

IOWANS SPEAK OUT ON THEIR HEALTH

**A REPORT FROM
THE REAL IOWANS RESEARCH INITIATIVE**

Sponsors

**Healthier Workforce Center for Excellence
State Public Policy Group
David P Lind & Associates**

Funded by NIOSH

**BUILDING A HEALTHIER WORKFORCE
AND A HEALTHY IOWA CONFERENCE
Des Moines, November 30, 2010**

REAL IOWANS RESEARCH INITIATIVE

Components

- **Stakeholder Interviews**
- **Under-Represented Iowans Focus Groups**
- **Real Iowans Health Survey**

REAL IOWANS RESEARCH INITIATIVE

Stakeholders Interviewed

- **Public and Private Employers**
- **Employee and Labor Organizations**
- **Health Care and Health Sector Organizations**
- **Health Care Insurance Companies**
- **State Government**

REAL IOWANS RESEARCH INITIATIVE

Stakeholder Interviews—Common Themes

- **Identify triggers for wellness behavior change**
- **Create a health system that Iowans now find challenging**
- **Encourage primary care providers for prevention and coordination of health care**
- **Explore medical home models**
- **Improve chronic care management**
- **Determine if employees connect unhealthy behaviors and higher health care costs**

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Stakeholder Interviews—Common Themes

Determine:

- employee perceptions regarding treatment equity related to health coverage status**
- whether employees understand and value employment-based wellness programs**
- what factors, including health benefits, influence job decisions**
- what impact loss of employment has on health care coverage and individual status**
- level of health literacy arising from care from health care providers**

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Eight Focus Groups

- **African Americans**
- **Latinos**
- **People with Disabilities**
- **People with Mental Health Concerns**
- **The Elderly**
- **The Uninsured/Underinsured at three Community Health Centers**

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Focus Group—Common Themes

- **Wellness is understood and is a priority**
- **Health care, to many participants, means health care coverage**
- **Equity in health care is needed**
- **Medicaid and Medicare coverage is considered better than employer-based insurance**
- **People without health insurance become expert & entrepreneurial, or do not seek care at all**
- **Recently unemployed and uninsured have more difficult time navigating the fragmented health care system**
- **Personal wellness and access to affordable health care coverage were the two most cited priorities for participants and their families**

REAL IOWANS HEALTH SURVEY

Methods

- **Stratified Random Sample from Iowa 2010 Voter Registration Database**
- **Four strata of counties from most rural to MSA**
- **Ages 18-65, to focus on employed population**
- **Telephone survey from May-August, 2010**
- **1602 respondents with 400+ in each strata**
- **Margin of error for statewide estimates $\pm 2.45\%$**
- **Response rate 14.2%**
- **Respondents more likely to be older, a woman and, a member of Iowa's two major political parties**

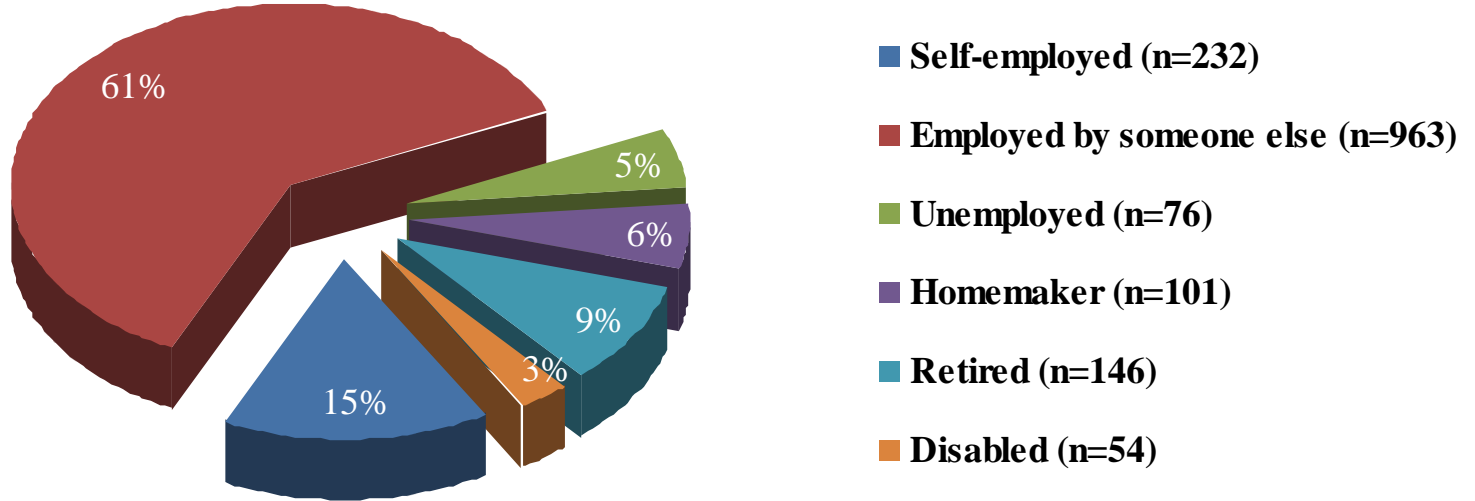
REAL IOWANS HEALTH SURVEY

Survey Modules from Published and Publically Available Questionnaires

- **Quality-of-Life**
- **Health System Performance**
- **Health Insurance**
- **Prevention Behavior**
- **Employment**
- **Wellness**
- **Demographics**

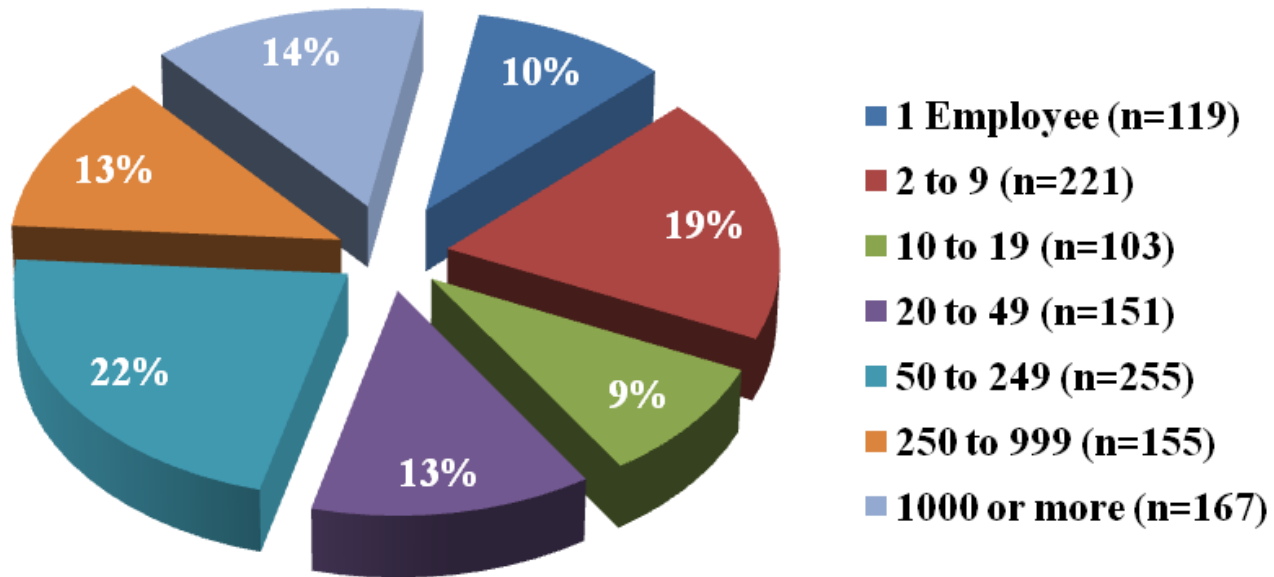
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Employment Status



REAL IOWANS HEALTH SURVEY

Organization Size



REAL IOWANS HEALTH SURVEY

Self-Assessed Quality of Life Indicators

	<u>Self-Employed</u>	<u>Employed</u>	<u>Unemployed</u>
General Health (%) (excellent/good)	70.2	66.4	40.8
Physical Health (no lost days)	80.1	68.5	50.6
Mental Health (no lost days)	67.0	63.3	46.7
Kept from Usual Activity (no lost days)	87.4	81.0	57.8
Felt very healthy/full of energy (11-30 days)	73.8	74.0	48.9

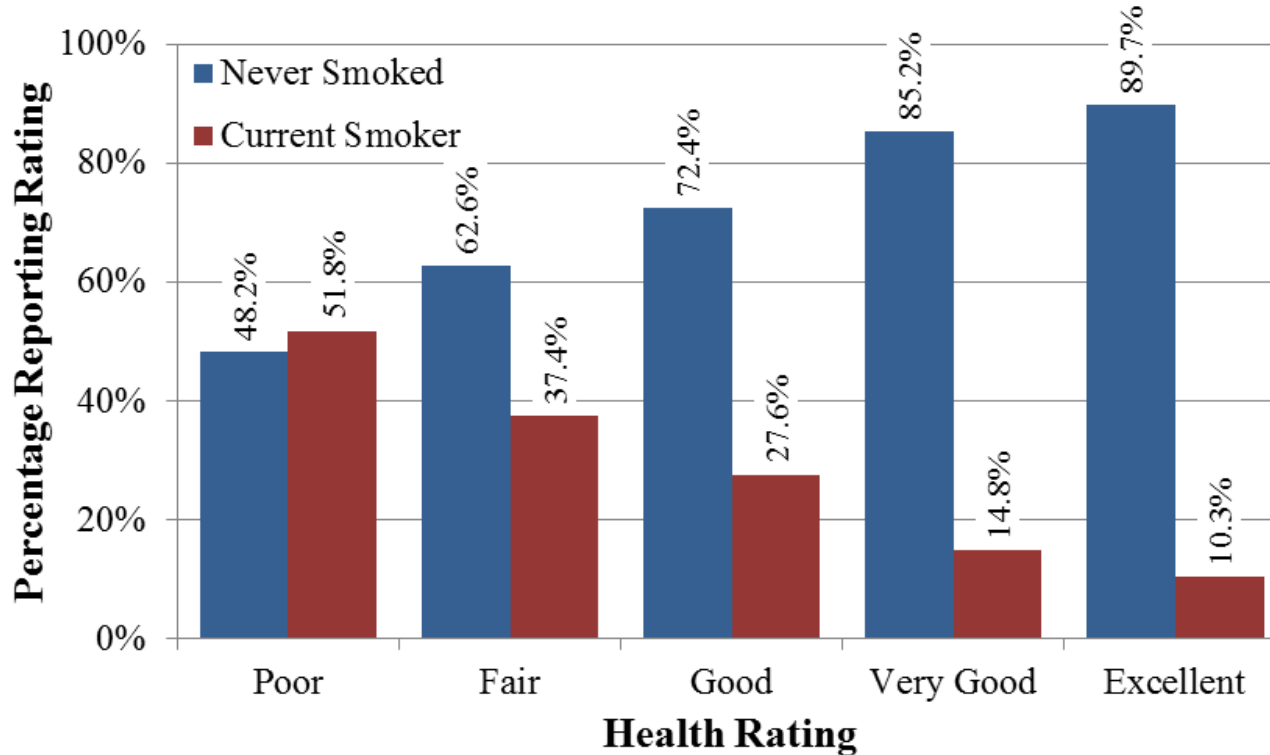
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Do you smoke cigarettes?

	<u>Self-Employed</u>	<u>Employed by other</u>	<u>Un-employed</u>
Never Smoked (%)	63.6	61.1	33.7
Former Smoker (%)	23.8	25.0	39.0
Current Smoker (%)	12.6	13.8	27.4

REAL IOWANS HEALTH SURVEY

Self-Assessed General Health and Smoking



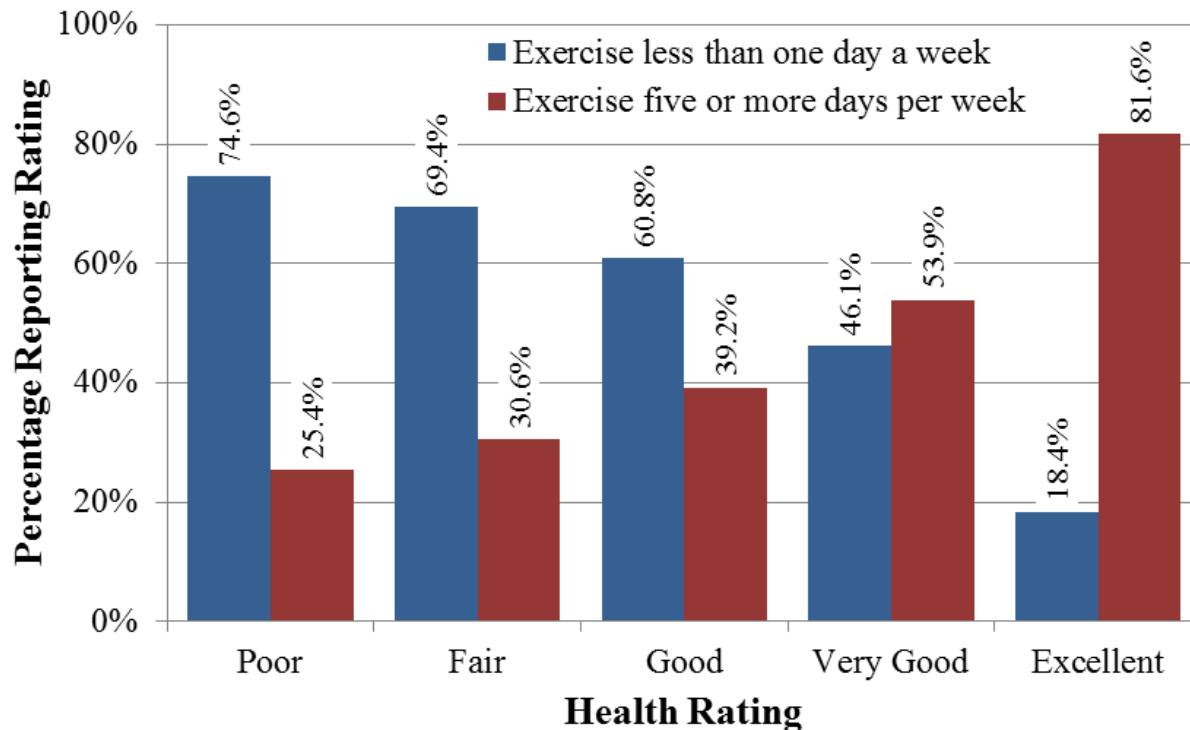
REAL IOWANS HEALTH SURVEY

In a typical week, how often do you exercise...

	<u>Self-Employed</u>	<u>Employed by Other</u>	<u>Unemployed</u>
Less than once a week (%)	18.2	20.8	43.7
1-2 days a week (%)	25.6	28.0	17.1
3-4 days a week (%)	31.2	24.8	27.8
5 or more days a week (%)	25.0	26.3	11.4

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In a typical week, how often do you exercise...



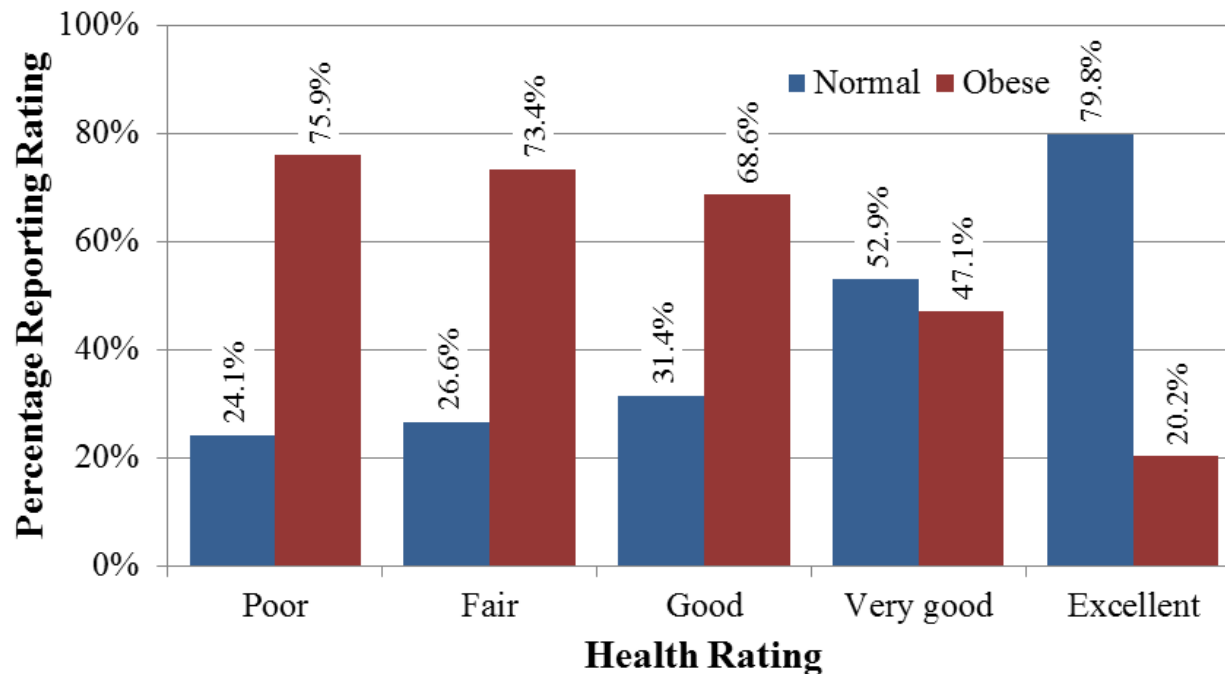
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Body Mass Index [BMI] Categories and Employment

	<u>Self-Employed</u>	<u>Employed by Other</u>	<u>Unemployed</u>
Underweight (%) (< 18.5)	1.5	0.3	0.8
Normal (%) ($18.5 - <25$)	31.0	30.6	27.7
Overweight (%) ($25 - <30$)	41.2	37.9	33.3
Obese (%) (≥ 30)	26.4	31.1	38.2

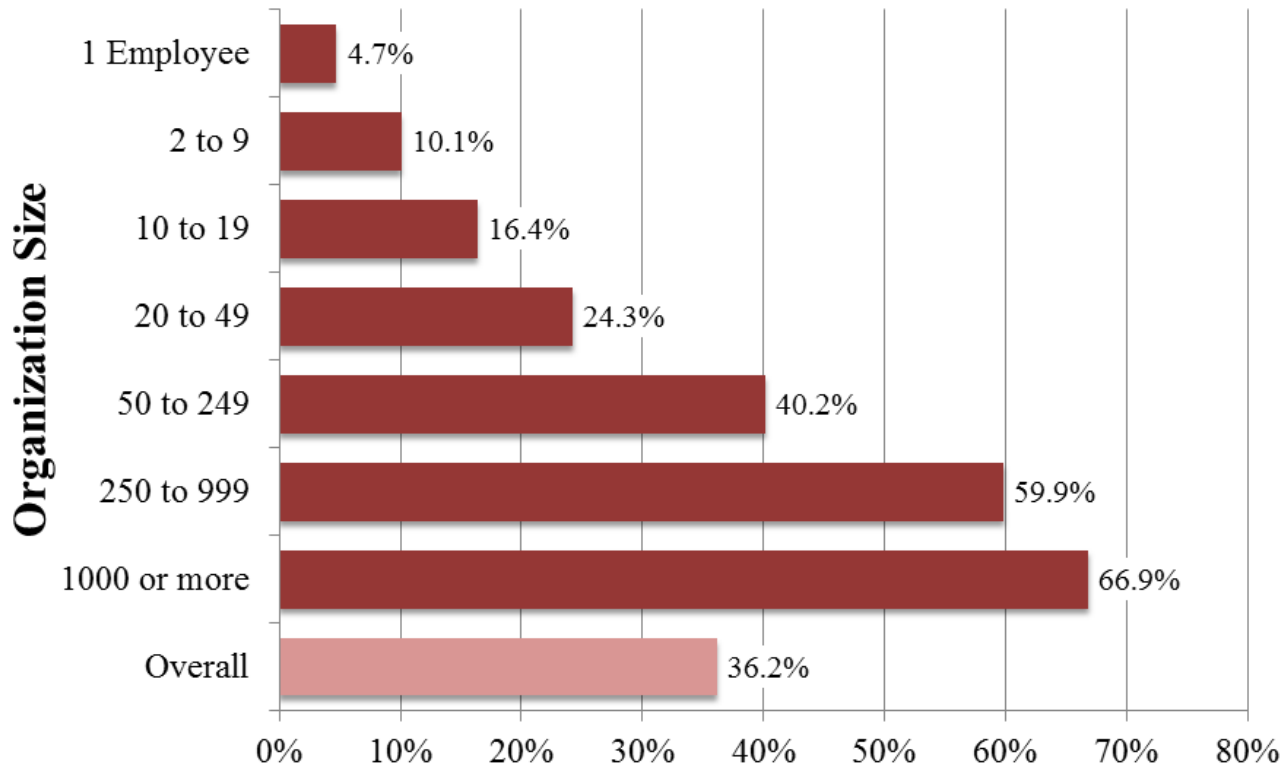
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Self-Assessed General Health and Obesity (BMI ≥ 30)



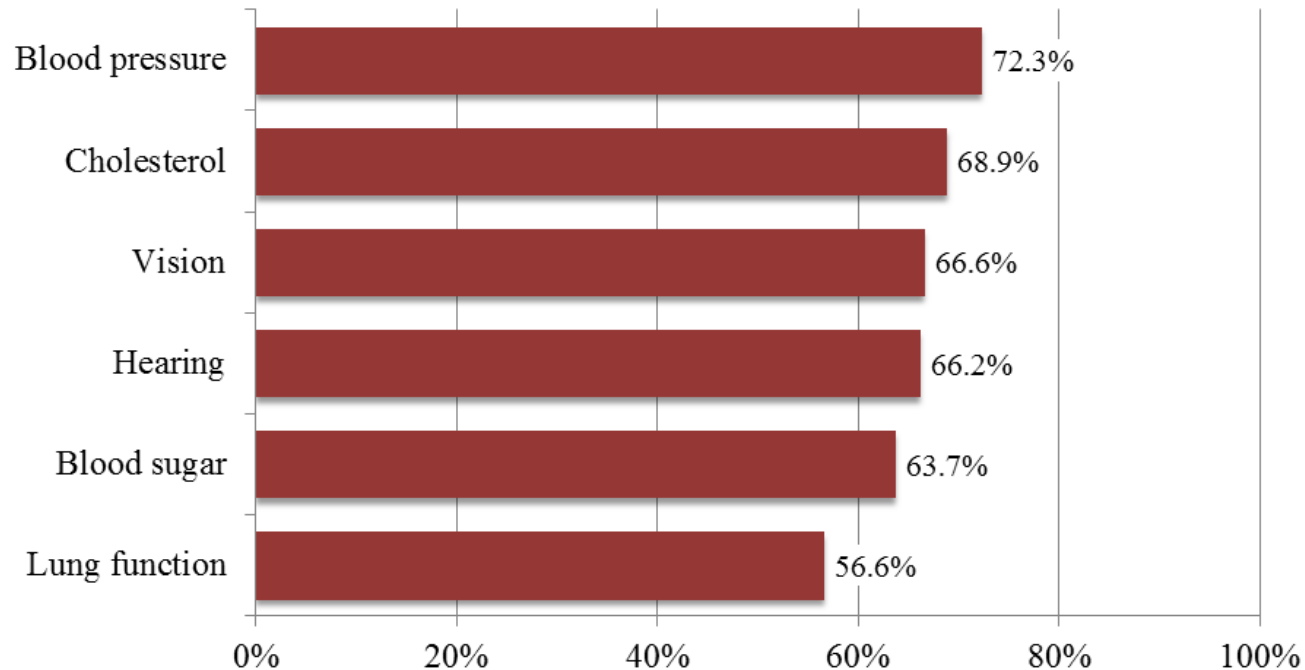
REAL IOWANS HEALTH SURVEY

Employed Respondents Reporting Wellness Programs Are Available at Work



REAL IOWANS HEALTH SURVEY

Employed Respondents Reporting “Likely” or “Extremely Likely” to Participate in Screening Programs if They Were Offered at Work



REAL IOWANS HEALTH SURVEY

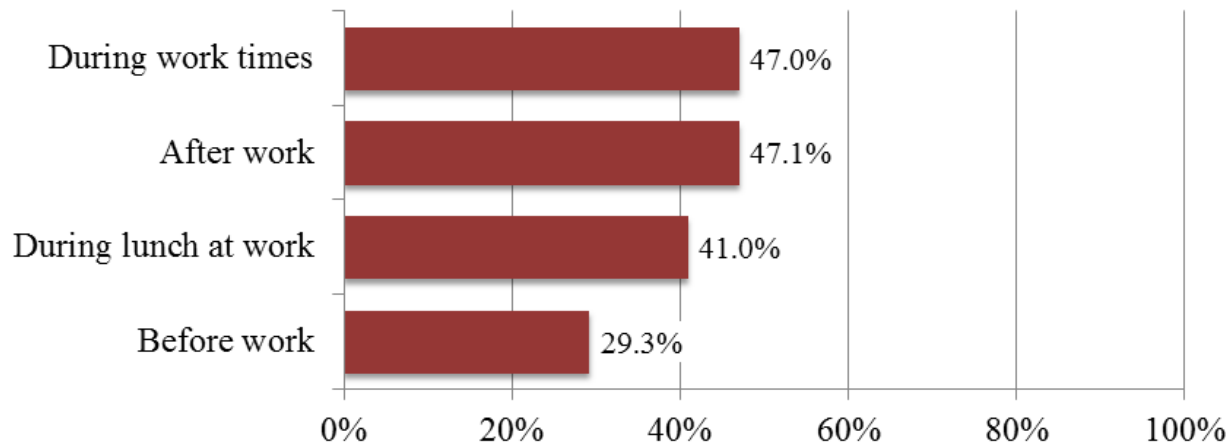
Healthy Behavior/Outcomes and Wellness Programs

<u>Organization Size</u>	<u>1-19</u>	<u>20-249</u>	<u>250-999</u>	<u>1000+</u>
Obese (BMI>30 (%))*	29.0	34.5	26.5	27.2
Current Smoker (%)*	15.1	14.7	13.0	8.7
Exercise 5+ days or more/week (%)*	24.9	24.1	26.9	30.9
Flu Vaccination in last 12 months (%)*	39.8	54.4	55.4	63.8

*<.0001 for all categories (all data not shown)

REAL IOWANS HEALTH SURVEY

**Percentage of Employed Respondents Reporting
“Likely” or “Extremely Likely” to Participate in Screening
Programs if They Were Offered at Work**



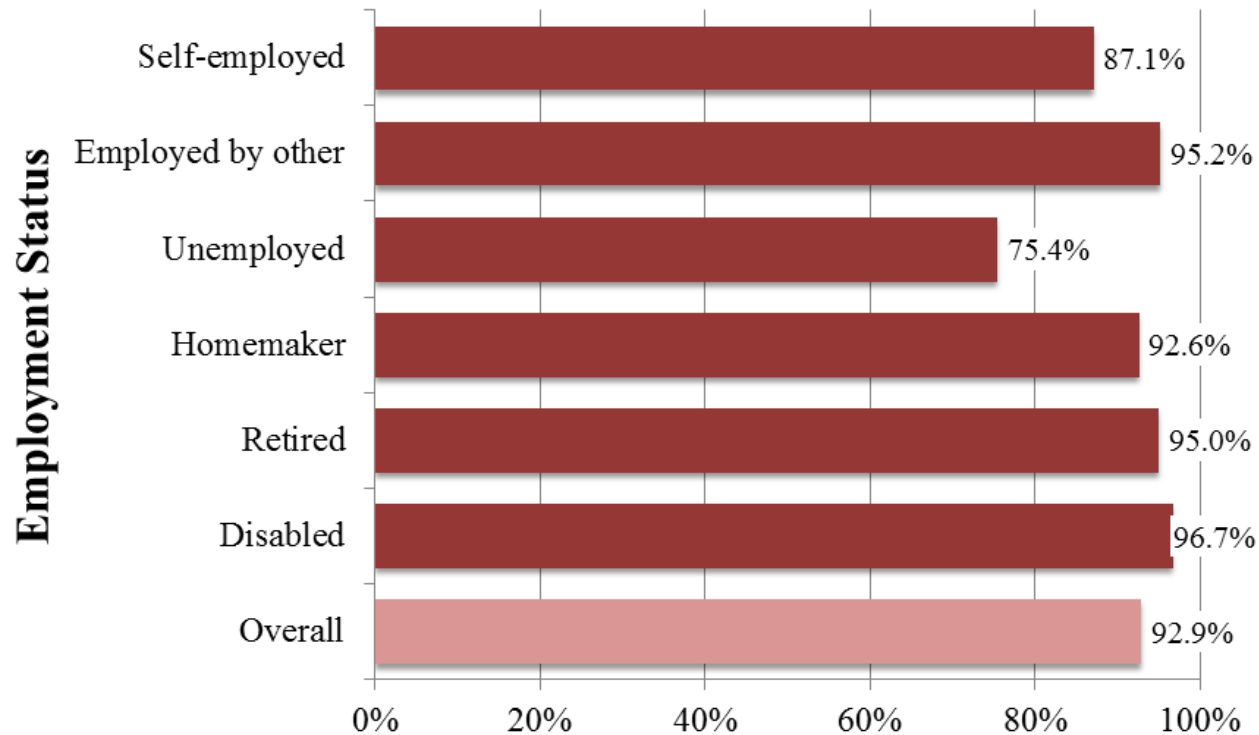
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Incentives to motivate employee participation in workplace wellness programs

Paid your hourly rate	73.5%
One-time case bonus of \$100	64.1%
One-time \$100 decrease in insurance premium	58.2%
Free fitness center membership	56.5%
No incentive needed	42.8%
A team program with co-workers	35.6%

REAL IOWANS HEALTH SURVEY

Percentage of Respondents with Health Insurance



REAL IOWANS HEALTH SURVEY

Primary Health Care Doctor and Annual Primary Care Doctor Visits

	<u>Self-Employed</u>	<u>Employed</u>	<u>Unemployed</u>
Have a Primary Care Doctor (%)	82.2	87.2	75.6
Visited Their Doctor within last 12 months (%)	81.9	84.1	74.7

Good, Not Great – But, Why?

Commonwealth Fund State Scorecard on Health System Performance, 2009

**Iowa Overall Ranking - 2nd
(tied with Hawaii after Vermont)**

Iowa Across Ranked Dimensions

- Access - First Quartile**
- Prevention/Treatment - First Quartile**
- Avoidable Hospital Use/Cost - Second Quartile**
- Equity - First Quartile**
- Healthy Lives - First Quartile**

**Source: Aiming Higher
Commonwealth Fund, 2009**

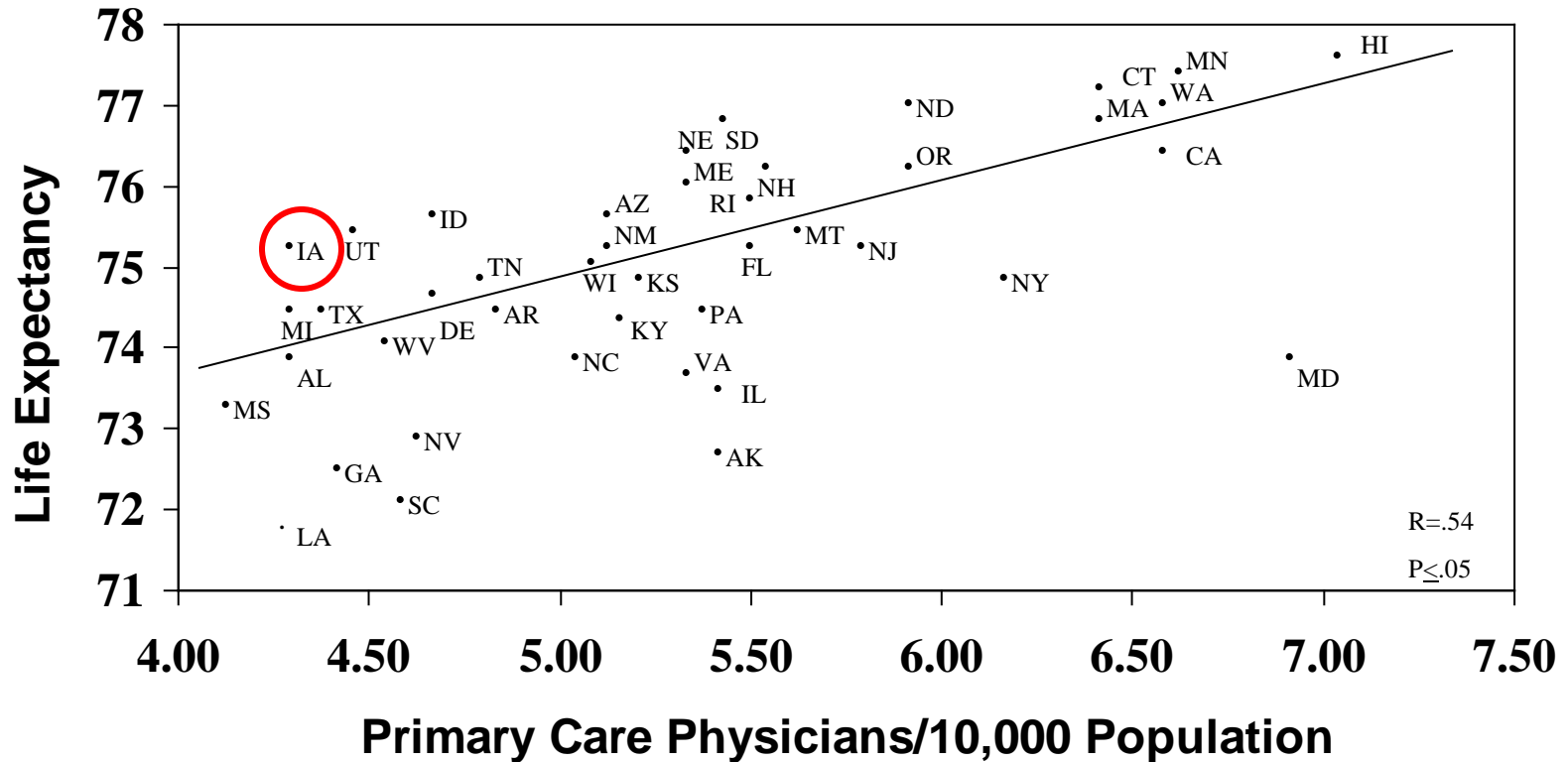
Primary Care* Attributes

- **First contact**
- **Continuous**
- **Comprehensive**
- **Patient-focused and long-term**
- **Family and Community orientation**

***Includes Family Practice, Internal Medicine, Pediatrics and Osteopathic Medicine**

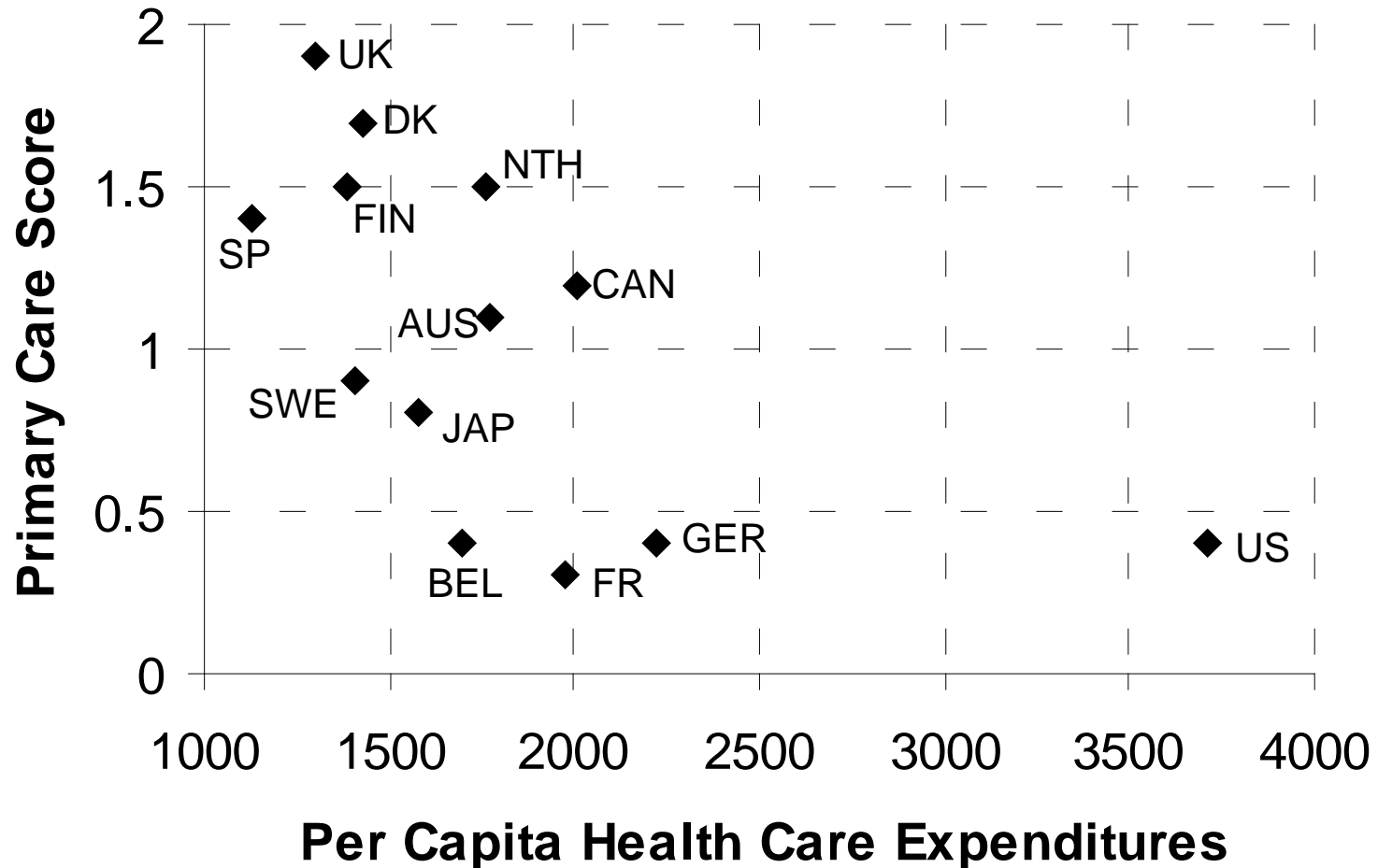
Source: Sepulveda, IBM, 2009

State Level Analysis: Primary Care and Life Expectancy



Source: Shi et al, J Fam Pract 1999; 48:275-84.

Primary Care Score vs. Health Care Expenditures, 1997



WHY DOES IBM CARE ABOUT PRIMARY CARE?

- Improves major health outcomes—supply of primary care physicians (PCP)/10,000**
- Reduces adult mortality: total, heart disease, stroke & cancer: an increase of 1 PCP/10,000 reduces overall mortality by 5.3% saving 127,617 lives**
- Reduces infant mortality & low birth weight**
- Reduces hospitalizations for ambulatory care sensitive diagnoses**
- Improves delivery of preventive services—primary care attributes significantly associated with being up-to-date on immunizations, screening, health habit counseling**
- States with higher PCP ratios have lower rates of smoking & obesity**

Source: Sepulveda, IBM, 2009

WHY DOES IBM CARE ABOUT PRIMARY CARE?

- **Improves outcomes and access to needed health services for minorities and the poor**
- **Adverse health effects of income inequality are reduced by access to primary care (lower overall mortality, infant mortality & low birth weight)**
- **Reduces health care costs—ratio of PCPs per population is associated with**
 - **Lower hospitalization rates for total US and for Medicare beneficiaries**
 - **Lower costs of care for common illnesses compared to specialists**
 - **Lower total cost of health services, lower Medicare spending**

Source: Sepulveda, IBM, 2009

IBM FULLY INTEGRATED EMPLOYEE WELL-BEING PROGRAM

- **Implemented in 2001, integrating all employee health, well-being and primary care programs**
- **Primary care and preventive health services are fully covered**
- **Health Risk Assessment (HRA) for all employees to identify and manage risk**
- **Between 2001-2007, employee chronic disease risk factors decreased to single digits**
- **Between 2001-2007, employees became smarter consumers of health care & insurance**
- **Between 2001-2007, IBM saved over \$1 billion in health care and related productivity costs**

Source: Sepulveda, IBM, 2010

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Conclusions—

- **Stakeholder, focus group and survey respondents all value primary health care and wellness**
- **The association between health status and healthy behaviors is generally understood, but how to achieve healthy behavior is much less clear**
- **Iowans, especially employed Iowans, have high rates of health insurance coverage and good access to primary health care**
- **Iowa employees are healthy, and self-employed Iowans are even healthier, by several measures**
- **Unemployed Iowans are much less healthy by several quality-of-life and chronic disease risk factor measures, and have less access to primary care**

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Conclusions continued—

- **Wellness program availability among employed Iowans increases significantly with organization size**
- **Healthier behaviors (less smoking, more exercise, annual flu vaccination and lower BMIs), are observed among employees of larger organizations**
- **Employed Iowans, especially in organizations 250+, participate (60% +) in available wellness programs, and others would participate if offered at work**
- **Several incentives would motivate Iowa employees (57-74%) to participate in wellness programs**

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- **Do you have to be IBM to be a smart employer?**
- **No! There are many successful, integrated employee health programs nationally, some of which will be presented here today.**