

IOWA'S TRAUMA SYSTEM: KEEPING IOWANS SAFER

Policy Brief | January 9, 2026

For more than 20 years, Iowa's trauma system has played a vital role in reducing deaths and disabilities from traumatic injuries. This coordinated network of 118 adult trauma centers/hospitals and three pediatric trauma centers spans all 99 counties, helping to provide over 3 million Iowans with timely and effective trauma care.



The 2024 (annual) **Iowa Trauma Registry Report**, published in 2025, showcases the strength and commitment of Iowa's trauma system to protect the health and well-being of Iowans, while identifying trends and challenges. Every year, researchers analyze data from Iowa's trauma registry and death certificates, as well as mortality statistics available through the CDC.

All hospitals in Iowa are required to report traumatic injuries to the Iowa Trauma Registry—a secure, statewide database that captures detailed information on such incidents across the state.

Managed by the Iowa Department of Health and Human Services (Iowa HHS), this confidential registry plays a critical role in guiding trauma system planning and policy development. The data collected offers valuable insights into Iowa's healthcare landscape and helps improve the delivery of trauma care statewide.

“Unintentional injuries are the leading cause of death for Iowans aged 1 to 44. Injuries can result in a high cost to Iowans with average charges up to \$61,400 per hospitalization and more than \$3,600 per emergency department visit annually.” - Iowa HHS

Trauma cases and deaths in Iowa: Key findings

CURRENT SITUATION

Older Iowans suffer more traumatic injuries.

- Patients aged 65 and older continue to account for a large proportion (52.7%) of trauma events.
- Injuries among patients 60 years and older are increasing, along with Iowa's aging population.

Falls are driving up the state injury rate.

- Falls remain the leading cause of injury events (16,160 cases), accounting for 63.5% of injury events, followed by motor vehicle crashes (MVCs), which represent 20.6% (5,240 injury events).
- Reinjury or experiencing another injury after an initial one (within a year), is most often caused by falls.
- In Iowa, there is an urgent need for targeted falls prevention, especially among older adults.

Unintentional injuries are a growing public health challenge.

- While intentional injuries decreased (e.g., injuries from violence, suicide), unintentional injuries increased 3.52%, driven by an uptick in falls.
- This may be due to an aging population, increased mobility, and potentially riskier behaviors in everyday activities.

TRENDS IN INJURY AND TRAUMA

Top 3 causes of trauma deaths: Falls, unintentional poisonings, and car crashes



- Falls were the leading causes of trauma-related deaths (796 deaths), followed by unintentional poisonings (398 deaths), and motor vehicle crashes (341 deaths).
- Deaths from unintentional poisonings rose significantly between 2020 and 2024 from 379 in 2020 and 399 in 2024. These fatalities peaked in 2021 (434 deaths).

More patients are reinjured (experiencing 2 or more injuries within a year).

- Most patients experience a single injury; However, reinjury in patients increased between 2020 (3.4%) and 2024 (4.6%). 82.7% of injuries among reinjured patients were from falls.
- Older adults aged 50 and older made up 85% of reinjured patients. Patients aged 70-79 and 80-89 alone reached a reinjury rate of 22.7% and 26.9%, respectively.
- Reinjury did not appear to influence mortality outcomes; The death rate following the initial injury was 2.7%, and it was only slightly higher for two injuries (3.1%) and significantly lower for three injuries (< 1%).

POSITIVE DEVELOPMENTS



Suicide and injuries from violence are down.

- Intentional injuries related to violence and self-harm (e.g., suicide) decreased 10.6% (from 1,260 in 2022 to 1,127 in 2023), possibly due to enhanced community programs, mental health services, and violence prevention initiatives.
- Suicide deaths decreased from 550 in 2020 to 544 in 2024.

Deaths from firearms are decreasing.

- Injury events related to firearms have steadily decreased since 2020. In 2020 there were 431 injury events; This dropped to 332 in 2024.
- Despite this, firearms are the most common cause of suicide with a high of 259 deaths in 2020 and 317 deaths in 2024. Other causes include suffocation and poisoning.

ONGOING CONCERNS

Persistent suicide deaths due to poisoning underscore the importance of sustained prevention strategies.

- Suicide deaths from poisonings remain a steady problem (ranging between 65-92 deaths from 2020 and 2024); This contrasts with the rise of unintentional poisoning deaths (e.g., accidental drug overdoses).



TRAUMA CENTERS are hospitals that provide emergency medical services to treat traumatic injuries. It is common for a hospital to transfer a patient to another hospital that is more equipped to treat severe injuries. Level 1 trauma centers have more resources and subspecialties than Level 4 facilities (see chart on page 4 for details).

Transfers delays are due to issues at the transferring or receiving trauma centers, such as availability of emergency medical transport (EMS), as well as external challenges such as weather. Shorter times to arrival at definitive care—reaching a hospital capable of providing final treatment—are typically associated with higher chances of survival.

Activating trauma medical teams promptly, through trauma alerts, enhances patient flow and outcomes in the Emergency Department (ED), such as length of stay.

Iowa's trauma system: Key findings

Increasing patient volume and demand

- The total number of patients treated at Iowa trauma centers in 2024 was 24,729 and rose 3.62% from 2023 to 2024.
- There was a steady increase in trauma-related emergency medical service (EMS) incidents and trauma team activations, reflecting a broader rise in injury cases.

Emergency department (ED) and transfer challenges

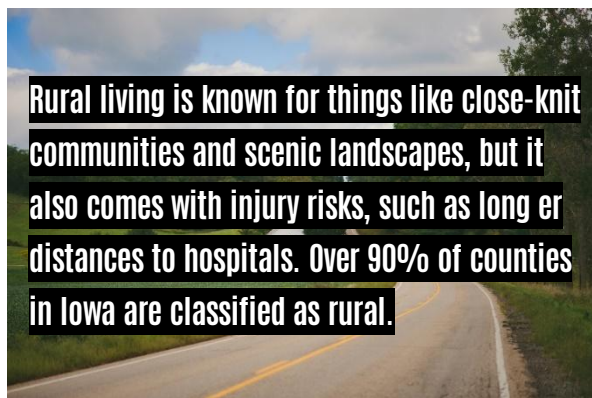
- ED length of stay was longer (42 minutes) when trauma alerts were not activated.
- Overall, ED length of stay is increasing (162 minutes in 2020 to 202 minutes in 2024), potentially due to higher patient volumes and capacity constraints.
- The total number of transfers (6,003) increased. Transfer delays are becoming more common, contributing to care inefficiencies. There were more transfers exceeding the 2-hour (82.3%) and 3-hour (58.8%) thresholds in 2024 compared to 2023.
- Most transfers go to Level 1 (64%) and Level 2 (16.3%) trauma centers due to their advanced medical capabilities.

Trauma center utilization patterns

- Trauma team mobilizations/trauma alerts are increasing overall (4.6% increase).



Taken together, these findings indicate a growing burden on trauma centers, which could be contributing to longer lengths of stay prior to transfers. This trend may reflect increasing challenges in the timely transfer of patients, potentially affecting patient outcomes and underscoring the possible need for additional resources in Iowa's trauma system.



Iowa's trauma centers

Level	Level 1 trauma centers	Level 2 trauma centers	Level 3 trauma centers	Level 4 trauma centers	Total
How many are in Iowa?	2	1	15	100 (2 closed and 2 new ones reopened)	118
Location	Iowa City and Des Moines	Des Moines	Throughout Iowa	Throughout Iowa	
Description	The most comprehensive care; Advances trauma care through research; Best treatment for the most severe injuries	Same capacities as Level 1 but may not be actively involved in trauma care research	Provide surgical services for patients with mild to moderate injuries; Transfer patients to a higher level if needed	Primed to rapidly assess, stabilize, and often transfer patients with traumatic injuries; Can care for those with minor injuries, which relieves the burden on higher-level hospitals	
Pediatric trauma centers	1 – Iowa City	2 – Des Moines			3

Public health measures to prevent traumatic injuries in Iowa

Firearm Safety

- Safe firearm storage practices

Mental Health

- Improved mental health services
- Mental health support

Community Engagement & Education

- Community awareness programs
- Community education

Injury Prevention

- Road safety measures

- Interventions to address unintentional injuries, especially for falls and motor vehicle crashes

Substance Use & Regulation

- Substance regulation and monitoring
- Increased education on the risks of prescription drug misuse and other hazardous substances

Targeted Prevention

- Targeted prevention efforts for vulnerable populations, such as older adults

Iowa's 2025 Trauma System Consultation

Strengths of Iowa's Trauma System (2025 Trauma System Consultation Report):

- Inclusive trauma system with a solid foundational structure
- Strong commitment and dedication from individual providers and leaders

Weaknesses:

- Limited funding and overall resources
- Reliance on individuals rather than formal, institutionalized processes
- Gaps in governance and data integration
- Insufficient use of data for continuous performance improvement

For more information go to: <https://hhs.iowa.gov/health-prevention/providers-professionals/emergency-medical-services-trauma/trauma-system-resources> or contact iowahhsbemts@hhs.iowa.gov

Citations: State of Iowa Department of Health and Human Services. Bureau of Emergency Medical and Trauma Services. 2024 Iowa Trauma Registry Report. Des Moines: Iowa Dept. of Public Health, 2025.

https://publications.iowa.gov/54852/1/annual_trauma_report_draft_v20251218_FINAL%201.pdf Access date: January 6, 2026.

Bureau of Emergency Medical and Trauma Services, Bureau of Health Statistic, Des Moines (Nicolas Foss, Epidemiologist).

UI Nondiscrimination Statement: <https://policy.uiowa.edu/community-policies/nondiscrimination-statement>

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