



2008 Consumer Awareness Survey Results

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Presented by:



The Partnership for Peak Healthcare Performance is a program of the Dallas-Fort Worth Business Group on Health. For more information about the Partnership for Peak Healthcare Performance or about DFW Business Group on Health please visit www.dfwbgh.org.

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I. Introduction

The Dallas-Fort Worth Business Group on Health (DFWBGH) is a not-for-profit coalition that works with employer members to promote and maintain a healthcare delivery system that provides quality, accountability, and affordability to employees of member organizations. These goals are accomplished primarily through:

- Educating health care stakeholders about best provider practices to facilitate competition and informed health care purchasing decisions
- Advocating the development of standardized measurement systems to evaluate health care quality and cost effectiveness
- Providing channels for the business community to express its views to health care policy makers and to the community-at-large

In July of 2007, the DFWBGH launched a new community-wide initiative called the Partnership for Peak Healthcare Performance (PPHP) to improve the quality of care for prevalent chronic illnesses and instill transparency into the local health care system. The PPHP is working on a 3-year project that brings together DFW area employers, physicians, health plans, and consumers in a collaborative effort to measure, improve, and publicly report physician performance in the treatment of prevalent chronic illnesses and empower consumers to make informed decisions about health care. The initial focus of the PPHP is on diabetes care.

The DFWBGH contracted with Crescendo Consulting Group in 2008 to conduct a research study in support of the PPHP. The research, funded by sanofi-aventis US, was designed to assist DFWBGH and its membership to establish baseline knowledge and to provide a statistically significant view into consumer attitudes and behaviors regarding diabetes care and the use of healthcare quality information. The main research objectives were to:

- Assess awareness levels of diabetes risk factors among the insured working population in DFWBGH's membership.
- Evaluate this population's awareness of quality healthcare and quality diabetes care.
- Identify the population's current usage and its willingness to use publicly available quality information to make decisions.
- Determine areas for educating employees on quality healthcare, quality diabetes care, and diabetes prevention.

Based on the findings of this research, the PPHP will focus on developing and implementing worksite interventions designed to further empower healthcare consumers to make informed decisions.

II. Executive Summary

To help establish baseline knowledge and to provide a statistically significant view into consumers' attitudes and behaviors regarding diabetes care and the use of healthcare quality information, the Dallas-Fort Worth Business Group on Health (DFWBGH) conducted a quantitative survey with the employees of DFWBGH member organizations in support of the Partnership for Peak Healthcare Performance (PPHP). The survey provided an understanding of an insured employee population that the PPHP could directly impact through worksite interventions at Corporate Member locations.

The four primary goals of the survey were to learn more about and establish a baseline for: consumer awareness of diabetes risk factors, consumer awareness of appropriate diabetes care, consumer awareness and attitudes concerning quality measures, and the likelihood of using physician performance information and other quality measures in making decisions about care. The relevant findings from each of these areas are presented below.

1. *Consumer Awareness of Diabetes Risk Factors*

►► **Strong opportunities exist to distribute information about diabetes prevention, disease management, and community resources.**

- Consumers are generally able to identify the most important risk factors for diabetes, but are less knowledgeable about other risk factors.
 - Most (95%) respondents correctly identified being overweight and having a family history as diabetes risk factors.
 - However, few (less than 27%) acknowledged awareness of several others, such as pregnancy, smoking, alcohol, and heart condition.
 - Most respondents agreed that understanding diabetes and managing this condition is important.
 - However, a substantial percentage of the respondents doubted that diabetes can be prevented (39%), and doubted that community resources are available for information and care of diabetes (58%).

2. *Consumer Awareness and Behavior of Appropriate Diabetes Care*

►► **The relatively low percentage of respondents who “very actively” manage their chronic health condition implies an opportunity to educate individuals with diabetes about the need for personal research, office visit preparation, and use of work site programs.**

- Consumers are at least moderately aware of important blood tests for diabetes, but are less aware of other important diagnostic tests.
 - With respect to blood tests, consumers had a relatively high awareness of their importance. (63%-73% for specific tests)
 - A smaller percentage understood the importance of foot and eye exams (43%, 32%, respectively).

- Consumers do not currently engage in many of the key desirable behaviors to help manage health conditions or maintain current health.
 - Fewer than 60% of those surveyed expressed that they ‘always’ exhibited the target behaviors for an office visit (such as making a list of questions or making a list of current medications).
 - Only about half (54%) of those who reported chronic conditions felt they very actively managed their condition.
 - Only about half (47%) of those who reported having diabetes stated they were very likely to research treatment options for the condition.

- More than half of all respondents state that they have participated in workplace “health risk assessments” or “programs to promote healthier living” (e.g., weight loss or smoking cessation classes).
 - Approximately three of five respondents reported that they used workplace HRAs, and more than 60% stated that they had taken advantage of healthy living programs.
 - Slightly over one-third of overall respondents participated in disease management programs.

3. Consumer Awareness and Attitudes Concerning Quality Measures.

▶▶ An opportunity exists to teach consumers about quality care and sources of reliable information comparing physician quality (such as the Internet or HR Department).

- To respondents, the most important requirements for quality healthcare from a physician are that the physician takes time to answer their questions (90%) and discuss treatment options (83%).
 - Less than one in five (18%) thought that having computerized office systems was an important factor in determining whether they receive quality care.

- Although respondents most commonly consider friends and family to be the primary resource for finding information on quality care, a considerable percentage would turn to the Internet for the information.
 - Almost three of five respondents (58%) stated that they consider the Internet as a medium they would likely use to find comparative quality information about doctors.
 - Very few (6%) said they would use their company’s HR department as a resource.

4. Likelihood of Using Physician Performance Information and Other Quality Measures in Making Decisions About Care

▶▶ Respondents indicate a readiness and a willingness to receive and use valid comparative quality data in choosing a physician.

- Almost 90% of respondents say they would be interested in receiving reliable quality data on local doctors.
- One in five respondents (21%) said that they would select the more highly rated physician if required to choose between a doctor who is familiar and one who is more highly rated in quality reports.

III. Methodology

The survey results provide insightful data and indicate some avenues that are worthy of future research and discussion. The final survey instrument approved by DFWBGH is included in Appendix A.

DFWBGH hired Crescendo Consulting of Portland, Maine to conduct the survey. Since the results from the study would be used by the PPHP to develop interventions at member locations, the distribution methodology attempted only to reach those who are currently employed by DFWBGH corporate members. In an effort to contain costs and avoid possible confidentiality issues, the survey was distributed solely through existing employer channels, largely e-mail.

While this distribution method was very appropriate from a cost and schedule perspective, the project also has some limitations worth noting – the largest of which are the inherent biases that arise when using a convenience sample (namely, non-response bias). Additionally, since e-mail was the primary method of distribution, it is likely that employees without company e-mail addresses did not participate in the survey at the same level as those with company e-mail addresses. Lastly, many organizations chose not to participate in the project due to timing or other constraints.

Despite the limitations in the survey methodology and distribution, the volume of responses still provides a robust snapshot of employee perspectives and behavior. The results from the survey offer helpful information and can be used to help the PPHP develop timely and appropriate interventions for member employers.

An online survey was conducted in April and May 2008, with men and women, age 18 or older, who were employees of DFWBGH member organizations. Crescendo and DFWBGH worked together to encourage participation in the survey among member organizations. Once participation was agreed on, introductory e-mails containing “hot links” to the survey were sent to employees. Crescendo collected the survey responses and analyzed the results using SPSS statistical software and other experiential methods.

- Overall, 1,518 surveys are included in the analysis, yielding a +/- 2.5% margin of error at the 95% confidence interval.
- Given that the surveys were solicited via an e-mail link, respondents were self-selected yet still give a broad view of various demographic groups.
- The survey included people residing within the Greater Dallas-Fort Worth Metroplex (covering 460 zip codes).

In some cases, it was useful to compare the DFWBGH research results to other studies. A study conducted by the Maine Health Management Coalition (“Maine Study”) is frequently referenced throughout this document due to the similarity in purpose and methodology to the DFWBGH study. The Maine Study has been conducted on an annual basis since 2006 with a goal of examining working people’s attitudes on healthcare and healthcare quality. The survey is distributed through member employer channels to employees. Results are used to assist in the development of worksite interventions regarding quality healthcare and healthcare consumerism and, to a lesser extent, measure the success of previous interventions.

There are other studies referenced in the report that utilize various methodologies. Although the studies represent disparate populations, the results are nonetheless useful for comparative benchmarking. One of the most prominent national studies referenced in this report is the

Behavioral Risk Factor Surveillance System (BRFSS). A brief description of this study follows:

*Established in 1984 by the Centers for Disease Control and Prevention (CDC), the Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury...More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs.*¹

In other sections of the report, “Kaiser” results will be provided. The Kaiser Family Foundation regularly conducts a “public opinion research program through which [they] regularly probe the views and experiences of the public on health and related issues”². Results from surveys are distributed in partnership with major news organizations, such as *The Washington Post*.

¹ The Center for Disease Controls website, www.cdc.gov

² Kaiser Family Foundation: Policy Analysis and Research, www.kff.org.

IV. Participation and Demographics

Over 60 DWFBGH member organizations were invited to participate in the survey. Over 20 organizations³ completed surveys, but only eight participated in the research to any significant degree.

Q32. What is the name of your employer?

Table 1 – Major Participating Organizations		
Organization	Responses	Percentage
Atmos Energy	155	10%
Bell Helicopter	60	4%
City of Fort Worth	349	23%
City of Mesquite	106	7%
Diocese of Fort Worth	173	11%
Federal Reserve Bank of Dallas	352	23%
La Quinta	84	6%
Safety-Kleen	162	11%
Other or no response	77	5%
Total	1,518	100%

- The City of Fort Worth and the Federal Reserve Bank of Dallas were the most active members – with their employees contributing nearly half (46%) of the total surveys.
- Some participants (e.g., Bell Helicopter, La Quinta) were able to distribute the survey to only certain segments of their employee populations.

Conclusion 1:

The 1, 518 responses to the survey provided a robust baseline understanding of insured employee attitudes and behaviors which can be used to develop and implement worksite programs for member employers, and to measure change overtime.

³ Additional organizations completing at least one survey include: Affiliated Computer Services, Chemical Lime, City of Mansfield, City of North Richland Hills, City of Plano, CARES, DART, Fluor Corporation, JCPenney, NCH, Neiman Marcus, Technology Service Professionals, Temple-Inland, Inc.

To develop a better understanding of respondents and to facilitate more detailed cross tabulation of the data, survey participants were asked a series of demographic questions. Demographic categories included ethnicity, gender, age, household income, and education.

The target audience was the employed population of the DFVBGH membership. The sample was not intended to mirror the demographics of the Dallas-Fort Worth area.

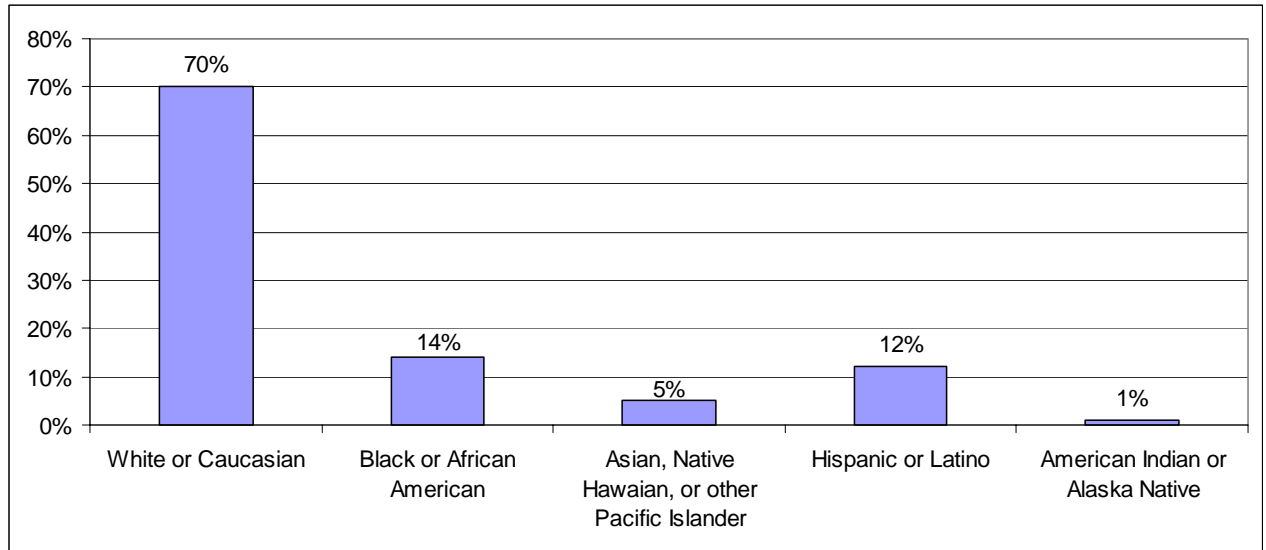
Table 2 – Demographic Profile		
	Survey Respondent Demographics	2007 Dallas-Ft. Worth CMSA Demographics*
Female	63%	51%
Male	37%	49%
Ages 45-64	54%	23%
College Graduates	37%	20%
Median income	\$73,000	\$54,742
Caucasian	70%	66%
African American	14%	14%
Hispanic or Latino	12%	25%

*Source: US Census Bureau, Dallas-Fort Worth Consolidated Metropolitan Statistical Area (CMSA).

- The population in the study is mainly Caucasian (70%), female (63%) and between the ages of 45-64 (54%).
- There appears to be a higher concentration of Hispanics / Latinos in the DFW population compared to the survey sample, however, the US Census Bureau allowed self-identified Hispanics to associate themselves with more than one ethnic category. Even though the DFVBGH study also allowed multiple ethnic associations, very few (less than 2%) identified themselves in this way.

Ethnicity

Q31. Which one or more of the following would you say is your race or ethnicity?



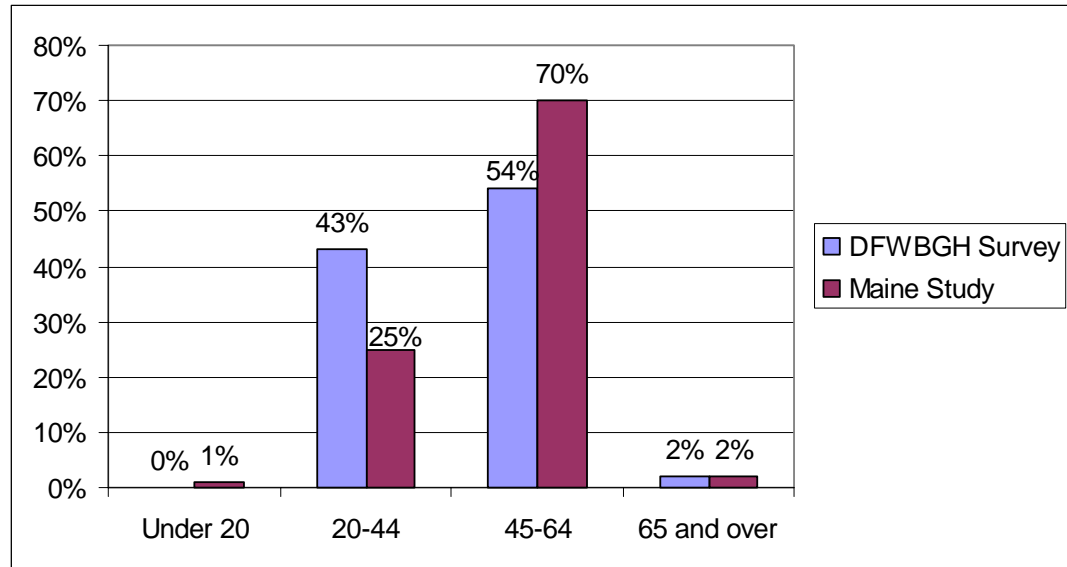
n= 1,518

- Seven in ten respondents (70%) say that they are white or Caucasian – close to that of the DFW area (66%).
- The Black or African American population included in the research (14%) is equal to that of the DFW population (14%).

NOTE: Participants in the Maine Study were overwhelmingly Caucasian (95%), reflective of the state's smaller ethnic populations.

Age

Q28. Which of the age ranges are you in?

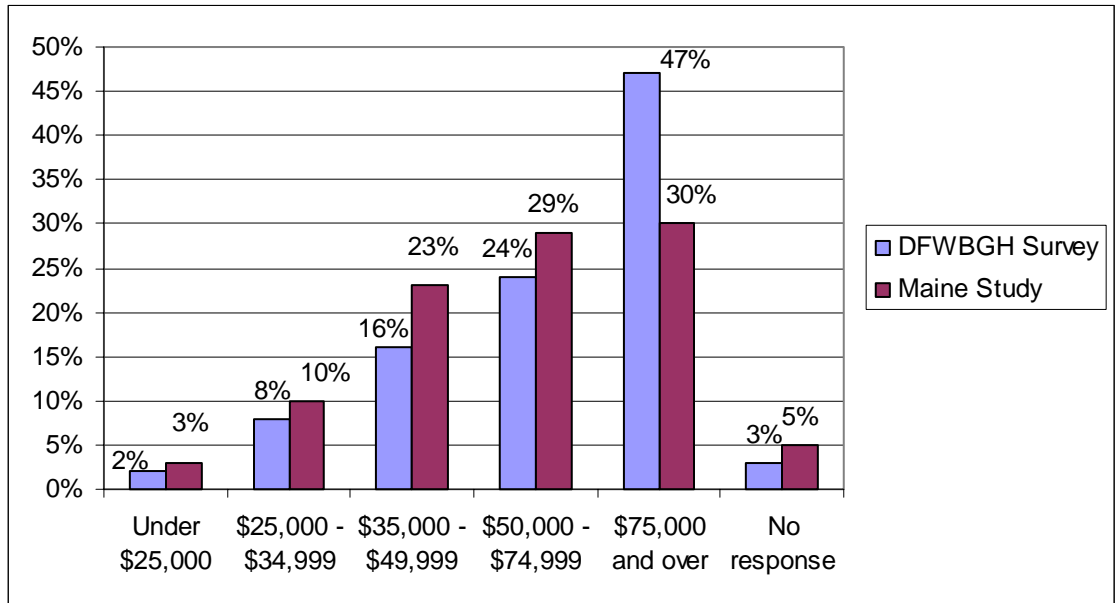


n= 1,518 (DFWBGH)

- Most respondents (54%) are in the 45-65 age group.
- In general, participants are somewhat younger than survey participants in a similar study conducted in Maine in 2008.
- The median age in the US among people age 18 or older is about 42 years – slightly younger than the DFWBGH sample.

Income

Q29. What best describes last year's total family income before taxes?

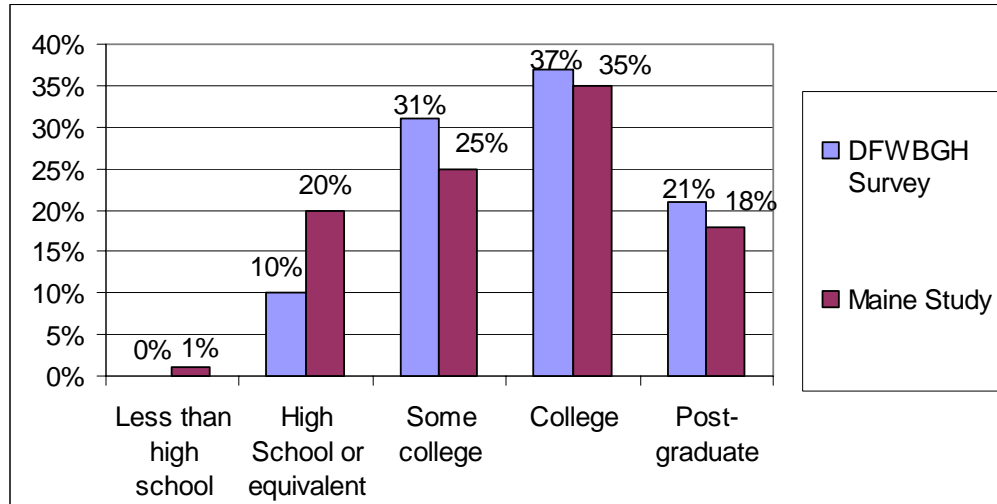


n= 1,518 (DFWBGH)

- Nearly half (47%) of DFWBGH respondents have family income of over \$75,000.
- Only about one-fourth of respondents (26%) have income below \$50,000.
- Participants in the recent Maine study tend to have lower annual income.

Education

Q30. What level of education have you completed?



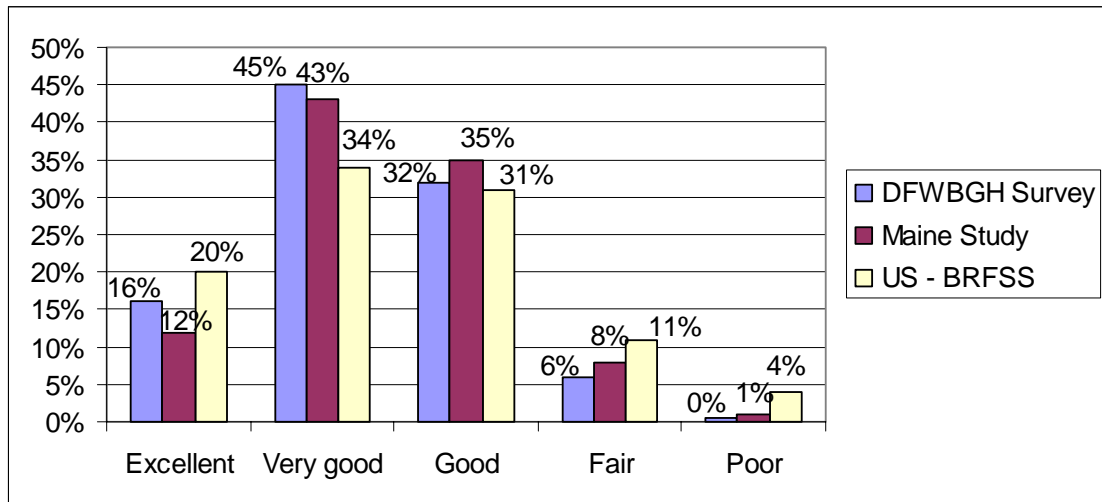
n= 1,518 (DFWBGH)

- Nearly six in ten (58%) of DFWBGH respondents have a college or post-graduate degree.
- DFWBGH participants tend to be somewhat better educated than those in the Maine study.

V. Health Status

General Health

Q5. In general, how would you describe your health?

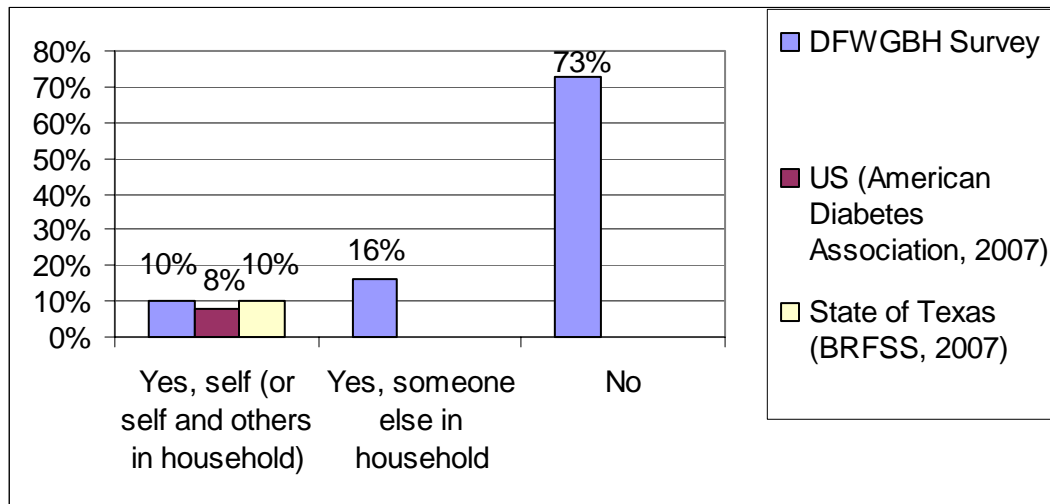


n= 1,518 (DFWBGH)

- Most (61%) describe their health as excellent or very good – slightly better than participants in the Maine and BRFSS studies.
- The Behavioral Risk Factor Surveillance System (BRFSS) is a system of health surveys administered nationally. The surveys are designed to collect US and state level information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.
- Fewer respondents in the DFWBGH study consider themselves to be in “excellent” condition compared to the US rate (16% compared to 20%). This may be because the median age in the US of people 18 or older is about 42 – slightly younger than the median age of DFWBGH respondents.

Diabetes Status

Q22. Have you ever been told by a doctor or other health care professional that you or someone that lives in your household has diabetes?



n= 1,518 (DFWBGH)

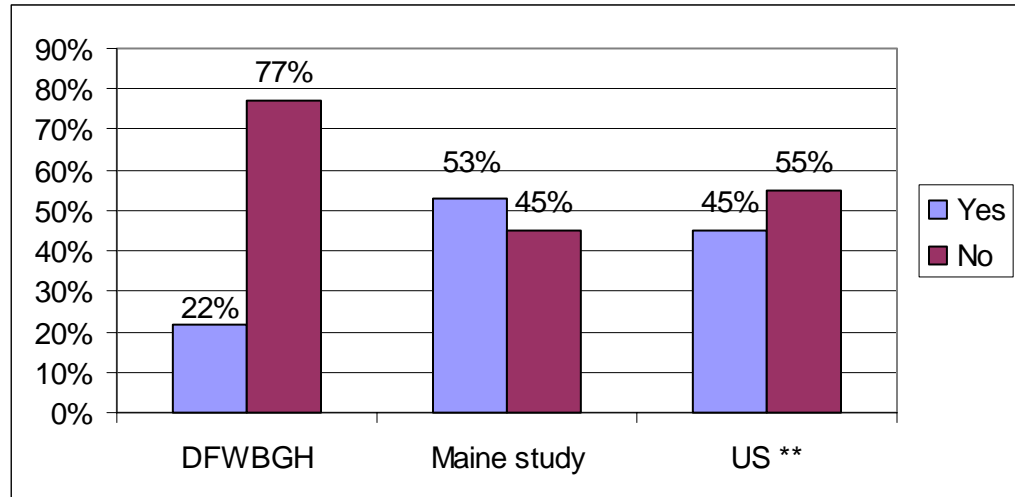
- More than one-fourth of respondents (26%) say that they have diabetes (10%) or live with someone who has diabetes (16%).
- The DFWBGH incidence rate of diabetes (10%) in this survey population is slightly higher than the US average (8%), but equal to Texas specifically.

NOTE: Incidence of diabetes varies by age. In people aged 18-44, incidence (nationwide) is 3.4%, but jumps to 12.3% in those aged 45-64.⁴

⁴ Center for Disease Control; Incidence of Diagnosed Diabetes per 1000 Population Aged 18-79 Years, by Age, United States, 1980–2005, Link: <http://www.cdc.gov/diabetes/statistics/incidence/fig3.htm>

Chronic Condition

Q17. Have you ever been told by a doctor or other health care professional that you have a chronic or long-term health condition (such as diabetes or heart disease)?⁵



n= 1,518 (DFWBGH)

- Nearly one-fourth (22%) of respondents indicate that they have been told that they have a chronic illness such as diabetes or heart disease.
- Respondents in the DFW survey are significantly less likely to say that they have a chronic health condition than other research would suggest.

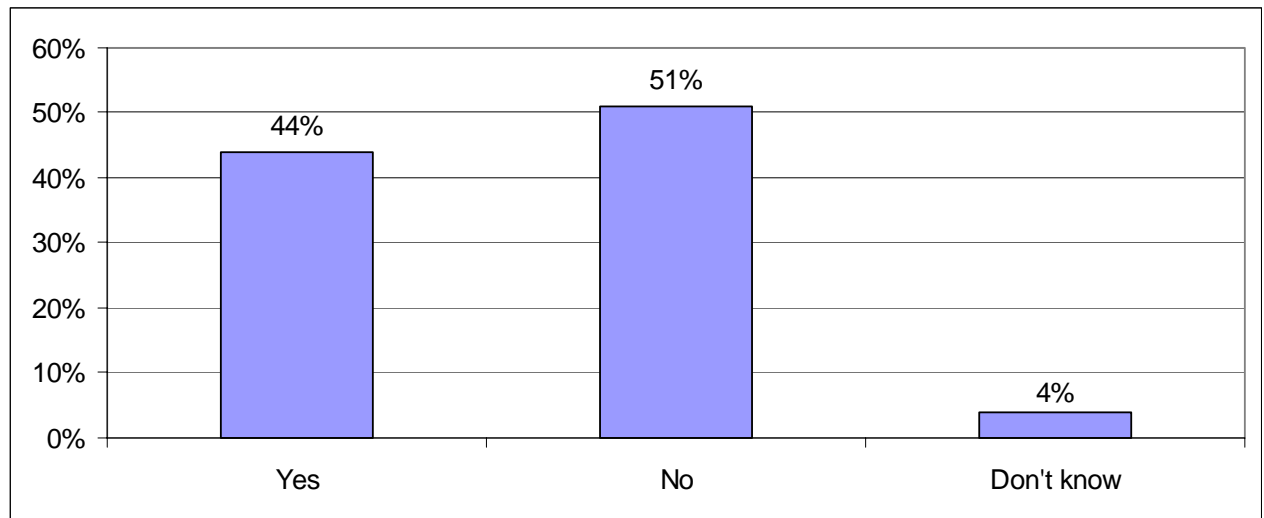
Conclusion 2:

Further exploration is warranted to discover why so few indicated that they had a chronic health condition.

⁵ Partnership to Fight Chronic Disease, Almanac of Chronic Disease: 2008 Edition, 2008.

Family History of Diabetes

Q25. Do you have a family history of diabetes?

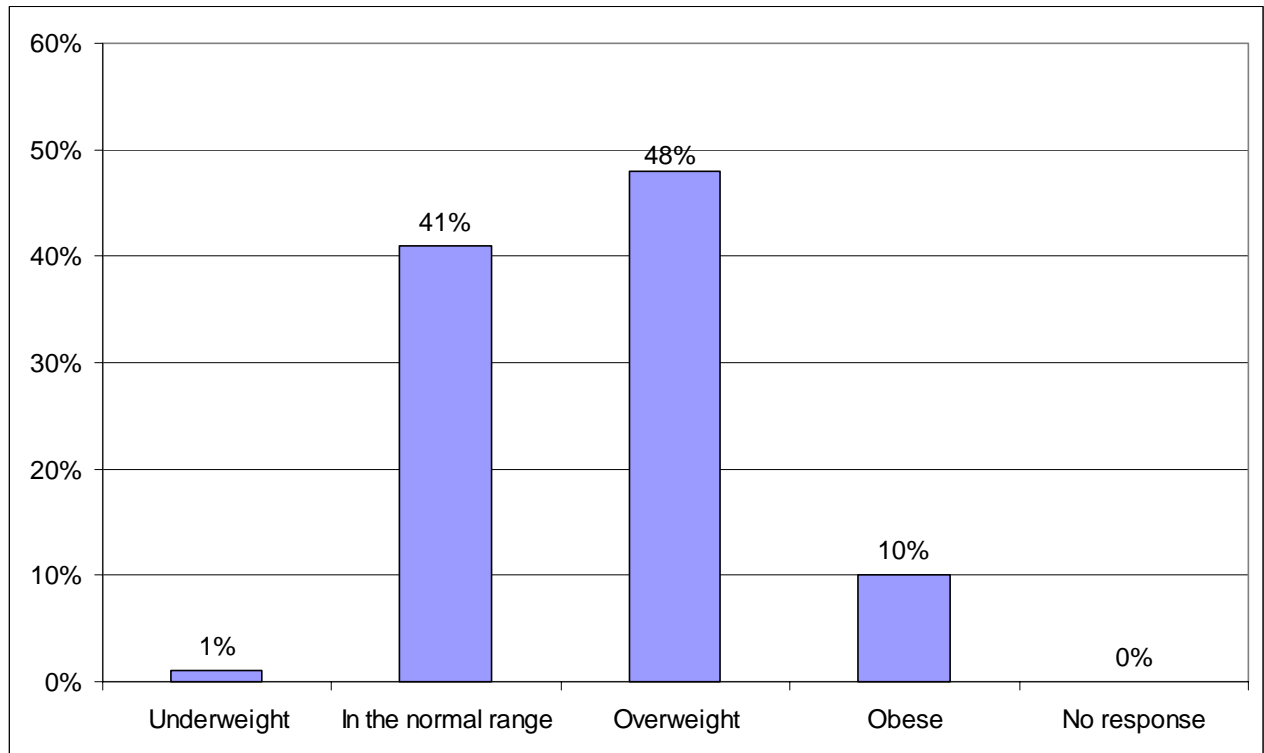


n= 1,518

- Nearly half of the population in the study (44%) has a family history of diabetes.

Weight

Q26. How would you best describe your current weight?



n= 1,518

- Approximately 10% of the population surveyed consider themselves to be obese.
- Nearly six in ten (58%) of respondents consider themselves to be overweight or obese.

Note : A recent report by the CDC states that 31% of men and 33% of women are obese⁶.

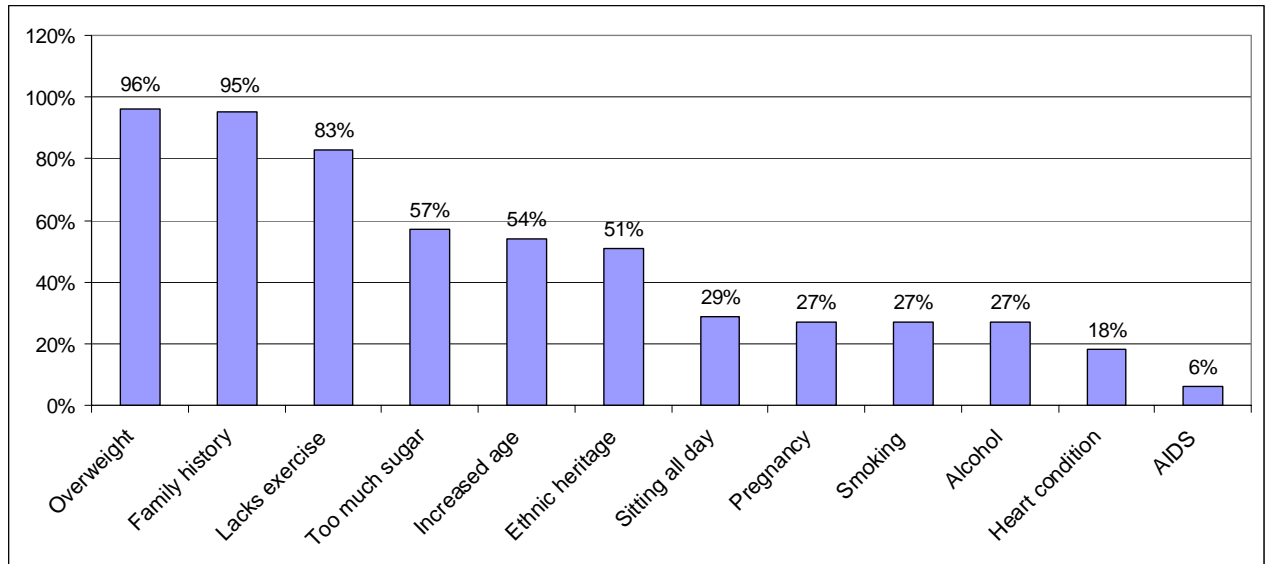
Note: According to the National Institute of Health, 85% of people with Type 2 diabetes are overweight⁷.

⁶ Source: <http://www.cdc.gov/nccdphp/dnpa/obesity/>

⁷ Source: http://win.niddk.nih.gov/publications/health_risks.htm

VI. Awareness of Diabetes Risk Factors

Q15. Which of the following do you think increase the chances that a person will get diabetes?



n= 1,518

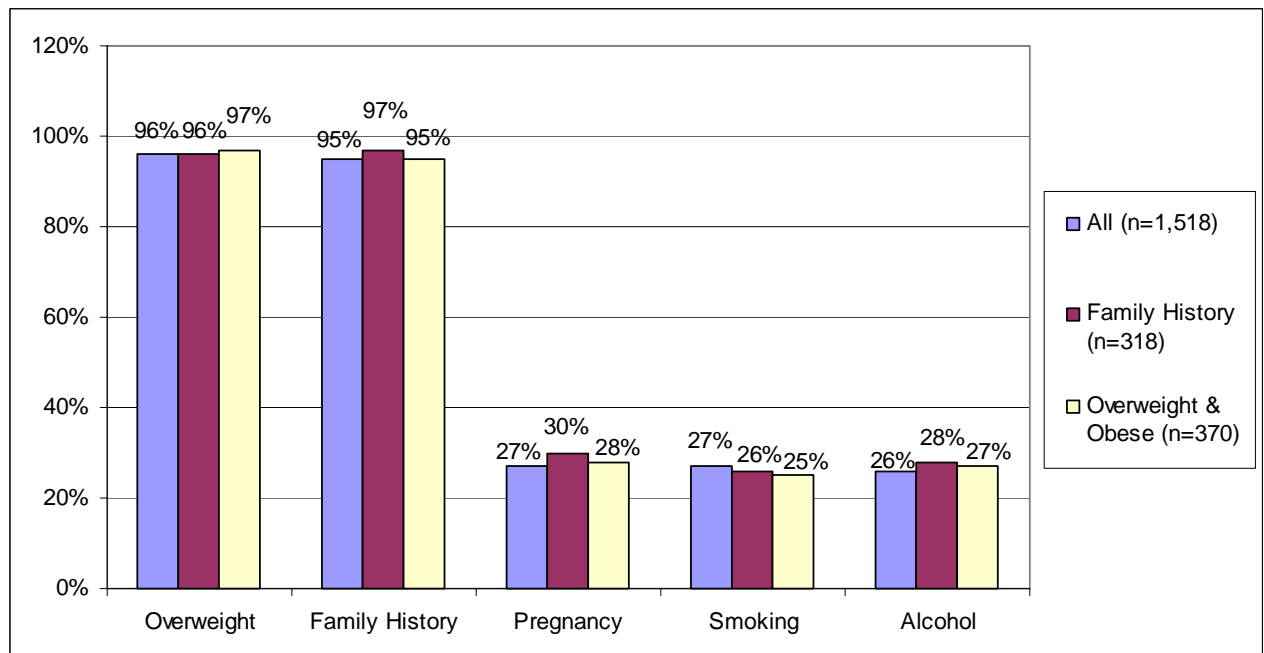
- Respondents are most likely to identify being “overweight” and “family history” as diabetes risk factors (96% and 95%, respectively)⁸.
- Only about half of respondents say that the chances of getting diabetes are related to age (54%) or ethnic heritage (51%).
- Fewer than three in ten respondents appear to be aware of the diabetes risks associated with pregnancy (27%), smoking (27%), alcohol consumption (26%), heart condition (18%), and AIDS (6%).
- Many incorrectly identified “Eating too Much Sugar” (57%) as a risk factor for diabetes.

Conclusion 3:

The majority of respondents correctly identified the top two risk factors for diabetes, but were less aware of the risks of pregnancy, smoking, heart conditions, and alcohol consumption.

⁸ While these two risk factors are generally considered to be the most important, leading diabetes researchers - including the ADA – cannot rank order the risk factors since the causality of diabetes is complicated and typically it is a combination of factors that leads to individuals developing diabetes.

Perception of Risk Factors Among Respondent Groups



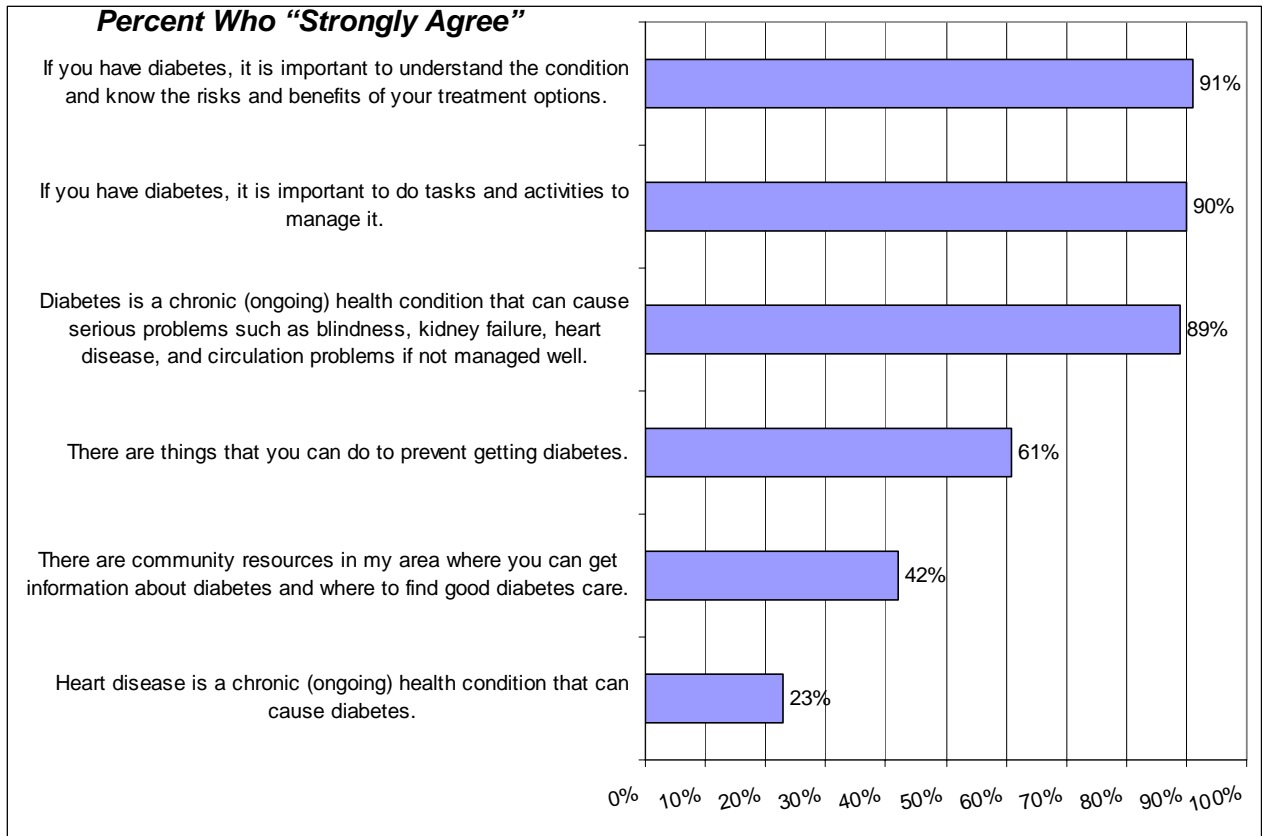
(“All” refers all respondents in the survey; “Family History” includes those who indicated that they had a family history of diabetes; “Overweight & Obese” includes respondents who reported being overweight or obese.)

- Those who are overweight or obese are equally likely to identify excess weight as a key risk factor for diabetes (97%) than either the overall study population (96%) or those with a family history of diabetes (96%).
- Respondents with a family history of diabetes are equally likely to identify family history as key risk factor as those in the overall study population or those who are overweight/obese.
- None of the respondent groups showed high awareness of the risks posed by pregnancy, smoking and alcohol consumption.

Conclusion 4:

There is a need to educate people in all respondent groups about the increased risk for diabetes associated with pregnancy, smoking, or alcohol consumption.

Q21. Using a 4 point scale, with 1 being “don’t agree at all” and 4 being “strongly agree”, please indicate how much you agree with the statements below.



n= 1,518

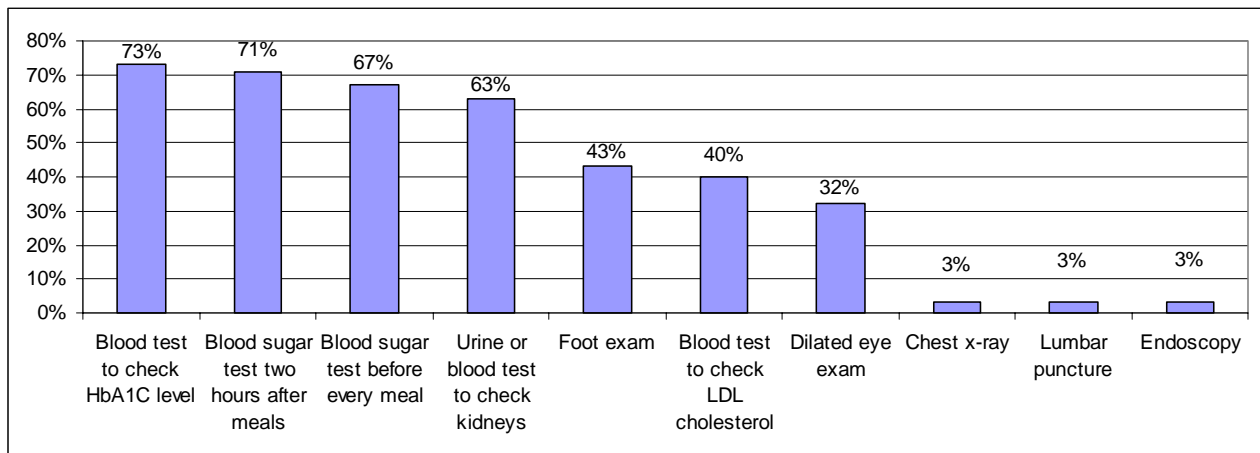
- Over 90% of respondents feel that when you have diabetes, it is important to understand the condition and take steps to manage it.
- Most respondents (89%) strongly agree that diabetes can cause serious complications if not managed well.
- Fewer (61%) feel that there are things that one can do to prevent getting diabetes.
- Less than half (42%) are aware of community resources to obtain information about diabetes and diabetes care.

Conclusion 5:

- While most respondents (61%) know that there are things that can be done to prevent diabetes, there is clearly an opportunity to educate further.
- With less than half of the respondents (42%) feeling that there are community resources from which to obtain information about diabetes and diabetes care, there is a need to address this perception.
- Capitalize on people’s knowledge (over 90%) of the need to perform certain tasks to control diabetes with tactical information (i.e.) help them understand what tasks they should do and how to do them.

VII. Awareness and Behavior in Appropriate (Diabetes) Care

Q16. Which of the following tests and procedures are important in managing diabetes?



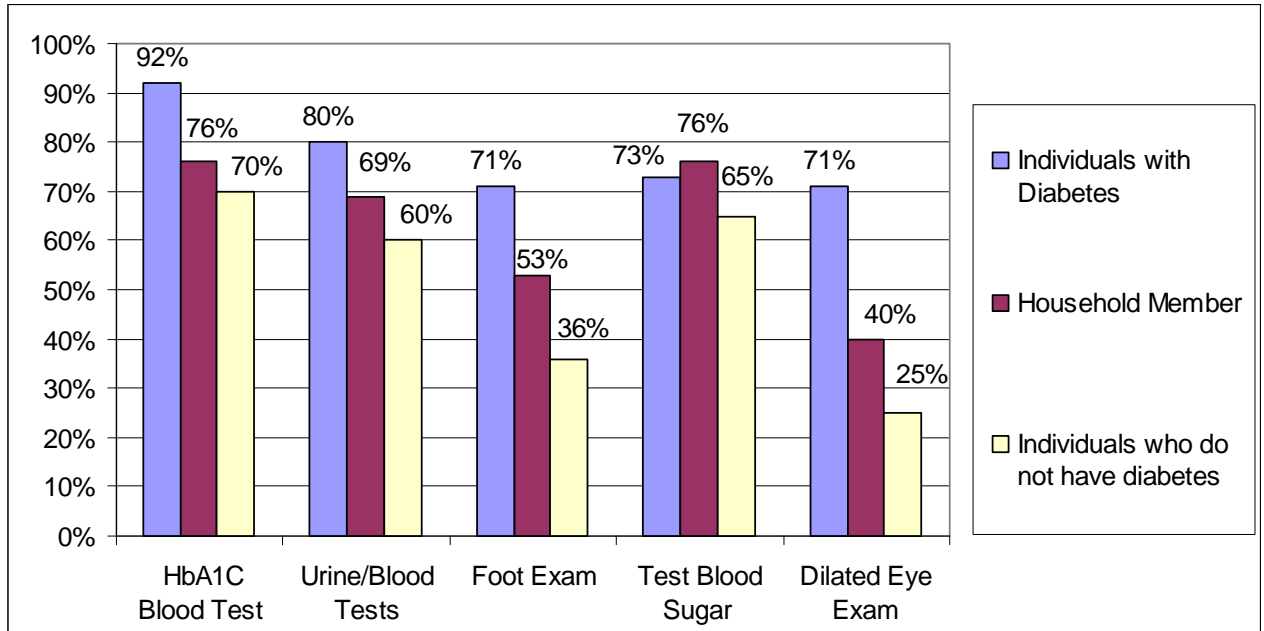
n= 1,518

- Respondents are most likely to know that an HbA1C test (73%) and a blood sugar test before (67%) and after (71%) meals are key procedures for managing diabetes.
- Respondents are less likely to know that foot exams (43%), LDL tests (40%) and dilated eye exams (32%) are also important.
- Very few respondents selected the non-relevant tests (chest x-ray, lumbar puncture, endoscopy) as important (3%).

Conclusion 6:

There appears to be broader understanding that blood work is important in managing diabetes, yet less knowledge about the importance of helpful clinical procedures – a possible focus of future instruction.

Q16. Knowledge of Diabetes Tests & Treatments among Select Subsets

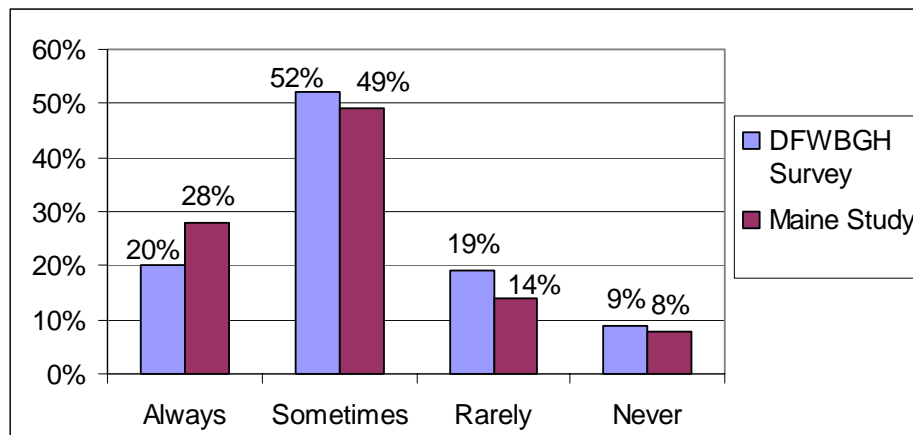


(“Individuals with Diabetes” refers to all respondents in the survey who indicated that they had diabetes (n= 153); “Household Member” refers to those who do not have diabetes but live with someone who does (n= 246); “Individuals who do not have diabetes” are those who do not have diabetes themselves nor live with anyone who has the disease (n= 1,107).)

- People with diabetes are consistently more likely to know the recommended tests for the disease than the general population.
- Knowledge among the diabetic population varies by test. They are likely to know that an HbA1C test is important (92%), but much less likely to realize that they need a dilated eye exam (71%).
- Less than two in five of those who do not have diabetes indicate that foot exams (36%) or dilated eye exams (25%) are important.

Exhibiting Empowered Behaviors

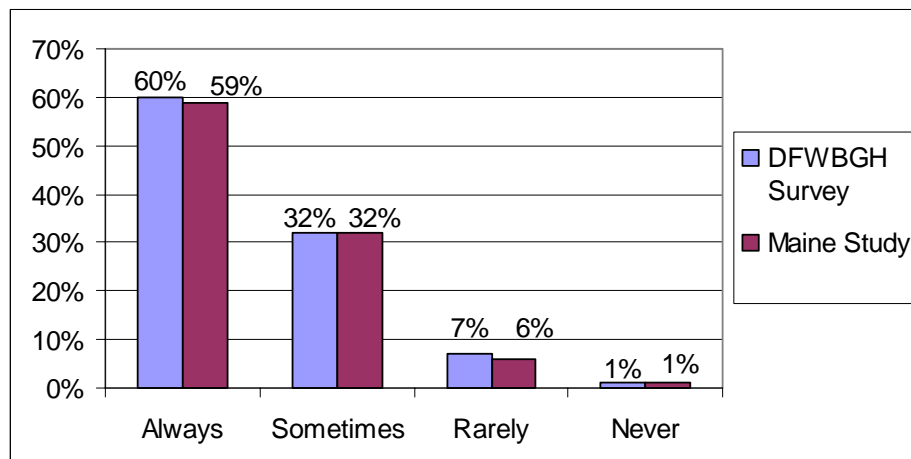
Q1. When I go to the doctor, I bring a list of questions and/or issues to discuss.



n= 1,518 (DFWBGH)

- Only about one in five (20%) DFWBGH participants say that they “always” bring a list of questions to visits.
- The 2008 Maine study population is slightly more likely to bring a list of questions or issues to a doctor visit (28% for Maine compared to 20% for DFWBGH).

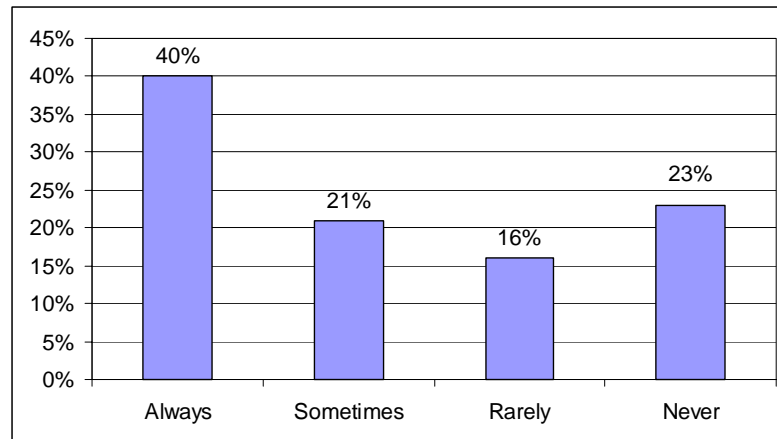
Q2. I am persistent about asking my doctor questions about my health and the treatment(s) he or she prescribes until I am sure I understand.



n= 1,518 (DFWBGH)

- More than half (60%) are “always” persistent in asking questions.

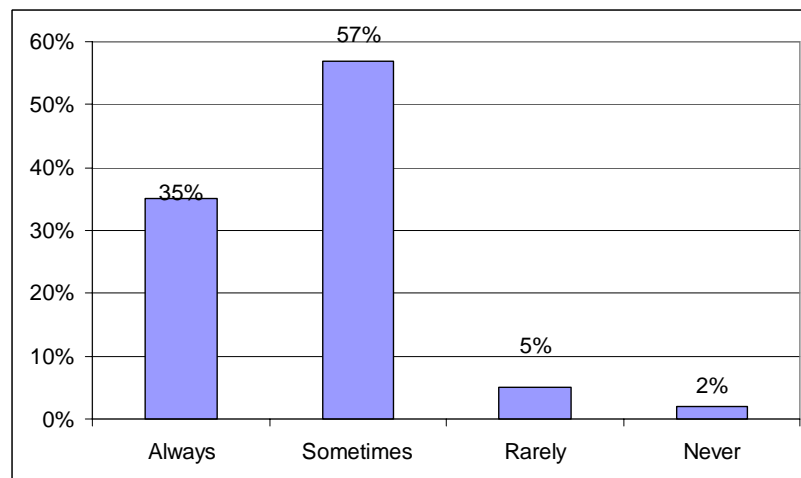
Q3. When I go to the doctor, I bring all my current prescription and over-the-counter medicines, including supplements such as vitamins, or I make a list so the doctor will know what I am taking.



n= 1,518

- Less than half (40%) “always” let the doctor know about current medications.

Q4. I feel confident that I can control any symptoms or health problems that arise so they don’t interfere with the things I want to do.



n= 1,518

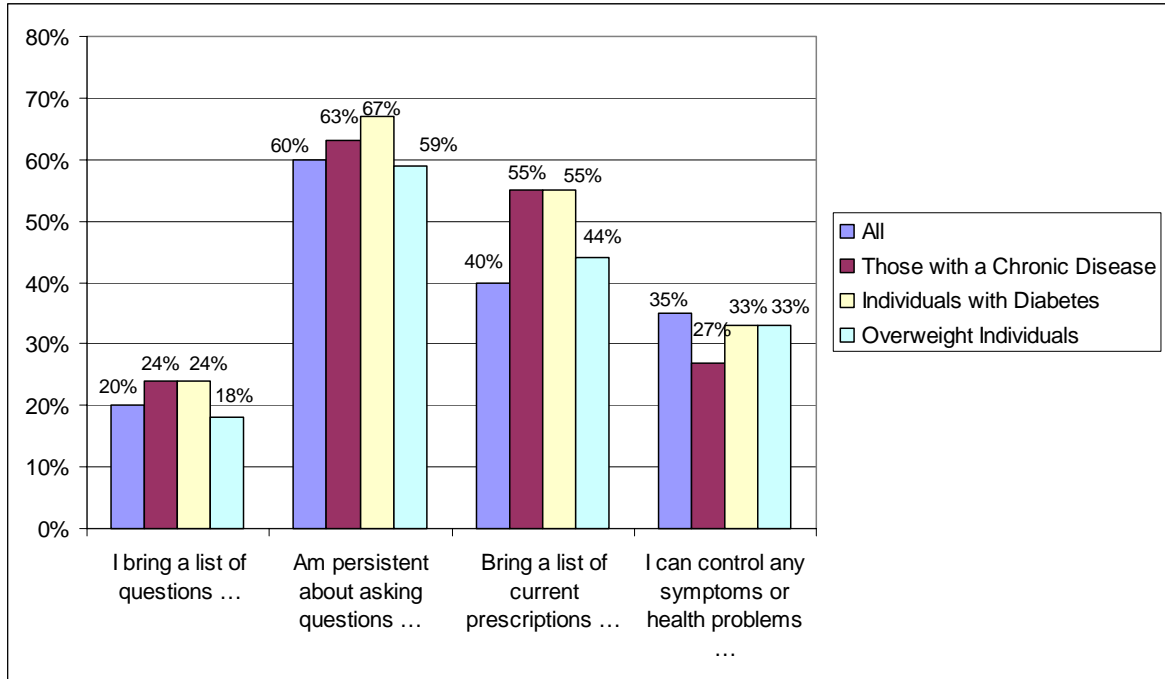
- More than one-third (35%) “always” feel confident that they can control their own symptoms or health problems.
- More than nine in ten (92%) feel confident that they can control their own symptoms or health problems “always” or “sometimes.”

Conclusion 7:

Respondents are engaging in some but not all of these empowered behaviors. Further education will increase the likelihood of people becoming empowered consumers who take an active role in their healthcare.

Q1-Q4. Empowered Behaviors Among Select Subsets

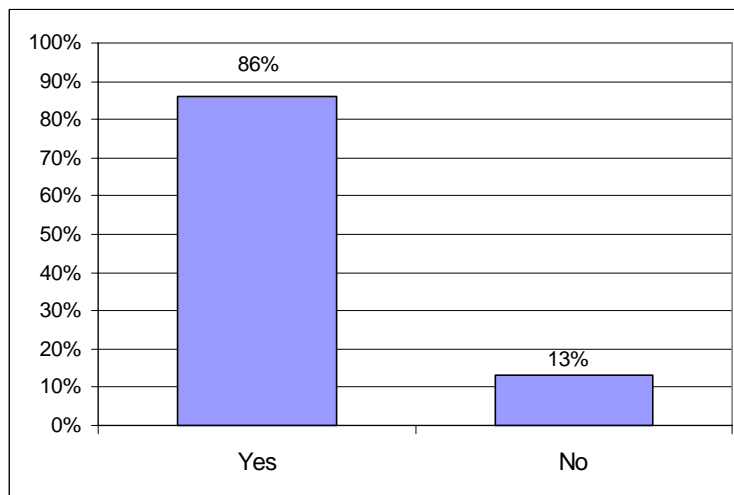
The table below shows the percentage of the research population who say they “always” exhibit the behaviors.



n = 1,518 (All DFVBGH); n = 340 (DFVBGH with chronic disease); n = 153 (DFVBGH with diabetes); n = 873 (DFVBGH overweight)

- Individuals who have diabetes are slightly more likely to always be persistent about asking questions about health and treatments prescriptions (67% for individuals who have diabetes compared to 63% and 60% for all respondents and for those with chronic illnesses, respectively).

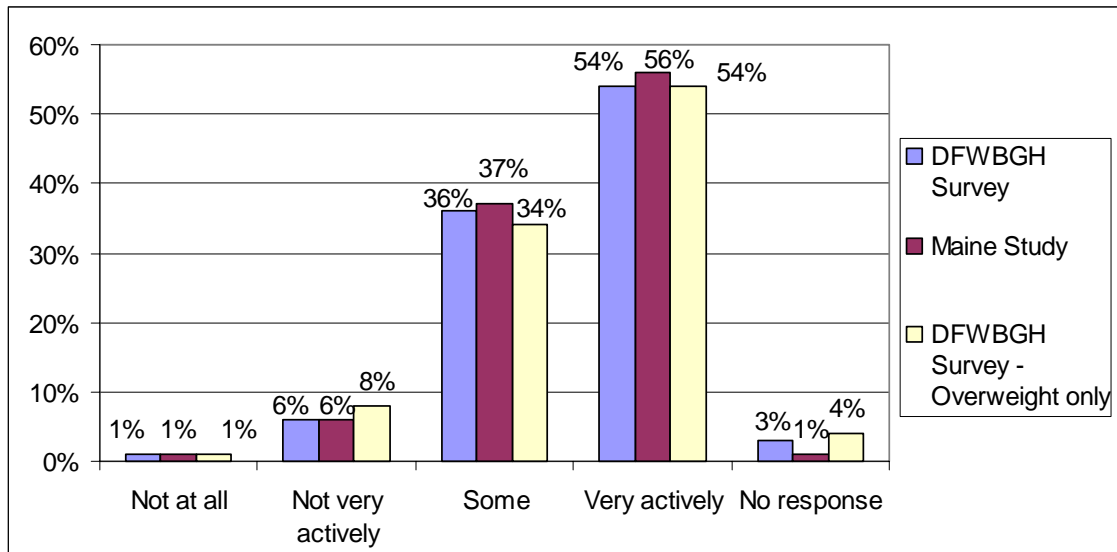
Q6. Do you have a personal doctor to whom you go when you need routine medical care?



n = 1,518

- Most participants (86%) say that they have a personal doctor.

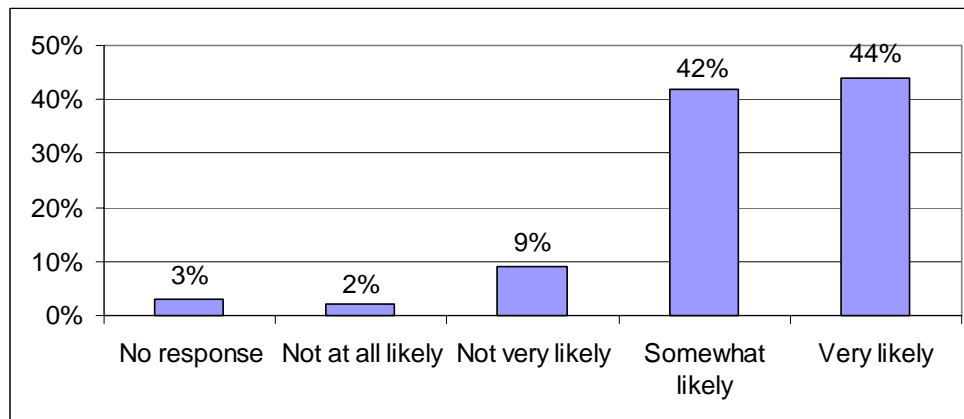
Q18. How actively do you manage your chronic health condition?⁹



n= 340 (All DFWBGH with chronic condition); n= 189 (Overweight DFWBGH with chronic condition)

- Over half of respondents who say that they have a chronic condition (n=340) actively manage their chronic condition in the DFWBGH sample (54%), as well as in the Maine study (56%, n=1,927).
- There is a small percentage of respondents (1%) who say that they are not actively managing their chronic health condition at all.

Q19. How likely are you to ask a doctor to perform a test or treatment that will help you better manage your condition if he or she does not suggest it?¹⁰



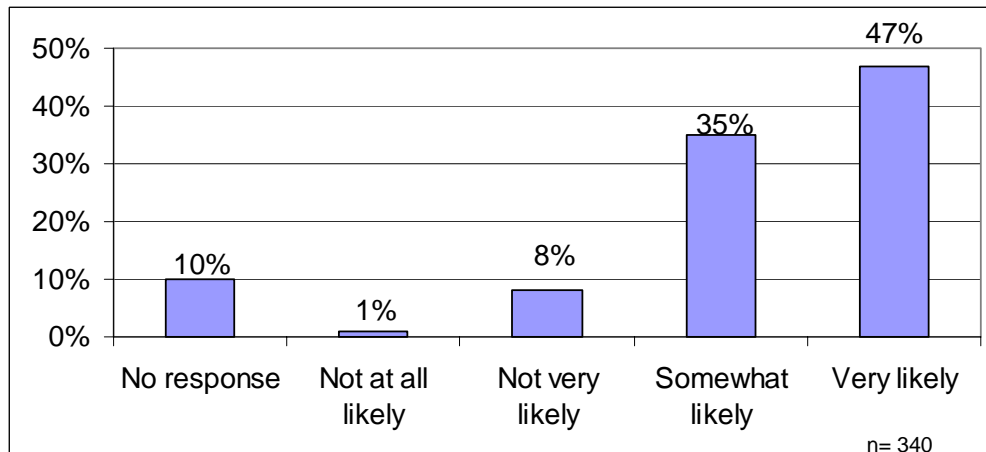
n= 340

- Among those with a chronic condition (n=340), approximately equal numbers of participants are “somewhat likely” or “very likely” to proactively ask questions of their doctor, (42% and 44%, respectively).

⁹ Data shown reflects responses only from those who indicated that they have a chronic health condition.

¹⁰ See above.

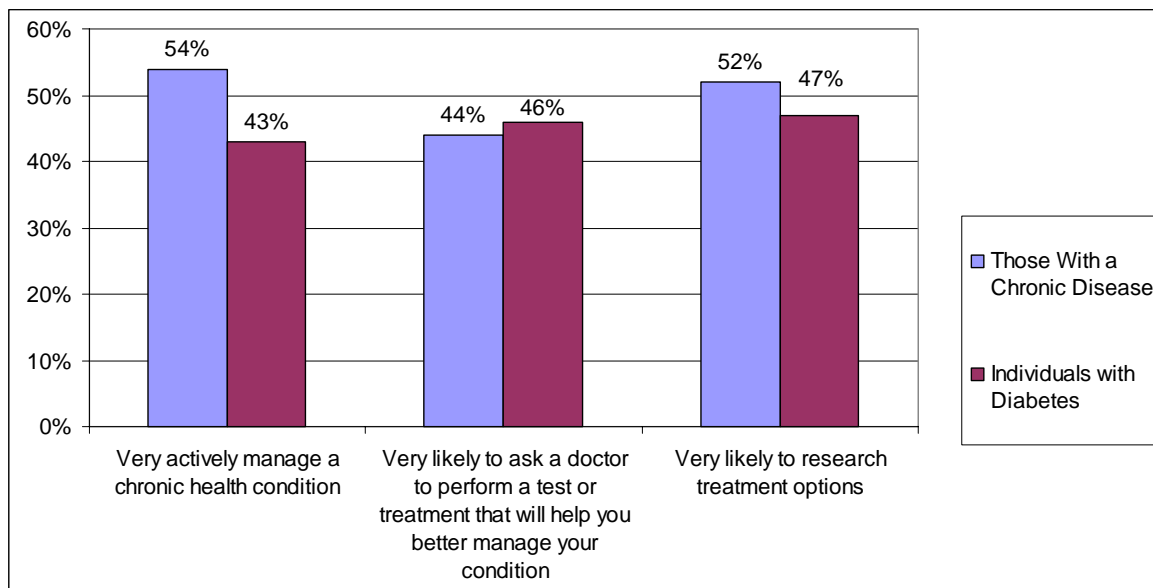
Q20. How likely are you to research treatment options for your condition?¹¹



- Similarly, among those with a chronic condition (n=340), over half (52%) indicate that they are “very likely” to research treatment options for their condition.

Q18 - Q20. Self care management behaviors among select subsets

The table below shows the percentage of the research population who say they “always” exhibit the behaviors that relate to self care.



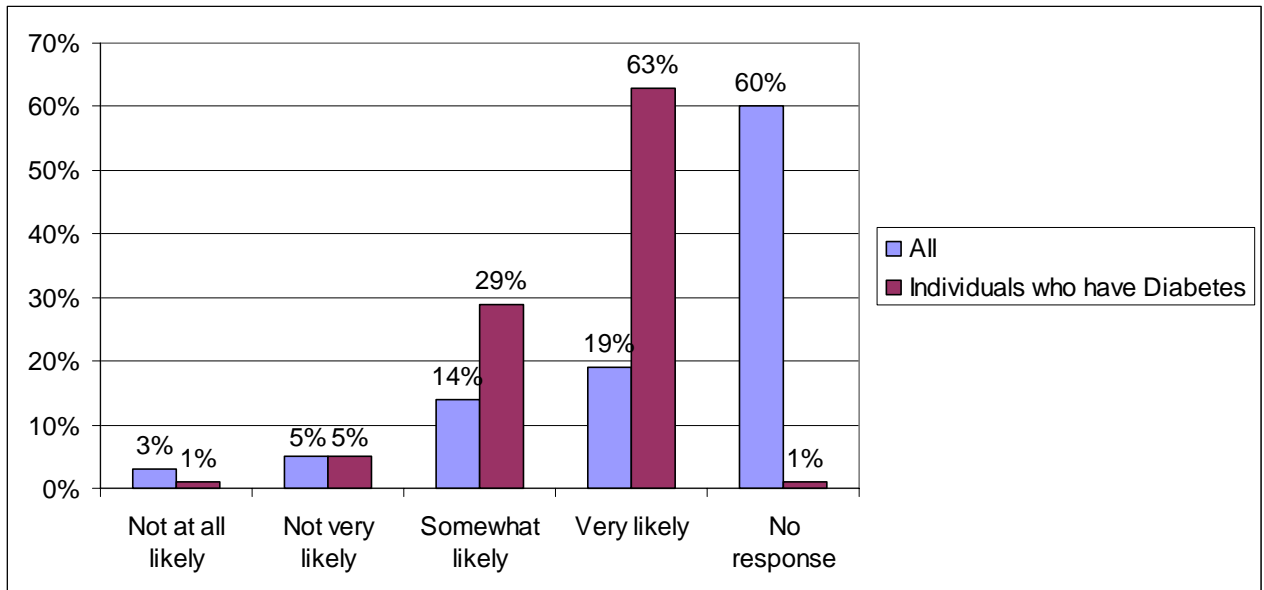
n= 340 (All DFVBGH with a chronic condition); n= 153 (DFVBGH with diabetes)

Conclusion 8:

Individuals with diabetes are less likely than the population with a chronic health condition to engage in empowered healthcare behaviors.

¹¹ Data shown reflects responses only from those who indicated that they have a chronic health condition.

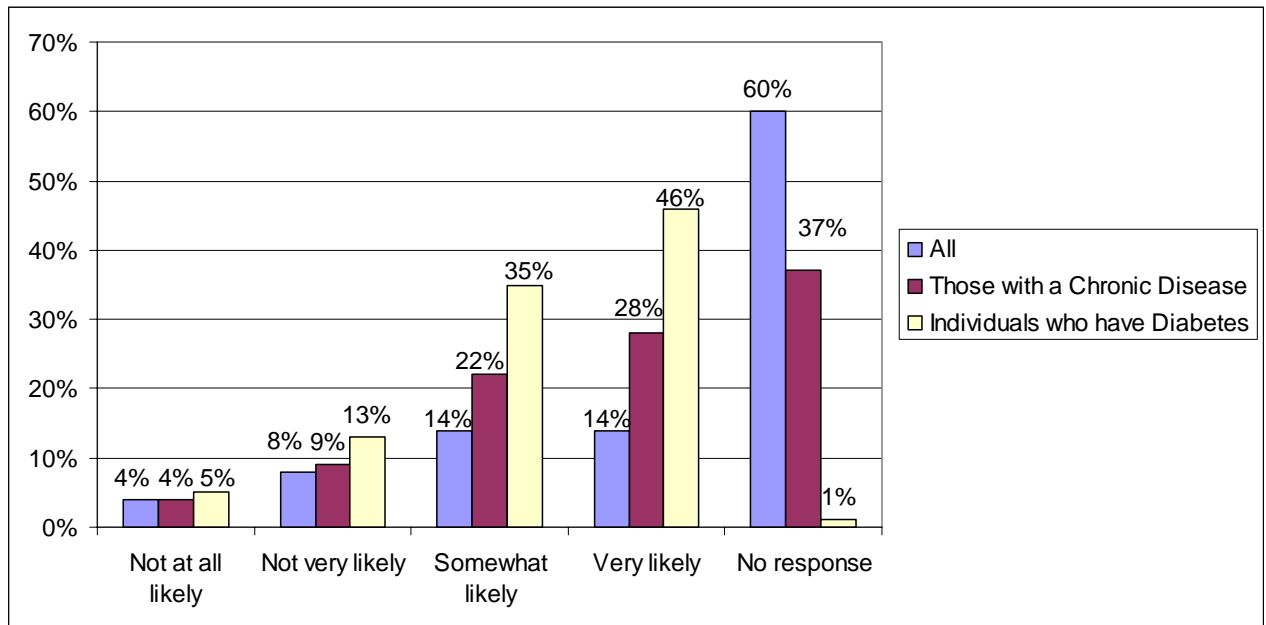
Q23. How likely are you to read and use a brochure that explains what diabetes is, how insulin works, and provides a list of important questions to ask your doctor about diabetes?



n= 1,518 (All DFWBGH); n= 153 (DFWBGH with diabetes)

- Among individuals who have diabetes, nearly two-thirds (63%) are “very likely” to read and use a diabetes brochure, well above the interest level of the overall study population.
- Another 29% of those who have diabetes indicated that they are “somewhat likely” to read and use a diabetes brochure.
- Together, 92% of those who have diabetes are “somewhat” or “very likely” to read and use a diabetes brochure.

Q24. How likely are to you use a printed chart to keep a list of all medications and supplements you currently take and important information about your medications and supplements?



n= 1,518 (All DFVBGH); n= 340 (DFVBGH with chronic disease); n= 153 (DFVBGH with diabetes)

- Almost half (46%) of those who have diabetes are “very likely” to use a printed chart to keep a list of medications, supplements, and information about them.
- Another third (35%) of those who have diabetes are “somewhat likely” to use such a chart.
- Together, more than eight in ten (81%) of those who have diabetes are “somewhat likely” or “very likely” to use a printed chart to keep a list of medications, supplements, and information about them.

Conclusion 9:

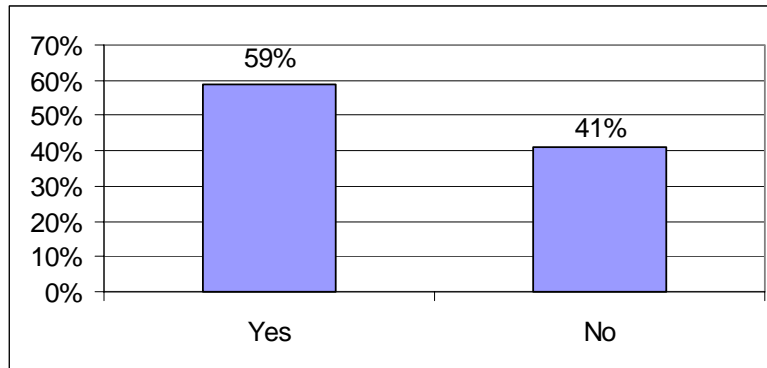
Individuals who have diabetes are likely to use both a brochure about diabetes and a printed chart to record medications.

Using Worksite Wellness Programs

Q12a-Q14b. Many employers offer health and wellness programs to help employees and their family members be healthier. Which of the following programs have you used at work (i.e., Health Risk Assessments, Disease Management Programs, programs encouraging healthy activities)?

Health Risk Assessments Used

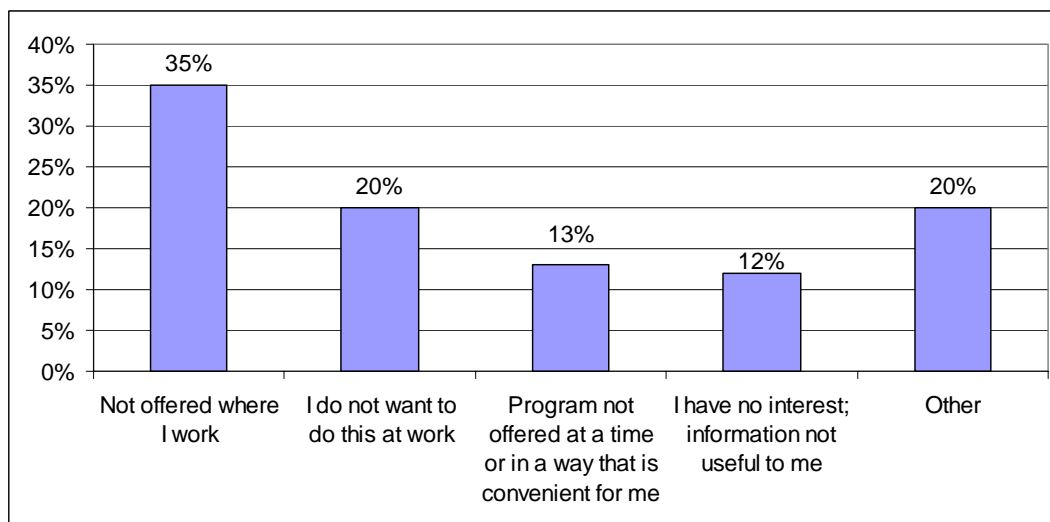
Q12. Health Risk Assessments to determine if I am at risk for getting certain long-term health conditions, such as diabetes.



n= 1,518

- Nearly three in five (59%) have used HRAs at work.

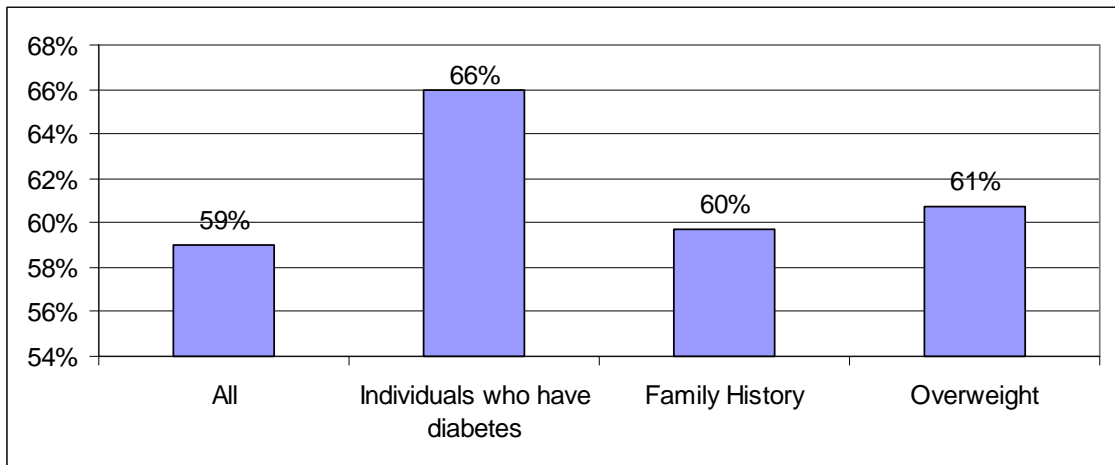
Those who have not used HRAs were asked to indicate why they have not done so.



n= 627

- Among the 41% who do NOT use HRAs, more than one-third (35%) say that HRAs are not offered where they work.
- An additional 32% either have no interest or choose not to do an HRA at work.
- A smaller percentage of respondents (13%), indicate that the HRA was not offered at a time or in a way that was convenient.

HRA usage among different subsets of survey respondents varies.

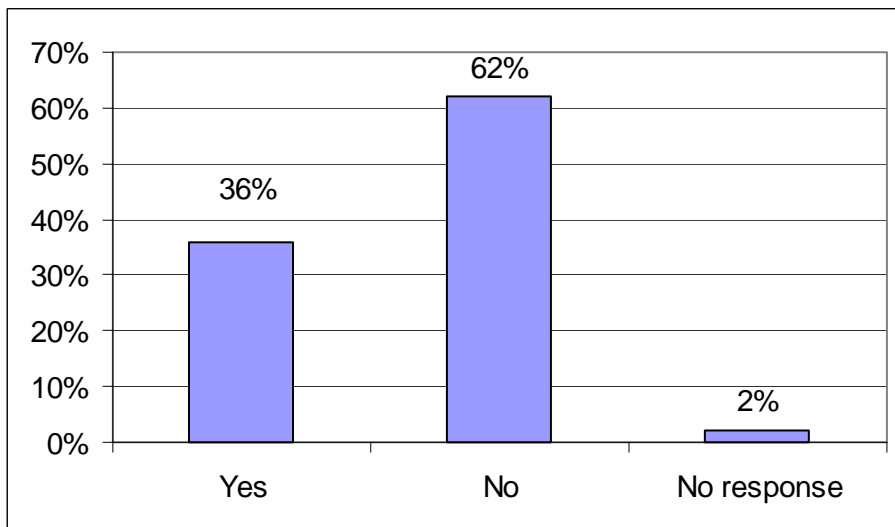


n= 1,518 (All); n= 153 (w/ diabetes); n= 665 (w/ family history); n= 873 (overweight)

- Individuals who have diabetes are somewhat more likely to participate in workplace HRA programs.

Disease Management Programs Used

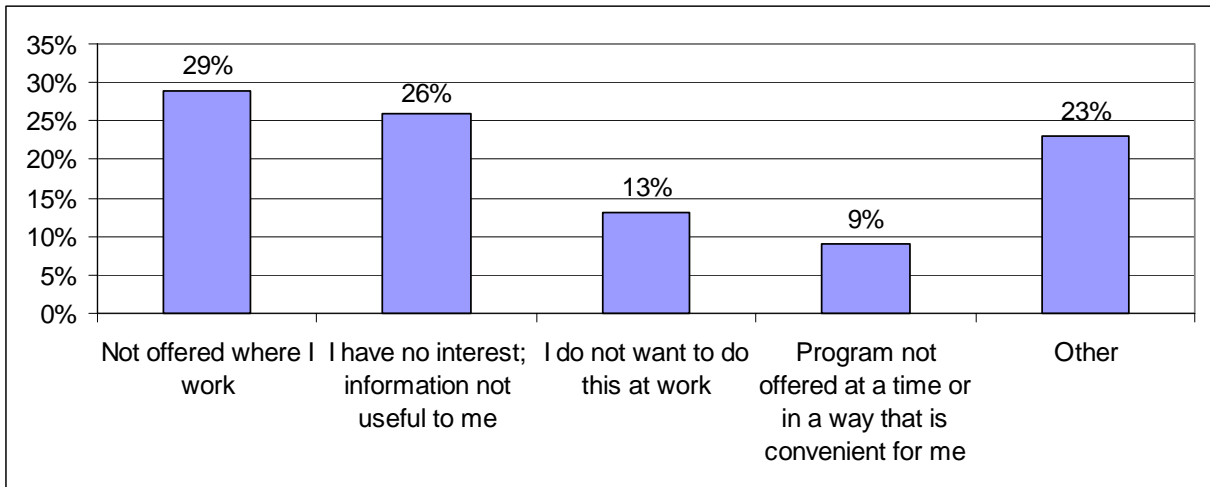
Q13a. Disease Management Programs that help you or a family member manage long-term health conditions such as diabetes.



n= 1,518

- Only about one-third of employees included in the research have used Disease Management Programs.

Those who have not used Disease Management Programs were asked to indicate why they have not done so.

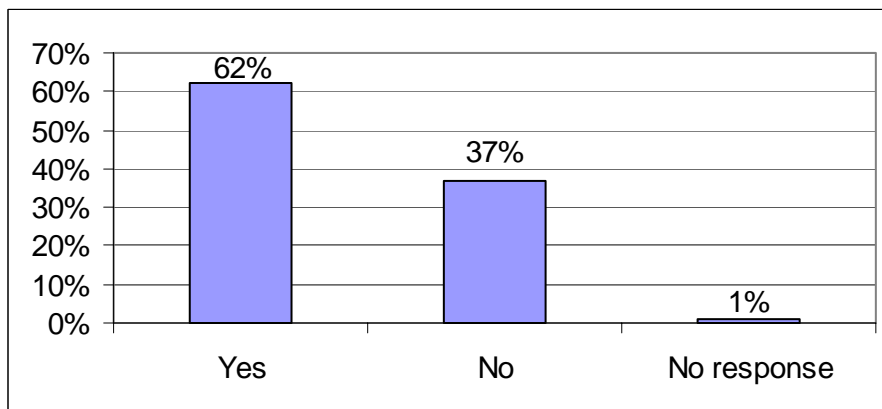


n= 947

- Among those who have not used Disease Management Programs, the leading reason for NOT using one is that respondents say that no such program is offered.
- About two in five (39%) have no interest or do not want to use such a program at work.
- About one in ten (9%) indicate that the programs are not convenient for them.

Programs Encouraging Healthy Activities Used

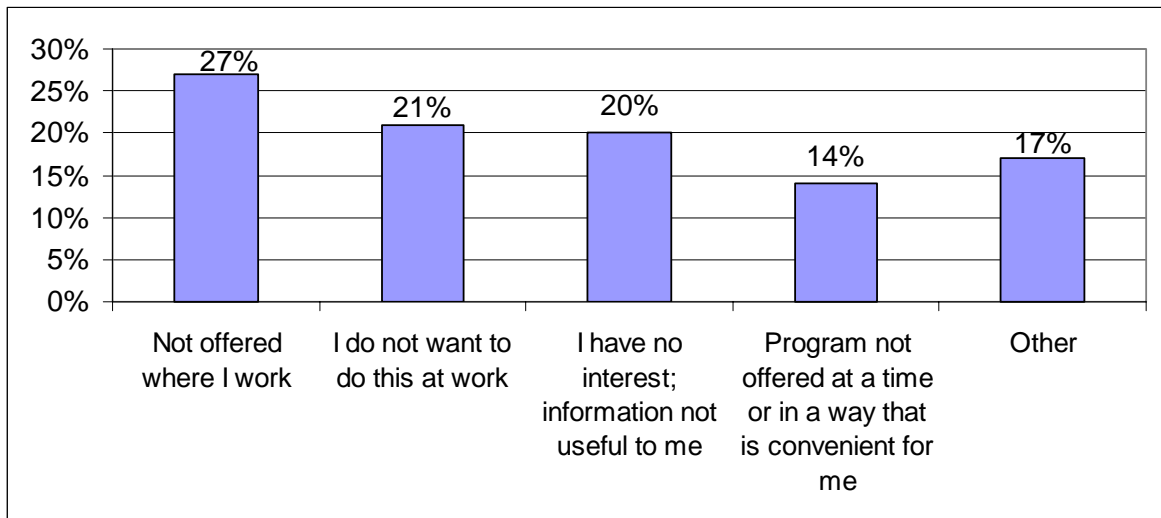
Q14a. Programs to encourage healthy activities, such as weight-loss programs, exercise programs, or programs to stop smoking.



n= 1,518

- Nearly two-thirds (62%) have participated in work programs to encourage healthy activities.

Those who have not used worksite programs encouraging healthy activities were asked to indicate why they have not done so.



n= 563

- Among those who have not participated, the responses are similar to those for other health and wellness programs: respondents indicate that they believe that programs are not offered (27%), they have no interest or they do not want to do them at work (41%), and, the programs are not convenient – a minority response (14%).

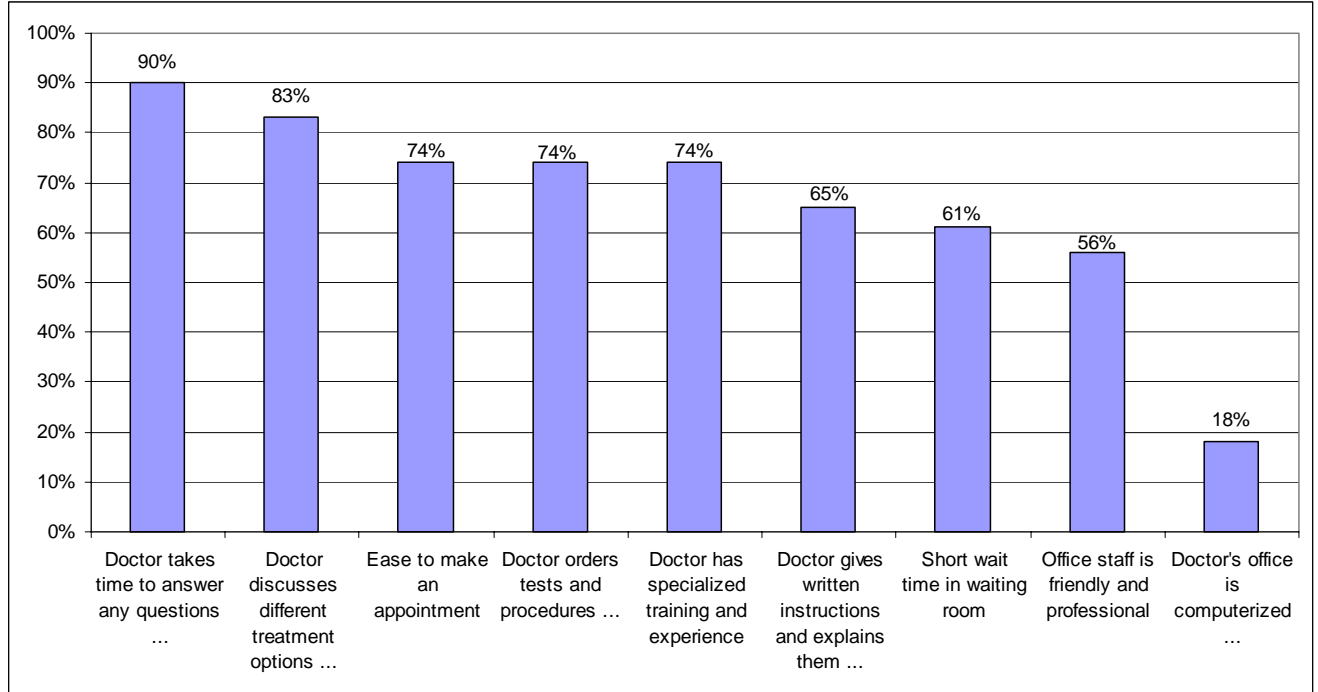
Conclusion 10:

With less than one-quarter indicating that they do not wish to participate in any of these programs at work, the workplace is a viable venue for conducting these important activities.

VIII. Awareness and Attitudes Concerning Quality Measures

Q7. Below are items that may or may not be a way for a doctor to provide quality healthcare. On a scale of 1-4, with 1 being “not at all important” and 4 being “very important”, which of these do you think are important things for your doctor to do to provide quality healthcare?

The percentage of respondents who consider the items to be “very important” are shown in the table below.



n= 1,518

- Respondents consider the doctor taking time to answer questions, the doctor discussing treatment options, and the ease of making appointments the most important aspects of quality care.

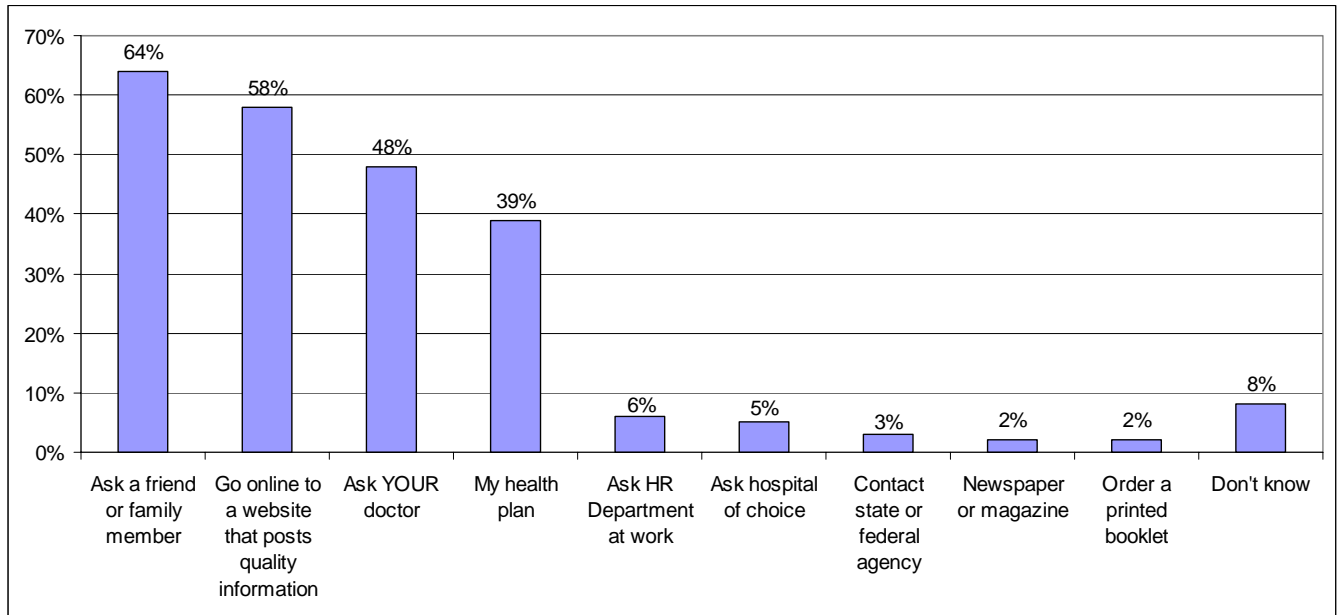
Note: The perceptions of quality healthcare expressed by respondents differ with clinical definitions, which is consistent with results in other consumer studies.¹²

Conclusion 11:

There is a clear opportunity to provide information about what defines quality care and to educate the population on the value of computerized office systems, knowing tests/treatments, the physician having specialized training, and understanding treatment options.

¹² Hibbard, J. and Sofaer, S., Best Practices in Public Reporting, Agency for Healthcare Research & Quality, 2008.

Q8. If you wanted to find information comparing the quality of care among different doctors, where are you most likely to look for the information? (Choose up to 3)



n= 1,518

- When seeking quality healthcare information respondents will most likely ask a friend or family member (64%), go online to a website (58%), and ask their doctor (48%). About two in five (39%) are likely to look to their health plan.
- Very few other options are likely to be utilized, including the HR department.

Conclusion 12:

Delivering quality information through employer channels will require communicating to employees that HR departments are a trusted resource.

IX. Seeing and the Likelihood of Using Quality Information

Q10a-10b. Information comparing different doctors is available in different places. For example, it might be given out at work, come to your home by mail, appear in a newspaper or magazine, or be found on an Internet website. In the PAST 12 MONTHS, do you remember seeing any comparison information about doctors?

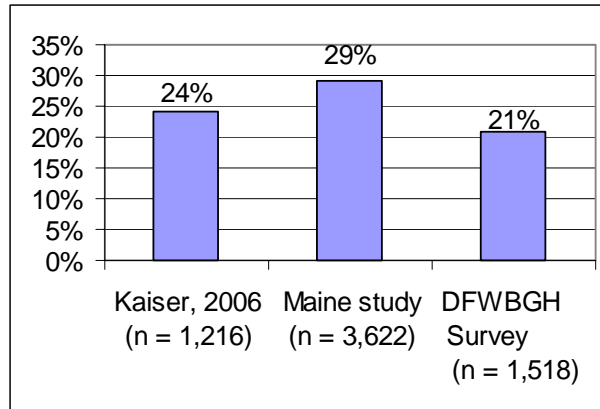
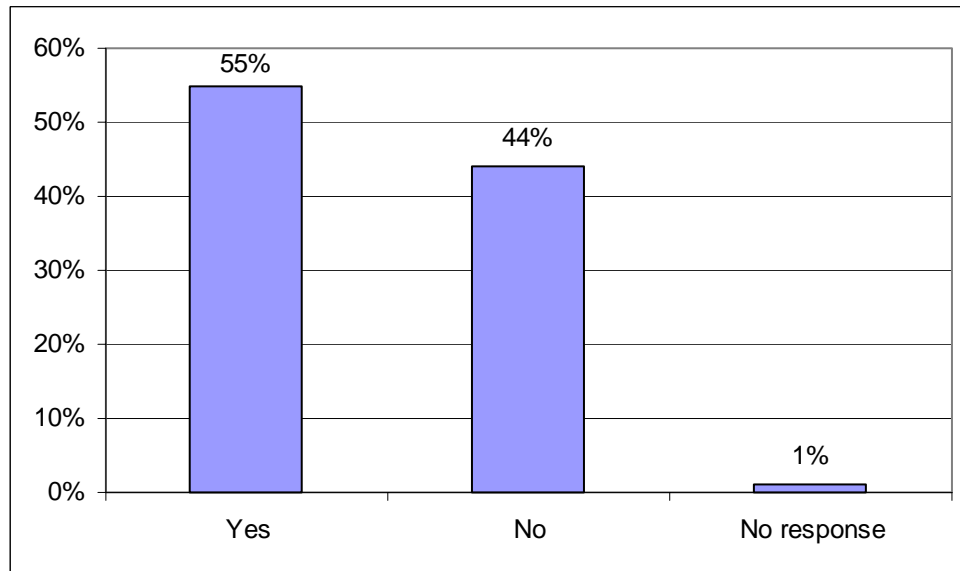


Chart reflects percent having seen comparative quality information in last 12 months.

- Approximately one-fifth of respondents (21%) reported seeing information comparing the quality of doctors in the past 12 months.

Respondents were asked: Did you use this information to choose a doctor?



n = 1,518

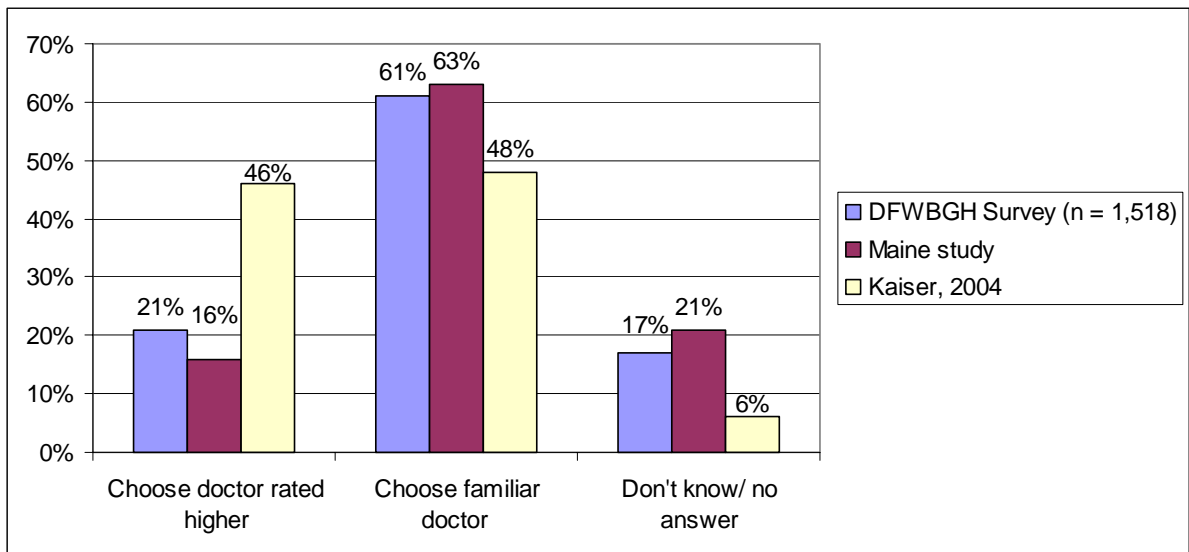
- Among those who saw quality information (n=325), more than half (55%) used quality information to choose a doctor.

Conclusion 13:

There is an opportunity to provide quality data that will be seen and used by individuals who have diabetes and others. Those who have seen and used quality data have important characteristics.

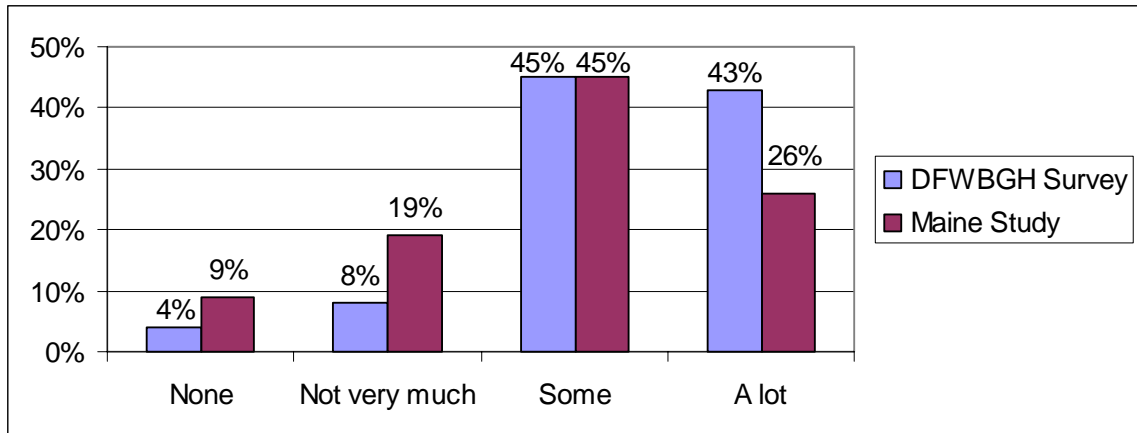
- They are more likely to have a chronic health condition (29% vs. 22%)
- They are considerably more likely to use "online" resources for healthcare quality information (82% vs. 58%).
- They are more likely to engage in many of the desirable healthcare behaviors.
- They also more commonly participate in worksite wellness programs than the general survey population.

Q11. Suppose you HAD to choose between two different doctors. The first one is the one you and your family have used for many years without any problems, but the second is rated much higher by quality reports. Which doctor are you more likely to choose?



- If required to choose, most (61%) would select a familiar doctor rather than one that is higher quality.
- The DFWBGH results are very similar to the results from the Maine study.

Q9. How much interest would you have in receiving information from a reliable, unbiased source that compares the quality of local doctors?



n= 1,518 (DFWBGH)

- Nearly nine in ten respondents (88%) have “some” or “a lot” of interest in an unbiased source of information comparing the quality of local doctors.
- Less than three-fourths (71%) of participants in the Maine study have a similar interest.

X. Conclusions/ Next Steps

1. The 1,518 responses to the survey provided a robust baseline understanding of insured employee attitudes and behaviors which can be used to develop and implement worksite programs for member employers, and to measure change over time.
2. Further exploration is warranted to discover why so few respondents indicated that they had a chronic health condition.
3. The majority of respondents correctly identified the top two risk factors for diabetes, but were less aware of the risks of pregnancy, smoking, heart conditions, and alcohol consumption.
4. There is a need to educate people in all respondent groups about the increased risk for diabetes associated with pregnancy, smoking, or alcohol consumption.
5. While most respondents (61%) know that there are things that can be done to prevent diabetes, there is clearly an opportunity to educate further.
 - a. With less than half of the respondents (42%) feeling that there are community resources from which to obtain information about diabetes and diabetes care, there is a need to address this perception.
 - b. Capitalize on people's knowledge (over 90%) of the need to perform certain tasks to control diabetes with tactical information, i.e. help them understand what tasks they should do and how to do them.
6. There appears to be broader understanding that blood work is important in managing diabetes, yet less knowledge about the importance of helpful clinical procedures – a possible focus of future instruction.
7. Respondents are engaging in some, but not all, of the empowered behaviors. Further education will increase the likelihood of people becoming empowered consumers who take an active role in their healthcare.
8. Individuals who have diabetes are less likely than the population with a chronic health condition to engage in empowered healthcare behaviors.
9. Individuals who have diabetes are likely to use both a brochure about diabetes and a printed chart to record medications.
10. With less than one-quarter indicating that they do not wish to participate in any of these programs at work, the workplace is a viable venue for conducting risk assessment and diabetes management programs.
11. There is a clear opportunity to provide information about what defines quality care and to educate the population on the value of computerized office systems, knowing tests or treatments, the physician having specialized training, and understanding treatment options.
12. Delivering quality information through employer channels will require communicating to employees that HR departments are a trusted resource.

13. There is an opportunity to provide quality data that will be seen and used by individuals who have diabetes and others. Those who have seen and used quality data have important characteristics.
- They are more likely to have a chronic health condition (28% vs. 22%)
 - They are considerably more likely to use "online" resources for healthcare quality information (82% vs. 58%).
 - They are more likely to engage in many of the desirable healthcare behaviors.
 - They also more commonly participate in worksite wellness programs than the general survey population.

Next Steps:

1. Continue to encourage those with disease or at risk for disease into appropriate programs.
2. Develop – or capitalize on – worksite programs to deliver the PPHP message.
3. Continue to educate the overall population on diabetes risk factors.
 - a. There are things you can do to prevent getting diabetes.
 - b. Focus on family history, weight, pregnancy, heart conditions, and smoking.
 - c. Educate on availability of resources for individuals who have diabetes and their family members
4. Encourage those with chronic health conditions such as diabetes to actively engage in a chronic care plan.
 - a. Educate consumers on why taking an active role is important (i.e., asking questions, providing list of medications, etc.)
 - b. Provide tools and interventions to promote empowered behaviors such as researching treatment options, preparing for doctors' visits, and understanding their health condition.
5. Educate consumers about quality healthcare and quality diabetes care.
 - a. Communicate why quality is important (i.e., quality varies, better outcomes, etc.)
 - b. Help consumers understand the drivers and standard definitions of quality care (e.g., Medicare/Medicaid Services) and how to recognize quality care.
 - c. Incorporate consumers' views regarding perceptions of diabetes, its management, and available resources for managing the disease (as seen in Q21) into the strategic action plan for the PPHP.
6. Help consumers understand the importance of partnering with their providers and how to do so.
 - a. Bring list of medicines
 - b. Be persistent about asking questions
 - c. Understand health conditions and research treatment options
 - d. Develop list of questions

7. Educate consumers on how to obtain and use quality information to make healthcare choices. Create and distribute a list of quality resources.
8. There is an opportunity for employers to be seen as a source of quality information, but trust needs to be built into the process.

APPENDIX - A