

# Rebalancing Health Care IN THE HEARTLAND

## An Iowa Context for Health Care Reform Current Demographic and Coverage Data

*May 2007*

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Acknowledgement and appreciation is extended to David Lind for permission to include data and analysis from his *2006 Iowa Employer Benefits Survey*, performed by David P. Lind & Associates, L.L.C. His cited work is comprised of confidential and copyrighted material and is the property of David P. Lind & Associates, L.L.C.

Research and analysis conducted for The University of Iowa by State Public Policy Group, Inc., Des Moines, Iowa [www.sppg.com](http://www.sppg.com)



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## Introduction

The following information has been compiled in an effort to provide Forum participants and others interested in health care reform with a context for Iowa population demographics and health insurance-related data and research. The majority of the population demographic data is from the United States Census Bureau and Iowa's State Data Center, which has performed analyses and compiled reports based on Census data, including the Current Population Survey. Data and analyses specific to the insured and uninsured, Medicaid and *hawk-i* (Iowa's State Children's Health Insurance – SCHIP program), Iowa resident behavior, and employer behavior are from the *2005 Iowa Child and Family Household Health Survey*, a collaboration between The University of Iowa Public Policy Center and the Iowa Department of Public Health; the *2004 – 2005 Iowa State Planning Grant*, a grant provided to the Iowa Department of Public Health by The Health Resources and Services Administration of the US Department of Health and Human Services (HRSA/USHHS); and from the *2006 Iowa Employer Benefits Survey*, conducted by David P. Lind and Associates, L.L.C.

Policymakers, business leaders, and advocates should use this information to continue the strong emphasis placed on health care reform policy change in Iowa.

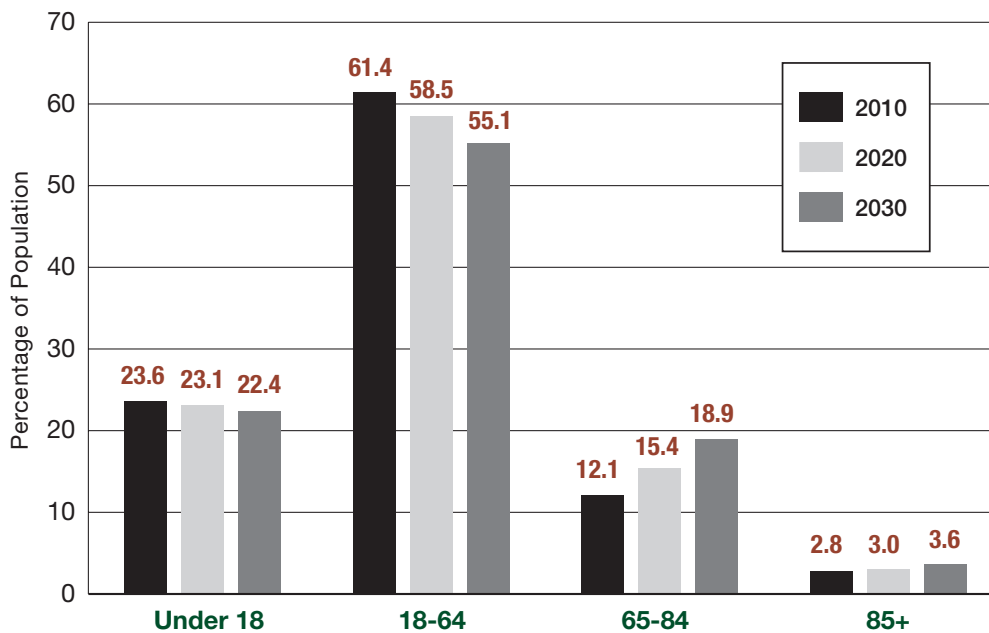
# Iowa Population Demographics

July 2006 Census estimates have indicated two important demographic changes in Iowa that impact health care policy discussions. First, the increase in the median age of Iowa residents continues to increase. Census data show that while the number of children in Iowa under the age of five has increased since 2000, the median age of Iowans has increased from 36.6 years in 2000 to 37.8 years in 2006. Iowa also ranks third in the nation for the number of residents over the age of 85 (2.5 percent) and fourth in the nation for the number of residents over the age of 65 (14.6 percent).<sup>1</sup>

Furthermore, in 2000, only two counties in Iowa had more residents age 65 and older than residents under the age of 18. It is projected that by 2030, the number of counties with more residents age 65 and older than residents under the age of 18 will increase to 71.<sup>2</sup>

Following are two charts. One (on this page) is the projected age groups in Iowa from 2010 to 2030; a second (on page 6) is the projected age change in Iowa from 2000 to 2030. Both of these charts were created by Iowa's State Data Center, based upon Census data.

## Projected Age Groups in Iowa: 2010-2030

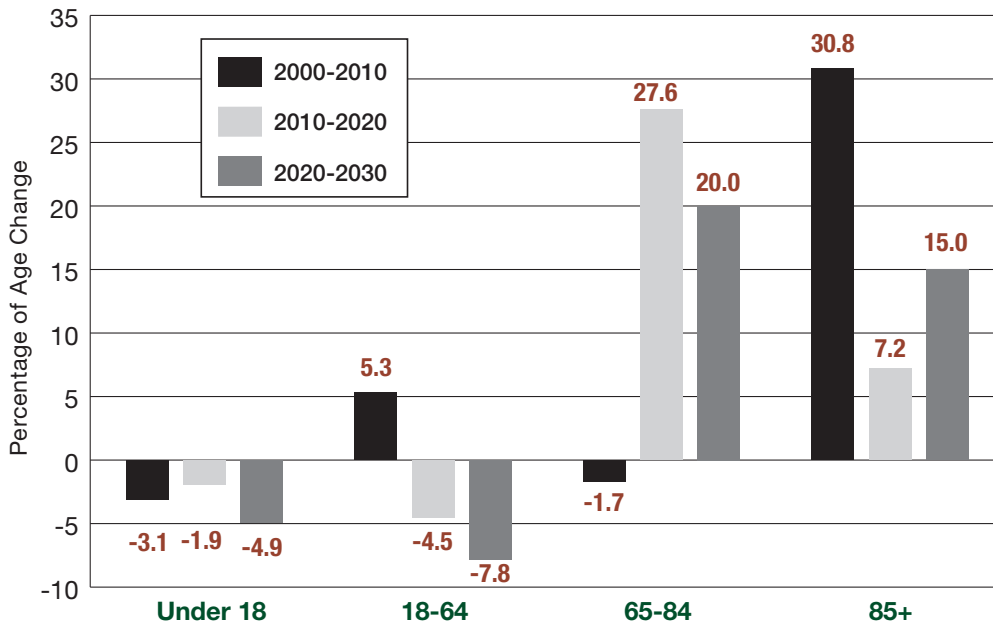


Data Source: US Census Bureau, 2005

<sup>1</sup> US Census Bureau, July 1, 2006, estimates.

<sup>2</sup> Henning, Beth. Iowa State Data Center, State Library of Iowa, based on US Census Bureau, 2006.

### Projected Age Change in Iowa Age Groups: 2000-2030



Data Source: US Census Bureau, 2005

Another important demographic factor in Iowa is that the number of minority residents in the state continues to grow. From 2000 to 2006, Iowa has seen a 39 percent increase in the Hispanic population, a 24 percent increase in the Asian population, and 15 percent increase in the black population. Furthermore, the overall minority population has increased in Iowa from 7.2 percent in 2000 to nine percent in 2006.<sup>3</sup>

The 2006 Current Population Survey also collects information about poverty rates. Below is a table which illustrates the percentage of Iowans living at certain poverty levels in 2005.

Below 100% of the federal poverty level	Below 125% of the federal poverty level	Below 135% of the federal poverty level	Below 150% of the federal poverty level	Below 185% of the federal poverty level	Below 200% of the federal poverty level
11.4%	15.7%	17.2%	19.7%	25.0%	27.4%

Data Source: US Census Bureau, 2006 Current Population Survey, Annual Social and Economic Supplement, 2005 data.

Specific Census data collected from the 2006 Current Population Survey also show that there are 722,000 children living in Iowa below the age of 19 at or below 200 percent of the federal poverty level.<sup>4</sup>

<sup>3</sup> US Census Bureau, July 1, 2006, estimates.

<sup>4</sup> US Census Bureau, Current Population Survey, 2006 Annual and Social Economic Supplement, 2005 data.

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# Health Insurance/Coverage in Iowa

## Insured and Uninsured Data

Review of US Census data from the Current Population Survey, Annual Social & Economic Supplement from 1996 to 2004, indicates that health care coverage rates in Iowa have been relatively stable for both children and adults. Coverage rates for children ranged from 88.9 percent and 95.3 percent during that time period, while rates for adults ranged between 86.4 percent and 91.3 percent.<sup>5</sup>

2004 to 2005 data collected by the Kaiser Family Foundation for each state based on the Current Population Survey findings illustrates how insured Iowans access health insurance coverage.<sup>6</sup>

Employer-Based Coverage	Individual/Family Purchased Coverage	Medicaid	Medicare	Other Public Coverage
60%	7%	11%	12%	1%

More recent data from the 2006 Current Population Survey<sup>7</sup>, Annual Social & Economic Supplement (2005 data), indicate there were just over 2.9 million residents, of which nearly 92 percent were covered by some type of health insurance:

- Just over 80 percent of the total population in Iowa was covered by private health insurance.
- Just over 25 percent of the total population in Iowa was covered by government health insurance, of which:
  - Just over 44 percent was covered by Medicaid.
  - Nearly 57 percent was covered by Medicare.
  - Just over 15 percent was covered by military health care.
  - Just over 8 percent (approximately 241,000 residents) was not covered at any time during the year.

*Note: Percentages total more than 100 as survey respondents may have been covered by more than one insurance program for the year in which the data were collected.*

It should be noted that between 2003–2004 and 2004–2005, Iowa was one of only three states to have a decrease in its uninsured rate.<sup>8</sup>

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<sup>5</sup> US Census Bureau, Current Population Survey, 1996 – 2004 Annual and Social Economic Supplement.

<sup>6</sup> The Henry J. Kaiser Family Foundation. “State Health Facts: Your Source for State Health Data, Health Insurance Coverage of the Whole Population, and States.” 2004-2005 data. 16 May 2007, [www.statehealthfacts.org](http://www.statehealthfacts.org).

<sup>7</sup> US Census Bureau, Current Population Survey, 2006 Annual Social and Economic Supplement, 2005 data.

<sup>8</sup> U.S. Census Bureau. “Income, Poverty, and Health Insurance Coverage in the United States: 2005.” August 2006. [www.census.gov/prod/2006pubs/p60-231.pdf](http://www.census.gov/prod/2006pubs/p60-231.pdf).



## Latest Medicaid Data from Iowa

The Medicaid program in Iowa reports enrollment data on a monthly basis. As of April 2007, the enrollment data for medically-needy and all other Medicaid combined, totaled 349,076 eligible recipients and 324,453 recipients served.<sup>9</sup>

Number of Iowans Eligible for Medicaid	Number of Iowans Who Received Medicaid Services	Total Percent of Eligible Iowans Served
349,076	324,453	92.95%

## Latest SCHIP Data from Iowa<sup>10</sup>

Iowa's SCHIP program is called *hawk-i*, and April 2007 enrollment data for the *hawk-i* program shows that 21,735 children are being covered by the program. The Medicaid Expansion program, which is also part of the SCHIP program, is responsible for covering 15,753 children for a combined total of 37,488 in these two programs. The Medicaid Expansion and *hawk-i* programs combine for a total state investment of approximately \$23 million and a \$37 million federal investment for this fiscal year.

## Medicare Data from Iowa

The latest Medicare enrollment data available and found on the Centers for Medicare and Medicaid Services (CMS) website was as of July 2005. Iowans enrolled in Medicare Part A and B as of July 2005 totaled 462,306.<sup>11</sup>

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<sup>9</sup> Iowa Department of Human Services, Medicaid Statistical Reports, April 2007, 22 May 2007, [www.dhs.state.ia.us/dhs2005/dhs\\_homepage/reports\\_pubs/medicaid\\_b1/medicaid\\_b1.html](http://www.dhs.state.ia.us/dhs2005/dhs_homepage/reports_pubs/medicaid_b1/medicaid_b1.html).

<sup>10</sup> Iowa Department of Human Services, *hawk-i* Board Meeting data, April 2007, 22 May 2007, <http://hawk-i.org>.

<sup>11</sup> Iowa Department of Human Services, Medicaid Statistical Reports, April 2007, 22 May 2007, [www.dhs.state.ia.us/dhs2005/dhs\\_homepage/reports\\_pubs/medicaid\\_b1/medicaid\\_b1.html](http://www.dhs.state.ia.us/dhs2005/dhs_homepage/reports_pubs/medicaid_b1/medicaid_b1.html).

## Iowa-Based Research

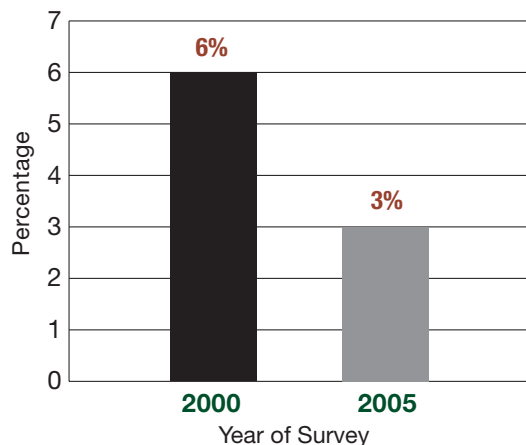
### [2005 Iowa Child and Family Household Health Survey](#)<sup>12</sup>

The University of Iowa Public Policy Center and the Iowa Department of Public Health collaborated to develop the *2005 Iowa Child and Family Household Health Survey*, which was funded by a grant from the Maternal and Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services. As part of the survey, over 3,600 families were contacted via phone with an over-sample of underrepresented minority families (questions were asked of both parents and children). The questions asked during the telephone survey centered on the health and well-being of children living in Iowa, as well as health insurance, health care, and several other issues.

One of the first key findings from the survey related to health insurance was the uninsured rate for children, which was 3 percent. This is lower than uninsured rates for children that have been estimated in other studies or surveys. In a similar survey conducted in 2000, the rate of uninsured children was 6 percent.

- Only 1 percent of children above 200 percent of the federal poverty level were uninsured.
- 4 percent of children with insurance had been uninsured at some point during the last 12 months; 70 percent of these children had been uninsured for less than 6 months and lower income children were more likely to have gone without coverage (10 percent).
- 72 percent of children were covered by employer-based insurance, although this varied by income: only about 30 percent of children under 133 percent of the federal poverty level had employer-based insurance, while 88 percent of children above 200 percent of the federal poverty level had employer-based insurance.

### Percentage of Uninsured Children in Iowa

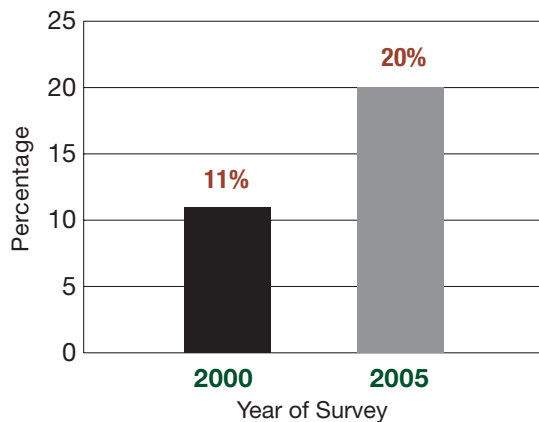


Data Source: *2005 Iowa Child and Family Household Health Survey*

<sup>12</sup> Damiano, Pete, et al. "The 2005 Iowa Child and Family Household Health Survey." October 2006. 22 May 2007, <http://ppc.uiowa.edu/health/ICHHS/iowachild2005/reports/ihhs2005/HHSFinalFormat.pdf>.

Children participating in public insurance programs such as Medicaid or *hawk-i*, were more likely to be low income (65 percent) compared to higher income children (5 percent). Based on this survey and the survey conducted in 2000, participation in both Medicaid and *hawk-i* has increased. In 2000, 11 percent of children were enrolled in one of the two public health insurance programs, while 20 percent were enrolled in 2005. Researchers were also able to determine that the majority of children without health insurance would most likely be eligible for either Medicaid or *hawk-i*.

### Percentage of Iowa Children Enrolled in Medicaid or *hawk-i*



Data Source: 2005 Iowa Child and Family Household Health Survey

Additionally, 97 percent of parents responded that it was very important for children to have health insurance. However, many parents expressed concern about their ability to pay for their children’s cost of health care in the previous 12 months, with 8 percent being worried “a great deal,” 14 percent being “somewhat worried,” and 13 percent expressing they were “a little worried.” Parents with higher incomes were significantly less likely to express these concerns.

Adults were also asked to comment on their health insurance status, and the findings show that 11 percent of Iowa’s children had uninsured parents at the time the survey was conducted. This is the same rate as the findings from the 2000 survey.

- 83 percent of children’s parents were enrolled in the same insurance plan as the child, which is a decrease from 2000 when 88 percent were enrolled in the same plan.
- Adult respondents also reported it was less important for them to have insurance compared to their children having insurance.

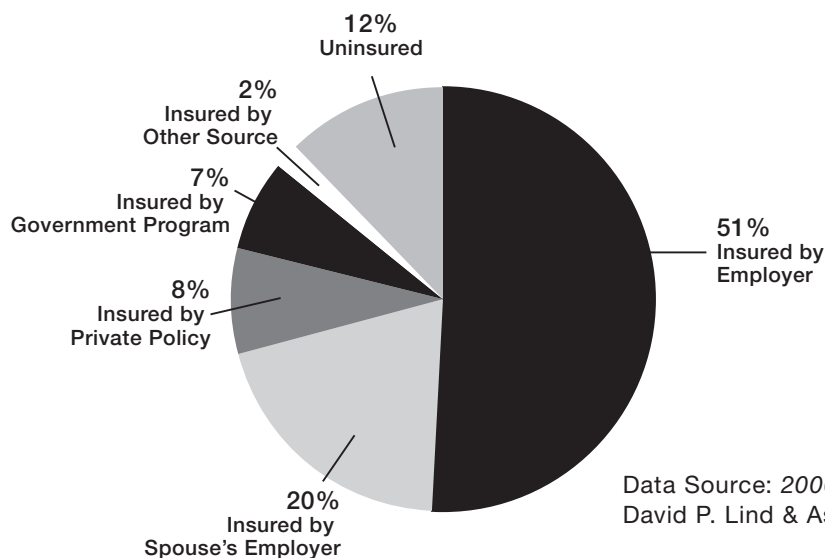
## Iowa State Planning Grant<sup>13</sup>

The 2004 – 2005 Iowa State Planning Grant, a grant to the Iowa Department Public Health from The Health Resources and Services Administration of the US Department of Health and Human Services (HRSA/USHHS), allowed researchers to examine several issues related to the effects that rising health care and health insurance costs have on Iowa businesses, consumers, and the Iowa economy. Components of the grant included a March 2004 Iowa business survey, which was a phone survey administered to 1,003 business leaders such as CEOs, Presidents, or Senior Vice Presidents. There was also a July 2005 phone survey conducted with Iowa residents ranging from age 18 to 64. It should be noted that the phone survey included 1,060 insured and 142 uninsured residents.

Not surprisingly, the survey findings indicated that most Iowa residents access health insurance through employment: 51 percent of respondents accessed coverage through their employer, 20 percent from their spouse's employer, 8 percent from a private policy, 7 percent from a government program, 2 percent from another source, and 12 percent indicated they were uninsured. The business survey also found that employers responding placed a high value on health insurance:

- In 2004, health insurance was the most common benefit respondents offered.
- 60 percent of respondents felt their employees were more productive as a result of having health insurance.
- 51 percent of respondents indicated their investment in employee health care yielded a good return.
- 50 percent of respondents reported they paid the entire premium for health care for their employees.

### Source of Insurance Coverage in Iowa



Data Source: 2006 Iowa Employer Benefits Survey, David P. Lind & Associates, L.L.C.

<sup>13</sup> Information in this section was based on data collected as part of the 2004-2005 Iowa State Planning Grant. The data was presented at the Covering Kids and Families State Coalition Meeting on October 17, 2005.

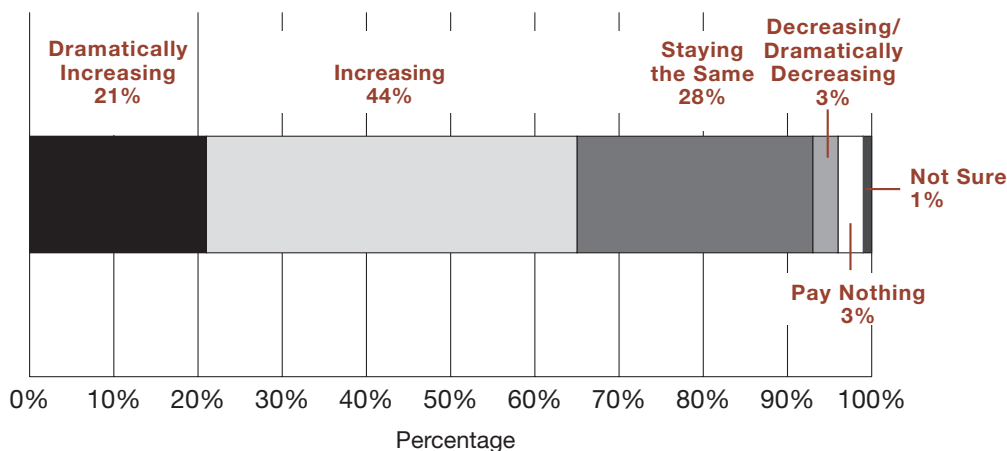
However, respondents to the business survey also reported challenges they faced around rising health care costs:

- 92 percent indicated rising health care costs were hurting their company.
- 79 percent reported rising health care costs were creating a state of crisis for businesses.
- 55 percent indicated rising health care costs prevented their companies from being as profitable as they could be.
- 51 percent felt the cost of health insurance threatened their company's viability.
- 34 percent reported they foresaw a time in the next 5 to 10 years when their company would no longer be able to offer health insurance as a benefit.

The business survey found that in 2005, the average annual employer premium contribution across all plan types was \$8,167 for family plans and \$3,413 for single plans. The average annual employee premium contribution for all plan types was \$2,713 for family plans and \$610 for single plans. Additionally, the average monthly employee premium contribution for family coverage was \$226 in 2005 compared to \$149 in 2001 and for individual coverage the monthly contribution was \$51 in 2005 compared to \$30 in 2001.

The majority of Iowa residents participating in the phone survey reported that they were paying more for coverage: 21 percent reported the cost of health insurance was dramatically increasing, 44 percent said it was increasing, 28 percent said it was staying the same, 3 percent said it was either decreasing or dramatically decreasing, 3 percent said they pay nothing, and 1 percent of respondents were not sure. The majority of Iowans buying their own health insurance (85 percent) reported their premiums have increased compared to 65 percent of Iowans overall. Also, those ages 18 to 44 have been less likely to experience an increase in their premiums (57 percent) compared to Iowans age 45 to 64 (71 percent).

### Cost of Health Insurance as Reported by Iowa Citizens



For those reporting an increase in their insurance premiums, 58 percent indicated the increased costs caused them to make sacrifices to their household budgets, while 40 percent indicated they were not really making sacrifices. Moreover, respondents also reported that they cut back on saving (86 percent); cut back on entertainment, leisure and vacation spending (83 percent); cut back on household expenses (44 percent); downgraded their health care coverage (35 percent); and/or reduced or eliminated other insurance (29 percent) to address increases to their health insurance premiums.

Findings from the Iowa resident survey also demonstrate that insured Iowans react to increasing health insurance costs by changing their health care and health insurance purchasing strategies. Respondents accessing insurance from a private plan were more likely to change their purchasing strategies as compared to those with an employer-sponsored plan.

- Switched doctors or hospitals (10 percent private plan; 9 percent employer-sponsored)
- Switched to more restrictive plan (17 percent private plan; 15 percent employer-sponsored plan)
- Switched to lesser benefits plan (32 percent private plan; 15 percent employer-sponsored plan)
- Switched to higher deductible plan/co-pay plan (48 percent private plan; 25 percent employer-sponsored plan)
- Minimize use to prevent policy increase (57 percent private plan; 48 percent employer-sponsored plan)

The Iowa resident survey found that access to health insurance impacts certain life decisions such as whether and when to have a baby, and whether to stay at home to care for the child. Health insurance decisions also impacted job mobility and career decisions for respondents. Responses collected for insured and uninsured residents also demonstrate that as health care costs increase, individuals attempt to save on medical expenses, sometimes to the potential detriment of their own health. Uninsured respondents were more likely to make decisions that were potentially detrimental to their health.

- Stopped taking prescription (15 percent insured; 32 percent uninsured)
- Cut back on a prescription (15 percent insured; 35 percent uninsured)
- Did not fill a prescription (20 percent insured; 41 percent uninsured)
- Did not schedule a test (21 percent insured; 41 percent uninsured)
- Did not go to a doctor when needed to (29 percent insured; 63 percent uninsured)
- Waited longer to see a doctor when sick (53 percent insured; 75 percent uninsured)

### Decisions Impacted by Increasing Health Care Costs

Action taken	Stopped taking a prescription	Cut back on a prescription	Did not fill a prescription	Did not schedule a test	Did not go to a doctor when needed	Waited longer to see a doctor when sick
% Insured	15%	15%	20%	21%	29%	53%
% Uninsured	32%	35%	41%	41%	63%	75%

The Iowa resident survey also asked insured respondents questions about their satisfaction with their health care coverage: 88 percent of the respondents between the ages of 18 and 64 reported having some form of coverage, 89 percent reported their health care plan provided either good or very good access to quality providers, and 83 percent of respondents indicated they felt the quality of their coverage was good or very good.

Finally, the resident survey also indicated that there was a willingness by respondents to consider changes to the health care and health insurance systems.

- 64 percent of respondents indicated they would be willing to increase their use of clinics staffed by nurses and physician assistants.
- 52 percent reported they would be willing to change to a health care plan with a higher deductible to decrease the cost of the premium.
- 48 percent responded they would be willing to cover higher co-pays for physician visits and prescription drugs.

### **2006 Iowa Employer Benefits Survey**<sup>14</sup>

David P. Lind & Associates, L.L.C. undertook an Iowa employer-based survey in 2006, which included employers with 10 employees and more, compared to their 2001 survey, which only included employers with 20 or more employees. The response rate to the survey was 39.1 percent whereby 923 employers in Iowa responded. For the overall sample, the employee-size weighted percentages were all accurate to within plus or minus 3.1 percent, at a 95 percent confidence interval.

The total percentage of respondents offering dental insurance to their employees was 67.4 percent, with employers with 1,000 or more employees being much more likely to offer dental insurance (94.1 percent) than smaller employers. The average monthly premiums that employers paid for dental insurance for their employees had increased by 17 percent from 2000 to 2006 for single plans (\$20.78 to \$24.40) and by 41 percent for family plans between the same time period (\$49.95 to \$70.27). Average employee contributions from 2000 to 2006 had decreased by 13 percent for single plans (\$11.51 to \$9.98), but had increased by 167 percent for family plans (\$15.14 to \$40.46).

When respondents were asked if they offered health insurance to their employees, 93.7 percent overall did. The most striking difference among the different sizes of employer was between the employers with less than 20 employees where 76.7 percent indicated they provided health insurance versus employers with 20 or more employees, which ranged from 90.2 percent (employers with 20 to 49 employees) to 100 percent (employers with 1,000 employees or more).

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<sup>14</sup> Data collection and analyses for the *2006 Iowa Employer Benefits Survey* was performed by David P. Lind & Associates, L.L.C. This work is comprised of Confidential and Copyrighted Material and is the Property of David P. Lind & Associates, L.L.C. and used here with permission.

## Percentage of Employers that Provide Health/Dental Insurance for Employees

	Total employers	Employers with less than 20 employees	Employers with 20-49 employees	Employers with 50-249 employees	Employers with 250-999 employees	Employers with more than 1,000 employees
<b>Health Insurance</b>	93.7%	76.7%	90.2%	96.3%	95.5%	100%
<b>Dental Insurance</b>	67.4%	24.8%	52.4%	68.6%	78.2%	94.1%

When it came to health care costs, the following findings were reported by respondents:

- 80.9 percent of respondents saw a rate adjustment increase before they made any adjustments to their health care plan.
- Of those with rate increases, smaller employers (those with 10 to 19 employees) experienced the largest average percentage increase of 20.1 percent compared to the overall average percentage increase of 13.9 percent.
- Average health insurance rate increases from 2001 to 2006 have declined: 17.4 percent in 2001, 18.7 percent in 2002, 18.2 percent in 2003, 15.7 percent in 2004, 12.4 percent in 2005, and 10.8 percent in 2006 (only the 2005 and 2006 data include employers with 10 to 19 employees).

## Average Employer-Based Health Insurance Rate Increase

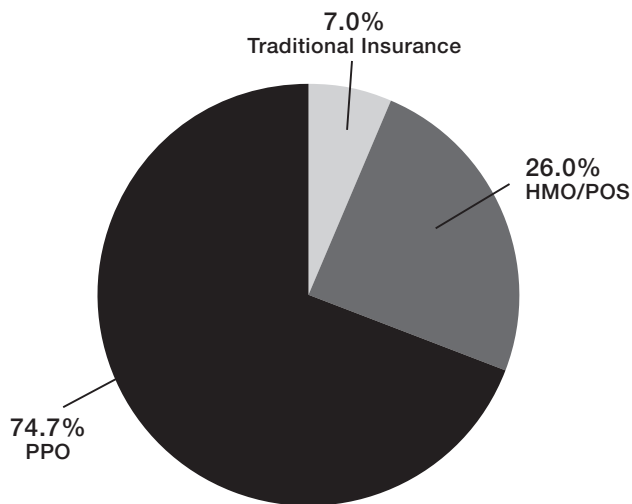
2001	17.4%
2002	18.7%
2003	18.2%
2004	15.7%
2005	12.4%
2006	10.8%

Respondents were also asked how they responded to health insurance rate increases: 57.7 percent increased employee contributions (through payroll deductions), 34.8 percent raised deductibles, 23.9 percent increased prescription drug co-payments, 22.7 percent raised out-of-pocket maximums, and 20.3 percent increased office visit co-payments. Respondents choosing other options offered in the survey totaled less than 15 percent.



According to the responses from the survey, the following chart illustrates the types of health plans offered in Iowa in 2006.

### Types of Health Plans offered in Iowa, 2006



Data Source: 2006 Iowa Employer Benefits Survey, David P. Lind & Associates, L.L.C.

Specific questions asked about PPOs were reported, given they were the largest type of health care plan used or offered in Iowa. In network deductibles for PPOs (the amount paid by the individual before the insurance company begins to pay for services), reported as an average for all respondents, increased by 171 percent from 2000 to 2006 for individual plans (from \$280 to \$759) and increased by 169 percent from \$599 to \$1,611 for family plans over the same time period. The smallest employers (those with 10 to 19 employees) moved to much higher deductible plans when they received cost increases for health insurance, compared to the weighted average across all sizes of employers. The smallest employers had an average in network deductible of \$1,352 for single plans and \$2,982 for family plans, compared to the overall average of \$759 for single plans and \$1,611 for family plans.

In network out-of-pocket maximums for PPOs (what an individual pays out-of-pocket before the insurance company covers 100 percent of the costs) were also reported:

- The average out-of-pocket maximum for single plans increased by 86 percent from 2000 to 2006 (\$1,001 to \$1,861).
- The average out-of-pocket maximum for family plans increased by 95 percent from \$1,943 to \$3,788 over the same time period.
- Average in network out-of-pocket maximums for PPOs differed vastly based on the size of employer.
- The smallest employers had an average out-of-pocket maximum of \$2,995 for single plans and \$5,849 for family plans compared to the overall average for all respondents of \$1,861 for single plans and \$3,788 for family plans.

Average office co-payments from 2000 to 2006 for PPOs increased by 54 percent from \$11.32 in 2000 to \$17.43 in 2006. Co-payments for PPOs for generic, preferred brand name, and non-preferred brand name prescriptions also greatly increased from 2000 to 2006. Monthly premiums for PPOs (what the employer has to pay to the insurance company before the employee payroll deduction), also increased significantly from 2000 to 2006 for both single and family plans:

- Single plans increased by 74 percent from \$195 to \$340.
- Family plans increased by 79 percent from \$493 to \$881.
- Smaller employers (those with 10 to 19 employees) had lower monthly premiums due to the higher deductible plans they have put in place for employees: \$297 compared to the overall average of \$340 for a single plan and \$743, compared to the overall average of \$881 for a family plan.

Average employee contributions for PPOs (the amount the employer asks the employee to contribute via payroll deductions) increased by 49 percent from 2000 to 2006 (\$39 to \$58) for a single plan. For family plans, the average employee contribution increased by 56 percent from \$175 to \$273 over the same time period. Employees of smaller employers (those with 10 to 49 employees) were asked to pay more through payroll deductions compared to the overall average. The data also show that over the time period of 2000 to 2006, employers continued to pay for approximately the same percentage of the monthly premium: employers paid between 80 percent and 83 percent of the monthly premium for single plans and between 61.5 percent and 69 percent of the monthly premium for family plans.

Additional questions were asked about bargained versus non-bargained medical plans, public versus non-public medical plans, and health and wellness initiatives. The percentage of employers offering or considering wellness and/or disease management programs is captured in the table below.

	Currently offer	Considering in next 12 months	Will <b>not</b> offer in the next 12 months
Medical Information (website, newsletter, etc.)	57.5%	11.2%	17.9%
Blood Pressure Screening	28.2%	14.2%	30.6%
Cholesterol Screening	27.7%	13.6%	31.5%
Health Club Discount/Reimbursement	23.3%	8.3%	38.8%
Health Risk Assessment Program	21.5%	18.3%	31.5%
Smoking Cessation Programs	23.4%	14.6%	33.0%
Chronic Disease Management Programs	21.0%	13.5%	32.9%
Weight Control Programs	17.8%	15.7%	33.9%

Data Source: 2006 Iowa Employer Benefits Survey, David P. Lind & Associates, L.L.C.

Finally, the survey asked questions about the respondents' likelihood of offering different types of consumer-driven health plans. When asked the likelihood of changing to a consumer-driven health plan in the next 12 months, 56.2 percent of respondents in 2005 and 73.7 percent of respondents in 2006 reported they were either somewhat unlikely or very unlikely to do so (just over half of the respondents in 2006 responded very unlikely). Only 5.7 percent of respondents in 2005 and 2.1 percent in 2006 reported they were very likely to change to a consumer-driven health plan. The largest employers (those with 50 or more employees) were more likely to offer a consumer-driven health plan, either a health reimbursement arrangement (HRA) or a health savings account (HSA) in 2006.

- 22.1 percent of employers with 50 to 249 employees reported offering a consumer-driven health plan.
- 21.2 percent of employers with 250 to 999 employees reported offering a consumer-driven health plan.
- 35.3 percent of employers with 1,000 or more employees reported offering a consumer-driven health plan.
- 19.3 percent of employers overall reported offering a consumer-driven health plan.

It is the intent to provide current and relevant information here that allows the reader to frame health care reform proposals in the context of Iowans and Iowa's health care coverage setting. It is intentional that no analysis or specific recommendations for reform are set forth. Rather, demographics, a recognition of the health care status of the uninsured and underinsured, public and private health care programs and their uses, employer-sponsored health care coverage – including benefits and costs – and the impacts of these factors taken together must be considered as policy proposals emerge.