in 2016).

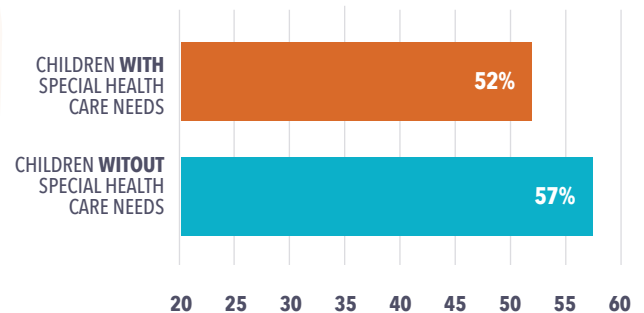
CHILDREN LIVING IN SMOKING HOUSEHOLDS¹



MEDICAL HOME

More children without special health care needs had a medical home (57%) than those with special health care needs (52%).

PERCENTAGE OF CHILDREN WITH A MEDICAL HOME



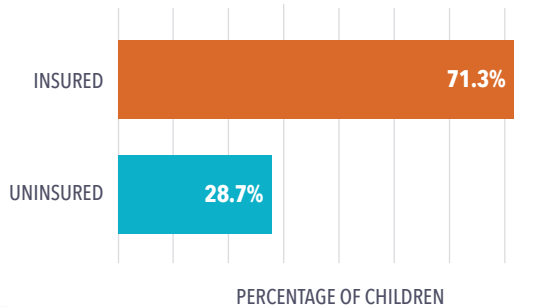
ADEQUATE HEALTH INSURANCE

Health insurance coverage helps provide children with access to preventive and acute care as well as services for chronic conditions. It is also critical to their overall health and well-being.



In 2016, 71% of children in Iowa have adequate insurance.

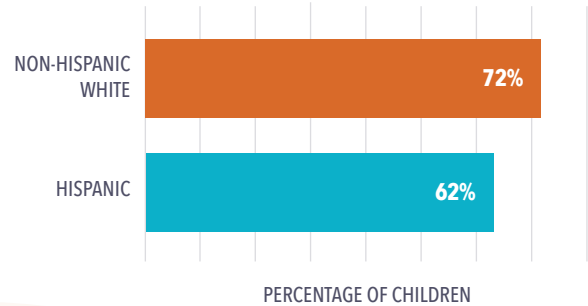
CHILDREN WHO WERE ADEQUATELY INSURED (AGES 0-17), 2016



HEALTH DISPARITY

Non-Hispanic White children were more likely to be adequately insured (72%) than Hispanic children (62%).

CHILDREN WHO WERE ADEQUATELY INSURED BY RACE, 2016



SERVICES RELATED TO TRANSITIONS TO ADULT HEALTH CARE

During childhood, parents usually help with medical needs such as calling for appointments, filling out forms, and keeping track of medications. As youth reach adulthood, there are many changes in responsibility. Achieving life goals requires knowledge, preparation, and skills for youth and their parents. Often families of children and youth with special health care needs (CYSHCN) will require extra support when transitioning to the adult health care system.

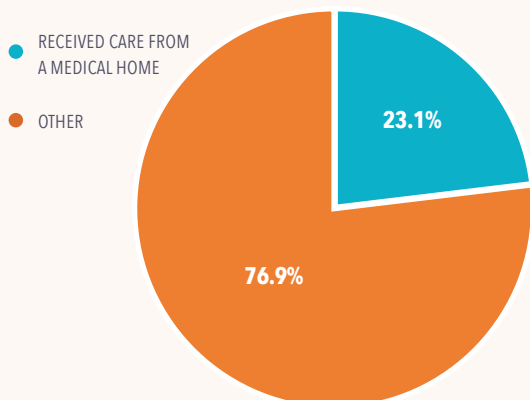


According to National Survey of Children's Health data, 23.1% of Iowa's Youth with Special Health Care Needs (YSHCN) received services necessary to make transitions to adult health care.

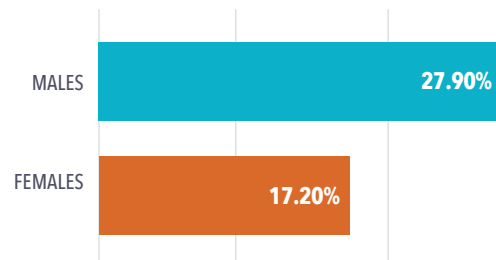
HEALTH DISPARITY

Males are more likely to have received transition services than females (27.9% vs 17.2%). Youth in suburban or mid-sized cities appear to be more likely to have received transition services than those in either more urban or rural areas.

CYSHCN WITH SERVICES NECESSARY TO TRANSITION TO ADULT CARE (AGES 0-17)¹



PERCENTAGE OF CYSHCN WITH TRANSITION SERVICES BY GENDER¹



DENTAL CARE

PREVENTIVE DENTAL VISIT

Preventing dental disease and having access to early and regular dental care is critical for good oral health and overall health.



A slight increase was noted in the percent of children who received a preventive dental visit from 90.1% in 2011 to 94% in 2016.

PREVENTIVE DENTAL VISIT IN THE PAST YEAR (AGES 12-17)¹



PAYMENT SOURCE FOR DENTAL CARE

Having a way to pay for dental care improves the likelihood that a child will have routine preventive dental visits. Children need good oral health in order to eat, grow, speak, learn, and maintain positive self-esteem.



The percent of children with a payment source for dental care increased from 80% in 2016 to 88% in 2017.

CHILDREN WITH A PAYMENT SOURCE FOR DENTAL CARE (AGES 12-17)¹



EMERGENT ISSUE

MENTAL HEALTH

Of the children in Iowa who needed mental health treatment, 42% had a problem receiving it. **Families of children with mental health conditions need support and coordinated systems of care.**



About 9% of children (ages 0 - 17) in Iowa were reported to have ongoing emotional, developmental, or behavioral conditions that require treatment or counseling. This is true for about 17% of adolescents ages 12-17.

CHILDREN IN IOWA WITH ONGOING MENTAL HEALTH ISSUES (2016-2017)¹

Ages 0-17

9%

Ages 12-17

17%

EMERGENT ISSUE

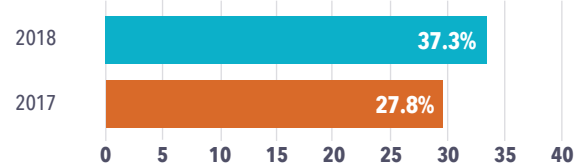
VAPING

Teens are more likely to start smoking e-cigarettes.³



When asked if they had done “any vaping” in the last 12 months, 37.3% of 12th graders reported that they had, compared to only 27.8% in 2017.

PERCENT OF TEENS REPORTING “ANY VAPING” IN THE LAST 12 MONTHS



¹ National Survey of Children's Health data ² State Inpatients Databases (SIDS)

³ The Centers for Disease Control and Prevention ⁴ Iowa Youth Risk Behavior Survey Grades 9-12

⁵ U.S. Department of Health and Human Services, 2006 ⁶ I-Smile@School (TAV)

⁷ 2018 Monitoring the Future (MTF) survey, National Institute on Drug Abuse