Real Iowans Research Initiative

Iowans Speak Out on Their Health

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The University of Iowa
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Healthier Workforce Center for Excellence

SPPG

DPL&A David P. Lind & Associates

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IOWANS SPEAK OUT ON THEIR HEALTH

EXECUTIVE SUMMARY

The Real Iowans Research Initiative (RIRI) arose out of a need to document Iowans' perceptions and experiences related to health status, health care, prevention, employment, and wellness. Iowa's employers and employees face a growing challenge in maintaining health care benefits as the costs of health care and health insurance continue to increase steeply. Employers also struggle to maintain quality health care coverage and benefits. Expanding access to high-quality and affordable health care has become an important priority—a priority which is best informed by fresh and critical viewpoints from a broad cross-section of Iowans, "real Iowans".

The Real Iowans Research Initiative engaged Iowans from many sectors and population groups through three strategies: 1) personal interviews of Iowa's stakeholders in key sectors, 2) focus groups of underserved and under-represented groups who are less likely to vote or participate in a telephone survey, and 3) a population-based survey of Iowans registered to vote, ages 18-65, with a primary goal of quantifying information on health status, primary health care delivery, insurance coverage, disease and injury prevention, wellness, and employment.

Stakeholder Interviews

The RIRI sought foundational information from representative major public and private business, health care, and labor stakeholders. Stakeholders generously shared their priorities, including supporting healthy behaviors for people of all ages to help ensure healthy workers, assisting businesses in containing costs of health care benefits, increasing the focus on wellness and prevention, encouraging employees to take responsibility to improve their health, and providing information and research findings to help employees make healthy and cost-effective decisions. In addition, the stakeholders expressed their interests in how the RIRI might inform their workplace management. Suggestions included identifying the triggers that motivate individuals to change their health behaviors, encouraging the role of the primary care provider in coordinating care, improving chronic disease management, determining whether employees understand and value employer-based health promotion and prevention, and determining the level of health literacy patients gain from care they receive from their health providers and employer's wellness programs. These responses assisted the partners in developing the focus group script and survey instrument.

Focus Group Findings

The focus group process is one way to identify fresh and important viewpoints from Iowans underrepresented in other research. Eight focus groups were held in rural and urban locations across Iowa. Three sessions were held with uninsured and underinsured Iowans. One session each was held with elderly Iowans, people with disabilities, people with mental health concerns, African Americans, and Latinos. The common themes across all focus groups include the following:

- Wellness is understood and is a priority for most participants.
- Health care, for many participants, means health care coverage.
- Equity in health care coverage is needed.
- Medicaid and Medicare coverage is considered better and more complete than employer-based insurance.
- People without health insurance become expert and entrepreneurial at accessing services, or they do not seek care at all.
- People recently unemployed and the uninsured have a more difficult time understanding how to navigate the fragmented health care system available to them.
- Personal wellness and access to affordable health care coverage are the two most-frequently cited priorities of participants related to their own health and that of family members.

Focus group participants offered a wealth of insight into health care coverage, health care access, wellness, prevention, and many other related topics. Additional findings were specific to certain populations and are also included here.

- Employers sometimes fired employees who were injured rather than retain them until they recovered and could return to work.
- Participants believe employers have a stake in the health of employees, but it is a shared responsibility between the individual and the employer.
- Employed individuals often are uninsured either because the insurance premiums are too costly or coverage is not offered by the employer.
- Seniors and those with mental health concerns recognize the importance of wellness, but need direction in taking action.
- Older Iowans were the most in charge of their wellness and fitness activities, often considering them a social activity.
- Chronic conditions such as diabetes, cancer, cardiovascular disease and uncommon conditions were frequent among participants.
- Individuals with disabilities acknowledged the necessity of a thorough understanding of the system and a willingness to challenge the system to get payment for services they need.
- Young African American men indicated self-preservation as a key component of health care, and they distrusted institutions.
- African American participants recognized negative impacts on overall health from traditional foods and changes in lifestyle over the generations.
- Latino participants' culture contributes to the perception that any cost for health care is too much and that buying insurance is paying money for little in return.
- Latino participants expressed more distrust of the system, greater use of home remedies, and values driven by concern for their families.
- Providing health insurance and health care for their children was of paramount importance to Latino participants.

The Real Iowans Health Survey

The Real Iowans Health Survey randomly sampled 1,602 Iowans about these key issues. The survey's margin of error for statewide estimates is ±2.45 percent. Several important findings and interesting relationships between health, health behavior and employment were revealed:

IOWANS ARE GENERALLY HEALTHY AND MAKING HEALTHY CHOICES

- More than 6 in 10 of all Iowans surveyed report excellent or very good health (Table 2).
- Nearly 80 percent of Iowans report they have not missed one day of activities in the last month due to poor physical or mental health (Table 5).
- Only 14.5 percent of Iowans currently smoke (Table 14) compared to 21 percent nationally, but twice as many unemployed and disabled Iowans smoke than those who are employed.
- More than 3 out of 4 Iowans report they exercise for at least 20 minutes per week (Table16).
- Nearly 7 in 10 Iowans are overweight or obese (Table 17).
- Almost 90 percent of Iowans missed no work in the last month (Table 19).
- When available, more than 60 percent of Iowans participate in wellness programs at work (Figure 14).

EMPLOYED IOWANS ENJOY BETTER HEALTH AND HEALTHIER LIFESTYLES THAN UNEMPLOYED IOWANS

- Nearly 7 in 10 employed Iowans report excellent or very good health, compared to fewer than half of unemployed Iowans (Table 2).
- Fewer than 7 percent of employed Iowans lose 11 or more days of activity due to poor physical health each month, compared to 21 percent of the unemployed (Table 3).
- Seven percent of employed Iowans lose 11 or more days of activity per month due to poor mental health, compared to 27 percent of unemployed Iowans (Table 4).
- More than 1 in 4 employed Iowans exercise 5 days a week or more, whereas only 1 in 10 of unemployed Iowans exercise as much (Table 16).

- Self-employed Iowans tend to be even healthier than Iowans employed by others by several quality of life measures, including general health, physical health, mental health (Tables 2, 3, 4), sleep (Table 7), smoking (Table 14), and obesity (Table 17).

IOWANS ENJOY GOOD PRIMARY CARE AND HEALTH INSURANCE COVERAGE

- About 87 percent of surveyed Iowans have a primary care doctor, and 85 percent of those with a primary care doctor have seen their doctor in the last 12 months (Tables 10, 11).
- The unemployed less often reported having a primary care doctor or seeing their primary care doctor than any other employment category (Tables 10, 11).
- Nearly 93 percent of respondents have health insurance (Figure 3).
- Almost 3 out of 4 Iowans would see nurses and physician's assistants, instead of doctors, to cut health care costs (Table 12).
- Six in 10 would accept higher deductibles or higher co-pays (Table 12).
- One in 3 would be willing to accept a reduction in the number of participating doctors and hospitals (Table 12).

THERE IS A CLEAR RELATIONSHIP BETWEEN HEALTHY BEHAVIOR AND GOOD HEALTH

- Only 10 percent of Iowans who report excellent health also smoke; whereas, nearly half of Iowans in poor health smoke (Figure 6).
- More than 8 of 10 respondents in excellent health exercise 5 or more days per week; only 1 in 4 of those reporting poor health work out this often (Figure 10).
- Only 1 of 5 respondents who report being in excellent health are obese; whereas, more than 3 in 4 of those in poor health are obese (Figure 11).
- Employees of large organizations (1000+), which most often have wellness programs, report the highest flu immunizations and vigorous exercise rates and lowest smoking rates (Figures 8, 13).

AVAILABILITY OF WELLNESS PROGRAMS VARIES DRAMATICALLY BY SIZE OF THE EMPLOYER

- Very few small organizations offer wellness programs, but nearly two-thirds of the largest organizations do so (Figure 13).
- Employed Iowans would participate in programs covering health education, fitness, nutrition, and screenings, if made available at work (Figures 15-19).
- More than 40 percent of those employed would take advantage of wellness programs without incentives (Table 20).
- About 75 percent would participate in wellness programs if they were paid their normal pay during program participation (Table 20).
- A one-time cash bonus or insurance premium reduction of $100, or free fitness center memberships would entice more than half to participate in wellness programs (Table 20).

Conclusions

The Real Iowans Research Initiative assessed the perspectives of three informant groups—major stakeholders, under-represented Iowans and Iowa registered voters—regarding their health and quality of life, primary health care, insurance, prevention and wellness, and employment. Regardless of informant group, there was a commonly held belief that both health care coverage and prevention/wellness were important, and that responsibility for achieving these personal, workplace and societal goals should be shared between the individual, the employer and policy makers. Employed Iowans, especially those who are self-employed, in general, enjoyed the best quality-of-life and overall health, which are also associated with positive health behaviors. Unemployed Iowans, as a group, clearly had lower scores on quality-of-life and overall health, and correspondingly lower scores on positive health behaviors, health insurance and primary health care coverage—findings which have implications for personal health, employment and policy implementation. Better health behaviors—higher influenza vaccine and vigorous exercise rates, and lower smoking rates—were observed among those employed by the largest organizations where primary care coverage is almost universal and where wellness programs are most commonly found. These findings underscore commonly held beliefs that primary health care coverage and healthy behaviors are important for quality-of-life and good health, and that there is a need for more available primary health care and employment-based wellness programs.

A copy of the November 30, 2010 report, Iowans Speak Out on Their Health, complete with tables and figures can be obtained at www.Reallowans.org.

IOWANS SPEAK OUT ON THEIR HEALTH

The Real Iowans Research Initiative (RIRI) arose out of a need to document the views of a broad cross-section of Iowans regarding their health status, primary health care, insurance coverage, disease and injury prevention and employment. Many speakers in forums on health care reform held in Iowa over the last five years have commented that there was a need to hear from "real Iowans" on these several issues.

The University of Iowa Healthier Workforce Center for Excellence (HWCE) is one of three national Centers of Excellence funded through the National Institute for Occupational Safety and Health (NIOSH) WorkLife Initiative. The goals of this Center are to: 1) implement, evaluate and compare health protection/health promotion models, 2) establish a learning network of interactive partnerships with employers, employee groups including unions, and health organizations, and 3) serve as an Iowa and national information, education, and policy resource on employee health programs. In addressing these goals, the HWCE seeks to help Iowa become the healthiest state in the union.

The RIRI sought to address all of these goals through implementation of three strategies: 1) identification of key Iowa WorkLife stakeholders followed by structured meetings to address their WorkLife views and programs, 2) identification of underserved Iowans who are often disadvantaged in gaining employment and who are often not well represented as voters, and 3) a survey of Iowans registered to vote, ages 18-65, which includes the vast majority of Iowa employees. Because many demographic variables vary across the rural to urban gradient, the Real Iowans Health Survey was designed to provide reliable estimates of voters' views in each of four strata, from the most rural to the most urban counties. Together, the results of the RIRI presented in this report provide both reliable evidence-based data and insights from a wide range of stakeholders including those under-represented subpopulations who participated in our eight focus groups.

The RIRI is the result of a partnership between a University of Iowa NIOSH/CDC-supported Center and two small employers dedicated to development of evidence-based data and policy solutions. State Public Policy Group, Inc. (SPPG) has been a private sector-collaborator with the UI College of Public Health for over 20 years and is a leader of public policy deliberations, stakeholder engagement and outreach, and program implementation in health and many other policy areas. David P. Lind & Associates (DPL&A) is a leading Iowa employee benefits consultant which has provided, for the last 12 years, important employer survey data on employee benefits, insurance, health care plans and health and wellness programs. DPL&A employer survey data, however, does not measure the views of Iowa employees on these same topics. The results presented in this report seek to fill this gap. Because of limitations in space, the report does not provide complete survey data.

Stakeholder Interviews

Iowa's employers and employees in the private and nonprofit sectors face growing challenges in maintaining health care benefits. The cost of health care benefits provided by employers to employees continues to increase steeply. At the same time, employers struggle to maintain health care coverage and benefits. At the time the Real Iowans Research Initiative (RIRI) was developed in late 2009, data from David P. Lind & Associates, LLC, found that since 1999, premiums for employee-only coverage had increased by 115 percent, and family premiums had increased by 109 percent. Updated data for 2010 show a more significant increase, with premiums for employee-only coverage and family premiums both increasing by 132 percent. (David P. Lind & Associates, LLC. 2010 Iowa Employer Benefits Study©)

PURPOSE OF THE BACKGROUND REVIEW

The RIRI partners sought foundational information as they began to conceptualize the telephone survey and focus groups. RIRI focuses on the perceptions and ideas from a broad cross-section of Iowans, while most other research on the subjects of health care, health care coverage, wellness, and prevention focuses on health outcome and health care utilization data.

The partners agreed it would be useful in developing the research tools to engage representative major public and private business, health care and labor stakeholders individually because these stakeholders typically work at a systems level, and could add value and context. Conversely, the planned research could bring new insights and support the work of the

systemic stakeholders. Finally, engaging these leaders had the additional benefit of introducing them to the Healthier Workforce Center for Excellence.

From a broad list of stakeholders, eighteen were selected to provide an array of perspectives. One or more representatives of the three research partners together met with each stakeholder in conversations scheduled early in the research planning process. Discussions were completed during Fall 2009 through early Winter 2010. Stakeholders fell into the following general categories:

- Associations of employers and employer interests – private and public
- Labor organizations representing employee interests
- Associations and organizations of health sector interests
- Health care providers
- Health care insurance companies
- State government

CONTRIBUTIONS TO UNDERSTANDING

Stakeholders were uniformly interested in the proposed research to identify perspectives of ordinary Iowans as both employees and consumers of health care. Each generously shared information regarding their priorities and how the RIRI might inform their work. Most stakeholders also offered to support dissemination of the research findings to their members and constituents.

Stakeholders expressed priorities for their work in the following areas:

- Supporting economic development
- Supporting healthy behaviors within the workforce
- Supporting children's health and healthy behaviors to grow healthy workers
- Showing some of the more reluctant business owners that having healthy workers is a good investment
- Assisting businesses in containing the costs of health care and increasing the focus on wellness/prevention and chronic disease management
- Shifting health care benefits to include wellness, prevention, and early diagnosis
- Shifting thinking on health from medical treatment to prevention and employee well-being
- Ensuring emotional and mental health is included in the approach to health care
- Encouraging employees to take responsibility for their behaviors to improve their health and that of family members
- Addressing recruitment and retention among health professions and employee management jobs
- Providing accessible and transparent research findings for employees to aid them in making healthy and cost-effective decisions for themselves and their families

The stakeholders were clear in admitting they did not have answers to many questions. Some offered thoughts on information that might be included in the RIRI that could add to their understanding of issues. Questions arose around the following items:

- Identifying the triggers that motivate individuals to change behavior and follow through with wellness and prevention efforts
- Creating a system that is comfortable enough to engage the elderly and other Iowans who find current health systems challenging
- Encouraging the role of the primary care provider in prevention and coordination of care
- Exploring the perspectives of individuals on the principles of the medical home
- Improving success for patients in chronic care management
- Determining whether employees connect their behavior to higher health costs
- Determining individual perceptions of how employees are treated based on their health coverage status
- Determining whether employees understand and value employer-based health promotion and prevention
- Determining what factors, including health benefits, influence an individual's job decisions
- Identifying impacts of loss of employment on health coverage and status for individuals
- Determining the level of health literacy patients have from care they receive from their health providers

APPLICATION TO REAL IOWANS RESEARCH INITIATIVE

The information collected during the stakeholder interviews assisted the partners in developing the focus group script and the Real Iowans Health Survey instrument and allowed focus group premises and survey questions to align. This review also included findings from other stakeholder research, thereby allowing the RIRI to gather similar information from the under-represented Iowans' perspective. System stakeholders were apprised of RIRI progress and have been provided a copy of this research report upon its completion.

Focus Groups

In the context of health care policy, access, cost, and benefit, the voices most often heard include policy-makers, health care providers, pharmaceutical companies, and insurance companies. Employers also contribute to the discussion with their perspectives and their checkbooks. Without a doubt all of these interests are critical to the discussion and to ensuring affordable access to quality health care in Iowa and across the nation. The story is not complete, however, without the value and rich context brought to the table by the people – real Iowans.

Findings reported here reflect the perceptions of Iowans of their situations and experiences with health care, wellness, and prevention. The focus group process and findings are one way to provide fresh and significant viewpoints from Iowans representing a segment of the population frequently underrepresented in other research. The set of eight focus groups was designed to ensure inclusion of those hard-to-identify and hard-to-engage Iowans who otherwise would not be heard. This qualitative research allowed the Real Iowans Research Initiative (RIRI) to better understand the impact of health care coverage on Iowans in these populations.

The focus group findings contributed significantly to the understanding of the priorities of, benefits for, and challenges facing Iowans in these population segments related to health care access, affordability, employer-based benefits, wellness, and prevention. The findings stand alone in their value to decision makers in Iowa's health care and insurance industries, as well as to employers of all sizes and types. To access the full report of these focus group findings, including additional comments from participants, go to www.sppg.com and click on the Resources section.

METHODOLOGY

Eight focus groups were held in rural and urban locations across Iowa in February and March 2010. Three sessions were held with uninsured and underinsured Iowans. One session each was held with elderly Iowans, people with disabilities, people with mental health considerations, African Americans, and Latinos.

In short, the qualitative research sought to elicit important information about health care, prevention and wellness, and employment issues from individuals who are less likely to respond to alternative research methods.

Because of the heightened reluctance for the identified populations to participate in research initiatives, participants were recruited and invited to the focus groups through trusted third parties identified by SPPG.

The five premises in these focus groups were issue based and focused consideration and comments on:

- the participants' description of what health care means to them,
- whether and how health care coverage is provided or available to participants,
- where and how participants access health care and other health services,
- participants' perceptions and experiences related to cost of health care and related services, and
- priorities of participants related to health care coverage, health care, employment and wellness and prevention.

FINDINGS

The qualitative research methodology brought regular Iowans from all walks of life to the table for discussion of how their lives intersect with the health care system, health care coverage, access, prevention, and wellness. Their responses and examples provide critical context to the overall research initiative and demonstrate the real-life impacts of the issues of wellness, prevention, and health care coverage on these distinct subsets of Iowans. In all focus groups, examples and comments demonstrated that health care often defines their life options.

In the focus groups, participants spoke of health care coverage in very broad terms, and were not expected to adhere to a pre-determined definition of health care coverage. This provided the RIRI with a greater level of understanding of how participants perceived and understood "health care coverage." Coverage, to participants, meant any way they could find to get their health care paid for, including such means as Veterans benefits, charity care, free clinics, Medicaid, Medicare, local public health and community services, and private pay or employer-offered insurance. Participants did not typically perceive Medicaid, Medicare, HAWK-I, or IowaCare as insurance.

COMMON THEMES

A number of cross-cutting themes emerged across all of the target populations. Participants responded succinctly and firmly to the issues of health care coverage, prevention, and wellness. The common themes described in this section include the following.

- **Wellness is understood and is a priority for most participants.**
- **Health care, to many participants, means health care coverage.**
- **Equity in health care coverage is needed.**
- **Medicaid and Medicare coverage is considered better and more complete than employer-based insurance.**
- **People without health insurance become expert and entrepreneurial at accessing services, or they do not seek care at all.**
- **People recently unemployed and the uninsured have a more difficult time understanding how to navigate the fragmented health care system available to them.**
- **Personal wellness and access to affordable health care coverage are the two most-frequently cited priorities of participants related to their own health care and that of their families.**

Wellness is understood and is a priority for most participants.

Participants in all of the focus groups think about staying well, preventing illness, eating right, and exercising as they consider health care. Some think of prevention measures and wellness as a defensive tactic to prevent more serious or chronic conditions or illnesses. Others use wellness activities and/or diet to help manage existing conditions. Many lamented the higher cost of eating healthy foods, particularly fresh fruits and vegetables. And many simply admitted to good intentions where healthy eating and exercise were concerned, but lapsed in implementation. While awareness of and attention to wellness, prevention, healthy diet, and exercise were typical among participants, their emphasis sometimes varied according to the subgroup in which they belong.

- "Diet and exercise are primary parts of personal success. Health care is a very complicated issue, but prevention does allow people to put care back in their own hands."
- "If it is a choice between going to the wellness center and getting prescriptions, groceries, or gas in the car, we are going to choose the others."
- "I should do better and I try, but I tend to fall back. I try to exercise and follow my doctor's advice. As a fallible human being, I know I fail."

Health care, to many participants, means health care coverage.

Most focus group participants, regardless of target population, perceived health care to be directly tied to health care coverage. Many did not distinguish between the two. Others indicated that health care coverage was the only way they could get health care. "Bills" was the response from a significant number of participants when they were asked what health care meant to them. Not all of those first responding about the high bills they received were uninsured, but they cited exclusions for pre-existing conditions or other experiences where their health care coverage was not adequate. In these responses, it is important to note that participants were not necessarily expecting or referring to health care coverage provided through an employer-based setting.

- "I think of health care as insurance. If you have private health insurance, you get treated quicker and better."
- "I think of expenses. And also how every time I go to the doctor they find something. It discourages me from going. I think of money and problems."
- "My first thought is "Where can I go?" to get it. I'm uninsured, and it scares me, and I don't know what is best for me."

Equity in health care coverage is needed.

Participants generally reported that all people should have health care coverage and be treated alike, citing an issue of fundamental fairness. While many agreed with that assertion in principle, others spoke from their experiences of having had health coverage and then losing it. Their treatment experiences became different without health insurance. Still others spoke from the experience of having various types of coverage, such as private employer-based coverage, public employer-based coverage, Veterans benefits, Medicaid, or Medicare. Some participants had never had coverage; others had health coverage of one type or another throughout their lives. While there was no focus on what type of coverage should be provided to all, virtually all participants spoke in some way regarding the importance of equity and fair treatment for all people, which they perceive to come through having health care coverage.

- "The quality of service changes when they realize you don't have insurance. They treat you very differently when you don't have insurance. The quality changes."
- "Health care ought to be available to everyone. Doctor, hospital, dental, vision, mental health, etc. These should all be covered."
- "I would make sure all people had affordable health care."

Medicaid and Medicare coverage is considered better and more complete than employer-based insurance.

Many focus group participants across the spectrum of populations previously or currently had coverage through Medicaid, IowaCare, HAWK-I (for their children), or Medicare. Eligibility criteria met by participants for these federal and state health care coverage programs included income, disability, or age. These programs were cited by participants as having the most complete coverage they had ever experienced. That is not to say the programs are without challenges. Rules are often complicated, recipients need to track reimbursements, and sometimes they need to appeal denied rulings. The paperwork associated with some of these programs was daunting to participants. Nonetheless, all were grateful for the breadth of coverage these programs provide. Some recipients of Medicare had concerns about the high cost of the premiums they must pay to receive office and pharmaceutical coverage. It is important to note that those receiving health care through the Veterans benefit system were also very pleased with the services provided to them at no out-of-pocket cost.

- "It is amazing that we have Medicaid, Medicare, TriCare, federal employee health insurance, and people say that they do not want to have government involved. They provide the best insurance!"
- "I had cancer two years ago, and I had to have chemotherapy, and it was very expensive. It also made me so sick. I did not owe a dime, and so when the church wanted to have a benefit for me, I had to tell them that I did not need it."
- "It's a rude awakening upon graduating college and getting my first job. When I graduated, I got a bad earache. Under Title XIX, I just went to the emergency room. Now with my real insurance I got a huge bill."

People without health insurance become expert and entrepreneurial at accessing services, or they do not seek care at all.

Individuals are without health care coverage for a variety of reasons including, but not limited to, loss of a job and its associated coverage, health-related conditions, personal choice, temporary or permanent disability, and cost of coverage. People who were uninsured for a longer period gradually learned about programs available, free clinics, community health centers, and free or special offers for screenings offered by providers. Services they seek include primary health care, specialty care, mental health services, dental services, vision care, and pharmaceuticals. Chronically uninsured individuals in communities appear to have developed informal networks through which they share information on the best places to go for care, providers to seek out or avoid, and shortcuts through the systems. Comments indicated that people without insurance must invest a good deal of time and energy in seeking whatever health care they can access. Conversely, some have given up and simply hope they have no sudden and serious need for health care.

- "I don't have mammograms or other preventive tests because I don't have insurance."
- "I usually look for alternative medicines as a substitute on my own. I don't think you can depend on the system."
- "Recently, I received a coupon for dentistry and for free X-rays and exam. I went and am finding

I need a great amount of dental work. There is a program for donated dental services. They paid for everything. For me, it would have cost $3,000."

People recently unemployed and the uninsured have a more difficult time understanding how to navigate the fragmented health care system available to them.

Those who had recently lost their jobs and/or were formerly covered through an employer-based health insurance plan typically expressed more confusion and frustration in seeking and accessing health care services than those who were chronically without coverage. Even so, those without insurance have a more difficult time successfully working through the health care system than those with publicly-funded or employer-based health care coverage. People newly uninsured experienced shock at finding themselves uninsured and feeling helpless to navigate the unfamiliar territory of health care systems, providers, costs, and payment. Those who have been uninsured for some time continue to face the hurdles of figuring out for themselves how to manage their health care as best they can. As anyone who has coverage through an employer or public program knows, much of the navigation and paperwork is completed for them, making the system seem more patient-friendly.

- "I don't have a medical home, I used to when I was employed and went to a local provider. I have had to cut back on tests like blood work because I don't have insurance."
- "I don't have health care coverage. I was employed by the government and had good care. I went on COBRA and had to stop because it is so expensive. The whole thing makes me angry. I guess I never paid attention before. When I was employed I paid for my coverage. The things I didn't know then are embarrassing. I go to the community health center for care and hope that I don't get really sick."
- "It was a job to get coverage. I felt like I was being discouraged from seeking health care coverage."

Personal wellness and access to affordable health care coverage are the two most-frequently cited priorities of participants related to their health care and that of their families.

Though motivations may vary, nearly all participants commented that their priorities for their own health care and that of their families involved assuring that they had health care coverage that they could afford and that was available to them. Similarly, participants recognized the value of wellness activities and attributed good health to their wellness efforts. Motivations for these priorities included looking out for the health of children in the family and the importance of having healthy parents to care for children. Older Iowans noted they credited health care coverage and wellness activities for their good health and long lives. Others saw that these priorities allow them to manage a chronic disease and maintain a higher quality of life. Many participants of all ages and populations hold good health and fitness as personal goals and recognize the role health care coverage and wellness play in their lives.

- "Right now, it is about wellness for me. Both my wife and I need to lose weight and get in better shape."
- "Something that is affordable and accessible to everyone, regardless of who pays for the system."
- "Make coverage available no matter age, race, and condition."

OTHER FINDINGS

Focus group participants offered a wealth of insight into health care coverage, health care access, wellness, prevention, and many other related topics. In this section significant points are noted that were repeated in one or more focus group and, while not rising to the level of a common theme, are relevant to the Real Iowans Research Initiative. In addition, other findings were specific to certain populations and are also included here.

Employers fired employees who were injured rather than retain them until they recovered and could return to work.

Experiences and anecdotes were heard that employers terminated employees when they became injured, even when the injuries happened on the job. Those who had this experience, or had friends or family in the situation stated the extreme unfairness of the situation and those employers were punishing an employee for an injury beyond their control. Participants attributed these types of firings to uncaring employers and to employers driven only by their bottom line, noting that an injured employee costs them money.

- "I was terminated when I had neck surgery, and I was on the job when I was injured."

- "My insurance was provided by my employer at the time of my accident. I was hit by a drunk driver and injured my head and lost my insurance about a year after. I was hurt in the accident and had surgery. Now I have diabetes and am under workman's comp. I don't know if I can go back to work. I make too much from workman's comp to get any coverage and get health care to cover me. They fired me after I had my accident at work. I'm just sick of it."
- "My friend fell down on the ice while she was at work. She worked at a franchise discount store. They fired her."

Participants believe employers have a stake in the health of employees, but it is a shared responsibility between the individual and the employer.

Focus group participants across all sessions nearly universally believed that there is a joint employer and employee responsibility for employee health; healthy employees benefit both the individual and the business. Participants pointed out that employer investment in health care coverage, wellness programs, and prevention programs return the employer's costs in increased productivity, better attendance at work, and healthier employees. Participants who had experience with employer-based health coverage reported wide variation in the attitude of employers toward the value of health care coverage, wellness programs, and prevention programs. Participants recognized the cost to an employer of providing health benefits and programs as significant and worthwhile.

- "I think it would be financially beneficial for employers to take some responsibility related to education for healthy lifestyles, along with incentives."
- "I think it's a joint responsibility. Some savvy employers have committees of employees to look at this. You have to look at the bottom line."
- "If you come to work, and you are breathing, they are happy."

Employed individuals often are uninsured either because the insurance premiums are too costly or coverage is not offered by the employer.

Among the focus group participants, few employees chose to be uninsured unless there were compelling reasons behind that choice. Certainly, culture was a factor in the case of the Latino population. However, there were two overriding reasons that employed participants who did not have health care coverage were in that situation: the employer did not offer health insurance, or insurance was offered but premiums and the other out-of-pocket costs – such as co-pays, co-insurance, deductibles, exclusions, and uncovered services – were too costly. Some participants noted that their share of the premiums reduced their paycheck below what they needed to pay for basic monthly expenses, so they could not justify spending the money on insurance premiums. Many participants worked in businesses where the employer did not offer health insurance to any employees. Others worked part time and did not meet the employer's eligibility requirements. Participants emphasized that employer-based health insurance did not do any good if they did not earn enough to afford it.

- "Insurance costs me dearly, I hardly get a paycheck. My premium is almost $800 per month."
- "There are 15 of us at my job, mainly part-time, with no insurance offerings."
- "I have a pre-existing condition with a mental health diagnosis, so it would not matter if I had insurance."

Seniors and those with mental health considerations recognize the importance of wellness, but need direction in taking action.

The focus groups of older Iowans and those with mental health considerations frequently noted their involvement with organized activities and groups that help guide and provide opportunities for wellness strategies. Some senior participants commented that wellness was a fairly new concept to them, and they relied on guidance from health professionals in their own wellness and prevention activities.

- "It is about having a comprehensive array of services and supports to help me keep well."
- "We get quick mandates for urgent care, but not how to be healthy. A great example is that if you are overweight, you will qualify for bariatric surgery, but they won't pay for you to see a dietician."
- "Diet and exercise are primary parts of personal success. Health care is a very complicated issue but prevention does allow people to put care back in their own hands."

Older Iowans were the most in charge of their wellness and fitness activities, often considering them a social activity.

Older Iowans participating in the focus groups ranged from ages 70 to 90 or more. Keeping their individual situations and health conditions in mind, the seniors demonstrated keen interest in wellness and prevention efforts. Some spoke of regular physical activity, others mentioned monitoring their health, and eating right was commonly noted. More than other groups, older Iowans tended to seek out group interaction as part of their wellness and health routines. They also acknowledged the social benefits to those routines.

- "I know a lot of people that have to think food before health care. I like my current policy because I can go to the YMCA and Curves."
- "One of the fellows in our apartment complex got a Wii, and we bowl. It is a lot of fun and keeps us active."
- "Through the VA, I am part of the MOVE program which teaches us how to eat better at home and they talk about how to improve choices. They also send me pamphlets and I have been working on an exercise video they sent. I have lost 35 pounds since last July. "

Chronic conditions such as diabetes, cancer, cardiovascular disease, and uncommon conditions were frequent among participants.

Across the spectrum of the focus group participants, there was a high frequency of individuals reporting chronic conditions such as obesity, diabetes, cardiovascular disease, and cancer. Many of these individuals had a difficult time managing their conditions and often linked the difficulties to access to or cost of health care. Those participants with more rare conditions or multiple chronic conditions also faced significant challenges, particularly in accessing necessary specialty care and managing their ongoing health care costs.

"I go to the VA in Des Moines and do not have insurance. I had a cancerous lymph node taken out of my neck, diabetes, knee replacement and a stent in my heart, all covered."

- "I have multi-faceted medical problems and see a primary physician for diabetes, sleep apnea, allergies, and asthma. My cardiac care is from a cardiac clinic, and I go to a private dentist. For psychiatric care, I see people in private practice."
- "Ear, nose, and throat, and I keep having to get my esophagus stretched as part of the treatments. That's a pre-existing condition and I have no coverage for it."

Individuals with disabilities acknowledged the necessity of their thorough understanding of the system and willingness to challenge the system to get payment for services they need.

Individuals with disabilities reported that they had experienced coverage from a variety of sources at different times in their lives. Those now receiving public-funded health care indicated the importance of learning about that system, its rules, and tracking their benefits and payments. Some perceived a common practice for a program is to deny payment initially, but upon appeal it most often is paid. Those with less experience with the systems or those with friends or family who are not well-versed in the rules and requirements of health care funding sources cited frustration with the system as well.

- "If they ask if I have pain and I say "no," I am not denying that I have pain. It is just a fact of how the system works. If people aren't privy to "nurse speak," you can get comments put in your chart relating to how you're uncooperative. You can also get denied things because of this. Your wellness is put into jeopardy if all language is constructed like you're denying things and not going with the program."
- "Through the county, the coverage did cover dental and glasses. If you were impaired and had coverage, you got that covered. Those options are really smart. It helps people before it's a problem. The mental health coverage is offered, but for me it's limited. That is not through IowaCare; it's through the MHDD (Mental Health/Development Disabilities) program of the county."
- "Things get denied, and you appeal it, and it's covered. Or you do it all again. The typical Medicare customer is unquestioning. I figure about 50 percent of the denials are not appealed. I always appeal mine to the bitter end. I appealed something that took almost three years."

Young African American men indicated self-preservation as a key component of health care, and they distrusted institutions.

One focus group of uninsured and underinsured individuals consisted of young men estimated to be between the ages of 20 and 30, the majority of whom were African American. All of the participants were strongly independent and self-reliant when health care was concerned. Only one currently had health care coverage, and, as children at home, none had ever had health insurance. They viewed their youth and strength as assets in preserving their health and were acutely aware and engaged in wellness and fitness activities. Each had experiences with the health care system that resulted in high bills requiring payment over time. They distrusted health care systems and providers and perceived that they were treated differently because they did not have health insurance.

- "Self-preservation. You have to preserve yourself through exercise or using vitamins or getting a check-up. No matter how much it costs, it's a priority. Especially if you have kids, you need health. I can worry about everything else as long as I'm healthy. I can't do anything if I'm not healthy."
- "I just don't go to the doctor. I try to find home remedies like they said. I don't even like to take Tylenol. Chicken soup I use. I don't like to take anything."
- "I think of expenses. And also how every time I go to the doctor they find something. It discourages me from going. I think of money and problems."

African American participants recognized negative impacts on overall health from traditional foods and changes in lifestyle over the generations.

Cultural and ethnic traditions were cited as having negative impacts on health, particularly those traditions related to ethnic foods. African American focus group participants recognized that traditional cuisine is high in fat, salt, and cholesterol. They further recognized that current lifestyle does not allow people to work off the extra calories, so overweight and obesity are also growing issues. The participants also had strong views on the challenges for African Americans to access health care providers with expertise in health care conditions unique to or common for African Americans. The high cost of health care was also a sensitive issue for African American participants with or without insurance and of all ages.

- "If it is a choice between going to the wellness center and getting prescriptions, groceries, or gas in the car, we are going to choose the others."
- "Eating collard greens and fatback is a learned behavior. When you cannot afford what is healthier for you, you eat what is available."
- "Society has changed this; it is not just race and culture that has made us unhealthy eaters."

Latino participants' culture contributes to the perception that any cost for health care is too much and that buying insurance is paying money for nothing in return.

In many other countries around the world, including those in Mexico, Central America, and South America, health insurance coverage is irrelevant because health care is provided at little or no cost by government health facilities and providers. Latino focus group participants view the concept of health insurance as odd and a poor way to spend their money. They believe that if they carry health insurance and then need health care there should be no further cost to receive that care because they have already paid. This cultural difference, coupled with low income, impacts Latinos' decisions to go without health care coverage, even if it is available to them.

- "In Mexico there are health centers where they give you free medicines and consultations. Here they charge you for everything, even the interpreter. In Mexico it is free."
- "Insurance costs are too high; way too high and not enough coverage. The deductible and co-pays are too high."
- "It might sound funny but the last two years I go home to my country to get my dental care. It was $800 for the flight, and that was cheaper than the cost for the care here. Even educated people, like teachers, try to read the insurance papers and can't understand them. Every month I have to pay for my allergy injections and sinus care, and I have one of the better health insurances."

Latino participants expressed more distrust of the system, greater use of home remedies, and values driven by looking out for their families.

Latino cultures typically are strongly family-centered. Health care decisions are often based upon looking out for the family. The husband will seek health care for himself once he becomes convinced there is no alternative, and then only because he needs to ensure the welfare of his family. Participants commented that home remedies, often traditional practices passed from generation to generation, are the first choice of Latinos in treating family members of any age. Not surprisingly, Latinos do not trust the health care system or any system that could be perceived to be connected to the US, state, or other government. For reasons ranging from trust to cost, even confidence in the local community health center was lacking.

- "Wellness is not a part of our culture. Wellness for me means you are going for your checkups and are up to date on your checkups."
- "Personally, I think it is in the culture that we don't think about this. In other cultures, if they have a symptom they go to the doctor right away. First, we try home remedies."
- "Many people don't have money. We don't have health insurance, so we try to do home remedies at home."

Providing health insurance and health care for their children was of paramount importance to Latino participants.

Latino parents made significant sacrifices to provide for their children's health and health care coverage. Many participating parents noted that they did not have health insurance coverage, but they sought coverage for their children. HAWK-I was cited as a good option for eligible children. Sometimes one parent carried coverage through the employer only so the children could have coverage. Again, home remedies entered the picture in treatment of children. There was little discussion of wellness activities, but there was an awareness of the importance of prevention measures to keep children healthy.

- "Not just for my family, but everyone in general, and we have a lot of lack of health insurance and care for our kids. We have a lot of needs in this community for the many children who don't have health insurance. That is one thing I think we need to improve."
- "For me it is very important. If you have to pay for the health insurance, I still will take my children to the doctor, but for myself I will wait. My husband says I'm too protective. If they have a fever, I will take them the next day. I will sacrifice to provide health insurance and care."
- "For me at my job, I don't earn very much, but what interests me more is the insurance for my children. For me it is very important for me and my children that we are healthy. I'll tell you, I'm kind of old fashioned. If they tell you that the tamarind fruit is good for your liver, then I believe that. If they said that soda causes cancer, then I eliminate it."

CONCLUSION

Regular Iowans with and without jobs and families contributed their experiences and perspectives in the eight focus groups. The resulting qualitative data add context, clarity, and, at times, personality and emotion to the important issues of health care coverage, access, prevention, and wellness. Those choosing to share their personal stories in a focus group represented the views of five populations identified as likely to be underrepresented in traditional survey approaches. The focus group findings stand alone and also complement the findings of the telephone survey completed as a separate element of the Real Iowans Research Initiative.

The qualitative findings show that there are large numbers of people in Iowa who function outside of the health system as it commonly viewed and experienced by most Iowans. Circumstances separating them include those related to individual health situations, culture and tradition, age, and/or living with a disability.

- Among the five populations included in the qualitative research, there is widespread recognition that wellness and good nutrition are connected to health, but there are few affordable support systems available where they live to assist them. Good intentions for wellness and prevention often are outweighed by other priorities or pressures in their lives.
- Many focus group participants do not have access to employer-based health care coverage, prevention programs, or wellness programs. Employers, especially those with fewer employees, often do not offer these benefits or employees are not eligible to

participate. The working poor were a significant portion of the underserved and uninsured who participated in the focus groups.

- Despite employer-based health coverage, available safety net services, and programs such as Medicaid, Medicare, HAWK-I, and IowaCare, people still have to deal with out-of-pocket health costs that make health care unaffordable and inaccessible for them. Those costs may include premiums, cost as a result of exclusions or pre-existing conditions, co-payments, co-insurance, deductibles, pharmaceuticals, or uncovered services such as dental and vision.

While health care reform is expected to significantly impact Iowans and improve health care, many Iowans included in this research may find themselves less affected by the provisions of reform. However, circumstances in which some Iowans find themselves mean they may remain apart from the mainstream of health care, they may continue to find health coverage and care unaffordable, and efforts to include wellness and prevention in their lives may remain difficult.

Real Iowans Health Survey

Employers are a largely-untapped resource for transforming the nation's and Iowa's health care culture into one that emphasizes prevention and well-being. Nationally, more than 60 percent of employees receive their health care insurance coverage through their employer. In Iowa that rate is even higher. About 70 percent of employed Iowans receive health care insurance through their employer.[2] This places employers in a strong position to influence a more prevention-oriented system of health insurance and health care.

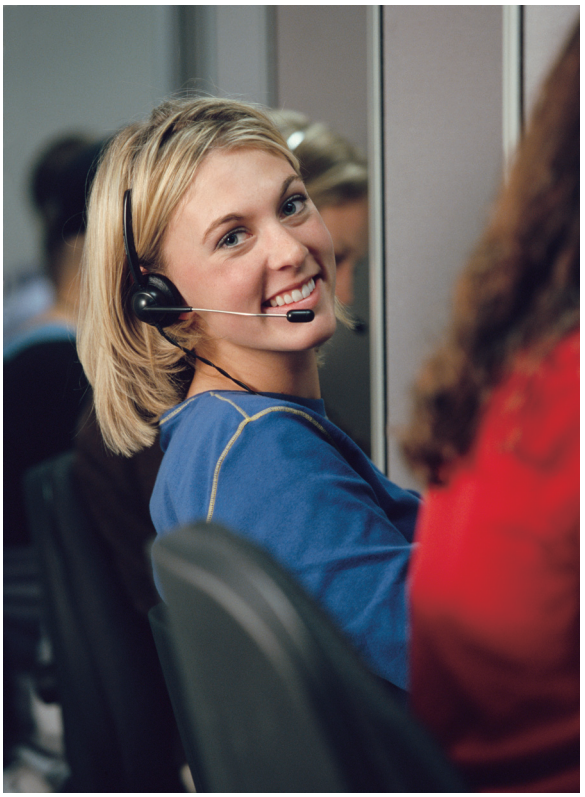
The Real Iowans Research Initiative was conceived to explore health care and wellness issues from the perspective of ordinary Iowans. Through stakeholder interviews and focus groups, Iowans have confirmed their appreciation for the connection between good health and good business, and between healthy behaviors and good health.

In the 1990s, large employers began to systematically implement employee wellness programs.[1] This trend is now also seen in Iowa. In the 2010 Iowa Employer Benefits Study, David P. Lind and Associates found that nearly 86 percent of organizations with 250 or more employees currently offer some form of wellness or disease management programs.[2]

By integrating wellness with other employee health programs, one study found that employers saved as much as $2,652 per employee per year in group health costs, turnover, absenteeism, disability and worker's compensation programs.[3] In 2005, the Institute of Medicine of the National Academy of Sciences observed that the return on investment of corporate integrated health and wellness programs was typically two to three fold. Thygeson and colleagues, in a Twin Cities study, found that long-term savings resulted from nearly equal savings in lowered health care costs and increased productivity.[4] A prime corporate example of success in implementing a fully integrated employee well-being program is IBM. Between 2001 and 2007, IBM saved over $1 billion in health care and related productivity costs. Also during this time, employees of IBM experienced reductions in chronic disease risk factor rates and became smarter consumers of health care and health care services.[5]

Traditionally, the National Institute for Occupational Safety and Health (NIOSH), the sponsor of this research, focused on prevention of exposures to toxic substances and hazardous work conditions. This approach has had substantial success in contributing to reductions in occupational disease and injury. On average, US workers today are healthier and less likely to get injured on the job than when NIOSH was established by the Occupational Safety and Health Act of 1970. However, the overall health of the American worker is influenced by health risk factors inside and outside of the workplace. This list of factors includes stress demands at home and at work, chemical and physical exposures, poor diet, smoking, lack of exercise, use of medications, chronic conditions such as diabetes, and a host of social, cultural and economic influences that cannot be defined as "work" and "non-work".[6,7] NIOSH now recognizes the potential for improving employee health and well-being through integrated employee health programs and policies.

In 2004, the NIOSH launched its WorkLife Initiative (WLI) to fund and promote information dissemination, research, and policy development relevant to the integration of worksite health protection and health promotion programs (see http://www.cdc.gov/niosh/worklife/steps/default/html). The Real Iowans Research Initiative is also supported by the WLI and was designed to collect relevant data necessary to understand, promote and disseminate employee health programs statewide, with an emphasis on small and mid-sized companies which employ the vast majority of all working Iowans.



SURVEY METHODS

The Real Iowans Health Survey used a stratified simple random sample of 1,602 adult Iowans. The survey's margin of error for state-wide estimates is ±2.45 percent. The sampling frame was a current list of registered voters in Iowa. Iowa counties were stratified into four groups (strata) from rural to urban based on population density, and a simple random sample of voters with telephone numbers was drawn within each rural/urban stratum. One adult in each sampled household was randomly selected to respond. State-wide estimates were computed by weighting responses based on the proportion of the population 18-65 years of age in each strata. Interviews were conducted by telephone from May to early August 2010.

It must be noted that there are several potential sources of bias in this study. Not all Iowans are registered to vote; some do not have telephones, do not list their number, or have changed numbers since registering to vote. In addition, the response rate to telephone interviews is often low. In this case, 14.2 percent of contacted voters agreed to participate. Respondents were more likely to be older, a woman, and a registered member of a political party, with similar distribution between Democratic and Republican.

The Real Iowans Health Survey instrument was constructed from surveys publicly available from several published studies.[8, 9, 10, 11, 12, 13, 14, 15, 16] Special attention was given to instruments that have been used in Iowa or that are nationally or internationally cited survey instruments.

THE STUDY POPULATION

Table 1 shows the general characteristics of those Iowans who were interviewed for this study. As discussed above, the respondents were slightly older and more educated than the general Iowa population. Furthermore, almost two-thirds of the responding individuals were women.

Because a major focus of this survey is on employment and health, the presentation of these data includes tables and figures sorted by Employment Status. Figure 1 reveals that 15 percent of those interviewed are self-employed while 61 percent are employed by someone else. The remaining groups include 9 percent who are retired, 6 percent consider themselves homemakers, 5 percent reported they are unemployed (6.7-6.8 percent of Iowans according to the US Department of Labor for June-August, 2010) and 3 percent are disabled. Students (24) and "other" (3) respondents composed the balance of the sample and are not represented in any of the tables or figures. Interestingly, the US Department of Labor estimates national self-employment at 11 percent, suggesting that Iowans are more likely to be self-employed. This report explores the effects of health and wellness in each of these groups.

TABLE 1. Characteristics of Sample Interviewed

Gender	Male 34.6%	Female 65.4%		
Race	White 97.2%	Non-white or multiracial 2.8%		
Age	18-30yrs 8.4%	31-45yrs 21.7%	46-55yrs 33.0%	56+ yrs 36.9%
Highest grade of School Completed	Grade 12, GED, or less 27.4%	Some College, no degree 35.2%	College Degree 25.7%	Post Grad Degree or Courses 11.7%
Household Income	Less than $25,000 13.4%	Between $25,000 and $50,000 28.5%	Between $50,001 and $75,000 25.6%	Greater than $75,000 32.5%

FIGURE 1. Percentage of Respondents in Each Employment Status Category

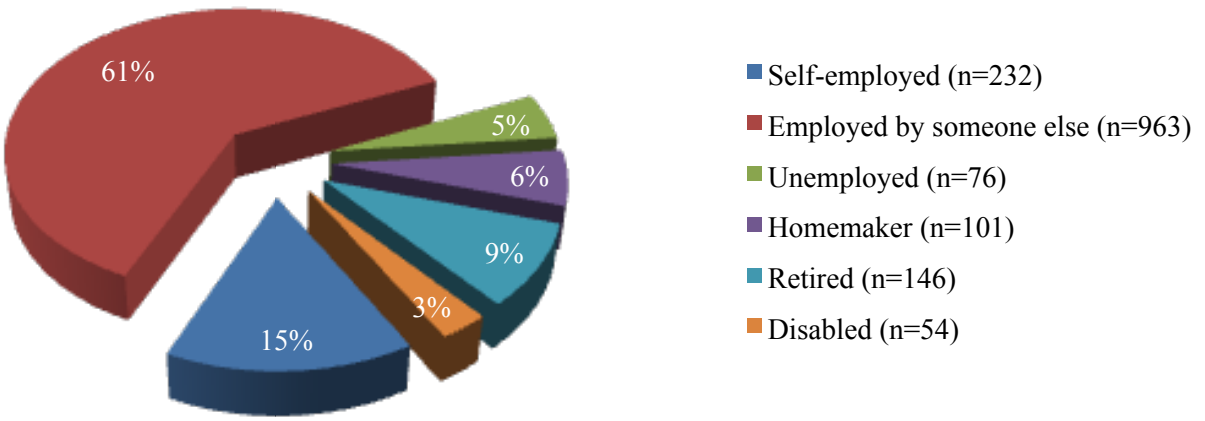
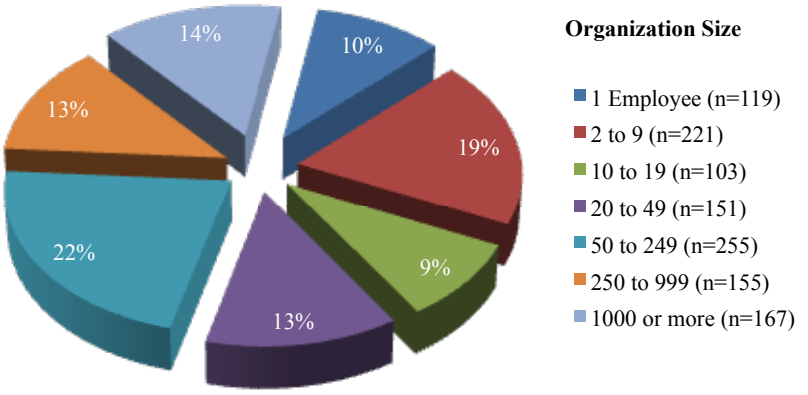


FIGURE 2. Percentage of Respondents in Each Organization Size



Nationally, the size of an organization has an impact on the health insurance and wellness plans available to employees working outside the home. This is also true in Iowa. For example, David P. Lind & Associates has consistently shown that Iowa's largest employers provide greater rates of health insurance coverage, dental, and vision coverage.[2] However, not all Iowans work for large companies. In fact, according to Dunn & Bradstreet, about 80 percent of Iowa organizations employ 2 to 9 employees, but this size of a workplace does not represent the work location of the majority of respondents, with over 70 percent of survey participants working for organizations employing more than 9 employees (Figure 2).

QUALITY OF LIFE: SELF-ASSESSED HEALTH STATUS

An important consequence of good health is that it contributes to a high quality of life. Respondents were asked several questions about how their health affects their quality of life. It is well recognized that those who are employed tend to be healthier. This finding, commonly referred to as the "healthy worker effect", is clearly shown in this research.

Table 2 shows respondents' ratings of their health sorted by employment status. Over 60 percent of all surveyed Iowans report that their health is excellent or very good. The self-employed tend to report being healthiest with over 70 percent reporting that their health is excellent or very good. In contrast, only about 40 percent of unemployed Iowans report excellent or very good health, a lower figure than that for those identifying themselves as homemakers or retired. The findings are clear: employed Iowans tend to be healthy Iowans.

TABLE 2. Would you say that, in general, your health is ...

	Self-employed	Employed by other	Unemployed	Homemaker	Retired	Disabled	Overall
Excellent	21.7%	22.0%	10.4%	18.6%	15.4%	0.0%	19.7%
Very good	48.5	44.4	30.4	38.0	33.7	9.9	41.6
Good	23.1	27.6	33.5	34.2	36.0	18.8	28.1
Fair	5.4	5.4	17.0	6.7	13.8	36.5	8.0
Poor	1.2	0.8	8.8	2.5	1.1	34.9	2.7

QUALITY OF LIFE: PHYSICAL HEALTH

Respondents were also asked how many days their physical health was not good over the last month (Table 3). Again the healthy worker effect is demonstrated. More than 80 percent of self-employed and almost 70 percent of those employed by others report they had no days of poor physical health in the last month. In contrast, only 50 percent of unemployed respondents reported no days of poor physical health in the last month. Again, healthy Iowans are working Iowans.

QUALITY OF LIFE: MENTAL HEALTH

According to the National Institute of Mental Health, more than one in four Americans suffer from a diagnosed mental disorder in a given year.[17] Poor mental health can impact every facet of a person's life, including employment. Respondents were asked how many days in the last month they felt depressed, stressed, or had emotional problems (Table 4). Nearly 40 percent of Iowans report they had at least one day in the past 30 when their mental health was not good.

As with physical health, self-employed and those employed by others report fewer days of poor mental health when compared to the unemployed and disabled. Interestingly, those who are retired reported the best mental health, with nearly 75 percent of retired respondents who said they had no days of poor mental health.

TABLE 3. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

	Self-employed	Employed by other	Unemployed	Homemaker	Retired	Disabled	Overall
None	80.1%	68.5%	50.6%	54.9%	64.4%	12.7%	65.8%
1 to 5 Days	10.7	21.8	22.0	26.9	16.0	4.8	23.6
6 to 10 Days	3.1	3.1	6.5	5.8	9.0	8.8	4.3
More than 11	6.1	6.7	20.9	12.3	10.6	73.7	9.7

TABLE 4. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

	Self-employed	Employed by other	Unemployed	Homemaker	Retired	Disabled	Overall
None	67.0%	63.3%	46.7%	56.6%	74.4%	32.4%	62.3%
1 to 5 days	23.2	25.0	17.3	22.1	16.1	32.5	23.7
6 to 10 days	2.4	4.6	9.1	1.9	3.1	5.0	4.3
11 or more	7.4	7.1	26.9	19.4	6.4	30.0	9.7

QUALITY OF LIFE: POOR HEALTH AFFECTING DAILY ACTIVITIES

To understand the actual impact of poor physical and mental health on the quality of life, respondents were asked how many days in the last month their daily activities were diminished due to mental or physical health problems (Table 5).

Overall, almost eight in ten Iowans reported no days of poor health affecting daily activities. Employed Iowans enjoy the lowest number of poor health days. However, just over half of unemployed Iowans report having no days lost in the last month, and a striking 17 percent of the unemployed lost 11 days or more to poor health.

QUALITY OF LIFE: FEELING HEALTHY AND FULL OF ENERGY

Even when someone does not feel in poor physical or mental health, they still may not feel perfectly healthy. Only one in five Iowans reported feeling very healthy and full of energy every day (Table 6). Again, the unemployed reported the fewest very healthy days. Not surprisingly, employed Iowans report feeling healthy more days during the last month than do unemployed Iowans.

TABLE 5. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

	Self-employed	Employed by other	Unemployed	Homemaker	Retired	Disabled	Overall
None	87.4%	81.0%	57.8%	73.2%	77.6%	24.8%	77.7%
1 to 5 Days	8.1	13.6	21.3	12.2	11.7	3.0	12.7
6 to 10 Days	1.0	2.5	3.7	6.0	4.1	17.4	3.2
11 or more	3.5	3.0	17.2	8.6	6.6	54.8	6.4

TABLE 6. During the past 30 days, for about how many days have you felt very healthy and full of energy?

	Self-employed	Employed by other	Unemployed	Homemaker	Retired	Disabled	Overall
1 to 5 Days	16.4%	16.3%	46.1%	28.1%	16.3%	56.0%	20.2%
6 to 10 days	9.8	9.7	4.9	9.1	7.6	24.8	9.8
11 to 30 days	50.2	52.9	33.8	44.5	51.1	11.2	49.3
Every day	23.6	21.1	15.1	18.2	25.1	8.0	20.7

QUALITY OF LIFE: GETTING ENOUGH SLEEP

The National Institutes of Health reports that the average adult sleeps less than 7 hours per night.[18] While sleep needs vary from person to person, most healthy adults need between 7.5 and 9 hours of sleep per night to function well. Do working Iowans get enough sleep? Unfortunately, they do not; over one-third of Iowans report that they got less than 7 hours of sleep per night (Table 7).

HEALTH INSURANCE

Personal Financial Situation

When asked about their personal financial situation compared to last year, most employed Iowans report their situation is staying the same, but employed Iowans, especially those who are self-employed, reported their financial situation is more often worse than better (Table 8). In stark contrast, 65 percent of unemployed Iowans report their situation as getting worse with only about 2 percent who say it is getting better.

TABLE 7. How many hours of sleep do you get in a typical workday night?

	Self-employed	Employed by other	Unemployed	Homemaker	Retired	Disabled	Overall
Less than 6 hours	10.0%	11.7%	14.0%	11.2%	11.4%	33.3%	12.4%
6 to 7 hours	24.0	28.3	24.6	13.0	17.1	20.0	25.4
7 to 8 hours	31.2	36.5	24.7	44.6	33.2	8.3	34.2
8 to 9 hours	32.7	20.9	22.0	28.6	29.6	18.2	23.6
9 or more hours	2.0	2.6	14.8	2.5	8.6	20.2	4.4

TABLE 8. Compared to last year, would you say your personal financial situation is ...

	Self-employed	Employed by other	Unemployed	Homemaker	Retired	Disabled	Overall
Improving	18.8%	21.8%	2.4%	13.6%	5.7%	8.0%	17.9%
Staying the same	57.2	54.0	33.0	58.8	63.6	45.9	54.0
Getting worse	23.9	24.2	64.6	27.6	30.6	46.1	28.1

Currently Covered by Health Insurance

The vast majority of Iowans have health insurance, with more than 95 percent of those working for someone else being covered (Figure 3). Of those self-employed and unemployed, fewer currently have health insurance, likely because they are responsible for paying for much of their own coverage.

More employees of larger organizations have access to health insurance than do employees of smaller organizations, with nearly every employee at the largest organizations having health insurance (Figure 4). These data are highly consistent with that of the 2010 DPL&A employer survey.[2]

FIGURE 3. Percentage of Respondents with Health Insurance

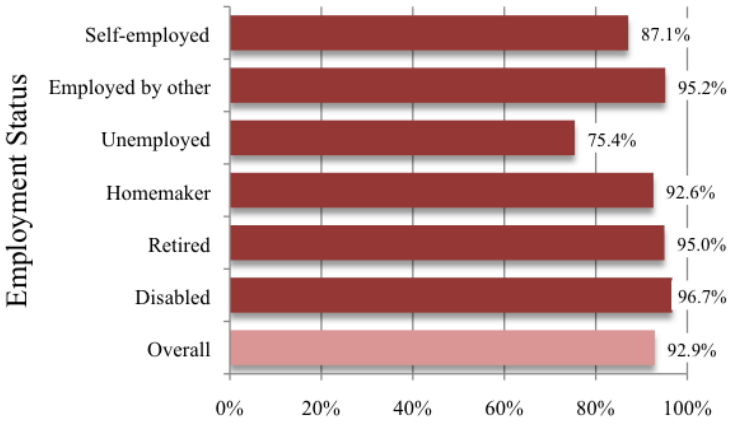
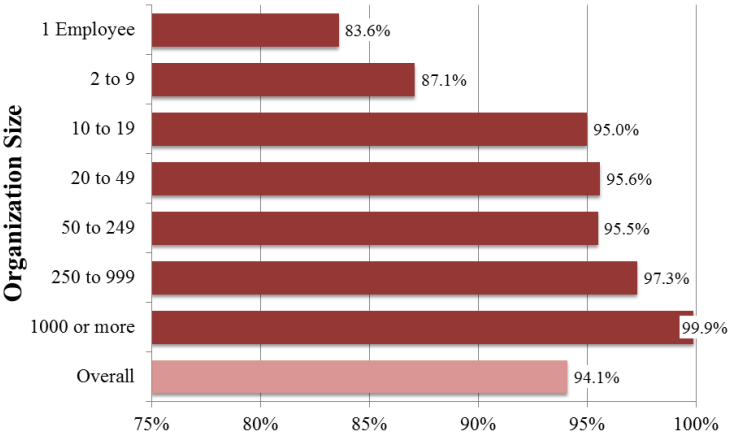


FIGURE 4. Percentage of Employed Respondents with Health Insurance



Source of Health Insurance

Where do Iowans get their insurance coverage? They get it through a variety of sources depending upon employment status. More than 70 percent of those employed by someone else receive their health insurance through their work (Table 9). However, more than one-third of self-employed Iowans depend on insurance through their spouse's employer, as do more than 40 percent of those unemployed. Having insurance available through the workplace is not only critical for the employee, but also for their spouse.

TABLE 9. What is the source of the insurance? Is it through ...

	Self-employed	Employed by other	Unemployed	Homemaker	Retired	Disabled	Overall
Your employer	17.7%	71.3%	15.9%	0.5%	39.1%	8.3%	52.2%
Your spouse's employer	35.3	19.6	42.2	74.8	32.9	29.1	27.4
A private policy	41.6	4.4	6.2	20.8	10.2	7.9	10.7
Federal Program	2.9	1.4	20.8	3.7	9.8	50.5	5.7
Out of pocket / other	2.5	3.4	14.9	0.2	8.1	4.1	4.0

Not surprisingly, employees of larger organizations tend to be covered by their employer, whereas those working at smaller organizations either have private policies or are covered by their spouse's employer (Figure 5).

HEALTH CARE

Access to quality primary health care has been a central issue during both the Iowa and national health care reform dialogs over the last five years. The Commonwealth Fund has been an important source of both state-based and national evidence-based health care data. Their 2007 assessment of health care access, quality and cost, using common metrics to compare states, ranked Iowa third overall, while their 2008 report ranked Iowa tied for second with Hawaii.[19, 20] An independent assessment of the access and quality of care among Medicare enrollees also ranked Iowa highly.[21]

The results of this survey confirm that Iowans enjoy good access to primary health care with nearly 87 percent of all respondents affirming that they had a primary care doctor; although only 76 percent of the unemployed reported having a primary care doctor (Table 10). Iowans who reported having a primary care doctor also visit their doctor annually (84 percent); while the unemployed again utilized their primary care doctor less often (75 percent) (Table 11).

FIGURE 5. Source of Health Insurance by Organization Size

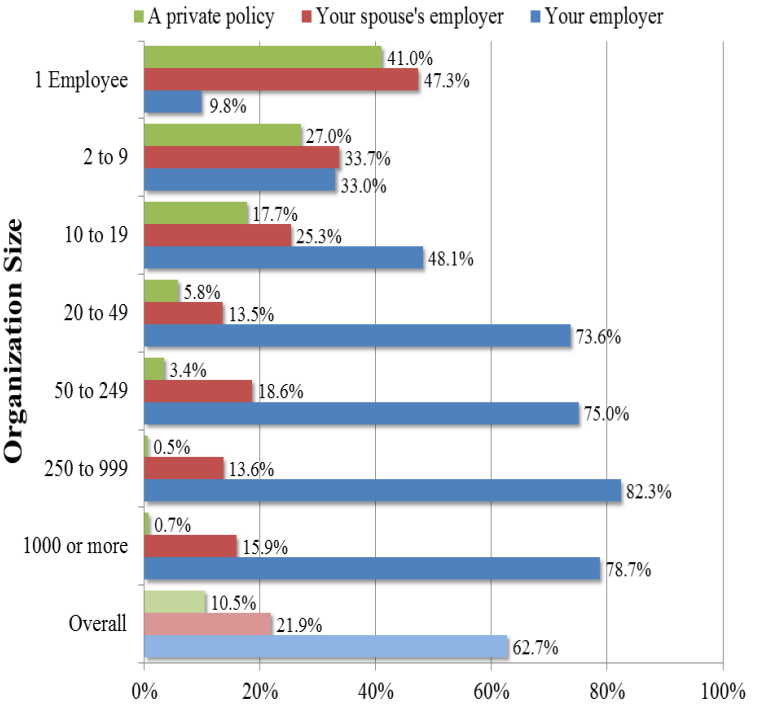


TABLE 10. Percentage of Respondents Who Have a Primary Care Doctor

	Self-employed	Employed by someone else	Unemployed	Homemaker	Retired	Disabled	Total
Yes	82.2%	87.2%	75.6%	85.6%	94.5%	97.2%	86.8%

TABLE 11. Percentage of Respondents Who Visited Their Primary Care Doctor in the Past 12 Months

	Self-employed	Employed by someone else	Unemployed	Homemaker	Retired	Disabled	Total
Yes	81.9%	84.1%	74.7%	83.9%	94.4%	89.0%	84.5%

Keeping Down the Cost of Health Insurance

With increasing costs of health insurance coverage for both employers and employees, identifying acceptable options for savings is critical. Overall, Iowans would be most willing to use clinics staffed by nurses and physician assistants to keep costs down for health insurance (Table 12). The least popular option is having fewer doctors and hospitals covered.

Across different sizes of organizations, the self-employed and those working in smaller organizations, in general, are more willing to accept measures to reduce insurance costs than those who work at larger organizations (Table 13). The cost of paying for their own coverage may make cost saving measures more appealing, or necessary, to those in smaller organizations.

TABLE 12. Which of the following would you be willing to do to help keep down the cost that you or your spouse would pay for health insurance? Would you ...

	Self-employed	Employed by other	Unemployed	Homemaker	Retired	Disabled	Overall
Use clinics staffed by nurses and PAs instead of doctors	74.5%	75.1%	80.8%	69.0%	71.9%	60.3%	74.2%
Pick policy with higher deductible	80.0	64.4	60.0	58.9	58.5	28.6	64.4
Pick higher co-pay for visits & Rx	78.2	58.8	45.4	46.9	64.3	23.7	59.6
Make fewer doctor visits	52.2	43.5	60.5	37.2	30.1	44.4	45.0
Choose policy with fewer participating doctors and hospitals	40.0	38.4	42.8	24.1	32.6	14.8	36.7

TABLE 13. Which of the following would you be willing to do to help keep down the cost that you or your spouse would pay for health insurance? Would you...

	1	2-9	10-19	20-49	50-249	250-999	1000+	Overall
Use clinics staffed by nurses and PAs instead of doctors	76.8%	78.4%	76.1%	78.4%	77.3%	69.2%	64.4%	74.6%
Pick policy with higher deductible	81.5	63.6	62.1	71.8	67.3	63.9	69.6	68.4
Pick higher co-pay for visits & Rx	69.9	65.4	68.6	76.7	57.8	62.7	51.7	63.4
Make fewer doctor visits	61.2	47.4	32.2	38.7	55.4	39.5	33.5	45.9
Choose policy with fewer participating doctors and hospitals	43.8	37.1	38.1	36.5	39.3	49.4	33.2	39.2

PREVENTION BEHAVIORS

Addressing unhealthy behaviors before they lead to poor health is an effective means of enhancing quality-of-life, continuing employment and saving health care costs.[22] Many organizations attempt to address these concerns through wellness programs.

Smoking

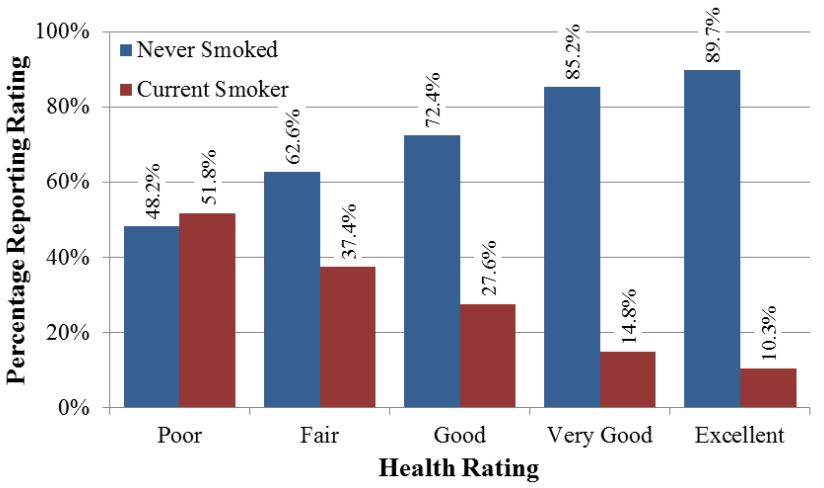
In addition to being the leading preventable cause of death in the US, smoking increases disease incidence, impairment, and health care costs.[23] According to the Centers for Disease Control (CDC), the prevalence of cigarette smoking among US adults ranges across all states from 9.3 percent to 26.5 percent.[24] Iowa ranks 29th among the states at 18.8 percent (Table 14).

presents smoking rates by employment status. Overall, 14.5 percent of respondents currently smoke. Unemployed Iowans smoke twice as much as those employed. Figure 6 reveals a striking relationship between Iowans' self-assessed health ratings and whether or not they currently smoke. Of those reporting excellent health, fewer than 10 percent smoke. In contrast, nearly half of those reporting poor health currently smoke. This figure shows a clear relationship between smoking and poor health. Only employees in organizations of 1000+ had lower current smoking rates (8.7 percent), compared with a rate of 13.4 for all employed Iowans, likely a reflection of wellness programs in larger organizations.

TABLE 14. Do you smoke cigarettes?

	Self-employed	Employed by other	Unemployed	Homemaker	Retired	Disabled	Overall
Never Smoked	63.6%	61.1%	33.7%	64.9%	51.0%	30.1%	58.1%
Former Smoker	23.8	25.0	39.0	24.8	39.7	41.8	27.5
Current Smoker	12.6	13.8	27.4	10.3	9.2	28.1	14.5

FIGURE 6. Percent of Respondents Who Smoke by Self-Assessed Health Rating



Influenza Vaccine

Influenza, or flu, costs US businesses approximately $10.4 billion per year in direct costs for hospitals and out-patient visits.[25] Additionally, it is responsible for lost productivity that could largely be prevented by a simple vaccine.[26] More than half of Iowans employed by others received a flu vaccine a flu vaccine in the last year, compared to only 1 in 3 self-employed Iowans (Figure 7). This finding suggests that the disabled, the retired, and those who work for others are taking advantage of opportunities for vaccinations. By contrast, the self-employed are least likely to obtain the vaccine.

For the employed, those employees at larger organizations are more likely to get the flu vaccine (Figure 8). Nearly twice as many received the flu vaccine in organizations of 1,000 or more employees compared to self-employed Iowans, likely a reflection of company-based wellness programs.

FIGURE 7. Percentage of Respondents Who Received Flu Vaccine

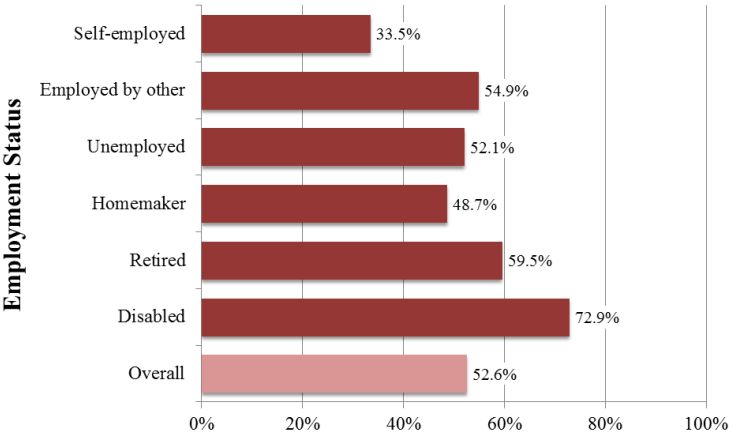
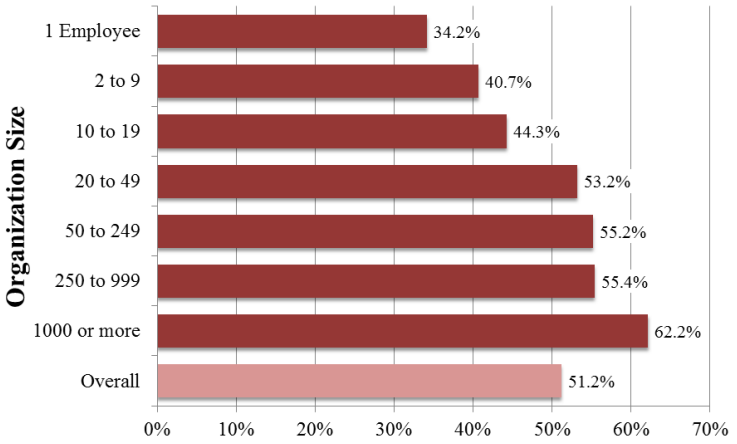


FIGURE 8. Percentage of Respondents Who Received Flu Vaccine



Alcohol

Another behavior that may adversely affect health is alcohol abuse. Two-thirds of Iowans report at least one drink of alcohol in the last month (Table 15). Unlike smoking, drinking alcohol is viewed as a more socially acceptable behavior and is not necessarily unhealthy with low consumption. Over 1 in 5 of the self-employed drink 10 or more days each month. By comparison, only 1 in 30 of the disabled drink that frequently.

TABLE 15. During the past 30 days, how many days did you have at least one drink of any alcoholic beverage?

	Self-employed	Employed by other	Unemployed	Homemaker	Retired	Disabled	Overall
None	30.8%	29.4%	41.8%	51.6%	42.6%	59.4%	33.8%
1 to 9	46.5	52.9	38.0	39.5	43.7	37.7	49.1
10 to 20	16.7	12.6	10.8	3.7	8.7	1.8	11.8
21 or more	6.0	5.1	9.4	5.2	5.0	1.1	5.3

Exercise

The physical and mental health benefits of exercise are well-established. More than 80 percent of respondents report participating in a physical activity in the last month (Figure 9). These figures are consistent with national averages indicating that Iowans exercise at the same rate as the rest of the US (Well-Being Index, 2010).[27] Once again, unemployed Iowans are much less likely to participate in any physical activity.

The benefits of physical activity are maximized when exercise increases heart rate and lasts at least 20 minutes. More than 75 percent of respondents report exercising at this level at least once a week (Table 16).

FIGURE 9. Percentage of Respondents Who Participate in Physical Activity

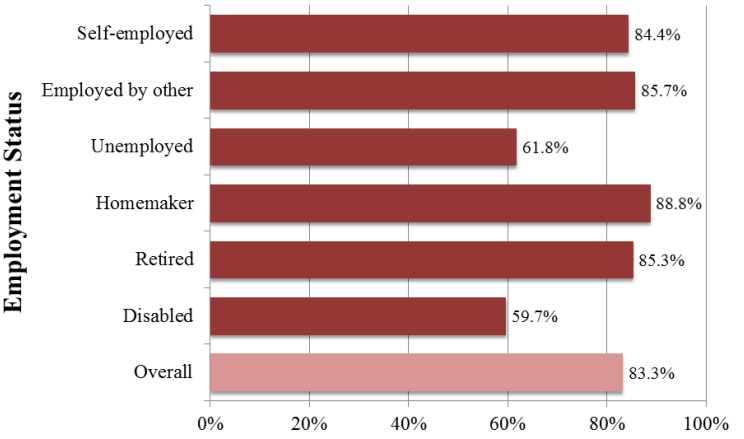


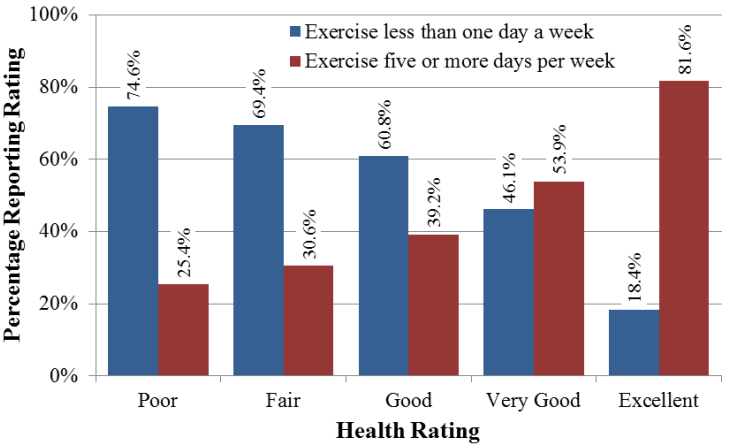
TABLE 16. In a typical week, how often do you exercise continuously for at least 20 minutes at a level where your heart rate and breathing rate noticeably increases? Would you say ...

	Self-employed	Employed by other	Unemployed	Homemaker	Retired	Disabled	Overall
Less than once a week	18.2%	20.8%	43.7%	19.4%	23.6%	57.6%	23.3%
1-2 days a week	25.6	28.0	17.1	29.5	20.6	5.5	25.7
3-4 days a week	31.2	24.8	27.8	27.2	28.4	13.0	25.9
5 or more days a week	25.0	26.3	11.4	23.9	27.4	23.9	25.1

However, less than half of unemployed Iowans work out this often. Again, unemployment and unhealthy behaviors are related. A modest increase in vigorous exercise (31 percent) was observed among those employed by organizations of 1000+, compared with 26 percent for all employed.

Figure 10 again clearly demonstrates the relation between healthy behavior and overall health ratings. More than 80 percent of respondents reporting excellent health also report exercising five or more days per week. In contrast, less than 30 percent of those reporting poor health work out this often. Frequent exercise is related to excellent health status.

FIGURE 10. Percent of Respondents Who Exercise by Self-Assessed Health Rating



Body Mass Index

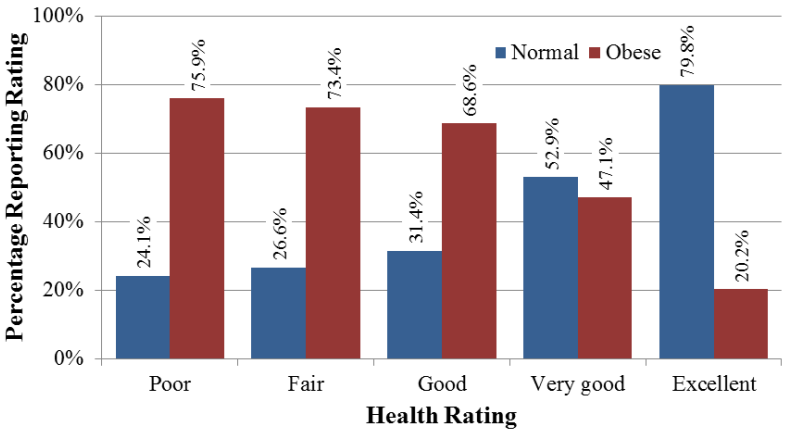
Body Mass Index (BMI) is a measure based on height and weight and is an estimate of whether someone is overweight or obese. Obesity is a major risk factor for cardiovascular disease, certain types of cancer, and type 2 diabetes. During the past 20 years there has been a dramatic increase in obesity in the United States. When compared to national figures,[28] Iowans weigh more than their national counterparts. Nationally, 63.1 percent of the population is considered overweight or obese, compared to nearly 70 percent of surveyed Iowans. BMI is relatively consistent in regard to employment status (Table 17). However, the unemployed, next to the disabled, reported the highest rate of obesity.

Figure 11 shows a striking relationship between obesity and self-assessed health status. Only 1 in 5 respondents reporting that they are in excellent health are also obese. In contrast, more than 3 in 4 of those in poor health are obese. Clearly, being obese is strongly related to poorer health.

TABLE 17. Body Mass Index Categories by Current Employment Status

	Self-employed	Employed by other	Unemployed	Homemaker	Retired	Disabled	Overall
Underweight	1.5%	0.3%	0.8%	2.7%	1.8%	2.6%	0.8%
Normal	31.0	30.6	27.7	39.0	29.4	14.8	30.3
Overweight	41.2	37.9	33.3	34.2	38.1	30.5	37.6
Obese	26.4	31.1	38.2	24.1	30.7	52.1	31.2

FIGURE 11. Respondent BMI Category by Self-Assessed Health Rating



Healthy Eating

Respondents were asked a series of questions about their weekly frequency of consumption of fruits, vegetables and whole grain foods. No trend (data not shown) was observed by employment status or by organization size.

EMPLOYMENT

One well-recognized source of stress is holding a second paying job. Given the current economic environment, it is not surprising that 1 out of 5 employed Iowans work a second job (Figure 12). Those who work for smaller organizations or who are self-employed more often hold a second job.

Hours Worked

Working long hours may contribute to stress-related effects on health. Over half of all employed Iowans report they work a 40-hour work week or less, but nearly one in five state that they work 50 or more hours per week, while one in four self-employed work 50 hour weeks (Table 18).

FIGURE 12. Percentage of Respondents Holding a Second Paying Job

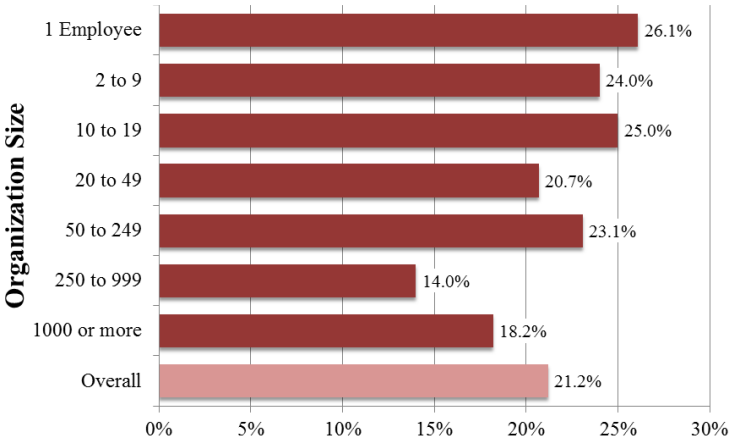


TABLE 18. About how many hours altogether did you work in the past 7 days?

	1	2-9	10-19	20-49	50-249	250-999	1000+	Overall
0-20 hours	25.3%	20.6%	14.0%	12.9%	21.8%	22.1%	8.3%	17.5%
21-40 hours	30.0	34.1	43.3	50.3	36.6	31.0	38.2	37.5
41-50 hours	19.1	23.7	27.1	23.9	26.0	25.1	35.1	26.5
50+ hours	25.6	21.6	15.6	13.0	15.6	21.8	18.4	18.5

Missed Work Days

A mental or physical health problem may lead to lost time, lost wages, and lost productivity. Table 19 shows that 10 percent of respondents missed one or more full days of work in the last month. Although a small percentage, this represents a considerable amount of lost income and productivity over a full year. Employees are more likely to take a full day off work from larger organizations than from smaller organizations, possibly due to having established sick-day policies at the larger organizations.

TABLE 19. In the past 4 weeks, how many days did you miss an entire work day because of problems with your physical or mental health?

	1	2-9	10-19	20-49	50-249	250-999	1000+	Overall
None	90.7%	93.0%	96.6%	89.3%	89.1%	88.6%	86.4%	89.9%
1 to 2	7.8	5.2	1.2	8.6	7.4	5.4	10.4	7.1
3 or more	1.5	1.8	2.2	2.1	3.5	6.1	3.1	3.0

WELLNESS PROGRAMS AT WORK

Wellness Programs Availability at Work

Wellness programs can help reduce health costs in the long term by helping employees change their unhealthy behaviors. Employed respondents were asked whether wellness programs are offered at their workplace. A striking relationship is revealed in Figure 13 showing increasing availability with increasing size of the organization. In fact, nearly 67 percent of the largest organizations provide wellness programs. This pattern mirrors findings of a 2010 employer study by David P. Lind & Associates.[2]

Participation in Wellness Programs at Work

Figure 14 shows that over 60 percent of Iowans take advantage of wellness programs. Generally, employees working at larger organizations participate more often than those at smaller organizations. Interestingly, over 85 percent of those in one-person organizations state that they take part in their firm's wellness program; this may be due to the self-employed engaging in wellness programs in which they personally invested.

Interest in Participating in Wellness Programs

Most Iowans do not have access to wellness programs. Therefore, respondents were asked how likely they would be to participate in various types of wellness programs if they were made available at work. The following figures reveal that respondents are interested in a number of wellness programs.

Preventive Examinations and Screenings

Employed respondents were then asked if they would likely participate in screenings if offered at work in the next 12 months. The majority of employed Iowans report they would take advantage of these screenings (Figure 15).

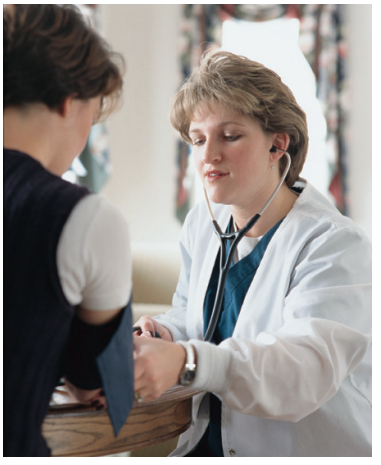


FIGURE 13. Percentage Reporting Wellness Programs Are Available at Work

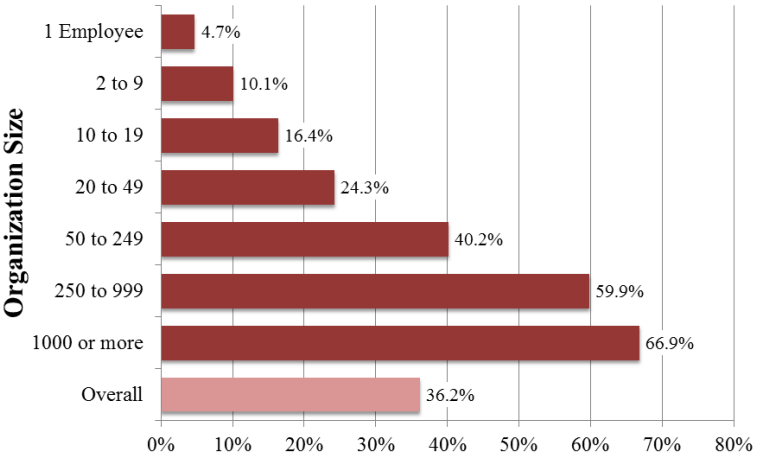


FIGURE 14. Percentage of Respondents Participating in a Wellness Program at Work

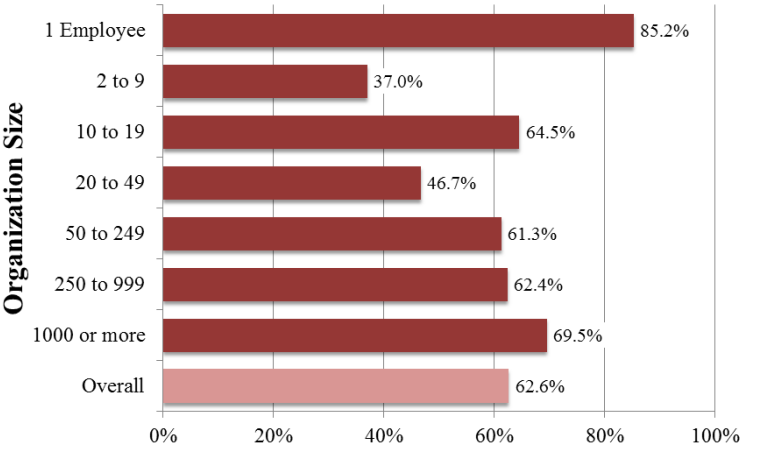
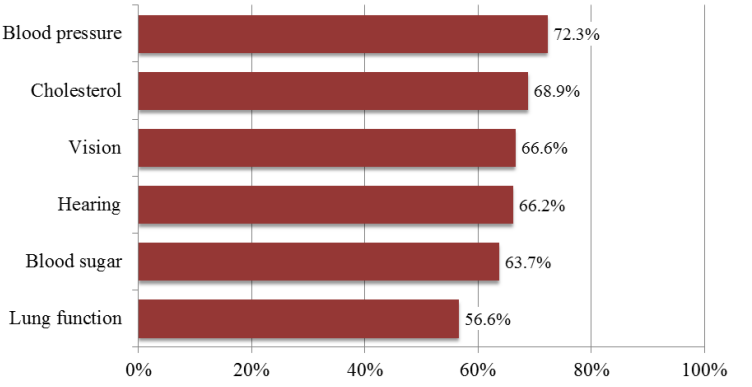


FIGURE 15. Percentage of Respondents Reporting "Likely" or "Extremely Likely" to Participate in Screening Programs if They Were Offered at Work



Education Programs

Educating employees about health concerns may represent an inexpensive way to reduce health care costs in the long term. Most respondents report being open to participating in education programs, if offered, especially for heart disease and cancer prevention (Figure 16).

Employee Assistance Programs

Iowans are more willing to participate in wellness programs that address job stress or chronic illness management compared to depression (Figure 17). About one-third of study participants stated they would be interested in taking part in an employee assistance program on depression treatment. The 2010 CDC National Depression Screening Day showed that 10 percent of Americans currently suffer from depression.[29] Given that, interest in depression treatment is over three times this estimate. This suggests that Iowans are often willing to learn about mental health treatment to help friends and family.

Fitness Programs

Next to screenings offered at work, fitness program participation was of second greatest interest for employed Iowans (Figure 18).

Nutrition Programs

A similar level of interest in nutrition programs was reported as was reported for fitness programs. More respondents were interested in programs about eating right and weight management than eating right at restaurants or healthy food options available in vending machines at work (Figure 19).

FIGURE 16. Percentage of Respondents Reporting "Likely" or "Extremely Likely" to Participate in Education Programs at Work

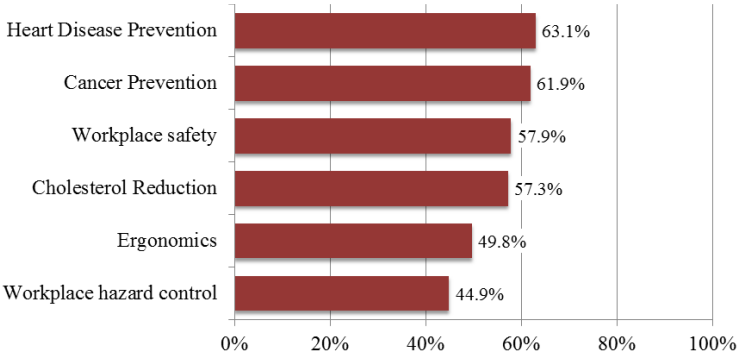


FIGURE 17. Percentage of Respondents Reporting "Likely" or "Extremely Likely" to Participate in Employee Assistance Programs

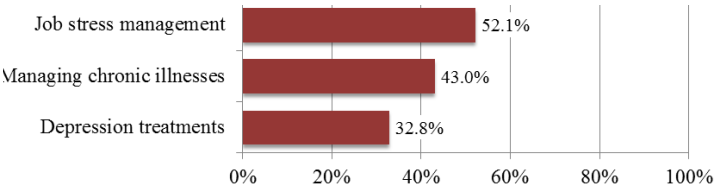


FIGURE 18. Percentage of Respondents Reporting "Likely" or "Extremely Likely" to Participate in Fitness Programs

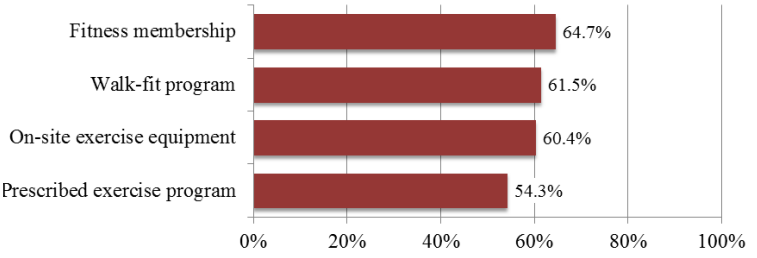
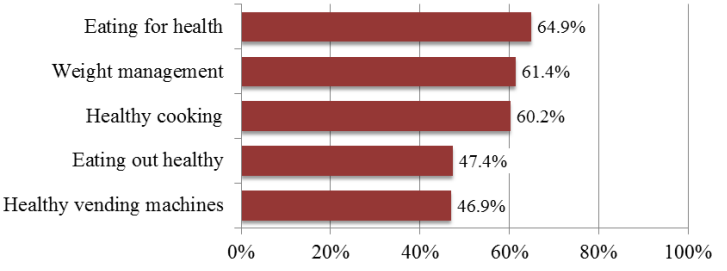


FIGURE 19. Percentage of Respondents Reporting "Likely" or "Extremely Likely" to Participate in Nutrition Programs



Time of Participation in Wellness Programs

When would employed Iowans prefer to participate in wellness programs? Nearly half of respondents were open to participating in wellness programs during or after work (Figure 20). It is important to note that employees are willing to spend their own time, such as during lunch hour, to participate in wellness programs.

Incentives to Participate in Wellness Programs

Since not all employed Iowans are taking advantage of available wellness programs, what incentives would motivate them to participate? Nearly 3 in 4 would be motivated to participate if they were paid their hourly or salary wage during the wellness program. A one-time $100 cash bonus or one-time reduction in insurance premiums were also popular incentives (Table 20). Clearly, employees would be more interested in participating in wellness programs if they felt they were being compensated for their time commitment.

FIGURE 20. Percentage of Respondents Reporting "Likely" or "Extremely Likely" to Participate in Wellness Programs by Time

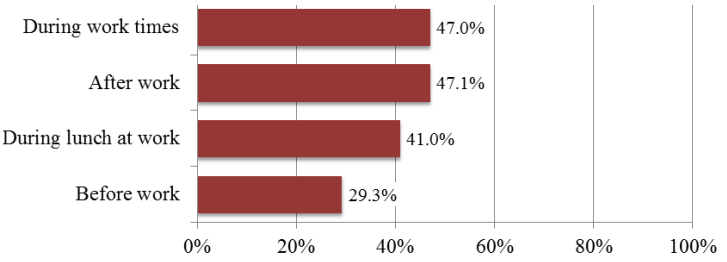


TABLE 20. Which of the following incentives would motivate you to participate in a workplace wellness program?

	1	2-9	10-19	20-49	50-249	250-999	1000+	Overall
Paid your hourly rate	0.0%	92.8%	86.4%	60.7%	77.5%	51.7%	83.8%	73.5%
A one-time cash bonus of $100	100.0	50.4	84.3	61.9	56.9	49.4	80.2	64.1
A one-time $100 reduction in your insurance premium	100.0	22.8	84.3	74.6	39.8	52.0	74.8	58.2
A free fitness center membership	0.0	54.3	86.4	64.2	45.9	52.2	63.0	56.5
No incentive needed	0.0	44.1	84.3	41.8	25.8	64.4	38.6	42.8
A team program with co-workers	0.0	44.9	68.6	51.5	22.0	28.9	38.5	35.6

Conclusions

The Real Iowans Research Initiative assessed the perspectives of three informant groups—major stakeholders, under-represented Iowans and Iowa registered voters—regarding their health and quality of life, primary health care, insurance, prevention and wellness, and employment. Regardless of informant group, there was a commonly held belief that both health care coverage and prevention/wellness were important, and that responsibility for achieving these personal, workplace and societal goals should be shared between the individual, the employer and policy makers. Employed Iowans, especially those who are self-employed, in general, enjoyed the best quality-of-life and overall health, which are also associated with positive health behaviors. Unemployed Iowans, as a group, clearly had lower scores on quality-of-life and overall health, and correspondingly lower scores on positive health behaviors, health insurance and primary health care coverage—findings which have implications for personal health, employment and policy implementation. Better health behaviors—higher influenza vaccine and vigorous exercise rates, and lower smoking rates—were observed among those employed by the largest organizations where primary care coverage is almost universal and where wellness programs are most commonly found. These findings underscore commonly held beliefs that primary health care coverage and healthy behaviors are important for quality-of-life and good health, and that there is a need for more available primary health care and employment-based wellness programs.

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